2011 Missouri Annual Progress and Service Reports

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Updated Service Description for Continuum of Services

Missouri strives to integrate programs serving children and families, regardless of funding streams, into a fluid continuum from one program to another. In addition, Missouri strives to provide a full array of services to meet the individual needs of the children and families we serve.

This report is an annual update to the Five Year Plan (2010-2014). The last submission was June 30, 2010.

Child Protection Programs

Child Abuse and Neglect Hotline Unit

Missouri statute charges the Children's Division (CD) to operate a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). The Child Abuse and Neglect Hotline Unit (CANHU) serves as a gatekeeper and first responder for all child abuse and neglect reports. At the hotline unit, all calls are screened, assessed and classified by Children's Service Workers, who meet the same job qualifications as CD field investigators. Below is a call chart for 2008-2010:

Source: Call Management System Technology Reports and Research and Technology

Year	Total Calls	Admin. Functions	Remaining Calls	Classified CA/N	Classified Non CA/N	Documented Calls
2008	126,825	20,994	105,331	53% (55,914)	32% (33,893)	15% (16,005)
2009	128,507	21,058	107,449	52% (55,318)	33% (35,822)	15% (16,309)
2010	131,418	20,178	111,240	52% (58,077)	33% (36,510)	15% (16,653)

Administrative Functions are defined as:

- Requests for prior checks from medical examiners/coroners on child fatalities
- County calls-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)

As the chart above illustrates, the total number of calls received at the CA/N Hotline Unit is continuing to increase. From 2008 to 2009, there was a 1.326% increase and from 2009 to 2010, there was a 2.265% increase. In spite of an increase in calls from 2008 to 2010, the percentage of calls falling into three classifications, remain relatively unchanged.

Non-Child Abuse and Neglect Referrals

As stated above, 52% of the child abuse and neglect hotline calls met statutory requirements for child abuse and neglect reports, 33% were considered non-child abuse. Non-CA/N referrals between SFY10 to SFY09 remained constant; from SFY10, 36,709 calls compared to SFY09, 35,822 calls.

Newborn Crisis Assessment and Services
The Children's Division is required by section 191.737 RSMo. to respond to calls to the child abuse/neglect hotline in which a home assessment is requested by a physician or other medical personnel when they have serious reservations about releasing an infant from the hospital who may be sent home to a potentially dangerous situation. An assessment of the home situation is needed prior to, or at the time of the infant's release from the hospital. The Division is also required to respond to calls of a similar concern for children under the age of one year, which would include an assessment of the home situation.

The purpose of the newborn crisis assessment is to discuss:

- The safety and well-being of child(ren);
- Family's resources; and
- Family's possible need for services.

If the newborn crisis assessment indicates the family could benefit from services, the Children's Service Worker and family will develop an individualized plan to meet the family's specific needs. By working together, CD has the best opportunity to understand what types of assistance or support is needed, which services are most appropriate and whether those services may be provided by the Children's Division or other agencies in the community.

For newborn crisis assessments, CD is required to work to establish the safety and well-being of the infant child. There may be situations in which CD is unable to ensure the safety of children and when necessary, a request for assistance from law enforcement or the juvenile court will be pursued.

In CY10, the hotline received 3,001 calls for newborn crisis assessments compared to 2,765 for CY09 and 2,805 in CY08. There is fluctuation in the total newborn crisis assessments year-to-year, and the highest was experienced in CY10, however, this could be co-related to the increase in the foster care population which is discussed in detail in the foster care section.

Non-Caretaker Reports
CD continues to work on collaboration issues with other community responders related to non-caretaker referrals. Non-Caretaker Referrals ("N" referrals) involve allegations when a child or adolescent youth has been the victim of a sexual or physical assault, or someone has made a serious threat to commit sexual or physical harm to a child or adolescent youth. "N" referrals may also include allegations of inappropriate sexual behavior between younger children who have not yet reached an age of criminal intent.

All "N" referrals are screened by the Child Abuse/Neglect Hotline Unit (CANHU) and alerted to the county office. "N" Referrals are not considered a CA/N report, and do not result in a determination of child abuse or neglect. All "N" referrals involve an alleged perpetrator who did not have care, custody, or control of the alleged victim child or adolescent youth at the time of the alleged incident.

Documented Calls
Documented calls are those not forwarded to a CD field office because the calls do not meet either statutory requirements or CD policy. Below are some of the reasons for documented calls:

- The child is 18 years or older and not in Children's Division custody,
- The child/family cannot be located because of insufficient information,

- All subjects given in the call reside and are located out of state and the reporter is not a Missouri mandated reporter, or
- There is no child abuse/neglect allegation.

Child Abuse and Neglect Hotline Unit Oversight

Peer Record Reviews (PRR) are conducted at the CA/N hotline to determine the *quality* of the screening, assessing, and classification process by those manning the phones and use a structured decision making method. In 2009, the PRR process reviewed 5,513 calls and in 2010, 6,080 calls were reviewed, an increase of 567. The number of calls selected quarterly is based on a percentage of total number of calls received. The reviewed calls are randomly selected. The following chart is PPR review results from 2008 forward:

Question:	**2008**	**2009**	**2010**	**Change**
Was the answer to ENTRY question #11 summarized clearly?	99	100	100	Increased
Were all correct PATHWAYS chosen based on the answer to ENTRY question #11?	98	99	99	Increased
Was the call correctly classified as a CA/N Report?	99	99	99	Unchanged
Was the correct Response Priority chosen?	99	99	99	Unchanged
Was the correct Track assignment chosen?	98	98	99	Increased
Was the county of assignment correct?	100	100	100	Unchanged

As the chart above shows, the performance of the workers at the CA/N hotline unit held steady over time indicating processes are solid. This unit has supports and coaching available for workers on a 24/7 basis, such as a specialized trainer (housed within the unit) and a supervisor on duty.

Child Abuse and Neglect Call Management System Technology

The CA/N hotline uses Call Management System Technology which provides call counts for management to determine peak call times. This allows management the opportunity to adjust work schedules for optimum coverage. The chart below provides percent of incoming calls answered and the average number of busy signals received during the month.

Information extracted from the Call Management System Technology Reports

Year	Percent Answered	Avg # Busy Signals
2008	94%	314
2009	96%	120
2010	95%	140

The percent of answered calls remain relatively stable for 2009 and 2010, and there were 20 more callers receiving busy signals in 2010 than in 2009. The higher number of busy signals could be due to the increase in total calls, however constant monitoring allows management the ability to adjust work schedules to reduce busy signals.

Child Abuse and Neglect Reports

Over the past year, the Children's Division concluded 56,897 reports of child abuse/neglect, involving 83,503 children. Below is a table showing the percent of change for the past four years.

Children's Division Child and Abuse Annual Report, CY 2010, Page 1

Year	Total Reports	Annual Change	Total Children	Annual Change
2007	52,979	3.1%	77,481	2.7%
2008	50,565	-4.6%	75,781	-2.2%
2009	51,896	2.6%	75,544	-0.3%
2010	56,897	9.6%	83,503	10.5%

Reports of child abuse/neglect can be made by persons who are either "mandated" or "permissive" reporters. Mandated reporters are required by state statute (RSMo 210.115) to report abuse/neglect when they have reasonable cause to suspect a child has been or are being abused. Mandated reporters include health and education professionals, social workers, ministers and foster parents, among others. Permissive reporters are those people not required to report suspected abuse/neglect, such as relatives or neighbors. In CY10, 58% of the reports were made by mandated reporters, the same as in CY08 and CY09. Below is a table illustrating the breakdown, by reporter type, for CY10.

Children's Division Child and Abuse Annual Report, CY10, Page 9

Reporter Type	Percent	Reporter Type	Percent
Physician	1.372%	Social worker	12.601%
Medical examiner	0.097%	Day care	0.996%
Coroner	0.053%	Foster parents	0.286%
Dentist/hygienist	0.024%	Juvenile officer	1.117%
Chiropractor	0.002%	Probation officer	0.189%
Optometrist	0.002%	Teacher	2.103%
Resident	0.021%	Unknown	3.260%
Intern	0.453%	Principal	13.638%
Nurse	4.885%	Jail/detention	0.027%
Other hosp.	0.383%	Minister	0.192%
Other health	0.385%	Law enforcement	12.059%
Psychologist	0.598%	Other person responsible for care of children	2.725%
Mental health	4.260%	Permissive	38.564%

As this table shows, the most common mandated reporter occupation was school officials (teacher and principal), followed by social workers and law enforcement officers. By capturing the reporter type, CD administration is better able to provide for multi-disciplinary trainings more effectively by knowing the makeup of the reporter pool.

CA/N Investigations and Assessments remain a top priority for the Division. Technical assistance is available to local offices from central office staff to train, assist and support investigation and family assessment duties during periods of staff and/or supervisor shortages.

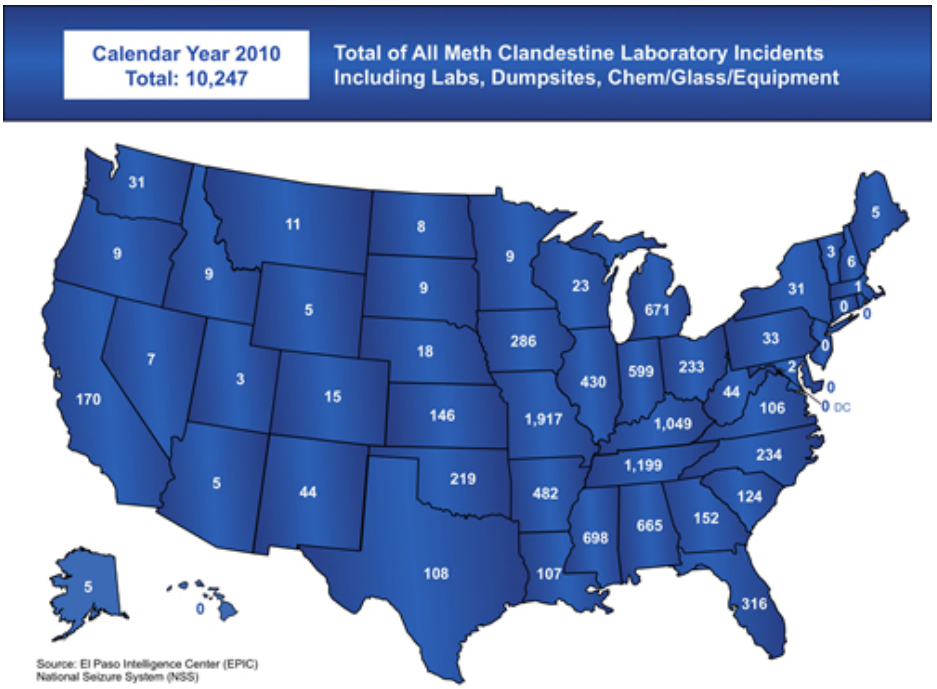
When a Children's Service Worker determines there is weighted evidence which supports substantiation based on a preponderance of evidence standard of proof that abuse or neglect

has occurred, each child is assigned a category or multiple categories of abuse and neglect. The total percent of substantiations are illustrated in the table below.

Source: Children's Division Child and Abuse Annual Report, CY 2010, Page 10

Category	2010	2009	2008	2007
Neglect	55.5%	51.8%	43.8%	50.0%
Physical Abuse	27.8%	31.8%	26.0%	29.1%
Sexual Abuse	24.5%	26.4%	23.1%	26.6%
Emotional Abuse	3.9%	4.0%	5.2%	6.1%
Medical Neglect	3.3%	2.4%	3.0%	2.8%
Educational Neglect	1.5%	0.8%	1.4%	2.2%

In 2010, there were a higher percentage of neglect substantiations than in the past. Oftentimes, neglect and the inability to care for children are a symptom of deeper issues. These issues could be depression and stress due to a job loss. Missouri has an 8.9% unemployment rate (as of April, 2011). In addition, neglect could be masking a mental illness or drug or alcohol abuse problem. As of April 30, 2011, 39% of the children in the care and custody of the Division had conditions of parental drug and alcohol issues, not necessarily the sole reason for removal.



To put the drug use issue into perspective, Missouri remains the state with the highest count of Meth Clandestine Laboratory Incidents in the nation, followed by two bordering states, Tennessee and Kentucky. All three states have significant rural areas with similar geographical makeup. Since 2007, the numbers have continued to increase for Missouri. See http://www.justice.gov/dea/concern/map_lab_seizures.html for more information.

The Child Abuse and Neglect Review Board(s)

The Child Abuse/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 investigator notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator's right to seek administrative review within sixty days. If an administrative review is requested, the case is reviewed at the local level if the determination is upheld, the case is assigned to a CANRB for review.

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 assure timely reviews. Currently, there are five boards. Three boards meet monthly in Jefferson City, one board meets monthly in St. Louis, and the fifth board meets monthly in Kansas City.

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

During 2009, the five CANRB panels heard 333 cases and upheld 188 (56%). During 2010, the five CANRB panels heard 405 cases and upheld 263 (65%).

In 2007, Jamison v. State of Mo., 218 S.W.3d399 (Mo banc 2007), the Missouri Supreme Court upheld the constitutionality of the statutory hotline scheme for child protection with two important exceptions. The court held that the probable cause standard of evidence for a determination of child abuse or neglect to place a perpetrator's name in the Central Registry was unconstitutional and the Division must apply the higher standard of preponderance of the evidence. The court also required the perpetrator be given due process before their name could be placed on the Central Registry. This decision created a need to train and support investigators in preparing child and neglect substantiated reports meeting the court's higher standard of evidence. As a result, training was developed, policy updated and memos released to inform staff of needed changes. Specifically, Legal Aspects for Investigators and CA/N camps were developed. These trainings are discussed in depth in the Program Support section.

The training, management coaching, practice points, policy changes and memo instructions have contributed to fewer reversals and an increased percent of upheld decisions by the CANRB.

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/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. During 2010, BSIU processed 108,484 screenings which is slightly less than during 2009, with 110,422 screenings.

An on-line background screening system was implemented in August 2008. This new system allows background screening requestors to input identifying information into an electronic application form. The on-line screening procedure has significantly improved response time, and in many cases the screening results are received by the next working day.

Child Assessment Centers

Child Assessment Centers (CACs) are a safe and neutral place where children can go to ensure they receive specialized forensic, medical and therapeutic services necessary to treat the effects of physical, emotional and psychological trauma caused by abuse. CACs provide a safe place where law enforcement, prosecutors and Children's Division's investigators can work together to explore abuse allegations in a manner sensitive to the needs of young victims and their families. CACs in Missouri are regionally located and provide services to all of Missouri's counties. Missouri has fifteen regional assessment centers with the main offices located in: St. Louis (two locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Sullivan, Desoto, Wentzville, Cape Girardeau, Doniphan, Columbia, Parkville, Osage Beach, and Branson West. Satellite offices are also located in: Nevada, Pierce City, Poplar Bluff, Ellington, St. Robert, Farmington, and Hannibal. In total, CAC services are provided in 24 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 eleven areas of criteria for providing services. All CACs are reaccredited every five years. During calendar year 2010, 6,458 children received full forensic services compared to 6,010 children in calendar year 2009. CACs provide a child-friendly facility bringing 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. The increase in the children receiving the full forensic service co-relates to the increase in overall hotlines as described in the Child Abuse and Neglect Report section.

Sexual Assault Forensic Examination - Child Abuse Resource and Education Network

In SFY10, Sexual Assault Forensic Examination-Child Abuse Resource and Education Network (SAFE-CARE) exams were conducted by 87 participating providers and a total of 2,076 exams were completed, compared to 2,493 exams in SFY09. SAFE-CARE exams are at times conducted at the physician's medical office; however, they are also completed at CACs. The SAFE-CARE exam process allows for a one-time interview of the victim, with the opportunity for the physical examination to occur in the same location, preventing unnecessary stress and trauma to the child victim and their family. CACs often facilitate scheduling the exams and interviews to further assist in the investigation process.

In SFY10, the SAFE-CARE Network received $291,000 in state funding to enhance the statewide medical response to child maltreatment, the same amount as in SFY09. Through a contract with Missouri KidsFirst, this funding was utilized in the development of three Resource Centers, a part-time Medical Director, and a tiered system of care. The Resource Centers are located within the state's three largest children's hospitals. Resource Centers provide training to SAFE-CARE medical providers, multidisciplinary team members, and primary care medical providers.

Highlights of Protection Programs

Below is a summary of changes, additions or planned changes to the protection programs in Missouri:

- Safety Plan revisions are being made based on feedback from the pilot project. The safety plan revisions are included in our Program Improvement Plan which is pending approval.
- In process of revising rules for Child Abuse and Neglect Review Board.

At this time, no other changes to the protection programs are planned.

Prevention and Permanency--Promoting Safe and Stable Families Programs

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). FCS 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 or family dysfunction and promoting health and appropriate parenting skills. FCS seeks to empower the family and minimize its dependence upon the social service system.

During SFY10, there were 17,711 active FCS cases compared to 17,761 during SFY09, and 17,759 in SFY08, relatively constant over the past three years. The majority (36,467) of persons served through the FCS program in SFY10 were children. Approximately 11.4% of FCS families were served as a result of substantiated child abuse/neglect reports. Families requesting preventive services made up 26.8% of the group served. Approximately 38% of active FCS cases had no court involvement in SFY10.

Intensive In-Home Services

Intensive In-Home Services (IIS) is a short-term, intensive, home-based, crisis intervention program that offers families in crisis an alternative to out-of-home placement. An IIS referral is required in all cases when a Children's Service Worker plans to recommend removal of a child. If a child is removed on an emergency basis, a supervisory conference is required within 72 hours and prior to the protective custody hearing to determine whether the family should be referred to IIS.

CD staff provides intense, time-limited family preservation services to families for 25% of the cases and purchased services through contractors for 75% of the cases. Referrals are accepted 24 hours a day, seven days a week. An IIS Specialist carries two cases and assesses the family within 24 hours of referral. If the family is deemed appropriate, services begin immediately. Cases will not be opened for families when safety of the child cannot be assured. The IIS specialist is available to the family 24 hours a day, 7 days a week. The services are provided in the family's home or natural environment which may include neighborhoods, school or work settings. The intervention is intensive with twenty hours a week or more devoted to each family. An average of eight to ten hours per week of face-to-face or telephone contact with families is expected. Services average four to six weeks.

IIS services are available to all 45 circuits within the State of Missouri. In the last five years, CD has consistently used the IIS program. The IIS program has successfully diverted a significant number of children from entering alternative care. Specifically, in SFY10, 1,870 families and 3,741 at-risk children were accepted into the IIS program which is an increase from 2009 when 3,182 children were served. In SFY10, 79% of the families remained intact at the end of IIS intervention and 91% of children in the program avoided placement into foster care. In SFY09, 80% of the families remained intact at the end of the IIS intervention and 86% of children in the program avoided placement into foster care. The increase between 2009 and 2010 for children served in the IIS program, directly co-relates to the increase in CA/N reports and the increased number of children in foster care. There is more information available in the foster care section of this report on the increase in the number of children in foster care.

Intensive Family Reunification Services

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program designed to reunify children who are in out-of-home care and who, without intensive intervention, are likely to remain in care longer than six months. Intensive Family Reunification Services are based on the belief that 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 for the return of their child (ren), assist in the transition of returning the child (ren) home, and to develop a plan with the family which will maintain the child (ren) safely in the home for at least one year following the intervention.

Contracted staff provides intense, time-limited family reunification services to families. Staff meets with families within 72 hours of the IFRS referral. An IFRS Specialist carries no more than three families at any given time and a minimum of thirteen families annually. The intervention is intensive, averaging 13 hours per week, per family. The IFRS Specialist is available to the family 24 hours a day, 7 days a week. Services are time limited, usually 60 to 90 days.

The North Carolina Family Assessment Scale for Reunification (NCFAS-R) was utilized for a pre and post functioning to measure changes in family functioning during an IFRS intervention. This tool is currently being used by contractors statewide and will continue to be used as the assessment tool for IFRS.

Families are eligible to receive IFRS if at least one child (0-17 years) is in the custody of the Children's Division and placed in out-of-home care. Sites offering IFRS include:

Site #941: Jackson County
Site #942: St. Louis City, St. Louis County, St. Charles and Jefferson Counties
Site #943: Boone, Callaway and Cole Counties
Site #947: Crawford, Dent, Iron, Reynolds and Wayne Counties
Site #949: Camden, Laclede, Miller, Moniteau and Morgan Counties
Site #944: Audrain, Montgomery, Warren, Pike, and Lincoln Counties
Site #948: Perry, Bollinger, Cape Girardeau, Scott, Mississippi, New Madrid, Pemiscot, Stoddard, and Dunklin Counties
Site #950: Christian and Taney Counties

In November 2008, the IFRS program was integrated into the FACES (Family and Children's Electronic System), which is Missouri's Statewide Automated Child Welfare Information System (SACWIS). Within FACES, CD staff and contracted staff input contacts with families, family support team information, family assessment and court information. This new computer system is designed to streamline the IFRS program statewide and provides data on the number of children remaining in their homes with further status information at 3, 6, and 12 months following intervention. Prior to the implementation of this program into FACES, all outcomes were tracked manually.

There are 13 contracted IFRS specialists who served, in SFY10, 346 families and 949 children. However, since IFRS data conversion to FACES, CD has experienced data entry issues which are being addressed. The data entry issues impact all IFRS data collection, especially follow-up which provides insight into the effectiveness of this program. In the near future, CD should be able to ascertain the effectiveness of the program.

School Based Service Worker Contracts
During the 2010-2011 academic years, the CD contracted with 42 school districts throughout the state for 61 school based service workers. The primary goals of the school based service worker agreement includes the prevention and early identification of children at risk of child abuse and neglect or other barriers which could limit full potential for success in the school setting, and early intervention and the provision of services to strengthen families.

During the 2009-2010 school years, there was an average per school, of 11,902 children enrolled in each contracted school district. The school based service workers served approximately 7.8% of the children enrolled in school and approximately 6.1% of families.

In addition to aggregate data, the school based service workers provide summary information on child abuse and neglect prevention activities performed for the children and families served. Services included referrals for child abuse/neglect, counseling, mental health issues, attendance or academic issues, classroom behavior, health/medical issues, domestic difficulties, drug and alcohol issues, personal needs (hygiene, clothing, etc), home visits, transportation, vocational, dental, and housing.

Restrictions under Family Educational Rights and Privacy Act (FERPA) continue to prohibit identifying information on clients from the schools which eliminates analysis to determine effectiveness of program. However, workers provide an activity accounting in compliance with the state contract.

Child Care and Development Fund
The CD is the lead agency for the federal Child Care and Development Fund and administers the state child care subsidy program for low income and protective services families served through both the CD and the Family Support Division (FSD). Currently, child care subsidies help support approximately 45,000 low income children with about 3,000 children served through protective services.

The CD completed development of its interface with the FACES and the Family Assistance and Management Information System (FAMIS) which is supported by FSD. This system interface assists child welfare workers in determining eligibility and authorizes 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 interface was implemented on August 1, 2010.

Effective August 1, 2010, the CD implemented a claims and restitution system to support the child care subsidy program. This system streamlined the identification, collection and management of child care provider claims.

For SFY11, the Children's Division was able to maintain the eligibility income limits at 127% of the Federal Poverty Level (FPL) for traditional child care households and its transitional benefit package for eligible households. Child care providers last received an increase to their child care reimbursement rates in SFY09. Rate increases applied to certain child care providers as a result of an overall rate restructuring. Rates were adjusted to better reflect the market in certain areas, as reported in a Market Rate Survey and established by the Department of Social Services (DSS).

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

The Missouri Child Care Resource and Referral Network (MOCCRRN) provided child care referral services for approximately 25,047 families during SFY10 compared to 24,978 in SFY09, an increase of 69 families. This includes referral calls and on-line searches for child care. Of the families in SFY10 who were provided referral services, 16,338 accessed services on-line.

The MOCCRRN also served as the primary training resource for child care providers. Trainings coordinated and provided statewide were developed by the Department of Health and Senior Services, Section for Child Care Regulation. The trainings are Basic Child Care Orientation Training (CCOT), Infant Toddler CCOT, Family CCOT, and School Age CCOT.

In SFY10, MOCCRRN offered 2,814.5 training clock hours for 17,362 participants in 1,104 sessions. Both the clock hours for training offered and the number of participants have increased since SFY09. The MOCCRRN also offered 28 non-training clock hours for 97 participants in 17 sessions.

The Opportunities in a Professional Education Network (OPEN) initiative is the state's early childhood professional development system and includes a Professional Achievement and Recognition System (PARS) and Trainer Registry. In SFY10, 1,579 participants were added to the PARS registry, bringing the practitioner registry to a total of 9,952 participants. This registry tracks child care providers and their staff's education and professional development. During the same timeframe, 185 trainers were added to the Trainer Registry, bringing the Trainer Registry to 1,962. This registry tracks education and professional development of trainers who provide training to child care professionals. OPEN has been an intricate partner in the oversight of the Quality Rating System (QRS) pilot and demonstration projects. The QRS is an initiative that rates child care programs according to the quality of the program using a state-approved rating tool. OPEN is also where a centralized assessment system is housed and assesses programs receiving assistance services to become accredited. The data collected in the PARS registry along with the Trainer Registry is important to making QRS and a centralized assessment system work statewide. OPEN provides statewide leadership on mentoring for early childhood career development.

The Educare program provides training and technical assistance to subsidized child care programs. In SFY12 Educare will be available in 93 of Missouri's 115 counties providing opportunities for providers to enhance their care giving skills. In SFY10, Educare impacted over 40,000 children in over 2,400 programs, compared to SFY09 serving 38,000 children in over 1,800 programs. Educare also provides training on child care subsidy payment system to the providers. In SFY10, Subsidy Orientation Training was given to 749 participants, compared to 241 in SFY08.

Early Childhood Development Education and Care Fund

The Early Childhood Development Education and Care Fund (ECDECF) were created by setting aside a portion of the entrance fees to riverboat casinos. This funding is set aside for four programs specified in Missouri statute and administered by DSS.

1. Early Head Start

State funding currently provides one quarter of the total Early Head Start (EHS) slots available in the state. Federal funding provides the other three-quarters. Approximately one quarter of EHS families are teen parents. In SFY10, ten Missouri EHS grantees served 1,292 children and continually provided 667 childcare slots for those eligible. In SFY09, 1,691 children were served and 571 childcare slots were continually provided for those eligible. MO EHS grantees partner with community child care providers to provide EHS services. In SFY10, there were 843 non-EHS children impacted by the services of EHS professionals throughout the state compared to 777 in SFY09.

2. Start-Up and Expansion

In SFY10 there were 38 competitive bid grantees, compared to 32 grantees in SFY09 and 69 licensed slots were added by the new grantees. Of the 38 grantees, 25 were in the second or third year. Therefore, their licensed slots had already been added in previous years. There are eight Community Partnerships who also received this funding. They added 156 DSS subsidized licensed slots within 77 child care facilities.

3. Stay at Home Parent

In SFY10, 16 competitive bid contractors served 11,679 children in 9,690 families. Eight Community Partnerships received this non-competitive funding and served 347 families with children between ages 0-3. These contractors are required to screen the children for developmental delays and social emotional health by using the Ages and Stages Questionnaire and the Ages and Stages Questionnaire, Social Emotional. The parental stress levels must be screened by using the Parental Stress Index. Contractors are also required to track how much time parents spend reading to their children and assist in providing developmentally appropriate books to the families.

4. Accreditation Facilitation for Child Care Providers

If a child care provider is accredited, there is a 20 percent increase in child care subsidy base rate. This additional funding provides an incentive for providers to be accredited and offsets additional costs providers may have incurred in the accreditation preparation. In order for a provider to be eligible for an increased base rate, they must be accredited by the following accreditation entities: NAEYC, NAFCC, COA, NECPA, CARF, and Missouri Accreditation. To maintain the integrity of the accreditation process, accrediting organizations must apply to DSS to be a recognized accrediting organization and submit extensive background information regarding the operation and quality of their program. Applications are reviewed by an impartial team of evaluators made up primarily from staff of universities and community colleges. Accreditation Facilitation services are available across the state through the Missouri Child Care Resource and Referral Agencies to assist child care providers serving subsidized children to become accredited. These services vary across the state and may include, but are not limited to, on-site technical assistance, scholarships for staff, equipment and training. In SFY10, 419 child care providers received these services, compared to 352 in SFY09, with 12 of the 419 child care providers attaining accreditation. Eight Community Partnerships also receive this funding and in SFY10 they served 146 child care providers, compared to 124 child care providers served in SFY09.

Crisis Nursery

Crisis Nurseries provide 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 Nurseries serve children age birth through 12 years of age (and siblings of these children if

necessary). Care for this age group is typically due to an immediate emergency where the parent has no other support systems to provide care and the child is too young to be left alone. Immediate emergencies include parental incarceration, another sick child in the household, homelessness, domestic violence, parental illness, etc.

Crisis Nursery services are provided free of charge to families voluntarily accessing services in response to such a family emergency. Crisis Nursery services are available twenty-four (24) hours a day, seven (7) days a week. A child will be accepted at a crisis nursery facility at any time, day or night, if space is available. Crisis Nursery contracts are awarded through a competitive bid process which was rebid in 2007. Currently there are twelve (12) crisis care nurseries across the state. In SFY08, 4,974 children were served in crisis care nurseries, which decreased in SFY09 to 3,256 children served, then increased and stabilized in SFY10 as 3,502 children were served. The upward and downward trend cannot be definitively understood however, admission data has been collected for the last two years with consistent findings. The highest percentage for admission reason is overwhelming parental stress. Admission reason percentages are as follows: for overwhelming parental stress (52% in 2010; 55% in 2009); followed by hospitalization of parent (14% in 2010; 16% in 2009); homeless and unsafe housing (12% in 2010; 14% in 2009). Since this is a contracted service other unknown variables could have impacted the number of children receiving crisis care such as staffing issues or capacity changes.

Teen Crisis Care

Teen Crisis Care Centers provide a safe haven for teenagers, ages 13 through 17 years, who are experiencing a crisis at home. Teens lacking a safe haven may also resort to participation in risky behaviors in order to survive, and as a result, these teens sometimes fall prey to predators, drug addiction, prostitution, and/or experience serious injury or, in the extreme, death.

Older youth may seek crisis care services due to an altercation with a parent, being kicked out of their home, parental substance abuse or mental health issues, homelessness, or because of situations that place them at risk of emotional, physical, or sexual abuse. Most often these situations are because of issues which build over a period of time and typically cannot be immediately resolved. As a result, in addition to providing a safe place for a "cooling off period", teen crises likely require providers to assist in stabilizing the crisis within the family through mediation, referrals for appropriate intervention services, and/or the necessary referrals within the community for permanent supports or living arrangements.

Teen Crisis Care services are provided free of charge to families voluntarily accessing services in response to such a family crisis. Crisis care services are available twenty-four (24) hours a day, seven (7) days a week. A teen will be accepted at a crisis care facility at any time, day or night, if space is available. Crisis Care contracts are awarded through a competitive bid process which was rebid in 2007. Currently, there are nine teen crisis care centers across the state. In SFY10, 574 unduplicated children were served in teen crisis care centers, which is a slight increase from SFY09 when 555 unduplicated children were served. See five year plan, Objective #11 for more information.

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 can be achieved. The goal for most children in foster care is to return to their caregiver(s) when the 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. Out-of-home placements are selected to provide secure, nurturing, and homelike settings for children.

Permanency planning and concurrent planning begin within the first 24 hours after a child is removed. Children's Service Workers schedule a meeting with the family within 24 hours of removal to discuss the plan to get the child reunified if that is the case plan. Family Support Team Meetings (FSTs) are held within 72 hours of placement and every 30 days thereafter until court adjudication. After court adjudication, FSTs are held as needed but at least every 6 months to discuss permanency and review progress. During the 72 hour meeting, the FST develops the preliminary written service agreement which establishes the plan for the first 30 day treatment period. The initial 30 days are critical to timely reunification thus efforts are made to ensure that staff are meeting with their families to provide the needed support and resources. The child assessment and service plan must be developed within 30 days and updated every 6 months or more frequently as needed. Workers are required to visit children in custody at least once a month and are required to visit with parents at least once a month.

Out-of-home placements include emergency shelter care, foster homes, kinship homes, relative homes, level A (behavioral) homes, level B (career) homes, medical homes, group homes, and residential treatment facilities. All licensed out-of-home resource providers are required to be contracted, 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.

Partnering with both formal and informal community organizations to support families involved in child welfare is necessary to build stronger families and stronger neighborhoods. CD believes child welfare services can best be provided through public/private partnerships, including:

- The Fostering Court Improvement (FCI) program is available in many judicial circuits across the state. FCI groups include the judge, juvenile office, CD, Guardian ad Litem, CASA, and any other necessary members of the community. The FCI team meets monthly to discuss issues related to foster care including how to provide better services for our children and families.
- An extensive array of purchased services from local public and private contractors.
- A comprehensive children's mental health services system to meet mental health needs of children and divert children from going into foster care based solely on the need to access clinically indicated mental health services.
- Community-Based Child Abuse Prevention services.
- Specialized Care Case Management Contract to serve children with multiple placement disruptions and requiring more restrictive levels of care. Data regarding this contract is found in the Specialized Care Case section.
- Kinship and Relative Care to allow children to remain living within their extended family structure.
- Transitional Living Program to offer different living situations for older youth which allows for autonomy while still receiving the needed support, services and supervision.

For over a decade, the CD has seen a decrease in the foster care population. The foster care population in Missouri reached its lowest point in January 2009 with 9,104 children in care.

However, since that time, CD has experienced a continual growth of children in out-of-home placements.

Due to an AFCARS finding and FACES conversion, trial home visit policy was analyzed to determine its effect on the increase in the foster care population. This policy, found at Trial Home Visit, section 4, chapter 11 , regarding trial home visits changed in December 2009. This new policy directed staff to cease closing cases when the trial home visit reached 180 days, and then open an intact family case. Now we keep the case open in the foster care system until legal custody was released from the Division. Based on a seventeen month analysis since the revised trial home visit policy was enacted, approximately 20% of the population growth seen since that time was deemed as contributable to the extended trial home visits, and the remaining 80% of the increase is due to other reasons.

The increasing population trend is a concern. It has been well established that keeping families intact when it is safe to do so is the preferred option for maintaining optimal family bonding. Additionally, it is typically better for the child's well being to maintain the child's cultural connections.

To provide contextual data on the foster care increase, in SFY10, 15,082 compared to 14,558 in SFY09 and 14,786 children in SFY08, were served by CD. This trend is related to a number of factors as reviewed by CD administration, varying by circuit, including foster care entries by age and circuit; foster care exits by circuit, length of stay and last placement type; trial home visits longer than 180 days; CA/N reports and other areas of practice. Following the data analysis, a brief case review based on a sample of 60 cases from FACES data was completed by central office, in addition to interviews with Circuit Managers who identified local factors believed to be contributing to the increase. Common trends noted from the case review and from Circuit Manager's feedback included increases in substance abuse including alcohol, methamphetamines, cocaine, heroin and prescription medicine but less community resources available to assist families than in the past.

A meeting was held in March, 2011 with Casey Family Programs where data was reviewed and a work plan was developed to continue exploring the root causes for the foster care increase. A major portion of the plan was to identify and conduct an in-depth case review of five key circuits which have seen a significant increase and five circuits not seeing an increase. The division management team met in April 2011 and selected circuits 16, 23, 29, 31 and 40 (where growth has been seen) and circuits 11, 13, 21, 22 and 26 (where a growth trend has not been seen) for the case reviews. The next step is to plan the logistics and the schedule for the reviews with Casey Family Programs. Included in the case review process, focus groups and interviews will be held with external and internal stakeholders. Information will be compiled and an analysis made with assistance from Casey Family Programs.

Longer lengths of stay in foster care are also contributing to the increase in foster care population. In addition to an increase in foster care population, length of stay in foster care is equally a contributing factor. As a result of the recent Child and Family Services Review, strategies to reduce the length of stay are included in the Program Improvement Plan such as improving worker visits with children, which show in FFY10 data to have resulted in better outcomes for children reaching permanency. The Division continues to improve the frequency of worker visits moving from 82% of children receiving a visit each and every month in FFY10 to 84% in FFY11-to-date data as of 4/30/2011. To improve the worker visit frequency, an "Every Child, Every Month" visit poster campaign was put into action during November 2010, complemented with monthly visit frequency reports positioned beside the posters.

In an effort to reduce length of time in foster care, PIP strategies also include enhanced oversight by supervisors through reinforced training and development of guides to assure supervisors review 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 older youth who have a goal of Another Planned Permanent Living Arrangement (APPLA) to assure goal appropriateness and explore other permanency options. CD continues to emphasize timely achievement of permanency regularly with staff, managers, Quality Assurance and Quality Improvement Specialists, and the Courts.

Older Youth Efforts

Within the Older Youth Program (OYP) there are services and funding provided through the Chafee Foster Care Independence Program (CFCIP). The CFCIP is contracted out to private agencies to administer and deliver services and funding to older youth in foster care, youth adopted or who have obtained legal guardianship after the age of sixteen as well as former foster youth. Services have been contracted out since January, 2008. The Chafee contract expires September 30, 2011 however in SFY11 prior to expiration, a provider for two regions became in breach of contract for Minority Business Enterprise/Woman's Business Enterprise participation causing their contract to be revoked and those two regions to not have a contract in place. Rather than bid two regions of the state and then a few months later bid the rest of the state for this service, Missouri opted to rebid the entire state early so that all contract dates will align but services under the new contract will be staggered. A new contract will be awarded in the two regions that are not in compliance and then all contract renewal periods will align October 1, 2011 throughout the state.

A pre-bid meeting was held and amendments have been issued. Bids were submitted at the beginning of April and the evaluation process was completed at the end of April 2011. The contract contains 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 contracted providers will engage the youth in their 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 each life skill.

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 Ansell-Casey Life Skills Assessment and the Adolescent FST Guide & Individualized Action Plan;
- Helpful resources to engage youth in permanency and education planning.

The Adolescent FST Guide and Individualized Action Plan assist workers and youth in planning 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. Transition planning is completed 90 days prior to the youth leaving care and documented on the Adolescent FST Guide.

The Ansell-Casey Life Skills Assessment (ACLSA) is an evaluation of youth independent living skills. It consists of statements about life skills that the youth and his/her caregivers complete. The ACLSA was designed to be as free as possible from gender, ethnic, and cultural biases. 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 show what they have learned. The Portfolio is a collection of samples that 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. Performance is observed and recorded on the CD-95 so staff may see the concrete results of instruction. 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, Family Support Team Meeting or other time. This was not previously a requirement of the Transitional Living Program providers and will be in SFY12 with the rebid of the contracts. Performance assessment is used to show the direct observation of a youth's performance and allows the youth to see their accomplishment with historical data on their overall life skill development.

In SFY11, the Department of Health and Senior Services began collaborating with the CD on *implementing* Missouri's Personal Responsibility Education (PREP) Program which will provide services and funding to educate and support adolescents (ages 12-18) to make informed decisions, develop life skills, and practice healthy behaviors now and in the future for successfully transitioning from adolescence to adulthood. 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. Since implementation is in the beginning stages, data is not available and will be included in next year's report.

FYSB provides PREP funding as formula grants to States. All States and U.S. Territories were eligible to apply for a minimum of $250,000 per year for fiscal years 2010-2014. Allotments were calculated based on the number of young people in each State or Territory. States can administer the project directly or through sub-awards to public or private entities. Through the PREP, FYSB awards grants to state agencies to educate young people on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, including HIV/AIDS. The program targets youth ages 10-19 who are homeless, in foster care, live in rural areas or in geographic areas with high teen birth rates, or come from racial or ethnic minority groups. The program also supports pregnant youth and mothers under the age of 21. PREP projects replicate effective, evidence-based program models or substantially incorporate elements of projects that have been proven to delay sexual activity, increase condom or contraceptive use for sexually active youth, or reduce pregnancy among youth. Through a systematic review, the Department of Health and Human Services (DHHS) selected 28 models that states could use, depending on the needs and age of the target population in each state.

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

- Healthy relationships, including development of positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions;
- Positive adolescent development, to include promotion of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic

diversity, and other related subjects;
- Financial literacy, to support the development of self-sufficiency and independent living skills;
- Parent-child communication skills;
- Education and employment preparation skills; and
- Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.

Effectiveness of the program will also be measured:

- The number of youth served and hours of service delivery;
- Fidelity to the program model or adaptation of the program model for the target population;
- Community partnerships and competence in working with the target population;
- Reported gains in knowledge, changes in behavioral intentions and changes in self-reported behaviors of participants; and

- Community data, like birth rates and the incidence of sexually transmitted infections.

The CD views this as an opportunity to have additional funding and services for youth served and align the purposes of Chafee and the Older Youth Program. CD works in collaboration with DHSS to amend Chafee contracts with our Community Partnership providers of Chafee services in Jackson County, an urban area and the 25th Circuit, a rural area. The program will initially be piloted with contracts being amended by June 2011 and implementation to begin in September 2011.

The CD Intranet and Internet have been updated in SFY11 with resource information specific to Older Youth and this will continue in SFY12. Approval has been granted for the Older Youth Program to have its own website and work will begin on this in SFY12. The benefits of having information available separate from the agency website include easier navigation, expanded marketing and accessible content. CD also utilizes FACEBOOK as a means to share information specific to the Older Youth Program and on average makes one post a week.

In April 2010, the Youth Independence Interdepartmental Initiative (YIII) convened and will continue to meet over the next three years. The charge of the group is to implement the Blue Ribbon Panel Task Force on Aging Out's recommendations to help youth successfully transition from care. The Blue Ribbon Panel's recommendations are available at Blue Ribbon Task Force on Youth Aging Out of Foster Care, pages 4-6. The Independent Living Coordinator (ILC) is a member of this task force as well as the subcommittees created in SFY11 to implement some of the specific tasks. These subcommittees are on education, employment/driver's insurance, youth empowerment, and developing a recognition program. The task force met four times in SFY11 and the subcommittees met three times in SFY11. The work of the YIII Task Force will continue in SFY12.

The ILC is a member of the Council for Adolescent School Health (CASH) which meets quarterly. The purpose of CASH is to inform and advise the Missouri DHSS decision-makers regarding adolescent and school health issues and initiatives. CASH may be invited to provide input and advice to other planning committees, work groups, task forces, and advisory councils seeking expertise on adolescent and school health. Members of the task force share resources via e-mail on a regular basis and connect to collaborate on efforts for other projects.

The ILC is a member of the Child and Family Services Review Advisory Committee.

The ILC attended the Human Rights Campaign's All Children-All Families one day training in SFY11 on working with Lesbian, Gay, Bi-sexual, Transgender Questioning (LGBTQ) Families in the Child Welfare System. The ILC is currently researching resource materials provided from the training to see how suggestions and best practices could be incorporated within the agency particularly pertaining to Older Youth. Copies of "It's Your Life - Opening Doors: Improving the Legal System's Approach to LGBTQ Youth in Foster Care" will be available for each youth in attendance at the 2011 Youth and Adult Leadership and Empowerment Conference. Other resource information from the National Resource Center for Permanency and Family Connections regarding LGBTQ youth was shared in a memo issued containing tips and reference material regarding older youth. Missouri has not addressed this issue in the past but will continue to work on improving efforts in SFY12. There has been an LGBTQ assessment supplement, which is designed to help youth who have needs in this life skills area, available through the Casey Life Skills website.

The Jackson County Older Youth Transition Specialist (OYTS) is a member of:

- The Expanding Educational Opportunities for Kids Aging out of Foster Care. This is an initiative that is being sponsored by Metropolitan Community College (MCC). The mission of the group is to try and help youth find ways to be successful in pursuing higher education.
- The Healthy Transitional Initiatives Coordinating Council. The Council oversees the implementation for services for youth with mental illnesses who are transitioning through four mental health agencies in Jackson County.
- The "Filling the Gap: Meeting Specialized needs for LGBTQ Youth." This is a grant that Cornerstones of Care Pathways received to:
    - Educate Cornerstones of Care staff, administration and foster care parents of the issues facing LGBTQ youth in their care.
    - Ensure a safe environment for LGBTQ youth within the Cornerstones of Care System.
    - Develop and enhance counseling and support efforts through peer and support groups.
- The Coalition of Homeless Youth Providers of Services (CHYPS). This group meets to provide support and information on what is available for the homeless youth population. The goal is to alleviate homelessness among youth ages 12 to 24, and their dependents, through advocacy, coordination and collaboration of direct services.
- The Special Placement Support Team Meeting (SPSTM). This is within the Children's Division to look at and recommend placements for children in residential facilities.

The Southern Region OYTS is a member of the Ozark Region Workforce Investment Board Youth Council and the Homeless Youth Subcommittee of Community Partnership's Christian, Greene, and Webster Counties Continuum of Care.

The St. Louis Region OYTS:

- Worked with the Fostering Court Improvement Project on reviewing cases of older youth in foster care in 2010. The group is the City Court Improvement Review Board for Youth (CCIRBY). Now that the reviews have been completed, the court and CD are analyzing the data to determine additional needs of older youth in care and to determine how this process can assist case workers in their practice.

- Serves on the Missouri Mentoring Program Advisory Board. The Missouri Mentoring Partnership (MMP) is an employment with mentoring program that serves youth 16 to 21, with the majority from CD and Division of Youth Services. They match youth with employers and workplace mentors while providing job skills to the youth. The advisory board focuses on program development and recruiting business partners. The OYTS is the chair of the program development subcommittee. The board hosts a 'Life after High School" event every other year focusing on job training, skills, and life after high school (college, tech, career, and jobs) and meet on a quarterly basis.
- Serves on the Homeless Adolescent Task Force through Legal Services of Eastern Missouri. The task force meets quarterly with community persons who work directly with adolescents who are homeless or at risk. Resource and legal issues pertaining to this population are shared in conjunction with the schools and Legal Services of Eastern Missouri to ensure that the needs of this population are being met. Legal Services of Eastern Missouri chair the meetings. They also have a yearly law forum which educates professionals in the community on youth issues including McKinney Vento, consumer lending, special education students, and navigating the Family Support Division.
- Member of the Teen Pregnancy Prevention Initiative through The SPOT (Supporting Positive Opportunities with Teens) from 2010 to present. The OYTS is a member of the planning and oversight committee. The Teen Pregnancy Prevention Initiative is a new CD protocol for the St Louis region to refer youth newly entering foster care to The SPOT to receive a comprehensive health care assessment and subsequent access to participate in the teen pregnancy prevention intervention/services.
- Member of the Community Partners Committee with The Spot and other youth organizations. The committee meets monthly and focuses on services and needs of older youth in the St. Louis Region by conducting youth forums, special interest groups, and discussing the mental and physical health needs of the older youth population with a focus on sexually transmitted diseases. Members include medical/clinic and hospital personnel, Epworth, CD, The Spot, Washington University Adolescent Health Center, Department of Mental Health (DMH), etc.
- Chair of the St. Louis Older Youth Resource Network which meets quarterly with OYTS, Deputy Juvenile Officers, Guardian Ad Litems, Court Appointed Special Advocates, Chafee providers, Transitional Living Placements (TLP) providers, and county older youth workers. Presentations are provided at the meetings on older youth services by a community partner. The network discusses new legislation or policy changes, shares resources, networks, and discusses any concerns regarding older youth in foster care.

The CD has partnered with agencies throughout the state via contracts to provide services to Older Youth. The philosophy of the contracted older youth services is to expand resources and better connect youth to their community. Providers in the Jackson County area have partnered with Kansas City Free Health Clinic for the "Sisters" program. This is a weekly psycho-educational group for the females in their program. Safe sex, relationships, goals and other things are discussed. STD testing is done quarterly. This agency has also partnered with Harvesters for a weekly nutrition and cooking class in which the youth receive a bag of groceries at the end of the class. Another agency in the Kansas City area has a Youth Resiliency Center which provides a safe place for youth to hang out, attend art classes of a variety of mediums (paint, pottery, hip hop dance, improv etc.), exercise classes, and a fitness room. Street outreach is also being provided through agencies in Kansas City and St. Louis City. One agency has a clinic in which medical (provided through Children's Mercy), dental (through Miles of Smiles) and mental health (through in-house therapists) healthcare free of charge to youth ages 12-20. A provider also utilizes the United Way Decade of Difference Financial classes for youth to learn about finances, save money, and match youth's saved

money. Many of the agencies involve youth in service learning projects such as volunteering at a nursing homes, beautifying grounds, and providing a snack and activity for small children at a shelter. One agency has a newsletter, "Bright Futures", which provides a youth directed source of information regarding older youth topics and upcoming events. Several agencies have taken youth to "challenge" camps for the day. Another agency skyped with Josh Shipp, a national speaker. In the St. Louis area, a provider has a retail store for prom dresses and a drop-in center with computers. They also held a job fair, blue jeans drive, met with the Governor, and had several presentations on community resources such as Planned Parenthood, Crisis Nursery, Runaway Hotline, and The Spot. A barrier with youth activities is the difficulty in holding any type of outdoors camp for youth due to the release of liability which is to be signed by the legal guardian. CD case managers cannot sign and often proves difficult for courts to sign. CD is looking at this problem through the Youth Independence Interdepartmental Initiative. CD plans to continue contracting services which build upon community resources for older youth during SFY12.

CD will continue efforts to ensure all youth eligible for OYP services are provided contracted services. Lack of referrals has been a struggle in the past but OYTS are monitoring and addressing this issue more closely and currently making progress. In February 2010, approximately 52% of eligible youth statewide were referred for services compared to March 2011, with 63% of eligible youth statewide were referred for services. The monitoring of referrals for eligible youth to the Chafee program will continue in SFY12.

The CD issued several memos in SFY11 specific to older youth and in collaboration with other agencies. In July 2010, a memo providing clarification regarding eligibility for youth in Out-of-Home Care for Food Stamp assistance was issued, produced in collaboration with the Family Support Division. In September 2010, a memo was issued to introduce the National Youth in Transition Database (NYTD) permanent contact screen in FACES and the importance of permanent connection information. This was produced in collaboration with FACES staff. In September 2010, a memo was issued introducing policy and procedures to implement the NYTD and this memo was produced in collaboration with FACES staff. In September 2010, a memo was issued regarding requirements and changes that were made to implement the Patient Protection and Affordable Care Act. Division of Legal Services provided input on this memo as well as our Public Information Administrator. In February 2011, a memo was issued on workforce opportunities for older youth. Staff from the Division of Workforce Development was consulted and reviewed this memo. In March 2011, a memo was issued that provided tips and reference material for staff working with older youth. This was a result of efforts to evaluate program effectiveness and enhance services. OTYS were consulted regarding this memo. In SFY12, a memo regarding guardianship and youth with special needs as well as implementation of the Tuition Waiver Program will be issued.

The ILC gave several presentations regarding older youth services, legislation, and policy throughout SFY11. The ILC spoke at the Missouri Juvenile Justice Association fall conference at a break out session on older youth, Guardian Ad Litem training for the 13th Circuit, and to the Southeast Region Foster Parent Advisory Committee. Several presentations are scheduled for the remainder of SFY11 and SFY12. A presentation will be given to the 19th Circuit Foster Parent Association and a workshop will be given at the Alternative Care Conference. Other presentations will be given in SFY12 as opportunities present themselves.

In SFY12, CD will be compliant in reporting services and outcomes for youth for the NYTD and will continue to develop outreach efforts for youth who are no longer in care.

The Supervisory Case Review Tool is being revised and will incorporate additional questions specific to older youth files which was not previously included.

For SFY12, CD will continue contracting Chafee, TLP, and Educational Training Voucher (ETV) services and continue development of community resources to support these contracted services. CD continues to monitor and provides support to current and new providers of the ETV, Chafee and TLP contracts, as well as, continue to educate staff and stakeholders about providers and the services they offer. CD will continue reporting services and outcomes on older youth and will extract the data for performance measurements in the Chafee and TLP contracts. Not all information for older youth is captured in FACES at this time, but further automation expansions are planned for SFY12. This automation will provide data from referral forms, life skills progress and assessment forms.

Kinship and Relative Care

The Kinship and Relative Care programs continue to be a priority component of CD's practice. With an expedited relative and kinship licensing process, 33.3% of children in foster care for SFY10 were able to be placed in relative and kinship homes. Children's Division preference for children entering out-of-home care is to locate and place with family or individuals viewed as family.

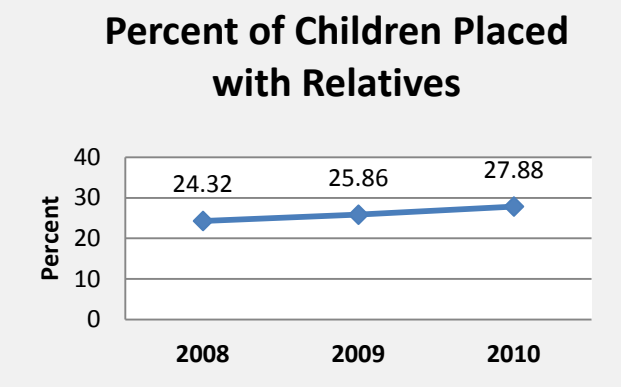
CD provides specialized training to both relative and kinship providers. The STARS for the Caregiver Who Knows the Child training curriculum, a version of the foster parent training, is used with relatives and non relative persons who have a close emotional relationship with the child. It focuses on the same competencies as the foster parent curriculum, but addresses issues of the changing role that occurs when relatives or kin are placed out of the home.

In May of 2010, CD introduced new policy based on state legislation which gives grandparents first consideration for placement before other relative options and requires an immediate diligent search to locate, contact, and place with a grandparent once a decision has been made to take protective custody of a child during the first (3) three hours after custody. The statute also requires that staff place with grandparents unless that decision is contrary to the welfare of the child. Research shows that children who are placed with relatives have better placement stability.

The Fostering Connections to Success and Increasing Adoptions Act, H.R. 6893, allows for the waiver of non-safety licensure standards for relatives on a case by case basis. A focus group met to discuss non-safety licensing standard waivers for relative providers. The purpose of this is to allow more relatives to become providers who may not otherwise been allowed as long as there are no safety issues. The following standards may be waived with Regional Office approval:

- Capacity
- Age of the foster youth
- Age of Foster Parent(s)
- Health of Foster Parent(s)
- Training
- Physical Standards
- Sleeping Arrangements
- Personal space for clothing and belonging

CD captures and tracks the percentage of children placed in relative care through quarterly and annual outcome measurements. Using the data from outcome measure #17, this chart provides an at-a-glance picture illustrating the slight increase of use of relatives for foster care placements.



As the chart shows, CD is trending upward as the number of children placed with relatives increases each year. CD is continually exploring new and enhanced ways to expand diligent searches capabilities.

Specialized Care Case Management Contract

The Specialized Care Management contract awarded to Missouri Alliance for Children and Families (MACF) in April 2006 has been renewed for another year, through April 2012. The contract is capped to serve a maximum of 350 youth in the Central and Eastern regions but through a cooperative agreement which was completed in December 2007, an additional 15 youth may be served in Jackson County and an additional 30 youth may be served in the Southwest Region. This agreement is specific to serve those youth currently in a residential placement identified as level IV or above level IV. This contract and agreement provides intensive wraparound services and supports by ensuring a maximum case management ratio of 1 to 10, although some caseloads are below this limit.

There are now nine specific outcomes established for the Specialized Care Management contracts dealing with Safety, Stability and Child Well-Being.

- 99.43% or more of all children enrolled with the contractor during the reporting period shall not be the subject of reports of child abuse or neglect where there is finding of a preponderance of evidence.
- 95% or more of all children referred to the contractor during the reporting period shall not be on/or have been on runaway status.
- 95% or more of children referred to the contractor during the reporting period shall not be or have been arrested or detained.
- 85% of children dis-enrolled from the contractor must remain stable in their community placement for 90 days.
- 75% or more of youth during the reporting period will not experience a move to a same placement type or a more restrictive placement type.
- 50% or more of all children placed in residential care at the time of enrollment will be moved to a less restrictive setting within 120 days.
- 95% or more of all children enrolled with the contractor during the reporting period must have received weekly face-to-face contact with contractor staff to ensure safety.
- 90% or more of all children dis-enrolled or discharged must have had a physical examination within the past 12 months.
- 90% or more of all children enrolled with the contractor during the reporting period must be enrolled in school or have successfully graduated.

All of these measures address the CD and MACF's commitment to ensure youth are safe and stable and have the opportunity to be successful. Current performance indicates MACF met most outcome measures with these exceptions: less restrictive setting within 120 days if in a

residential setting, weekly face-to-face meetings, and physical exams within the past 12 months of dis-enrollment.

Children enrolled with the Specialized contractor may be as young as 6 years, but approximately 2/3 of currently enrolled youth are over the age of 16. The average age of active enrollments is 16.1 years.

Approximately 85% new enrollments are in a residential setting at the time they are referred to the contractor. Many of these youth have been in such settings for many months, sometimes years, prior to enrollment. As such, the contractor has experienced difficulty in stepping these youth down to a community setting within 120 days of enrollment. After examining the outcome data over the past several years, the timeframe for this outcome expectation may be modified in future contracts.

Foster Care Case Management Contracts

The movement from a fee for service model to a performance based contract for foster care case management services altered the payment structure considerably. Each contractor receives the base caseload which they were awarded. The base caseload and the percentage of children which are expected to move to permanency in 12 months are used to calculate the total number of additional referrals the consortium will receive throughout the contract year. The contractor is only paid for the base caseload. If they fail to meet the permanency expectation they will serve more children than what they are paid for. If they exceed the permanency expectation they will serve less than what they are paid for.

The initial contracts were awarded on 6/1/05 to seven provider consortiums to serve the St. Louis, Kansas City, and Springfield regions. The St. Louis Region consists of St. Louis City, St. Louis County, Jefferson County and St. Charles County. The Kansas City region consists of Jackson, Clay, Andrew, Buchanan and Cass Counties. The Springfield region consists of Greene, Christian, Taney, Lawrence, Barry and Stone Counties.

The current contracts were awarded to the initial seven consortiums effective 8/11/08. Three additional contracts were awarded 9/1/08 to serve 12 counties in the Central, South Central, and Southwestern part of the state. These regions consist of Randolph, Howard, Boone, Callaway, Camden, Laclede, Pulaski, Phelps, Texas, Jasper, Newton and McDonald Counties.

As of 3/31/11 private contractors served 2,587 children in the care and custody of the Children's Division. This compares to 10,246 children served statewide. Approximately 25% of the foster care population is served through contracted case management providers. This has decreased from 4/30/09 when approximately 38% of the foster care population was assigned to private contractors for case management services. The percentage of children served through the private sector is influenced by the number of children entering and exiting care statewide.

The University of Missouri-Columbia accepted the opportunity to conduct an independent evaluation, beginning in 2005. The university began a series of focus groups with stakeholders in March 2006 and completed their work in May 2007. The report concluded there "was a strong commitment to the partnership between the CD and the contractors" and "recognition that the strengths of the CD and the strengths of the contractors could work in tandem to create a stronger case management service." "In addition, there was strong recognition that accountability will be improved now that both groups are working with the same outcomes."

The National Quality Improvement Center on the Privatization of Child Welfare Services (QIC PCW) established an evaluation to study the public-private partnerships occurring around the country. Through a competitive application process, Missouri, Illinois and Florida were selected to participate in this cross-site performance-based contract evaluation which concluded in September 2010. This evaluation included surveys, focus groups, data outcome comparisons and written documentation of events as they pertain to performance based contracting. The purpose of the project was to improve child welfare practice in Missouri and provide as much information as possible to other states contemplating or changing to a performance based model for contracted case management services.

Health Care Services Plan for Children and Youth

Early Periodic Screening, Diagnosis, and Treatment *(*EPSDT*)* screenings are known in Missouri as Healthy Children and Youth (HCY) screenings, or well-child checkups. Missouri currently utilizes the EPSDT guidelines to ensure that children in care have developmental assessments as well as vision, dental, and hearing services as outlined below. However, children in CD custody from birth to age 10 are required by Missouri Statute to receive physical, developmental, and mental health screenings every 6 months following the initial health examination. This statute requires some children to have screenings more frequently than the EPSDT guidelines require. The purpose of the initial health examination is to identify the need for immediate medical or mental health care and assess for infectious and communicable diseases. This initial exam does not need to be a full HCY exam. The initial HCY exam must be completed within 30 days after a child's placement.

The recommended frequency for CHY screenings is as follows:

Newborn	9-11 months
By one month	12-14 months
2-3 months	15-17 months
4-5 months	18-23 months
6-8 months	Each year, from ages 2-21

Components of a full EPSDT (HCY) screening include:

- Health and developmental history (both physical and behavioral health)
- Complete physical exam
- Health education
- Immunizations and lab tests, as indicated
- Lead screening and testing, as indicated
- Developmental screening
- Fine motor/gross motor skills screening
- Hearing, vision, and dental screening

The CD is coordinating with the Department of Mental Health (DMH) and the MO HealthNet Division to provide consistent comprehensive care to each child in a foster care placement. The work, ongoing with both of these departments, is designed to meet physical and mental health and dental care for children in the foster care system. It is proposed this coordination can be achieved by utilizing the electronic data, having a review done by medical staff as well as a protocol for use of this information for every child as a part of routine reviews and case planning.

The Division has taken the lead in organizing a Healthcare Coordination Workgroup which is addressing the healthcare issues of youth in the foster care system. The workgroup is comprised of the partners from DMH and MO HealthNet in addition to foster youth, pediatricians, and private case management contract staff. This group is committed to ensuring Missouri is in compliance with P.L. 110-351 in the coordination and oversight of healthcare for youth in foster care.

The Division is committed to designing a centralized, comprehensive medical record and is exploring the ability to create this record from existing systems with MO HealthNet and DMH through use of cyber access. A policy review is ongoing to determine the best practice to obtain the maximum benefit from the medical record including sharing the information at each case review and FST as well as reviewed for follow up with the supervisor during routine conferences. Additionally, all information will need to be updated in the FACES system to document the compliance with ongoing medical care and screening. Policy will be written to instruct staff on utilizing the medical record to benefit children.

The Division currently utilizes MO HealthNet consultants when specific assessments or guidance on appropriate medical treatment is necessary. The Division welcomes the opportunity to work with a group of experts who can assist us in assuring best medical planning and follow through for children in foster care.

Other Planned Permanent Living Arrangements

The Family Support Team (FST) may determine during an administrative review or at the permanency hearing that there is a compelling reason that the four preferred permanency options of reunification, adoption, guardianship, or placement with a fit and willing relative are not in the child's best interests. If this determination is made, the option of another planned permanent living arrangement (APPLA) may be explored. APPLA is a specific permanent placement for the youth, not just long term foster care.

Youth are placed in APPLA only in cases where the FST believes and has documented to the court that this placement will endure until the youth becomes independent. In addition, the resource provider must be in agreement with the plan, and able and willing, with the assistance of the Division, to meet the safety, permanency, and well-being needs of the youth. The resource provider makes a formal Planned Permanency Agreement with the Division for this purpose.

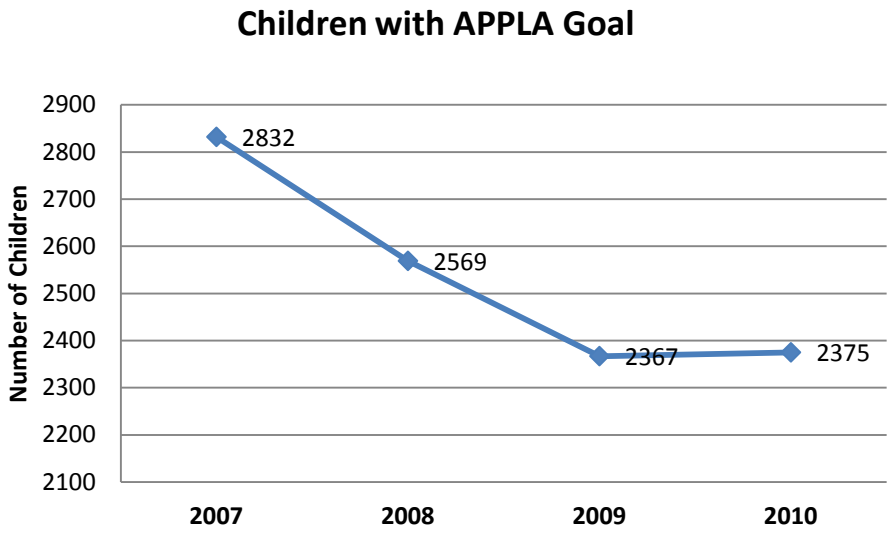
When a youth has a goal of APPLA, all case management services are afforded the youth including working with the resource or birth family to assess risk, participating in the development of the permanency plan, identifying and providing needed services, and meeting with the youth and family to ensure desired outcomes are attained. Services will continue until the youth is released from the jurisdiction of the court.

The CD has identified all youth who have a goal of APPLA. Since 2008, the agency has made an effort to ensure the APPLA permanency goal is only used after other permanency goals have been explored. A Practice Point was issued to staff in 2008 to ensure the goal is being used appropriately and met the needs of the youth. In addition, a list of all youth with a goal of APPLA is sent quarterly to each circuit for supervisor’s review to assist with oversight of appropriate permanency goals.

The permanency goal is to be discussed at every Permanency Planning Review. Since this practice was implemented, the Children’s Division has seen a significant decrease in the

number of youth with a goal of APPLA. As the next chart shows, the number of youth with an APPLA goal dropped from 2,569 in 2008 to 2,375 in 2010. From 2009 to 2010, the numbers have stabilized.

From Annual Report, Table #27



Native American Collaboration

In 2011, the CD continues to work on developing a written notice specifically outlining Federal Regulations in any involuntary court proceeding where the identity and location of the child's Indian parents, custodians or tribe is known. Notice would be sent prior to pending proceedings and include their right to intervene with copies sent to the Muskogee Area Director, Bureau of Indian Affairs (BIA). In those cases where the parents cannot be located or the tribe is not known, notice of the proceedings will be sent to the Muskogee Area Director. A judicial notice, under development, which included all Federal Regulations, would be sent to the BIA, Juvenile Office and Judge in cases where the child is eligible for tribal membership. Judicial notice would be taken in the first 90 days and would apply for the duration of the case.

Cooperation is maintained with the state or tribal court assuming or having jurisdiction over a Native American child when providing services. Missouri courts assume secondary responsibility when the tribal court does not take jurisdiction. In any juvenile court proceedings, the Native American custodian or tribe for the child has the right to intervene at any point. All parties to the proceeding have the right to examine all the reports, testimony, witnesses and exhibits upon which the court's decision may be based.

Discussions are ongoing regarding the Native American youth recruitment for local and the state youth advisory board (SYAB). Strengthening both local and SYAB recruitment continues to be a focus area for the CD.

All benefits, services and programs are made available to Indian youth in the state on the same basis as other youth.

The CD continues to seek input and feedback from two Missouri Indian Centers, Kansas City Native American Indian Center and the Springfield Indian Center. A CD Specialist not only

solicits feedback but has worked diligently to build relationships with these two Indian centers to promote a comfort level to freely exchange information. In addition, Indian Center's representatives participate in the CFSR Advisory Committee to provide feedback on the CFSP.

In the FACES system, a Family Support Team screen 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 family, family member or if applicable, the child. When the worker checks the "yes" box, a text box appears for the case manager to report how this information was obtained and through what source. A specialist in Central Office requests a report, twice per year, from Research and Evaluation on all cases indicating Native American Heritage. The specialist reviews the case contacts and narratives to ensure Indian Child Welfare Act (ICWA) compliance. If compliance is not met, the specialist contacts the case manager and works together to move this case into compliance. In Missouri there are approximately 84 ICWA related cases, with 34 children registered to be or currently are registered tribe members.

Adoption Services

Missouri Law identifies the CD as one of the agencies which may place a child for adoption, and establishes time frames for the completion of court ordered/requested adoption assessments conducted once the child is placed in the prospective adoptive home. The court may direct any appropriate individual or agency, including the CD, to complete the assessment.

When it is not possible or in the best interest of the child to return to their biological family, consideration is given to placing the child for adoption. Several factors influence this decision; the attachment of the child to his/her biological family, the parent's ability and willingness to voluntarily relinquish the child for adoption, the juvenile court's determination of whether or not parental rights will be terminated and the older child's desire to be placed in an adoptive home.

Persons who are interested in becoming adoptive parents currently apply at local CD offices. All applicants must complete the STARS/Spaulding training provided through the Division. CD workers and/or contracted providers, in coordination with the training complete the family assessment and screen suitable families. The home studies are initiated within 30 days of the receipt of the application and completed within four months for families to be considered for adoptive placements. Priority is given to those families interested in adopting a special needs child.

The Division maintains an Internet web site Adoption Photo Listing that is located at http://www.dss.mo.gov/cd/adopt. Children listed on the web site receive exposure on this site and may also be featured on other sites such as the national AdoptUSKids site at www.adoptUSkids.org or the Adoption Exchange Website at www.adoptex.org. The Adoption Exchange also manages the Missouri Heart Gallery site located at http://www.moheartgallery.org. In addition to these sites, Jackson Co/Kansas City has a website for presentation of children in that region which may be accessed at www.kcchildren.org.

The CD actively recruits foster/adoptive families and enlists the assistance of community partners as well as the faith communities through publicity efforts which utilize newsletters, printed promotional material, public service announcements and local projects.

Subsidized Adoption Program

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions and others are older

or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs such as the need for medical care, counseling, therapy, or special educational services. The cost of caring for these children can be prohibitive for a potential adoptive family. Before the adoption subsidy program, the only alternative was to leave the children in foster care. Adoption subsidy gives the child the benefit of a permanent family while assisting the family who would otherwise be unable to adopt the child.

In recent years, the vast majority of children placed for adoption by the CD have had special needs. The agency has devoted a large portion of its resources and placed a priority on finding homes for these children. As of April 13, 2011, 12,898 children were receiving adoption subsidies at an average monthly cost of $423.02 per child. Total expenditures for the adoption subsidy program for SFY10 were $65,474,019; which was a slight decrease from $65,506,576.02 in SFY09. Currently there are 14,020 adopted and 3,767 guardianship children served through the subsidy program with an annual budget of 82 million dollars.

The CD released revised adoption and guardianship subsidy contracts on May 2, 2008. This contract is more streamlined and efficient for both families and staff. The purpose of this revision is to provide the best services to adoptive families, guardians and children in the most fiscally responsible way while requiring fewer steps for adoptive parents and guardians to maintain necessary services.

Second Level Matching Team

The Second Level Matching Team (SLM) consisting of regional adoption representatives continues to meet two times per year to discuss recruitment strategies and share information on regional recruitment efforts which have proven effective. This statewide team was developed to match waiting families with children available for adoption which expanded during 2008-2009 to include the utilization of a specialized recruitment tool.

The SLM Team goals have also expanded to include serving as a forum to discuss and resolve adoption issues faced by field staff and to assisting in defining best adoption practice for CD. Quarterly adoption peer record reviews are being completed regionally along with peer reviews of other records as part of the statewide Continuous Quality Improvement process. During 2009-2010, much of the time of the SLM team was spent discussing policy revisions, sharing information pertaining to GAP guardianship requirements and development of updated policy related to Adoption Staffings to provide a consistent expectation of Adoption Staffings state wide. SLM team members continue to bring common questions and difficulties they are experiencing in their regions to the meetings and the team continues to engage in problem solving to come to common solutions for many of the difficulties pertaining to adoption subsidy across the state.

Heart Gallery

The 2011 Missouri Heart Gallery will be presented in an electronic format including a video/DVD as well as use of the online Missouri Heart Gallery versus a traveling Heart Gallery as in previous years. The 2011 Missouri Heart Gallery will open in May and close in November and feature 173 photos including 225 children.

Each region will receive 8x10 images of children from their region who are featured in the 2011 Heart Gallery for display at regional events. This approach will allow the flexibility to feature the Heart Gallery at a moment's notice in smaller venues i.e. churches, school functions, 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.

Over 180 Missouri children were featured over the past six years in the Missouri Gallery have been placed with their forever families. The contractor is providing statistics, however the type and amount of data was not enough to determine effectiveness. Recently enhanced data collection was launched with a change in the process (as mentioned in the second paragraph). Instead of having state events, CD is now holding focused more local grassroots events such as PTAs, fairs, churches, etc. There is a trade-off with this process change, that is, we will have less media coverage at the local events than at a statewide event, but feel we may attract more potential parents.

Residential Treatment Services for Children

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

Throughout SFY10, 3,011 children received residential treatment services. This is an increase from SFY09 when 1,778 children received residential treatment services. 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. 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.

The Director has gathered data for regional directors to begin delving deeper into the root cause for the increase. A residential measure has been added to the Department digital dashboard for closer monitoring. At this time, CD is in the discovery stage of determining what caused the numbers to rise significantly. Next steps could be a case review of children placed in residential care and an analysis of the results for further actions.

In 2010, children received services through 73 licensed residential child care agencies operating at 124 separate sites, and 58 CPAs providing foster care and/or adoption services at 87 separate sites. Twenty-three RCCAs are dually licensed to provide child placing services. In 2010, there were no initial RCCA or initial CPA licenses awarded. Thirty-six RCCAs and 37 CPAs renewed their licenses in 2010. In 2010, of the 73 licensed RCCAs, 27 are accredited through nationally recognized accrediting bodies (Council on Accreditation of Services for Children and Families, Inc., Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities). Thirty-two of the 58 CPAs are accredited. No additional RCCAs or CPAs 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 RCCA staff are required to have initial orientation and a minimum of 40 hours of on-going training per year while licensed CPA staff must have a minimum of 20 hours.

Child Placing Agencies

In SFY10, there were 69 licensed child placing agencies with an additional 26 operating sites for a total of 95 child placing operating sites. Of the 69 licensed child placing agencies, 39 or 56%

were accredited. The child placing agencies placed 399 (domestic) and 319 (international) children for adoption. Several child placing agencies are involved in the foster care case management and the specialized contract described previously in this report.

Highlights of Prevention and Permanency Programs

Below is a summary of changes, additions or planned changes to the Safe and Stable programs in Missouri:

- Intensive In-Home program will be 100% contracted next fiscal year
- Chafee, ETV and Transitional Living Program contracts expire in CYII
- Waiver for relative providers for non-safety related licensing standards such as: provider's age, provider's health, child's age, etc.
- Foster Care Case Management (FCCM) contracts expire in CYII
- For children with APPLA goal, a special case review tool is being developed, along with a process for review
- Continued research of foster care population increase
- Working on NYTD, phase two
- Continuing exploration of auto insurance coverage for older youth, ages 18-20
- Development of a Missouri Older Youth Website
- FACEBOOK established for Missouri older youth
- Implementing Missouri's Personal Responsibility Education (PREP) Program

At this time, no other changes to Safe and Stable Families Program are planned.

Five-Year Plan Update

Missouri's five-year strategic objectives for improving child welfare services are reflected in this section and are based on Missouri's six Guiding Principles. Under each principle is an objective with measures of progress listed. For each measure's progress there is an annual update unless the cell is shaded, which represents the objective is met.

Mission Statement

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.

State Objectives/Guiding Principles

Protection (Safety) Children have a right to be safe and live free from abuse and neglect.

Objective #1: To protect the health, safety, and welfare of children by continuing the use of Strengthening the Culture of Care training and philosophy in licensed residential child care agencies	
1.1.	**Provide refresher education for Strengthening the Culture of Care**

Residential Program Unit continues to encourage Residential Child Care Agencies (RCCA) to use the Strengthening the Culture of Care (COC) curriculum. The four core principles explored in the training are youth development, collaboration, culture competence and permanent connections. While the initial COC train-the-trainer curriculum was developed in conjunction with the National Resource Center for Youth Services (NRCYS) and the sessions were conducted by NRCYS in 2004, it has gained momentum and support by the Child Welfare League of America (CWLA). At the encouragement of CWLA, Missouri and the NRCYS entered into a collaborative effort with agencies in Minnesota, Michigan, Massachusetts, Washington, and Indiana to field test COC for three years. NRCYS collected data on the use of physical restraints and/or locked isolation, the incidence of injuries, child abuse/neglect reports, and results of client satisfaction surveys from the six agencies. NRCYS conducted three refresher train-the-trainer programs in 2006, and included staff from the all of the agencies.

The refresher training for Strengthening the Culture of Care was held in St. Louis on July 28-29, 2009; Kansas City August 24-25, 2009; Springfield on September 17-18 2009 to train a total of 69 participants. This concludes this objective of the five year plan, however, below is an additional activity occurring during SFY10.

In 2010, NRCYS conducted one webinar designed to provide training to front line supervisors in residential child care agencies. CD believes that the COC initiative will improve safety and nurturance of children in a residential care setting. RPU also conducts once yearly meetings with administrative staff of RCCAs which focus on information sharing and performance enhancement.

This five year plan measure is *complete*.

1.2.	**Develop a data base to capture all substantiated reports where the perpetrator is an employee of a residential child care agency (Use 2008 data as the baseline)**

A data base has been established using Excel software to capture all the hotline calls involving staff from residential treatment facilities. In 2008, there were a total of 15 with 7 overturned leaving 8 substantiated residential child care agency hotlines. In 2009, there were a total of 12 substantiated residential child care agency hotlines. A few of these hotlines are still pending review with the Child Abuse and Neglect Review Board. When considering the total number of substantiated hotlines, there was a decrease from 2008 to 2009; however, the "actual" number for 2009 cannot be determined until all hotline reviews have taken place.

This five year measure is *complete*.

1.3.	**Decrease the number of substantiated reports for children in residential care**

When analyzing the number of children involved in child abuse and neglect reports while in a residential facility and the perpetrator is a facility employee for 2008, both before and after review overturns are very different. The number of children before overturns is 20, and after is 10. This is a fifty percent decrease. Currently, the 2009 hotlines involve 20 children with reviews still pending. Therefore the actual number is not yet available and comparisons cannot be determined at this time.

2010 Update—
For calendar year 2009, there were 20 children involved in hotlines who were placed in residential facilities. Of these 20 children, many reviews were done. There were 8 that were overturned. This is a forty percent decrease, but up ten percent from the year before.

Currently, the 2010 hotlines involve 32 children with reviews still pending. Therefore the actual number is not yet available and comparisons cannot be determined at this time.

To summarize, in 2008, there were 10, in 2009 there were 12 and numbers for 2010 are pending.

Prior to the develop of the five year plan, a decision from the Missouri Supreme Court (see The Child Abuse and Neglect Review Board Section) impacted the substantiation standard. Additionally, the perpetrator is given due process before his name is placed on the Central Registry. This decision greatly influences the residential hotline procedure for substantiation findings and overturns rates. Therefore, hotlines may not be the best method to measure impact of the Strengthening of Culture Training. This objective may need to be changed in future reports.

To date, Missouri has not met this objective.

Objective #2: Continue the "small test of change" relating to the Breakthrough Series with child abuse and neglect reports in selected circuits and when changes are tested successful, extend

practice statewide

2.1.	**Reduce the number of children who experienced repeated maltreatment. Currently, Missouri has an average of 95.35% (SFY05, 06, 07, 08, Outcome Measure #3) of children without another substantiated maltreatment report within six months. The National Standard is 94.60%. Our goal is to remain at or above the National Standard consistently through the next five years.**

In 2008, the percent of children experiencing repeat maltreatment was 4.10% (95.9%) and in 2009, 3.20% (96.8%) per our internal data of Outcome Measure #3. Since the creation of the five year Title IV-B objectives, Missouri has received the Data Profile for 2007 and 2008. Using the data indicator for Absence of Maltreatment Recurrence (#VI. Page 21, Missouri Data Profile data January 29, 2010) for 2007, Missouri's repeat maltreatment was 95.5% and in 2008, 97.1%; both surpassing the national standard. Therefore according to all related data available, Missouri met this goal to maintain or exceed the repeat maltreatment national standard for 2008 and 2009. In addition, from both the data profile and the outcome measure, Missouri has reduced the number of children who experienced repeat maltreatment.

2010 Entry—
For 2010, 2.60 / (97.40%) is higher than the national standard.
Objective 2.1 has been met for 2010.

2.2.	**Track small changes and evaluate impact**
2.3	**Monitor changes implemented statewide (that originated from this pilot project)**

Small test of change is described in detail at http://dss.mo.gov/cd/cfsplan/2009apsr/final.pdf Page 75.

To begin a small test of change initiative, there is an examination of an issue, a process change and a plan to measure change. Change initiatives required additional resources and as funding became strained, the small test of change efforts was discontinued.

Objective #3*:* To promote continual monitoring of registered family home providers which promotes the health and safety of children in their care

3.1	**All registered family home providers will complete an initial background screening prior to providing child care services for CD**

100% of Family Home Providers receive an initial background screening prior to providing services. Background screenings take approximately 6 weeks to complete depending on the volume of reviews received by the Missouri State Highway Patrol (MSHP) and the Federal Bureau of Investigations (FBI) at any given time. Individuals who are rejected due to a background screening are not eligible to provide subsidy childcare. Any applicant who is denied

due to a background screening does have the right to request a hearing to allow an opportunity to present any extenuating and/or mitigating circumstances.

This measure was met for 2010; this objective should not change from year to year as the requirements are standing.

3.2	**All registered family home providers and household members 17 years of age or older will complete a Family Care Safety Registry (FCSR) screening initially**

100% of Family Home Providers and household members 17 years of age or older complete a FCSR screening prior to providing services. An updated FCSR screening is required annually at registration renewal for this population.

This measure was met for 2010; this objective should not change from year to year as the requirements are standing.

3.4	**All registered family home providers will complete a TB test prior to providing child care services for CD**

100% of Family Home Providers must provide verification of a current negative TB test prior to being registered to provide child care services. A TB test must be completed at registration renewal annually to ensure the individual remains negative for TB. Most individuals receive the TB test from their Local County Health Office or their physician. The cost of the test is the responsibility of the individual.

NOTE: *Fingerprint Screenings are required from an applicant at their initial registration. Household members 17 years of age and older, including the registrant, are required to register with the FCSR at the initial registration and annually when renewing a registration. TB test are required for the registrant only at the initial registration and annually when renewing a registration. A positive TB reading results in the denial of the registration.*

Without meeting these requirements, an individual is not allowed to register as a subsidy child care provider.

This measure was met for 2010; this objective should not change from year to year as the requirements are standing.

Partnerships (Collaboration) 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.

Objective #4*:* To assure children in foster care are offered the same educational opportunities as other children, achieved through continued partnerships

4.1	**Increase percentage of Supervisory Case Review Item 21 (assessing educational needs of children) rating as a strength with a baseline average from SFY06, 07 and 08 of 67% to 80% by FFY 2014.**

School districts impact the educational opportunities for children in foster care. We measure educational progress and advocacy efforts in the SCRT. As mentioned in the measure of progress Missouri's Supervisory Case Review (SCR), Item 21, Educational Needs for Children, had a 2008 outcome of 67% of cases rated as a strength followed by an outcome in CY 2009 of 66%, which shows no improvement. In addition to this data, the mock site reviews held in six sites from May 2009 to February 2010, with 65 cases scored 88%, a strength. The reason for the discrepancy in the two processes may be due to the SCRT only looks at the case file while the CFSR mock and actual reviews consider information from the case manager and foster parents. The only exception to this is when a child has an Individualized Educational Plan (IEP); these must be included in the record. Preliminary data from Item 21 from the CFSR reviews is 89%. Based on the review of case activities between 4/1/2009 and 6/11/2010.

In 2010, Supervisory Case Review (SCR), Item 21, Educational Needs for Children, had a 2010 outcome of 68%. This is a two percent increase over SFY09. This issue needs further analysis.

This goal needs to be reset using retrospective data from SCRT reviews as original goal was set from data captured during the mock site reviews using a another review tool.

4.2	**Continue partnering with the Department of Elementary and Secondary Education (Educational Advocacy and Governor's Blue Ribbon Panel)**

Educational Advocacy
Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team was formed in SFY 08. The Educational Advisory Team's mission is to do all they can to assure that children in foster care are offered the same educational opportunities as those children not involved in the foster care system. The advisory team members represent a variety of disciplines including the educational system, foster parents, private and public child welfare, court-related child advocacy, juvenile justice and youth in out-of-home care. The Educational Advisory Team meets on a quarterly basis. They meet in person two times per calendar year and by conference call two times per calendar year.

The Educational Advisory Team recognized three initiatives to focus on how to improve the education opportunities and outcomes of foster youth. The Educational Advisory team divided up into three workgroups to meet the three initiatives. The three workgroups identified are: Raising Awareness, Engaging and Empowering Stakeholders and Developing Tools and Resources.

2010 Update—The Educational Advocacy Group is active and focused on raising awareness, engaging and empowering stakeholders and developing tools and resources. However, discussions have started to possibly meld this group with the educational subcommittee of the Youth Independence Interdepartmental Initiative. When the two groups were initially developed, their issues were on two separate paths. As both groups evolved, it has become evident they are focusing on some of the same issues. More information will be available in the 2011 annual report.

Blue Ribbon Panel (See Partnership Section, Blue Ribbon Panel, YIII, for more information)
In August, 2008, the Governor appointed a 17 member panel of public and private partners to assess current resources within Missouri to support youth in or exiting from foster care. The Governor's Blue Ribbon Panel on Youth Aging out of Foster Care included six youth who are currently in or have been released from the foster care system. The Panel focused on six main areas: Permanency and Lifelong Connections; Transition Supports; Physical and Mental Health; Employment; Education; and Cross System Collaboration. The Panel developed recommendations to improve services and supports for youth in foster care. The Panel completed their mission and made recommendations to Governor Nixon in July 2009. One of the recommendations, however, was to form an on-going workgroup to work on the recommendations. That group met for the first time on April 16, 2010.

Some of the other recommendations made through the Blue Ribbon Panel work is to allow older youth to be at the center of their own permanency planning, when performing transitional planning there should be a more comprehensive collaboration with families, Chafee providers, Department of Higher Education and Department of Labor, and remove barriers for children wanting to access public in-state postsecondary education or training programs.

2010 Update—The **Youth Independence Interdepartmental Initiative** (formed from Blue Ribbon Panel recommendations) is continuing. Subcommittees have been formed focusing on education, youth, empowerment, and insurance/employment.

Specifically, the Department of Elementary and Secondary Education representative is assisting Children's Division with development of a brochure that will be geared towards High School Principals and Guidance Counselors and what they need to assist youth in foster care with school issues.

For more information about this initiative, see Collaboration Section.

Objective #5: Working with partners, including other state and federal agencies and community partners, Children's Division staff and resource providers will be prepared for disasters and emergencies

5.1	**Increased training of staff and providers for emergencies through the Employee Learning Center for employees and in-service training for providers (provided in-house or by other agencies)**

2010 Update--
Required and suggested emergency management training is being tracked in the Employee Learning Center for all CD staff. Training curriculum has been developed for staff depending on their level of responsibility and availability to respond to emergencies and disasters.

5.2	**Increased preparedness by assuring each circuit has a circuit-specific emergency plan and staff and resource providers are personally prepared.**

2010 Update--
Missouri's most recent experience in responding to disasters occurred on Sunday, May 22, when an ESF-5 tornado ripped through the southwest Missouri city of Joplin. Acting in accordance with disaster plans, staff immediately began assessing the impact on resource providers and children in care, as well as staff members and their families. By Tuesday, May 24, CD had accounted for all children case managed by Jasper County. Two of the 571 children were hospitalized for injuries sustained in the storm. Fifteen resource providers experienced damage to their homes, six of which were completely destroyed. Offers of respite care and other services were offered to the providers.

Recognizing the importance of connecting families as soon as possible after the storm, CD arranged for family visits to begin on Thursday, May 26. Counselors were present to assist the families as they coped with disaster-related trauma during these visits. Biological parents were apprised of their children's safety as soon as the information could be confirmed. No residential treatment centers in the area sustained damage and coped, according to their own plans, with power outages that resulted from the storm.

Six CD staff who lived in Jasper County lost their homes and one staff and his family were injured. Staff from around the state and from Central Office in Jefferson City immediately offered to assist in carrying the duties of those staff while they respond to, and recover from, their losses. This need, as well as the mental health needs of staff in the affected area, will continue to be evaluated as recovery efforts continue.

Nineteen child care provider facilities were destroyed, and an additional eight providers experienced damage to their homes or facilities, representing the potential loss of up to 600 child care slots. Recovery of child care is a priority for at the local, state and federal levels, as all realize the critical need for these services as families recover. Emergency child care opened in the largest of the community's shelters, provided by Church of the Brethren and the Southern Baptist Convention. Both of these organizations respond with safe, quality child care to national and international disasters. Child care was also offered for the children of first responders, allowing them peace of mind as they performed their duties.

Existing partnerships between state agencies like the Family Support Division, Children's Division, MO HealthNet Division and Department of Health and Senior Services allowed coordination of food stamps benefits, Medicaid eligibility, child care eligibility, cash assistance benefits, EBT cards, and child care provisions for victims of the disaster. These state agencies coordinated their efforts with the American Red Cross and the many other voluntary organizations responding to the disaster. As in any disaster, CD staff were among the department's responders to the State Emergency Operations Center at the State Emergency Management Agency.

Additional clothing allowances were provided for all foster children affected by the tornado. For children under eight years old, $100 was awarded and for children, eight and older, $150.

Internal memos were released quickly from both the Children Division Director and Department of Social Services Director to keep employees aware of the situation in the Joplin area.

5.3	**Circuit plans will be reviewed annually by management staff**

2010 Update--
Annual reviews of emergency plans are to be reviewed per COA standards. These are monitored through the maintenance review process currently underway. In addition to the state disaster plans, each office has a local emergency plan. QI Specialists in all seven regions review these plans and report findings to QI Unit Manager in Central Office. Office emergency plans are required per COA standards.

5.4	**Resource providers' plans may be available for review and monitored as needed by licensing staff**

2010 Update--
Resource providers are required to develop emergency plans and a copy must be included in their file, per Child Welfare Manual Sec 5 Ch 1 and CD Memo CD06-33 (Issued 2006). At this time, tracking of this measure has not been standardized. Foster Parent emergency plans are monitored through a vendor record review. The tool is being standardized across the state. Following the standardization, a database will be established to capture data.

No timeframe is set for this standardization and the challenge is having IT resources to plan and discuss capturing data.

5.5	**Increased ability to track and locate children in custody**

2010 Update--
Missouri's Children's Division is very engaged in the efforts of the Federal Emergency Management Agency and State Emergency Management Agency to respond to the needs of children in disasters. The division is partnering with the departments of Health and Senior Services and Mental Health to implement the recommendations of the National Commission on Children and Disasters in the State of Missouri. Family reunification during disasters is a priority of state and federal partners. CD is actively involved in an effort to create a Children and Disasters Committee under the auspices of the Governor’s Faith-Based and Community Service Partnership for Disaster Recovery.

5.6	**Streamline child identification processes**

2010 Update--
CD has been working to discover the best resource for developing and maintaining standardized identification of children in care, but has not settled on the optimal way to do this. Additional research is needed to address the challenges of the constantly changing and mobile population of children in care.

5.7	**Use emerging technology to geo-locate resource providers**
2010 Update-- Disaster mapping is available through the State Emergency Management Agency and is being used in response and recovery to the Joplin tornado to identify the locations of child care providers within the impact zone. Additional uses for this technology will be explored by CD in the coming year.	

Practice (Case Management and Support Systems) 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.

Objective #6: To decrease the number of moves a child experiences in foster care	
6.1	**Expand the capabilities for diligent searches in order find suitable relative**
HB 154 resulted in a change to RSMo 210.305 gives grandparents first consideration for placement before other relative options and requires an immediate diligent search to locate, contact, and place with a grandparent once a decision has been made to take protective custody of a child during the first three hours of custody. All efforts to locate grandparents should be documented in writing. Workers are required to: • Ask the parents, children, and other contact information for all of the grandparents, if unknown; • Utilize diligent search efforts to locate the grandparents, if their whereabouts are unknown; • Attempt to notify grandparents, and leave a message asking them to return the call; • Ask grandparents if they are interested in placement of the child; • If more than one grandparent requests placement, the family support team will make a recommendation to the court regarding placement. In addition, enhanced instructions in the Child Welfare Manual Section 4, Chapter 4, Attachment A, for diligent search efforts. Since several laws relate to the child's foster care placement, staff have a placement hierarchy chart which is intended to guide placement decisions. The Placement Hierarchy Chart may be viewed at: http://www.dss.mo.gov/cd/info/memos/2010/cd10-016att.pdf **2010 Update—**Expansion of diligent search mechanism is included in Missouri's draft Program Improvement Plan. Planned efforts to address diligent searches will be forthcoming.	
6.2	**Continue an improvement trend evidenced through Outcome Measurement #13a (Reduce the Number of Placements Experienced by Children in Foster Care [length of stay 0-12 months]) and reach 84% by 2014. Currently, the**

	average since 2005 is 79.75% 2009, 83.01%

- In 2009, per state statute, searches of grandparent are to begin immediately following a decision to remove child
- In 2009, all 45 circuits prepared a readiness assessment and developed a local program improvement plan, resulting in a majority of circuits strategically planning activities to improve placement stability
- In 2009, Missouri received accreditation, affirming it meets standards that focus on permanency, such as:
    - Standards require that foster homes located in safe communities that reflect child's ethnic background
    - Standards recommending/requiring children should be placed in close proximity to home and community
    - Standards restrict number of children in foster homes and require documentation which ensure needs of all children are met
    - Organization provides adequate pre and in-service training to foster parents
    - Standard requires once-a-month visit with children and foster parents
    - Standards pertaining to the organization employing criteria to match prospective foster parents with children through examining child's and foster parents' strengths and needs
    - Standards place emphasis on exploring relative placement options first (before considering regular foster homes or residential homes).

While the above list relates to very specific activities, there are general, broader events taking place such as:

- The Division is moving away from using emergency placements whenever possible
- Fostering Court Improvement Teams discuss placement stability in regular team meetings
- Many articles in the *In Focus* Newsletter*,* established 2005, emphasize the importance of stability for children in foster care
- Legislation requiring an FST prior to moving a child
- Constant encouragement is given to staff to use relative placements whenever possible
- COA Standards promote the least amount of moves for children in care
- COA Standards, as well as CFSR, stress the importance of collaboration. Therefore, many circuits have developed foster parent newsletters and regular meetings which enhance foster parents skill level

In addition to the above influences, following the AFCARS review, Missouri is not counting the first placement if the child is in a hospital setting, which should reduce the placement numbers slightly.

Missouri's Outcome Measure 13a, was created prior to the first round of the CFSR to monitor children with two or fewer placements who have been in care 0-12 months. The following table illustrates progress.

Children's Division Child Welfare Outcomes Report, Outcome Measure 13a

Year	Children in FC 0-12 months	% with 2 or Fewer Placements
2004	7,751	77.20%
2005	7,454	77.18%

2006	7,099	79.80%
2007	6,500	80.71%
2008	6,201	80.79%
2009	6,153	83.05%
2010	6,578	82.96%

As the table shows, there is a steady increase since 2005 (higher percentage is better) for children with two or fewer placements. A change of practice is occurring on both ends of the spectrum according to internal data, that is, fewer children are entering care, and more children are experiencing fewer moves in 2004 through 2009. However a shift has occurred in 2010 with an increase in foster care numbers.

In addition, data from Outcome Measurement #13 shows the average number of placements a child experiences while in foster care has gone down in the last few years from 3.26 average moves in 2006 to 2.99 moves in 2009. Internal data is currently showing the fewest average number of moves in 5 years.

Permanency Composite 4, Measure C4-1, two or fewer placement settings for children in care for less than 12 months has exceeded the 75th percentile since 2007. When looking at our first time entry cohort group (pg. 14, Data Profile), the number of children has increased each federal fiscal year (timeframe differs from the table above), while those experiencing one placement setting has increased. This data is supporting the practice changes mentioned above, including discouraging the use of emergency placements whenever possible, calling a family support team meeting quickly to determine the best possible solution for the family, and using relatives as placements whenever possible. These same practice changes have influenced practice overall and most likely affect Missouri's Measure C4-2 and C4-3, as scores are very high since 2007 for all three elements included in the data profile.

The recent six mock site reviews resulted in a strength score of 71% which is not quite as good as the composite data. Reasons for the slight discrepancy can be contributed in part to the OSRI question regarding "planned" placement changes. If the case documentation did not include plans describing the move or situation surrounding the move nor had cases requiring moves for children to remedy an emergency situation, this would have resulted in a lower score.

2010 Update—Placement stability seems to be consistent even though the number of children who have been in care 0-12 months has increased by 425 children in the past year. In the PIP, an action step to re-convene the placement stability committee to begin delving into this issue deeper and using information from the first placement stability strategic plan as a basis, will provide a work plan to address placement stability. According to Missouri's data profile of June 21, 2010, the composite for Placement Stability is 88.1 and does not meet the national standard of 101.5 or higher. However, there is significant progress during 2009 and 2010. In 2009ab state outcome was 75.6 and 2010ab the state outcome rose to 80.8. The profile shows increases in each of the three measures comprising this composite which indicates improvements in case practice. The improvements can be attributed to a multitude of process and practice changes which are discussed in detail in Missouri's statewide assessment. The statewide assessment can be found at: http://dss.mo.gov/cd/cfsr/secondround-assessment.pdf, more specifically, beginning on Page 58.

6.3	**Enhance training with the placement stability philosophy for Family Support**

	Team Meetings assisting to stabilize and support foster and relative care placements. Baseline to be established after training implementation in 2009

Revisions were made in October 2008 and January 2009. The core Family-Centered Out-of-Home Care In-service has currently been on hold due to the budget and we have continued to tweak it during this time. In the interim, so staff would be getting some sort of training around foster care and adoption, the Legal Aspects trainer is providing the Legal Aspects FCOOHC & Adoption Training for supervisors who are then responsible to work with their staff on content and skills. This Legal Aspects course will be provided as a regular course offering in SFY11 for new front line staff who handles FCOOHC and adoption. This training will be in addition to the FCOOHC in-service which will also be provided in SFY11.

The In-service FCOOHC Core Module was revised to better address Placement Stability. The CD addresses the following:

- The Federal and State statutes around permanency;
- Discussion of recent study on placement stability;
- Large group discussion regarding the impact of the actions of the worker on placement stability;
- Emphasis placed on the importance of planning regarding stability;
- Important tasks to be achieved by the worker to enhance stability;
- Discussion of Placement Stability in FSTs and scheduling FSTs specifically to deal with changes in placement;
- An emphasis placed on conducting FSTs and the skills needed; critical thinking skills, engagement, preparing the family and youth, facilitation skills, conflict resolution, consensus building.

Future plans are to revise Class 3 of CWPT Basic along with the In-service FCOOHC and enhance content around placement stability in both curricula.

2010 Update—Due to a reduction in training staff, the completion of Basic Training, Class 3 and FCOOHC were delayed. In the interim, placement stability focus is included in the Legal Aspects FCOOHC and Adoption Training for Supervisors. Supervisors are to transfer this learning to front line workers. At this time, the Basic Training, Class 3 and FCOOHC (foster care) is currently ready to be field tested, which will be followed by a statewide roll out.

Objective #7: To decrease the length of time for a child to be reunified with their family through continued partnering with courts through the Fostering Court Improvement Project.

7.1	**Continued partnership with Office of State Court Administration on the Fostering Court Improvement project**

See Fostering Court Improvement section in the Partnerships/Collaboration Section

7.2	**Monitor the Permanency timeframes captured of Justice Information System (JIS) and set baseline and improvement increments by mid-2010**

Included as an Attachment B, is a listing of some on the data collection examples to be considered for this objective. In addition, the timely permanency hearing information is provided below. Hearings impact the reunification as well as several other events. In an effort to increase timely permanency hearings for child in foster care, beginning 2006, an initiative began statewide. As a result of this effort, the Missouri Supreme Court recognizes circuits performing well in meeting timely permanency hearings through an "*Excellence in Service to Children and Families by Achieving Standards for Timely Hearings in Child Abuse and Neglect Cases"* award. On September 30, 2009, Mary Sheffield, Chairperson of the Family Court Committee reported to Chief Justice Price out of a possible 37,691 mandatory hearings, 98% were held within their required timeframes. **2010 Update—**Timely permanency hearings continue to be a priority for courts and are holding steady at 98%. Awards and recognition continues from the Supreme Court Chief Justice.	
7.3	**(Reduce Time in Foster Care [Entry to Reunification]) to monitor internal progress; currently on average (SFY04-08) CD staff reunified 69.09% of children within 12 months. Project an increase to 75% by 2014 70.13% for 2009.**
2010 Update-- For Outcome Measure #10, those reunified within twelve months, the SFY10 outcome is 68.68% which is slightly less than SFY09. The increase in children placed in foster care influences the case load size for workers in various regions and may have contributed to the slight downturn in the number of children who are reunified timely with their parents or achieve other permanencies within a year of entry.	
Objective #8: To increase the number of IV-E eligible guardianship subsidies	
8.1	**Expansion of relative definition in policy / practice**
2010 Update-- The Children's Division has drafted and promulgated Administrative Rules surrounding the inclusion of Great Grandparents and Great Aunts/Uncles as qualified relatives able to receive Legal Guardianship Subsidy. Policy was drafted and implemented informing staff of the new qualified relatives eligible for subsidy.	
8.2	**Determine total guardianship subsidies**

2010 Update-- In SFY09, 178 guardianships were completed. In SFY10 there were 570 completed guardianships. In SFY10 the *total* number of guardianship subsidies in place equaled 4,051 subsidies. As of 5/31/2011 there were 3,490 *active* guardianship subsidies	
8.3	**By 2014, 85% of new guardianships will be Title IV-E eligible as of January 2009**
2010 Update-- Children's Division has been actively completing determinations for all children for whom guardianship has become the goal and for whom a guardianship subsidy is being negotiated. As of 5/31/2011 there were 2,372 LS9 (guardianship) children (out of 3,490) who have had a IVE determination completed (68%). The current number of active LS9 kids who are IV-E eligible is 1,192 (34%). Determinations need to be completed on approximately 1,118 guardianship children (32%). Additionally, 1,180 (34%) have been determined ineligible for IV-E funding (or their eligibility determination is outdated – completed in the past and a new determination should be completed).	
Objective #9: To improve caseworker visits with children in foster care	
9.1	**Monitor frequency of visits**
See Statewide Caseworker Visit plan for more information	
9.2	**Meet the federal expectation of 80% and 90% by 2010 and 2011 respectively, for a once a month visit with all children in foster care**
See Statewide Caseworker Visit plan for more information **2010 Update—** Missouri's percentage for worker visits each and every month was 82% **This objective was met for SFY10.**	

Prevention (Well Being and Service Array)

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

Objective #10: To promote safe environments through primary prevention in early childhood programs

10.1	Home Visitation: **Assess the social emotional development levels of 100% of the children under the age of three using the Ages & Stages Questionnaires: Social Emotional at intervals of every 6 months. This is reported to the state agency quarterly**

The Ages & Stages Questionnaires: Social Emotional is a research-validated screening system which assesses children's personal-social functioning (self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people) at 6, 12, 18, 24, 30, 36, 48, and 60 months. It is completed by parents/caregivers in about 10-15 minutes and scored by professionals in about 1-3 minutes. The publisher, Brookes Publishing, claims a 94% reliability and validity between 75% and 89%. The Social Emotional Questionnaires are available in English and Spanish. In SFY10, a total of 1,837 ASQ: SE's were administered under the Home Visitation program for the following age groups: 530 for children 0-12 months, 737 for children 13-24 months, and 570 for children 25-36 months of age.

This objective was met for SFY10 and should not change as they are standing requirements.

10.2	Home Visitation: **Assess the developmental levels of 100% of the children under the age of 3 using the Ages & Stages Questionnaires at intervals of every 6 months until the child is 3 years of age. This is reported to the state agency quarterly**

The Ages & Stages Questionnaires (ASQ) is a parent-completed child-monitoring system which identifies children from one to 55 months of age with developmental delays. The questionnaire items are linked to developmental milestones, and helps teach parents about child development as they administer the tool. The questionnaire also reveals a child's strengths, as well as areas of concern, and is designed to allow for identification of expression language issues that may indicate autism. It takes approximately 2-3 minutes to administer each questionnaire. The questionnaires are available in English and Spanish. In SFY10, a total of 2,217 ASQ's were administered under the Home Visitation program for the following age groups: 693 for children 0-12 months, 876 for children 13-24 months, and 648 for children 25-36 months of age.

Of the combined total of 4,054 ASQ and ASQ:SE assessments administered in SFY10 in the Home Visitation program, the overwhelming majority indicated that the children being assessed were at the appropriate level developmentally and socially/emotionally. (For SFY09 and SFY10, the State did not track the results of the ASQ and ASQ:SE separately for appropriateness of level. As a result of the ASQ and ASQ:SE assessment, referrals for further developmental assessment and testing in SFY10 were made for a total of 114 children under the age of 3 years. The majority of referrals were made to First Steps, a program funded by the Missouri Department of Elementary and Secondary Education designed for children birth to age 3 who have delayed development or diagnosed conditions that are associated with developmental disabilities. Other typical referrals are for hearing, vision, or speech concerns.

This objective was met for SFY10 and should not change as they are standing requirements.

10.3	Home Visitation: **A minimum of 95% of the children receiving services from the program are not a victim of substantiated child abuse and neglect**
Each contractor reports this on their quarterly report, identifying the child. Children's Division can compare children's DCN's against the Children's Division database to determine which children have experienced substantiated CA/N. Reporting of this information requires a programming change which could not be completed this fiscal year due to overriding priorities. This information should be available for report during the next fiscal year.	
10.4	Home Visitation: **At least 95% of the parents receiving services demonstrate a reduced level of stress as measured by the Everyday Stressors Index when they leave the program**
Each contractor maintains the ESI's in the family files at their agency for comparison. These are checked during on-site monitoring and they report quarterly the number administered per quarter. Each item on the Index is ranked from 1 to 4, with 4 indicating the highest level of stress. The items listed on the Index basically cover the hierarchy of needs: shelter, food, money, safety, concern about family members, etc. The Index is not scored *per* se, but it is expected that the stress levels lessen as a result of the family's participation in the program as documented by the initial and subsequent ESI's maintained in the family's file. During SFY10, a total of 1,524 ESI's were administered to parents participating in the Home Visitation program. Based on stressors identified by the parents, 482 referrals for services were made. Typical referral services included such things as food banks, clothing banks, Section 8, utility assistance, child care assistance, legal aide, domestic violence counseling and/or shelters, medical treatment, and mental health treatment. This list is by no means complete, as the needs of each family are unique. While the minimum requirement is that the ESI be administered once a year, most of the Home Visitation programs are administering the ESI at least twice a year, and some are administering it at least once a quarter, depending on the status of the family with which they are dealing. Many of these families are in crisis, and their levels of stress change dramatically over short periods of time. **This objective was met for SFY10 and should not change as they are standing requirements.**	
10.5	**90% of the teenaged parents enrolled in the program will not become pregnant during their participation in the program**
This program served 1,304 adult and teen parents. Each contractor reports on a quarterly basis the number and names of the parent(s) enrolled in their program. However, contractors do not provide the birthdates to separate the adult from teens. During SFY10, contractors reported a total of 12 pregnancies among teen parents enrolled in this program. Since the total of teen parents is an unknown, the percentage cannot be determined.	

10.6	**Completion of home safety checks at the family's enrollment in the program and every 6 months after using a standardized home safety checklist provided by the state agency**
Home safety checklists are completed by the home visitor/parent educator and maintained in the family's file at the contracting agency, and these are reviewed by the state agency representative during on-site monitoring. Any noted deficiencies are corrected by the contracted agency through the provision of referrals to assisting agencies or the direct provision of supplies and equipment, such as fire extinguishers, cabinet locks, electrical socket plugs, toilet locks, smoke detectors, etc. **This objective was met for SFY10 and should not change as they are standing requirements.**	
10.7	Educare: **Sign out logs for "family bags" based on the Strengthening Families five protective factors distributed by Educare to child care facilities for parents to check out for use**
Currently Missouri does not collect information on the distribution of these items as this is not a requirement within the contract. Each contractor handles distribution differently and has varying tracking systems. Some providers distribute these to the child care and early learning programs for families and some contractors incorporate these into their lending library for check out.	
10.8	Early Head Start: **Parent involvement/volunteer information sheets**
Volunteerism is documented for in-kind purposes (per federal requirements programs have a 20% match requirement) and is tracked per agency policy. CD would have to request any trend data from the individual agencies. This would also be tracked through the Performance Information Report (PIR) as volunteer hours. During development of the five year plan, the Children's Division anticipated data, specifically volunteer hours, would be available electronically. However, there have been barriers in data collection we have not yet been able to overcome. At this time, we are evaluating whether to keep this objective in the five year plan due to the lack of ability to extract data to understand the program's effectiveness.	
10.9	Early Head Start: **Missouri Early Head Start outcomes report**

Data collection has just begun, in SFY 10, on Missouri Early Head Start program electronically. Trends will be identified in next year's annual report.	
Objective #11: Provide a positive support system for families through the use of Crisis Nurseries and Teen Crisis Care contracts	
11.1	**Measure effectiveness through the Parental Stress Assessment and follow up phone calls**

2010 Update--
The Parental Stress Assessment is completed at the facility at the time the child is leaving. The assessment only consists of 2 questions, one asking them to rate their level of stress at the time they dropped off the child and the other asking them to rate their level of stress at the time they are picking up the child. The quarterly report captures information regarding if parental stress decreased and follow-up information in the areas of telephone, home visit, office visit, attempted, and other.

Teen Crisis Care
During FY 10 there were 574 children served. Of those 574:

- 60% were female
- 40% were male
- Most were 15 or 16 years old, at 55%
- Most were African American, at 66%
- 30% were Caucasian
- Most came into care due to Conflict with Parent/Guardian at 43%
- 35% came into care due to Overwhelming Parental Stress
- The main follow-up to a stay at Crisis Care was by telephone at 60% followed by office visit at 22%
- Overall Parental stress was decreased by 51%
- 41% of the children turned away were due to ineligibility
  30% of the children turned away were due to capacity

At the time of dismissal of the teen from the crisis center, overall parental stress decreased by 51%.

Nursery Crisis Care
During FY 10 there were 3,502 children served. Of those 3,502:

- 51% were male
- 49% were female
- 27% were 2-3 years of age
- 24% were 0-1 years of age

- 19% were 4-5 years of age
- 66% were African American
- 30% were Caucasian
- Most came into care due to Overwhelming Parental Stress at 52%
- The main follow up to stay was done by telephone at 59% followed by 24% receiving a home visit
- Overall parental Stress was decreased by 87%
- Of the children turned away 96% were turned away due to capacity

Objective #12: Increase the involvement of fathers in all programs

12.1	**Create a charter to govern membership and purpose**
12.2	**Develop a strategic plan to guide collaborative work**

Due to a recent re-grouping of the Fatherhood Initiative, the focus is now serving as a workgroup. This workgroup is finding areas where they can improve Father Engagement in the child welfare system. Their first task was to add language in the Child Welfare Manual to include all parents in the case planning, visits, and beyond. Therefore, no charter will be completed nor a strategic plan built to guide collaborative work.

2010 Update--
The Fatherhood Initiative Workgroup is focusing on improving visitation and the relationship between incarcerated fathers and their children, more specifically those children who are currently in Children's Division custody. The workgroup has been focusing on individual cases and prisons with the highest number of incarcerated fathers of children with open alternative care cases.

The workgroup intends to work on opening up the communication lines between the Department of Corrections and Children's Division to remove barriers for fathers wanting to participate in case planning and continue contact with their children. The goal of this group is to facilitate visits between incarcerated fathers and their children, as well as engage fathers from the beginning of the case while maintaining consistency between Judges, CD and the Family Support Team. There are tentative PIP strategies which will indirectly impact this initiative. CD will evaluate the current process for accessing Parent Locator Services from Child Support Enforcement. This evaluation will focus on removing barriers for accessibility. Another strategy which will potentially impact this initiative is the holding of judicial summits. Through a judicial summit format, each judicial circuit in partnership with key stakeholders, will review and discuss court barriers and develop a strategic plan for change. For instance, if father engagement is an identified issue then through a local improvement plan, strategies will be developed to increase father involvement.

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

Objective #13: To reduce the number of re-entries into foster care	
13.1	**90% of families receiving Intensive Family Reunification Services must successfully reunify children with their families**
The data, pulled in November of 2009, shows 67% of the children remain with the family that the IFRS specialist worked with at the end of intervention. **2010 Update—**Recently the Intensive Family Reunification Program data collection was integrated into statewide automated child welfare information system (FACES). There are issues with any new system which are being addressed and more specifically, there is a learning curve for our contracted providers to input referrals and case information timely. We anticipate data may be available for analysis for the next annual report.	
13.2	**75% of families receiving Intensive Family Reunification Services must remain intact within the 12 months following intervention**
At 3 months following the FRS intervention, 61% of the children remained in the home. Because the system is new, CD does not have the ability to extract 12 months worth of data. In the next annual update, we will have more data. **2010 Update--** As stated in 13.1 above, due to the conversion to the FACES system, this information is not available for 2010. See, IFRS Section under Promoting Safe and Stable Families	
13.3	**Continue an improvement trend evidenced through Outcome Measurement #14 (Reduce Re-entry into Foster Care). From 2004-2008, the Children's Division has averaged 9.27% of children re-entering care. The goal will be set at 8.6% or less to be achieved by 2014, 8.32% for 2009, however, there are discrepancies with AFCARS.**
The Division has continued to improve each year since 2004 with regard to the number of children who re-enter foster care after being sent home on a trial home visit. In 2004, 25.7% of children who returned home on a trial home visit re-entered care within 6 months of returning home. In 2009, 13.9% of children who returned home on a trial home visit re-entered care. Internal data on re-entry into foster care has shown improvements since 2005. However, there is a discrepancy between internal re-entry counts and the data profile derived from AFCARS submission. Internal re-entry data is based on a calendar year while the data profile is based on a federal year and might account for some discrepancy. In addition, internal data only	

count children classified in the care and custody of the Division while the AFCARS submission includes children in temporary custody with their adoptive parents which again may account for some discrepancy. To gain better perspective, Missouri requested a numerator and denominator counts from the Children's Bureau for state data profile results for 2007 and 2008. From this information, it was determined there were 8 circuits performing over the 25th percentile and 3 more were borderline high for both 2007 and 2008. The Division plans to determine if there are any similarities in the case data for these 11 circuits. To add to the discrepancy, during the six mock site reviews, Item 5 resulted in a score of 94%, which is a strength. As shown in table 8, wide variances exist from varying data sources. Missouri will need to explore data pertaining to re-entries more extensively. It is strongly possible that AFCARS mapping issues are related, which will be included as part of the Division's exploration of this issue. The entities assisting with this issue are: Information Technology Services, Research and Evaluation, ACF statisticians and National Resource Center for Data and Technology.

Year	Fed Re-entry Rate	State Measure #14, Re-entry Rate	Fed # of Re-entries	State Measure #14; # of Re-entries	Fed # of Exits
2004	N/A	8.88%	N/A	1,531	N/A
2005	N/A	10.38%	N/A	1,452	N/A
2006	9.7%	9.44%	N/A	1,299	N/A
2007	7.9%	8.62%	308	1,201	3,876
2008	9.0%	8.51%	345	1,030	3,026
2009	9.7%	8.26%	300	1,105	N/A
2010	11.5%	9.13%	373	1,098	N/A

2010 Update— On June 21, 2010. Missouri's profile shows an improvement in the percentage o entries slightly rose, however Missouri does meet the national median of 15.0% (lower score is preferable). In addition, the profile provides standards from round one, and Missouri met these standards. Objective 13.3 is set at 8.6% or less, same as round one standard, which according Missouri's profile, outcomes are 6.2% in 2009 and 6.8% in 2010. When looking at the number o children re-entering, 73 more children came back into care than during 2009. This will be tracke closely during the upcoming PIP.

Objective #14: To increase number of adoptions through the use of the Adoption Exchange and Adopt US Kids websites and other adoptive activities

14.1	**Expand utilization for 75% of children with a goal of adoption, with presentation through Adoption Exchange, Adopt USKids, and the Heart Gallery**

2010 Update--
Missouri has approximately 1,823 children with a goal of adoption. 493 children are currently placed in a pre-adoptive home (27%), leaving the nearly 1,400 in need of placement. There are 1,330 children who have a goal of adoption who have not been placed in a pre-adoptive

home (73%). Out of this number, 612 children have TPR complete and are available for adoption (34%). There are currently 173 children featured in the 2011 Heart Gallery and Adoption Exchange. There are 119 active profiles on Adopt US Kids (as of 6/7/11). The Children's Division has 13% of children with a goal of adoption, but not currently placed in a pre-adoptive home featured via media profiles (Adopt US Kids, Heart Gallery and Adoption Exchange). Missouri did not meet this goal.

14.2	**To increase the number percentage of children reaching adoption status within 24 months of coming in care. From 2004-2008, the Children's Division currently, on average, 40% of children adopted within 24 months. The goal will be set at 45% for an average of the next five years**

Achievement of timely adoption is an area of strength for Missouri as we have surpassed the composite benchmark. The CFSR profile provides the following data:

- Measure C2-1, exits to adoption in less than 24 months, the 75th percentile is 36.4%, 40.5%, 40.8% in 2007, 2008 and 2009 respectively. Data from internal reports provide the CD with 41.05%, 39%, and 43.62% for SFY07, 08 and 09 respectively. At the time of the first CFSR, Missouri missed the benchmark by one half a percent, the benchmark was 32% and Missouri's score was 31.5%. As the data shows, Missouri has improved moving children to adoption in less than 24 months of the time the child was placed into care.
- Measure C2-2, exits to adoption, median length of stay has improved from 2007 of 28.9 months to 2009 of 26.7 months. The 25th percentile of 27.3 months or lower was only met in 2009.
- Measure C2-3, children in care 17 plus months, adopted by the end of the year. Missouri scores from 2007 to 2009 had improved from 13.9% to 18.7% but did not meet the 75th percentile of 22.7%.
- Measure C2-4, children in care 17 plus months achieving legal freedom within 6 months, has well exceeded the 75th percentile from 2007 to 2009.
- Measure C2-5, children legally fee and adopted in less than 12 months, Missouri has exceeded the 75th percentile of 53.7%. However, in 2008, Missouri fell below the national median of 45.8% with 45.1%.

When scoring appropriateness and timeliness of adoption, a recent mock six site review results found 77% of the cases reviewed scored as a strength.

Missouri tracks the children by race who are adopted within 24 months, and the number fluctuates from year to year and data show no particular race trending in any one direction, that is no one race, on average, achieves adoption faster than another.

Using the Heart Gallery as a recruitment tool, the number of children featured has risen from 93 in 2006 to 248 in 2009. The number of children reported to have an adoptive family in progress from 2006 to 2009 are 27, 81, 61, and 63 respectively.

Table 12 below shows the average time to adoption decreasing from 2004 to 2010 from 34 months to 32 months and those completed within 24 months have, on average, remained around 36.5%.

Table 12: Child Welfare Outcome Report, Measure # 9C and Measure #11

Year	Completed Adoptions	Completed w/in 24 months	Average time in care until completed AD
2004	1337	34%	34 months
2005	1251	37%	32 months
2006	1283	38%	32 months
2007	1067	35%	33 months
2008	1137	36%	33 months
2009	1078	36%	32 months
2010	1012	40%	32 months

2010 Update--
This objective has been met.

Professionalism (Training and Staff Development) Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

Objective #15: To maintain accreditation standards	
15.1	**Re-accreditation process will begin in March 2010 and be complete by 2014**

Maintaining Accreditation
According to Section 210.113 RSMo (HB 1453), it is the intent and goal of the General Assembly to have the Department (Children's Division) attain accreditation by the Council on Accreditation (COA) within five years (FY05-FY09) of the effective date of this section (i.e. by August 28, 2009). To achieve accreditation, Missouri's child welfare system was reviewed and measured against over 800 nationally-recognized standards of best practice.

The Children's Division is organized within the state's 45 judicial circuits. While all circuits simultaneously aimed to meet standards of best practice, accreditation was achieved circuit by circuit over five years. On November 13, 2009, Missouri's child welfare system, as a whole, was deemed to be a COA-accredited agency for a four-year period. The reaccreditation cycle will officially begin in December of 2013.

To maintain accreditation, the Children's Division must continue to embrace and promote a culture of change and commit to excellence within a system built around a philosophy and management technique of continuous quality improvement.

During the period of time between accreditation cycles, Children's Division staff will be engaged in numerous activities to help ensure the Division's accreditation status is maintained, that improvement efforts are documented and monitored, and that COA reporting requirements are met.

2010 Update--
See 15.4 for start-up information.

15.2	Quarterly maintenance visits by QI Specialists

The Accreditation Maintenance Plan
Accreditation Maintenance Plans were put into effect in each circuit upon notification of the circuit's accreditation approval. Seven regionally-based Quality Improvement (QI) Specialists conduct quarterly accreditation maintenance visits to all COA-approved circuits in their regions. As part of the Accreditation Maintenance Plan, QI Specialists regularly review the quality and content of case records, resource files, and personnel records. Additionally, they help ensure circuits are following policies, procedures, and practices required to maintain accreditation standards. Items assessed include:

- Continuous Quality Improvement (CQI) processes including stakeholder involvement
- Facilities and whether regular inspections are occurring
- Circuit emergency plans
- COA-related trainings for staff and foster and kinship care providers
- Caseload sizes
- Supervisor to worker ratios

The Plan of Change Form
The Plan of Change (POC) Form was introduced on September 24, 2009. The POC serves as an accountability tool for staff members whom, by virtue of their job descriptions or their responsibilities as supervisors, have cause to review practices and processes required by Children's Division policy and/or standards established by the Council on Accreditation (COA). Quality Improvement Specialists use this tool, as necessary, to document improvement efforts and to help ensure accreditation standards are maintained.

2010 Update--
Part of the Accreditation Maintenance Plan is case reviews conducted in each circuit for at least 10% of the cases in all program areas. The case review process has since been titled, "Best Practice Reviews". The Best Practice reviews are scheduled and continuing with results provided at the end of each review. Local PIPs are update with strategies and POCs are written when necessary.

15.3	Periodic case reads

Annual Maintenance of Accreditation Report (MOA)
COA requires all accredited organizations to complete annual Maintenance of Accreditation (MOA) reports. The annual MOA Report demonstrates an organization's commitment to the pursuit of organizational excellence and quality service delivery for persons served and affirms the organization's ongoing implementation of performance per COA's standards. The Children's Division will be required to select one quality/performance improvement opportunity it has undertaken in either the last fiscal or calendar year for the COA Report. Through this process, COA and the Children's Division are able to evaluate the organization's continuous

quality/performance improvement activities.

2010 Update--
Case reads are currently underway in all regions.

15.4	**State Self Study completed in 2010**

The Agency Self Study
The Children's Division will begin preparing its Agency Self Study in January, 2011, with the goal of completing and submitting it to COA in April, 2012. The multi-volume Self Study will consist of the Division's up-to-date documentary evidence that the Division is in compliance with the most current COA standards.

Accreditation standards address the Division's policies, procedures, programs, and practices as they relate to all aspects of the organization.

COA's administrative and management standards encompass administration and management; Performance and Quality Improvement; ethical practice; financial management, human resources management; and risk prevention management.

COA's administrative service delivery standards promote safety, stability, permanency, and well-being of children, and they encompass: screenings; assessments; service planning and monitoring; child placement; development and maintenance of connections; services for parents, children, and youth (including support for educational activities); physical and mental health care; worker contact and monitoring; transition to independent living; case closing; aftercare and follow-up; recruitment and retention of foster families; home studies; and respite care.

2010 Update—During a QA/QI meeting held on May 11, 2011, an introduction to the 8th edition self study and COA standards was presented. The plan, as stated above, was to begin in January 2011, but Missouri's PIP work is still underway and the decision was made to delay the start of the Self Study until April 1, 2011. Tentative workgroups are being formed with future assignments to be made for lead positions.

Objective #16: Support supervisors through a Learning Lab structure

16.1	**Learning Labs will be in place December, 2009 with at least 25 supervisors participating in the seven regions**

Delivery of the Learning Labs (LL) began in March SFY10 and since then, each region has successfully completed the first round of LL for all front line supervisors as of this date. The first LL was entitled "Framework for Safety" and was provided to <u>all</u> regions as part of a statewide effort to strengthen supervisors' understanding of the concepts and approach that will become part of policy and practice.

Following the initial safety training sessions, upcoming sessions and content will be identified by the regional advisory committees and developed and delivered by Family Facets to meet the specific, individual needs of each region during SFY11 and thereafter.

2010 Update--
As of March 2011, 14 Learning Lab Workshops have been held. 238 frontline supervisors received the training. Additional sessions will be scheduled for SFY12.

Family Facets presenters plan and facilitate quarterly learning lab workshops as instructional sessions where Children's Division Supervisor I staff are trained on how to create an organizational culture within the Children's Division in which support, learning, clinical supervision, teamwork, professional best interest, and consultation are the norm. Family Facets is presently the sole provider of Learning Lab Workshops serving all counties in all seven Missouri Regions.

Topics of the Learning Lab workshops for SFY11 include the following:

- *Assisting Developmentally Challenged and Intellectually Disabled parents*
- *Burnout To Burn Up*
- *Diminished Protective Capacities of Caregivers with Mental Disabilities*
- *Enhancing and Facilitating Change, Enhancing Services*
- *Framework for Safety Workshop*
- *General Staff Issues, Self and Staff Motivation*
- *Hitting the Target (Goals)*
- *Manage, Maintain, Renew (Stress Management)*
- *Managing Staff Personnel Issues*
- *Repeat Maltreatment*

16.2	**Supervisors will report an increase in job satisfaction and effectiveness due to information sharing and advanced learning. The baseline will come from an external evaluation**

Due to budget cuts, an external evaluation originally planned for the Learning Lab process will not be completed. However, there is data collection occurring through the contractor in the form of an annual evaluation report.

2010 Update—The annual data collection is not due per the contract to CD until 90 days after the end of the State Fiscal Year which will be September, 2011. Information will be available for the next annual report.

16.3	**Workers will report an increase in support through the Survey of Organizational Excellence supervisor effectiveness element (2008 data baseline 302) and team effectiveness data (2008 data baseline 303)**

Since 2002, each May, every employee in the Division had opportunity to complete a survey regarding working conditions and job satisfaction. The survey was not administered in 2009 as the Department streamlined the survey for all divisions within the Department of Social Services

resulting in a missed year. The results are shared with staff throughout the organization and used to assist management in making changes to improve the organization. Therefore the supervisor's data for the first annual update will not be available until late summer of 2009.

2010 Update—As with any process, there are changes to improve quality and the Survey of Organizational Excellence is no exception. Since 2002, the Children's Division has been utilizing this survey as a mechanism to monitor our organization. In 2009, a decision was made to expand the survey to all Divisions under the Department of Social Services umbrella. When this expansion occurred, the response rate for CD rose to 83%. Data summary and outcomes were presented both as a Department and to the respective Divisions.

For workers the supervisor effectiveness score are: 302 (2007), 305 (2008) and 371 (2010). As the data shows, there are significant differences between 2008 and 2010. The survey changed its configuration of this construct between 2008 and 2010. As a result, the CD will need to begin from this date forward to develop a new benchmark. The same is true for team effectiveness. The questions used in calculating both constructs are vastly different from the original constructs.

Objective #17: To continue the Supervision Advisory Committee

17.1	**Measure continued progress through the strategic plan**
17.2	**Increased growth in the Survey of Organizational Excellence scores, specifically with the Work Group Domain for elements of Supervisor Effectiveness, Fairness, Team Effectiveness and Diversity**
17.3	**Quarterly Meetings will continue.**

The Supervision Advisory Committee met on August 5-6, 2009, November 19, 2009, February 10, 2010 and May 12, 2010. They are planning to meet August 19-20 and November 10, 2010. Each action step of the strategic plan was discussed at each meeting and updates posted directly onto the plan electronically. In addition, any issues or recommendations were presented to the Division Director or designee for consideration. As a follow-up measure, these recommendations are put in writing and responded to in the same manner. The agenda, minutes of the meetings, and recommendations are posted after each meeting on the CD Intranet to inform all supervisors of progress.

Since 2002, each May, every employee in the Division had opportunity to complete a survey regarding working conditions and job satisfaction. The survey was not administered in 2009 as the Department streamlined the survey for all divisions within the Department of Social Services resulting in a missed year. Staff completed the survey (renamed the Survey of Employee Engagement) on April 19, 2010 – May 7, 2010. The results will be shared with staff throughout the organization and used to assist management in making changes to improve the organization. Therefore the supervisor's data for the first annual update will not be available until approximately late summer of 2010 after the results are compiled.

2010 Update--
Quarterly meetings are continuing for the Supervision Advisory Committee. A two-day transition meeting was held in August 2010. The transition meeting transfers learning about the committee's history and current work from members terming out and their replacement. Agenda and minutes are posted on the intranet to inform all supervisors and regional Directors of activities. The SOE, now SEE, results cannot be used for comparison purposes from past years as the questions within the Workgroup Domain have changed. Therefore a new baseline will be established from this year forward. The SEE work group domain consists of: supervision, scoring 376, team, scoring 382 and quality, 343.

Federal Reviews

Title IV-E Review

ACF conducts primary reviews of state compliance with Title IV-E foster care eligibility requirements every three years based on a random sample of 80 cases. ACF reviews these sample cases to determine whether IV-E payments were made appropriately. If a state's ineligible cases in the sample (error cases) do *not* exceed four in the primary review the state's program is deemed in substantial compliance and the state is not subject to another review for three years.

The Missouri Department of Social Services appealed the 2008 decision of the Administration for Children and Families which found Missouri was *not* in substantial compliance with the federal provisions governing the eligibility of children and providers for IV-E payments. ACF determined that five sample cases were ineligible for either part or all of the review period (October through March, 2008), one more than the number of ineligible cases allowed for a finding of substantial compliance.

Missouri disputed the eligibility review findings for three of the sample cases before the Departmental Appeals Board (DAB). The DAB found two of the cases ineligible by ACF were indeed, eligible. The DAB did not continue to review the remaining case identified in the appeal, and found that Missouri was in substantial compliance with the IV-E program.

The next foster care Title IV E audit will be held the week of July 11, 2011.

Family and Children's Electronic System

Missouri's final SACWIS component, Resource Management and Financial Management was implemented in July 31, 2010. Missouri's automated system, Family and Children's Electronic System (FACES), is now fully operational.

As with any new automated system, FACES enhancements are needed to keep up with the ongoing changes which need to occur in the production environment. CD continues to strive to prioritize and incorporate enhancements to the automated system which will support not only staff in the field, but policy and practice.

Data clean-up efforts continue to be necessary to make the data converted from legacy systems conform to the new, more stringent processing rules in FACES. As data integrity issues are identified, FACES staff perform system testing to ensure that appropriate edits are in place in the new system, and if not, to add the necessary edits to prevent the anomalies in the future.

The new National Youth Transition Database (NYTD) component was implemented September 30, 2010. Missouri provided training for all contracted Chafee and state Older Youth staff. Beginning October 1, 2010, staff began documenting in FACES all of the services provided to the older youth population. At the same time, Missouri began the effort of surveying the first cohort of 17 year-olds. Here is how the surveying mechanism works:

1. If youth has an email, the survey is sent electronically to them (email addresses are entered into FACES
2. If youth does not have email address, a letter is produced providing the link were the survey is located (for those you prefer to respond electronically) and a paper copy of the survey for those who wish to fill it out and return regular mail.

Pre-SACWIS Review--The Pre-SACWIS Review was held on March 29, 30 and 31, 2011.

Federal partners from Washington, DC and the Regional office spent the first two days having a full system review of FACES. The third day was spent visiting county and contracted case management offices and speaking directly to field staff. Missouri is in the process of evaluating the noted strengths and weaknesses from this review and moving forward with the necessary system changes.

AFCARS Improvement Plan

Missouri converted case management data to the Statewide Automated Child Welfare Information System (SACWIS) in 2008 and vendor and payment information in 2010. The conversion of data from the former legacy system to the new SACWIS system resulted in significant variances and/or missing data from 2008 and beyond from not only the data base, but also from AFCARS submissions. AFCARS data continued to be reviewed and corrected during 2010; however, challenges continue to exist regarding data quality. Missouri completed a federal AFCARS review in March 2009 and subsequently entered into an AFCARS Improvement Plan. Mapping changes were made during 2010 to address some early identified issues, and further mapping changes are planned for 2011. Mapping changes related to case management data are based on the specific findings of the AFCARS review which will include (but not be limited to) foster care episode dates, Termination of Parental Rights information, adoptions completed, child diagnosis information, allowing multiple races, and placement information. AFCARS files for 2008 through 2010 were resubmitted in January 2011 which included significant improvements, however, dropped cases (between the foster care file and adoption file) remains problematic and continues to be explored. Changes are still pending with the AFCARS improvement plan and are currently scheduled to be completed by December 2011.

Child and Family Services Review (CFSR)

The Missouri CFSR on-site review was conducted the week of June 7, 2010. The period under review for the onsite case review process was from April 1, 2009, through June 11, 2010. For the onsite review, 64 cases were reviewed, 40 foster care and 24 in-home services at three sites: 17 cases in the 35th Circuit (Dunklin/Stoddard), 17 cases in Greene County and 30 cases in St. Louis County. Missouri did not achieve substantial conformity with any of the seven CFSR outcomes but did receive a strength rating for the following individual items: Repeat Maltreatment (Item 2), Foster Care Re-entry (Item 5), Proximity of Placement (Item 11), and Placement with Siblings (Item 12). The key factors associated with Missouri's low performance were: 1) Lack of initial and ongoing safety and risk assessments and unaddressed safety concerns 2) Inconsistent practice in engaging parents in case planning, particularly fathers and noncustodial parents 3) Lack of effort or delays in achieving permanency goals 4) Quality and quantity of caseworker visits with parents were not sufficient to monitor the safety and well-being of children or promote attainment of case goals.

With regard to systemic factors, Missouri is in substantial conformity with the systemic factors pertaining to Statewide Information System; Quality Assurance System; Staff and Provider Training; Agency Responsiveness to the Community; and Foster and Adoptive Parent Licensing; Recruitment and Retention. Missouri did not reach substantial conformity with Case Review System or Service Array and Resource Development.

While the PIP has not been approved at the time of this writing, the tentative plan to address the key concerns will be addressed through four primary strategies: 1) Increase safety for children 2) Increase accountability 3) Support Staff with enhanced training, tools and guides, and educational materials to build case management skills. In

Attachment F, a chart extracted from the draft PIP plan is provided which describes each of the four primary strategies above with key concerns as identified in Missouri's Final Report.

Collaboration

Community Based Child Abuse Prevention

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

Background Information

Over the past 12 years, the Missouri Children's Trust fund (CTF) has partnered with 15 communities to develop and validate new collaborative models to prevent child abuse and neglect (CA/N). These efforts have centered on overcoming two identified challenges that have diminished the effectiveness of child abuse prevention efforts.

First, CTF and its consultants found that Missouri families and children at risk of child abuse and neglect often suffer from intertwined economic, social, educational, behavioral health, and physical health problems. That is, the challenges facing families cannot be defined as individual discrete issues (poverty, depression, lack of job skills, children's illness, lack of transportation, housing instability, etc.) as all of these issues are interwoven in complex ways that cannot be detached from others and need a broad array of services that are coordinated and integrated into a system. While many of Missouri's communities have a wide-range of services to reduce families' risk factors and enhance families' protective factors and resilience; these services are siloed by categorical funding and functional organizational and professional boundaries thus lacking coordination and integration with other related service entities. The silo of services may help policy makers and providers rationalize the human services maze, but it often diminishes the services' power and undermines the effectiveness of needed professional services and supports, further paralyzing those with comingled issues. What is lacking in many Missouri communities is a framework of relationships to bridge across the organizations and professionals and collaboration processes and mechanisms for the organizations and professionals to work together in a concerted effort to prevent child abuse and neglect.

The second challenge to success is the deficit-based mindset that is deeply rooted in human service organizational and professional cultures. These cultures and systems perpetuate reactive approaches to address the problems of child abuse and neglect – families receive support only after they have been identified or reported for child abuse and neglect. Moreover, human service organizational and the respective professionals' perspectives continue to dominate the definition of the family's needs or solutions. This deficit-based mindset could be viewed as prejudicial in that it leads to a differential diagnosis of the family's need/problems and professional-oriented plan of treatment. This is an excellent way to develop a "root cause analysis" on needs or problems, but it does not foster thinking by professionals and families about a plan for prevention and strengthening the family. Consequently, there continues to be inadequate focus on determining family strengths and promoting the development of family competencies and capabilities that enable families and their members to have control over important aspects of their lives and to relate to their children more effectively.

Each CBCAP site effectively employs a family support strength-based approach to prevention by engaging the family with an inter-disciplinary team of professionals in developing and implementing the family's integrated service plan. Also, the CBCAP sites use a family strengths inventory tool as well as embed protective factors to help the family and its family support team to identify the family's strengths, resources and goals.

Over the past decade, CTF has pursued a powerful CBCAP network strategy that leverages community-based learning and capabilities through building network relationships. Initially the Children's Trust Fund implemented this project as a demonstration model incorporating a standardized set of criteria and outcome measures to support the evaluation and collection of data.

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

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

In FY09 CTF replicated this model for a third time by awarding Community Based Child Abuse Prevention grants (CBCAP) to:

- Joplin (Newton & Jasper Counties) – The Alliance of Southwest Missouri – "Project Care"
- Caruthersville (Pemiscot & Dunklin Counties) – Pemiscot County Initiative Network ; "Lower Bootheel CBCAP Project"

In FY11 CTF replicated this model in two additional communities:

- Lamar (Polk, Dallas, Hickory Counties) – Barceda Families "Teams – Together for Empowering and Accountability to Maximize Self-Sufficiency"
- Barnhart (Jefferson County) – Jefferson County Community Partnership – Project Cope

Each CBCAP community is awarded an average of $100,000 in funding. During the first 6 months each site enters a capacity building phase focusing on: 1) developing the CBCAP leadership structure (advisory board and network coordinator); 2) forming relationships in order to implement a network development strategy to leverage the diverse abilities, information, ideas, and support services that community-based organizations and professionals possess to promote family/child protective factors, resilience, and reduce risk factors in order to prevent child abuse and neglect; and 3) engaging community stakeholders in joint planning efforts to develop an integrated service delivery model that incorporates the Missouri lead agency/family support team coordination model.

In the second 6 months of the first year the sites' initiate the operational phase of the project; enrolling and serving families, continuing efforts in developing their provider networks,

enhancing provider commitment to the lead agency/family support team model, and augmenting community services to fill service gaps to meet families' needs.

Data Collection/Evaluation
An important part of this grant is the collection of data on outcomes of these services and evaluation of the overall model. CBCAP sites continue to show statistically significant improvement in scores of standardized measures of family risk (Child Abuse Potential Inventory) and distress (Parent Stress Index) among parents participating. Families also report high levels of satisfaction with the services they receive.

The Missouri CBCAP model is recognized by the federal funding agency as attaining the highest level of program standards and performance indicated by evidenced based outcomes and successful replication of the program in other communities.

Other evidenced-based and/or promising approaches include:

- Community collaboration
- Implementation of a lead agency coordination model
- Development and incorporation of standardized forms
- Payer of last resort flex pool funding for emergency family needs
- Develop partnerships with proven community programs such as Circle of Parents, Parents As Teachers, and Head Start
- Incorporate proven prevention models such as resource mothers, safe crib, infant massage, home visitation, respite care, Circle of Parents, and family development credentialing
- Quarterly review of annual operational plan as part of evaluation process
- The ability for communities and their stakeholders to build long term relationships and work together collaboratively as one unit for the benefit of families and children;

Peer Review
Peer review has been an important component critical to the success of the CBCAP program in Missouri. CTF implements a peer review process with the local community sites whereby each of the CBCAP sites review their own performance on a quarterly basis against site-specific goals and objectives, as outlined in their annual operational plan using the logic model. An evaluation panel comprising of CTF staff, board members, grant consultants, and a former community grant recipient meets with and evaluates each site on a quarterly basis. A report card is then issued to each site summarizing their quarterly performance against site-determined goals and objectives. This process allows for optimal, systematic feedback to the sites that can be measured, documented, and reported on an ongoing basis rather than receiving one report at the end the year.

In conjunction with the evaluations, each site is required to attend a statewide CBCAP meeting held three to four times per year in Jefferson City. Each site provides input with the development of the agenda. Time is set aside at each meeting for a specific peer review exercise whereby the sites, both in small work groups and as a whole, critique, provide feedback and share information with each other regarding a predetermined topic i.e.: the development of care plans for clients, problems and solutions with the coordinated provider network, etc.

In addition, the two most recent sites have been paired with the two existing sites to provide additional opportunities for technical assistance, observation, and peer to peer learning. This

adds an important layer of interaction and relationship building to the multiple levels already established in previous and current groundwork state lead organization to community network sites, community to community, local community to family; and family to family within each community.

Missouri's statewide network has expanded and has become stronger as a result of the success of the CBCAP Program and other family support initiatives and programs across the state. CTF is excited to continue and expand this partnership on multiple levels and appreciates the opportunity to develop, support, expand and enhance the network of CBCAP programs within the state in order to more effectively serve Missouri's diverse population and more effectively prevent child abuse and neglect seeking positive outcomes for all children and families.

Youth Independence Interdepartmental Initiative

Former Governor Blunt appointed the Blue Ribbon Panel for Youth Aging-out of Foster Care in August of 2008. The seventeen member panel was comprised of Department Directors from the Departments of Social Services, Mental Health, Health and Senior Services, Higher Education, Elementary and Secondary Education, and Economic Development as well as representatives from private business/industry, current and former foster youth, private youth service providers, the juvenile court system, the Juvenile Justice Association, a Court Appointed Special Advocate, and a foster parent.

The charge of the panel was to assess current and private resources within Missouri available to support youth in or exiting from foster care. The panel recommended ways to improve and strengthen coordination, communication, and collaboration among youth serving agencies and private industry to maximize the efficiency and effective use of resources to support the youth and their healthy transition to successful adult roles and responsibilities. The goals outlined for the panel were better use of resources, better outcomes for youth through existing and emerging programs, and better futures for our youth and our economy.

The panel met from October 2008, until May 2009. The panel focused on six primary topics: permanency and lifelong connections, physical and mental health, transitional supports, education, employment, and cross system collaboration. The final recommendations were presented to the Governor for consideration and from that a decision was made to form an initiative, the Youth Independence Interdepartmental Initiative (YIII), which was formed in April 2010 and will convene over the next three years with the purpose of implementing the Blue Ribbon Panel Task Force on Aging Out's recommendations.

The YIII met in August 2010, November 2010, January 2011, and in May 2011. Subcommittees have been formed on the topics of education, youth empowerment, and insurance/employment and met in July 2010, October 2010, and April 2011. Another subcommittee is being organized for developing a recognition program for those who hire youth in foster care or alumni youth. Resources have been shared at these meetings and legislative issues discussed. The group has a member from the Department of Insurance who is working diligently along with other subcommittee members to address the issue of youth under the age of 18 having difficulties obtaining automobile insurance coverage. The Department of Elementary and Secondary Education representative is assisting Children's Division with development of a brochure that will be geared towards High School Principals and Guidance Counselors and to assist youth in foster care with school issues. The Workforce Development representative has shared information regarding employment opportunities for youth and reviewed a memo on workforce employment opportunities for Older Youth. This initiative has also been instrumental in getting tuition waiver language into statute and continues to work legislatively on barriers to education

for youth in foster care. Progress has been made but there is still much work to do in this area and this will continue in SFY12.

State Youth Advisory Board

Members of the State Youth Advisory Board (SYAB) represent all children and youth who have been in or are in out-of-home placements. Each member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen. These youth represent other youth in his/her area of the state. Each SYAB member is responsible for providing Children's Services policy and procedural input to Children's Division (CD) administrative staff/Juvenile Court. The SYAB decides what goals and activities they want to pursue for upcoming meetings and carry those out accordingly. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB). The youth must be ages 16-21, but if a youth turns 21 during the term, or leaves Children's Division custody, they can finish the remainder of the term if in good standing. The youth must be an active participant of a Chafee or Transitional Living Program (TLP) and must have a good attendance record for activities in which they are involved, such as Chafee and Transitional Living Program activities, AYAB meetings, school, work, etc. The board also may consist of three non-voting, ex-officio members. Ex-officio members must be a current or former foster care youth who served at least a one-year term as a board member or alternate, within the last three years. There are currently no ex-officio members.

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 30 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. There are currently 29 members on the SYAB. In SFY12, contract language will change to state that the contractor shall provide an avenue for youth to communicate the youth's thoughts and feelings on issues that are important to the youth as foster care youth by means of a Regional Youth Advisory Board. The board should meet in a location that is geographically central to the population of youth, and should meet quarterly. This is a change from the current contract which states the format in which the communication may take place varies as deemed appropriate for the contractor's youth population, and may consist of the following:

- An advisory board that physically meets in a location that is geographically central to the population of youth, and
- An on-line, interactive web-based meeting site
- The utilization of Youth Advisory Boards (YAB) already in existence

The SYAB met on a quarterly basis for FY11 and will continue to meet quarterly in SFY12. Transitional Living Program (TLP) contractors have been invited in the past to nominate youth and they will be invited again in SFY12 when the new contracts are awarded. The Request for Proposal contains language encouraging the contractor to coordinate with the Regional Chafee provider who has a board in operation.

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:

- Two alumni youth participated in the Missouri Juvenile Justice Association Fall Conference in a panel presentation.
- Several youth from the St. Louis area had an opportunity via their contracted agency to meet with the Governor and discuss issues which were important to them.
- An SYAB member is available on an as needed basis for participation in the Continuous Quality Improvement (CQI) Statewide meetings. CQI is a process by which all staff looks at the agency as a whole and develop plans for improvement.
- A SYAB member is also a member of the Missouri Task Force on Children's Justice. The task force is a Citizen Review Panel that reviews the Children's Division's compliance with the State Child Abuse Prevention and Treatment Act (CAPTA) Plan, assists the Children's Division in the coordination of foster care/adoption program, the review of child fatalities and near fatalities, examines policies, procedures, specific cases, and generates an annual report to be released to the public.
- Two members of the SYAB participate in the Youth Independence Interdepartmental Initiative that began in April 2010 to implement the Blue Ribbon Panel Task Force on Aging Out's recommendations.
- An alumni youth is a member of the Health Care Oversight and Coordination Committee. The purpose of the group is to develop a plan to coordinate and provide oversight of health care services for foster youth.
- An older youth is also a member of the Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team. The Educational Advisory Team's mission is to collaborate to assure that children in foster care are offered the same educational opportunities as those children not involved in the foster care system.

The SYAB provided youth input throughout the year:

- The State Youth Advisory Board was consulted regarding implementation of the requirements of the Patient Protection Act, reviewing and providing feedback on the information sheet that is included in the exit packet.
- The Children's Division also launched a worker/child visitation poster campaign and many of the quotes used were from members of the SYAB.
- The SYAB also provided input for the Urban Child Welfare Leadership meeting that administrative staff attended on the reasons for staying in care beyond age 18.
- The Children's Division is in the process of developing a brochure that includes information for Principals and Guidance Counselors and the SYAB provided their thoughts on what information should be included in this brochure.
- The Youth Independence Interdepartmental Initiative is working on obtaining an affordable automobile insurance plan for youth under the age of 18 and the SYAB was consulted in what would be deemed as affordable.
- The SYAB provided input as to educational concerns that they have experienced to share with the Youth Independence Interdepartmental Initiative who is working on some of these issues legislatively.
- The SYAB provided feedback on the Coordination Council for the Healthy Transitions Initiative mission statement. This is a program that is a federally-funded grant with the purpose to help youth aging out of the children's mental health system in Jackson County administered by Truman Mental Health facility.

In March 2011, SYAB members and youth from regional boards participated in Child Advocacy Day. Missouri's annual Child Advocacy Day is an opportunity for parents, providers, youth, and

community members to speak up and ask lawmakers to make the health, safety, and education of Missouri's children a top priority for the state. The SYAB developed talking points and met with legislators from their area. The youth advocated for a re-entry policy, sibling placements, car insurance, and tuition and fee waiver funding. They participated in a rally at the Capital. In attendance at the event were 56 youth and chaperones. Participation in Child Advocacy Day will continue in FY12.

Also in March 2011, interviews were held and a youth in care was selected to represent Missouri as a FosterClub All-Star in Seaside, Oregon for the summer. Youth are provided with intensive leadership and public speaking training, and then sent to teen conferences and foster care-related events across the country. In addition to motivating, educating and empowering foster youth across America, the FosterClub All-Star's raise awareness about foster care. Missouri plans to utilize the youth upon her return to teach other youth leadership and advocating skills, particularly SYAB members, as well as represent Missouri in speaking engagements. It is anticipated that participation in the FosterClub All-Star program will continue in FY12.

The SYAB began planning in June 2010 for a Youth and Adult Leadership and Empowerment conference to be held July 2011 and spent the majority of their time over the last year planning for this conference. The theme of the conference is "Voices for Change." The conference will be held over three days in Jefferson City with over 200 youth and adults in attendance from throughout the state. The event is planned and hosted by members of the SYAB. Five workshops will be presented which are designed to empower and educate youth on subjects relating to their independence. The workshop topic areas include: self advocacy, coping skills, leadership, resources, and technology safety. Presentations on human trafficking and support teams are also planned. Informational brochures will be available on various topics/resources. The SYAB feels this is a great opportunity to bring together youth and adults to share what they have in common and to empower them on leadership and self advocacy. Youth in attendance will be between the ages of 15 to 20 and youth of Native American descent are specifically asked to be considered for attendance.

The SYAB is looking at ways to engage and become more connected with foster parents working with Older Youth. The SYAB plans to meet with the State Foster Parent Advisory Board in SFY12 and discuss how foster parents can assist with youth leadership boards. Work for this presentation began in SFY11 but has not been completed due to the youths' obligations of planning the youth conference.

The SYAB is also taking a more active role in Foster Parent Appreciation Month this year. Each year a foster parent is asked to attend the Proclamation signing with the Governor and this year several SYAB members and their foster parents will be attending as the representatives. The SYAB is currently providing input for ways in which community members can help assist older youth if they are not interested in foster parenting and this will be shared throughout the state as part of a toolkit for Foster Parent Appreciation Month.

The SYAB has a FACEBOOK page. The Independent Living Coordinator manages the acceptance of friends. The page is primarily used to communicate events, seek input and to correspond outside of meetings on tasks for planned events.

The SYAB plans to develop a strategic plan in SFY12 to direct their work after the youth conference.

For SFY12, language has been added to the Transitional Living Program as well as the Chafee Foster Care Independence Program contracts to provide more defined criteria for having a youth board as well as youth participation in speaking engagements, workgroups and committees. The previous contract did not require a board to be comprised only of youth in foster care per se, and this was not deemed as effective for information sharing from the state level to the local level. Also, some contractors were not willing to transport youth outside of their region for speaking engagements and workshops so language requiring this is included in the new contract.

If new providers are awarded the Chafee contract, the SYAB will assist them in implementing a youth board and continue to provide support to current regional youth advisory boards. Although the state board is very strong, some of the local boards have struggled with membership throughout the year. The boards that have struggled are from rural regions. This is somewhat anticipated due to geography and youth being spread out as well as transportation being an issue. The SYAB and the Children's Division will continue to work on this in FYI2.

The Children's Division will continue efforts to include Native American youth participation in leadership activities. Missouri has ten youth, as of March 2011, whose race is identified as American Indian/Alaskan Native and all ten have been referred for Chafee services. Of these ten, four do not meet the age requirement to participate in youth leadership boards and one is served by a contracted agency which provides its own independent living services versus utilizing the Chafee contract. The remaining five participate in local youth boards.

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

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

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

Education Advisory Team

Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team was formed in SFY08. The Educational Advisory Team's mission is to do all they can to assure that children in foster care are offered the same educational opportunities as those children not involved in the foster care system. The advisory team members represent a variety of disciplines including the educational system, foster parents, private and public child welfare, court-related child advocacy, juvenile justice and youth in out-of-home care. The Educational Advisory Team meets on a quarterly basis. They meet in person two times per calendar year and by conference call two times per calendar year.

The Educational Advisory Team recognized three initiatives which focused on how to improve the educational opportunities and outcomes of foster youth. The Educational Advisory team divided into three workgroups to address the three initiatives. The three workgroups identified are: raising awareness, engaging and empowering stakeholders and developing tools and resources.

Child Assessment Centers

The Child Assessment Centers (CACs) are members of Missouri KidsFirst. Missouri KidsFirst is a not-for-profit organization that provides advocacy and support services to Missouri's Child Advocacy Centers. Directors of each of Missouri's Regional CACs serve as the Program Board for the Missouri Network of Child Advocacy Centers under Missouri KidsFirst. The Board of Directors of Missouri KidsFirst is made up of a diverse group of professionals and leaders which include businessmen and community and civic leaders from across Missouri. The Board oversees and directs the management of Missouri KidsFirst which also includes the program Prevent Child Abuse Missouri, a Chapter of Prevent Child Abuse America, and administration of a contract creating Medical Resource Centers for training and support of Medical Professionals working with child abuse victims statewide. The Board will continue to work to address on-going issues relating to training, coordination and program development within the CAC Network.

Task Force on Children's Justice

During the past year, the Task Force has met quarterly, reviewing and discussing activities to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities.

The Task Force was presented with information on child abuse and neglect data and policy revisions from the Children's Division. The Description of the Investigation Process, CS-24, was revised to reflect standards outlined in Missouri statute, case law, and the Code of State Regulations as it would relate to the alleged perpetrator's right to notice and due process. The Law Enforcement-Prosecuting Attorney Notification Letter, CS-21F, was developed to provide field personnel with the ability to correspond with law enforcement or prosecuting attorneys in an effort to verify the existence of an open criminal investigation or pending criminal charges.

A presentation on Sexting: Social Media and Danger to Youth in Foster Care, was given by Emerson McGuire, member of the State Technical Assistance Team (STAT). This presentation was well received by the task force and allowed the opportunity for information to be shared among each of the partner organizations in their work with children.

The Task Force began work to coordinate with the Missouri Child Fatality Review Panel with the intent to join efforts in reviewing cases with suspected child maltreatment related fatalities as well as to share trend information and goals for the task force.

Common mental health diagnoses were indentified for children in foster care with the suggestion made by the Task Force for Children's Division staff to be trained on best practice in working with youth and children with mental health needs. Coordination occurred with the Department of Mental Health. Information was provided and made available to staff via a link on the Children's Division Internet to be used as a resource to staff and foster parents who are providers to children and youth with mental health diagnoses**.**

A letter was sent to the Missouri Legislature by the Task Force in support of the Office of Child Advocate (OCA). The Task Force, through their partnering with the OCA, believes this office is crucial and vitally important to Missouri child advocacy and for these reasons opposed the reduction of funding for this office.

The Task Force recommended that In-Service Training for Reactive Attachment Disorder (RAD) be available for all foster parents. In response to this recommendation the Children's Division revised policy and practice to make approval for required trainings a responsibility of the

Missouri State Foster Care and Adoption Advisory Board. The Task Force as well as the Division acknowledges that foster/adoptive parents can best identify their training needs in response to the youth they are parenting. The new policy and practice allows those training needs to be met effectively.

Members of CJA are given a legislative update during meetings, many becoming involved with the Legislature. Support was given to Hope's Law, amended to Karra & Jocelyn's Law, for stiffer penalties for crimes against children, to include shaken baby or traumatic head trauma.

The Task Force was presented with new information relating to Safety Assessments and the evolution of tools to complete the assessments by the Children's Division. Keeping in mind child vulnerabilities and parental protective capacities, this new way of thinking is in place across all program areas.

During FFY10, CJA grant money was provided to the Child Advocacy Centers (CACs) in Missouri to improve the processes by which Missouri responds to cases of child abuse and neglect, particularly child sexual abuse or exploitation. Forensic examinations, victim interviews, referrals to treatment providers, gathering and retention of forensic evidence used for criminal prosecution of the offender were made possible through funding provided by the CJA grant.

There are 15 CACs located across the state, with some locations having satellite offices and serving children and families in the surrounding counties. The availability of these centers allows for a one-time interview of the victim as well as the opportunity for the physical examination to occur in the same location, preventing unnecessary stress and trauma to the child victim and their family. CACs often facilitate scheduling the exams and interviews to further assist in the investigation and criminal prosecution process.

SAFE-CARE network providers (physicians and other medical providers who conduct forensic examinations) work in close collaboration with the CACs. The mission statement of the SAFE-CARE Network continues to be "to improve outcomes for children who are victims of, or at risk for, child maltreatment by enhancing the skills and role of the medical provider in a multidisciplinary context."

In SFY10, 2,076 SAFE-CARE exams were conducted, and there were 87 participating SAFE-CARE providers.

Juvenile Court Improvement Project

The purpose of the Juvenile Court Improvement Project (JCIP) is to develop and implement a plan for improvement which will result in timely, full and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of abused and neglected children in permanent homes. The activities of the court improvement project are directed by the JCIP Steering Committee, which meets quarterly. Members of the Juvenile Court Improvement Project Steering Committee were appointed by order of the Supreme Court of Missouri in January 2004. In that same order, the Steering Committee was assigned to the Family Court Committee. The Office of the State Courts Administrator (OSCA) staffs both committees.

Appointed members include:

- Honorable T. Bennett Burkemper, Jr., Associate Circuit Judge, 45th Judicial Circuit. Judge Burkemper is also the liaison to the Family Court Committee.

- Honorable Stanley Moore, Presiding Judge, 26th Judicial Circuit
- Honorable Anne-Marie Clarke, Family Court Commissioner, 22nd Judicial Circuit
- Ms. Lois McDonald, Chair, State Foster Care Advisory Board
- Ms. Beth Dessem, Executive Director, Missouri CASA
- Ms. Bettie Haug, Director of Child Protection/Family Court, 23rd Judicial Circuit
- Mr. Phil McIntosh, Guardian ad Litem, 2nd Judicial Circuit
- Mr. Aaron Martin, Attorney at Law, 19th Judicial Circuit
- Mr. Perry Epperly, Family Court Administrator and Chief Juvenile Officer, 31st Judicial Circuit
- Mr. Steve Jackson, Executive Director, Heart of American Indian Center
- Ms. Susan Savage, Deputy Director, Children's Division, Missouri Department of Social Services
- Mr. Jeff Adams, Training Director, Children's Division, Missouri Department of Social Services
- Ms. Jeanne Gordon, Legal Issues Training Coordinator, Children's Division, Missouri Department of Social Services

Fostering Court Improvement Project

Missouri's Fostering Court Improvement (FCI) project is a collaborative effort to use agency and court data systems to improve case handling and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. It combines training on the National Curriculum for Caseflow Management in Juvenile Dependency Cases Involving Foster Care with development, collection and analysis of Missouri specific court performance measures and integration and utilization of this information with the data available through an external website (www.fosteringcourtimprovement.org). Other data sources from the CD Quality Assurance (QA) staff from the Children's Division assists circuit court staff identify trends and develop plans for improvement. The QA Specialists provide information to the local FCI teams.

The AFCARS reporting system traditionally utilized a cross-sectional design which gathers child level point-in-time data rather than longitudinal child data from date of removal to date of discharge. This allows only point-in-time descriptions and retrospective reporting of outcomes rather than tracking children's progress from point of removal to discharge out of foster care. FCI combines expertise developed at Emory University and University of Illinois at Urbana-Champaign to convert existing AFCARS data into a longitudinal data system that will support court performance reporting and data collection. The CD is now utilizing this software to stitch together Missouri's six-month AFCARS submissions into longitudinal records. As Missouri improves AFCARS data, new files will be submitted for the longitudinal database study. The longitudinal product created populates a website that is to be posted online quarterly. The website ranks, by county, CD regions, and judicial circuits, a broad range of data items pertaining to removal, foster care population and discharges.

FCI was initially implemented in four judicial circuits: Circuit 13 (Boone and Callaway Counties); Circuit 22 (St. Louis City); Circuit 31 (Greene County); and Circuit 35 (Dunklin and Stoddard Counties). These circuits are among those with the highest populations of children in out-of-home placement. These sites received training in mid-October 2006. The project expanded to include the following three circuits which participated in the training provided in September 2007: Circuit 23 (Jefferson County); Circuit 25 (Pulaski, Maries, Phelps, and Texas Counties); and Circuit 26 (Camden, Laclede, Miller, Moniteau, and Morgan Counties). The 2nd (Adair, Knox, and Lewis Counties), 5th (Andrew and Buchanan Counties), 40th (Newton and McDonald

Counties), and 45th circuits (Pike and Lincoln Counties) joined the project in January 2009. They received their training in September 2008. Each circuit volunteered to participate in the project at that time. Since the training, the 40th Circuit opted to withdraw from the program. In January 2011, the 19th (Cole County) and 42nd (Crawford, Dent, Iron, Reynolds, and Wayne Counties) circuits joined the project upon completion of training.

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

The circuits are responsible for reviewing the data collected by the Children's Division and the Juvenile Court to determine areas for improvement. Several Circuits (13th, 22nd, 23rd, and 31st) have conducted extensive case reviews on children in care in order to ascertain the needed changes. Because of these reviews, circuits have developed parent education materials to help parents have a better understanding of the child welfare and court process when their children are placed in care. These materials range from pamphlets to videos to classes. Older youth are becoming more involved in their own decision-making by participating in Permanency Planning Reviews and attending court hearings.

Court and agency practices have changed to better serve children. Guardians ad Litem are being appointed sooner. Older youth are educated about their rights and responsibilities. Cross training is occurring between court staff and agency staff. In addition, communities are being involved in ways not seen before.

The future of the FCI Project is bright as additional circuits continue to request to participate. The goal of FCI is that every circuit will adopt these practices and it will no longer be a "project" but a common practice statewide.

Fostering Court Improvement Evaluation Findings

The FCI initiative continues to evaluate data, outcomes, and the program itself. Data has been compiled and the Research Division of OSCA has been able to provide results of the comparison between two years, 2008 and 2009, for the first four circuits, 13, 22, 31, and 35, actively involved in the FCI program.

- Performance Measure 1 - Percent of children exiting care by exit type
  - 7% more exited care
  - 11% more adopted
  - 13% more reunited
    - This exit type increased 2%
  - 6% fewer exited via legal guardianship
    - This exit type decreased 1%

- Performance Measure 2 - Average time from most recent removal to date child exited care, by exit type
  - Average days in care
    - for all exits increased by 3%

        - for children exiting through reunification increased 11%
        - for children exiting through adoption increased 2%
        - for children exiting through guardianship increased 9%

- Performance Measure 3 - Average time in care for children remaining in care
    - 9% fewer children remained in care
    - Those remaining in care at end of CY 2009 had been in care 19 fewer days, on average, than at the end of the previous year

As the results illustrate, there are some improvements using the FCI approach to work as a "team". Additionally, the team focus is on circuit data, by reviewing often and setting strategies applicable to the individual sites circumstances, is crucial to sites "owning" the issues.

Indian Tribe Consultation

Missouri does not have federally recognized Indian tribes in the state. However, there are three Indian centers--the Heart of America Indian Center, the American Indian Council and the Southwest Missouri Indian Center, which are active in the state. The Indian Centers participated with the CD in regards to training and consultation on the latest policy developments.

All benefits and services under the programs are made available to Indian youth in the state on the same basis as other youth. All youth, ages 14 and older, regardless of descent, per policy, are to be referred to the Older Youth Transition Specialists for Chafee/ILP support and services.

Missouri has ten youth, as of March 2011, whose race is identified as American Indian/Alaskan Native and all ten have been referred for Chafee services. Of these ten, four do not meet the age requirement of 16 to participate in youth leadership boards and one is served by a contracted agency that provides its own independent living services versus utilizing the Chafee contract. The remaining five participate in local youth boards. With the exception of one, all of these youth reside in the Southwest part of the state. The CD will continue efforts to include Native American youth participation in independent living support and leadership activities.

Adoption and Foster Care Coalitions

Several Child Placing Agencies throughout the state have formed a coalition of agencies named the Adoption and Foster Care Coalition (AFCC). Although not funded with the IV-B grant, the Coalition is active in improving the lives of Missouri children and families. AFCC continues with the contract, Pregnancy Maintenance Network (PMN) with the Missouri Department of Health and Senior Services. AFCC conducted its eighth (8th) annual legislative gathering. AFCC continues to meet with legislators advocating for adoption and foster care issues, as well as, providing comments to the CD on child welfare policy.

MoHealthNet Consumer Advisory Committee

The MO HealthNet Consumer Advisory Committee (CAC) was formed to advise the Director of MO HealthNet (MHD) on issues relating to enrollee participation in the MHD program. The CAC meets quarterly to discuss MHD managed care issues and for the Managed Care health plans to provide updates in their areas. The committee is comprised of several consumers who present their concerns from their areas of the state. Representatives from the various managed care health plans attend these meetings, as well as representatives from MHD, Family Support Division, Children's Division, Legal Services of Eastern, Western and Southern Missouri, Medical Centers, Head Start, Missouri Primary Care Association or any other entity with a MHD

interest. This committee opens the door for communication to occur so better service is provided to consumers in the state of Missouri.

The Child Abuse and Neglect Review Board(s)
The Child Abuse/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 CD. At the conclusion of each investigation, the CD investigator notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator's right to seek administrative review within sixty days.

See Child Abuse and Neglect Section for more information.

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

STAT is supervised by the DSS Director and available 24-hours a day to respond to requests for assistance. STAT's investigative responsibilities are considerably different than those of the CD. During 2010, STAT investigated 197 cases, down from 211 cases in 2009. Of the 197 cases, almost 81 (41%) were sexual abuse, 60 (31%) were exploitation, 27 (14%) were child fatality related, 27 (14%) were physical abuse related, 1 (1%) was neglect related and 1 (1%) was listed as other. Prosecutors filed 32 felony charges on STAT-only investigations during 2010. NOTE: Additional felony charges may have been filed by other investigative agencies that STAT assisted, but STAT was not the primary investigative agency, that are not included in this total.

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

The State Child Fatality Review Panel (CFRP), consisting of members from various professional disciplines, meets quarterly to review topics and trends of concern. The Panel continues to recommend prevention efforts related to child deaths due to bed sharing, safe bedding and abusive head trauma. The CD and STAT continue to promote safe-sleep with the use of brochures and materials provided by the Missouri Children's Trust Fund and the Department of Health and Senior Services. The CFRP annual fatality reports are available for review at the following website: http://www.dss.mo.gov/re/cfrar.htm.

As a result of the reviews of individual child fatality cases, local CFRPs made other specific recommendations for prevention during 2009. Some of these included; educate students and teenagers on the dangers of shaking a baby, the abusive head trauma it can cause and what to do to prevent shaking a baby; the dangerous risks of bed sharing and unsafe bedding; vehicle/motorcycle/ATV operational safety classes; never leave a child unattended in a vehicle; suicide awareness; maintaining smoke detectors in homes; water safety; and provide news release/education about reporting child abuse and neglect, and the CA/N Hotline number.

Practice Alerts have been sent to all CD staff addressing safety issues involving children, infants and toddlers. The CA/N hotline number is available on the website accessible by the public, and information regarding the 1-800 hotline number is routinely disbursed during public training opportunities. Additionally, mandated reporters are routinely provided training by local offices, as well as central office staff. This training includes information on how to report child abuse and neglect, and all child fatalities. Additional prevention efforts in the form of PowerPoint presentations and informational fact sheets can be reviewed at the following website: http://www.dss.mo.gov/stat/prev.htm.

Foster Care Case Management Partnerships

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

In January 2003, the contracted case management providers and state agency administrators were invited to participate in a discussion of a performance based case management contract. A meeting was held on 2/11/03. Plans to develop a performance based contract by 7/1/04 were diverted when Dominic James died at the hands of his foster father. Public and legislative outcry for child welfare reform ensued which included the development of contracts for comprehensive service delivery for children and their families by 7/1/05 in consultation with the community and providers of service. This led to regional meetings across Missouri in 2003 and statewide meetings of approximately 80 community stakeholders. The invitation list included current and potential contracted case management agencies and Intensive In-Home Services and Family Reunification Service contractors. In addition, each region sent invitations to community members such as child advocates, court personnel, legislators, and internal CD staff.

At the statewide meetings information was provided from the three workgroups which were formed to develop portions of the Request for Proposal (RFP). The workgroups discussed the enrollment process, outcomes, and provider qualifications. Information was also distributed, in writing, to allow the 80 stakeholders statewide an opportunity to provide input on these portions of the RFP.

Within the first six months of implementation of the performance based contracts Continuous Quality Improvement (CQI) meetings were implemented at the local and regional levels. These meetings were designed to address implementation issues at the lowest level possible. Issues which could not be resolved at the local level were referred to the regional CQI. Issues which could not be resolved at the regional level were referred to the CEO meetings.

As Missouri is now in the 6th year of a performance based case management contract, time is set aside at the CQI meetings for quality assurance/best practice discussions. As such, invitations for the regional CQI meetings are sent to the public and private Quality Assurance (QA) and Quality Improvement (QI) Specialists.

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

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

CEO meetings are also held on a quarterly basis. Items of discussion have included resource development, improving outcomes for older youth, performance measures, and SACWIS compliance. Currently this group is in the process of developing a strategic plan to increase placement stability for children served in the child welfare system.

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

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

The PIP Advisory Committee, which was originally formed to monitor progress and develop strategies to improve areas of deficiency identified in the first CFSR, is comprised of CD staff and contracted agency representatives. This committee continues to meet on a quarterly basis to prepare for and respond to the CFSR and PIP.

Missouri Prevention Partners

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

Goals for this group are:

- Administration and Leadership - Create an Infrastructure to enhance and support child abuse prevention in Missouri.
- Public Education and Outreach - Increase public awareness and involvement in child abuse prevention efforts in Missouri.
- Prevention Programming – Promote the identification and use of evidence-based practices and promising approaches.
- Resource Development – Develop flexible and sustainable funding mechanisms to support child abuse prevention efforts statewide.
- Influencing Policy and Legislation – Impact policy and legislative issues through child abuse and neglect prevention focused advocacy.

The agencies involved in the Missouri Prevention Partners include: Department of Social Services, Department of Health and Senior Services, Department of Mental Health, Department of Corrections, Department of Public Safety, Children's Trust Fund, Kids Hope United, Practical

Parenting Partnership, Head Start State Collaboration Project, ParentLink, Missouri Juvenile Justice Association, State Technical Assistance Team, and Missouri KidsFirst.

Missouri's Community Partnerships

This network of twenty private/public partnerships continues to focus its work on a wide array of initiatives directly related to the well being of Missouri's families and children. Highlights from four of the partnership's initiatives are included as an attachment. Each of these Community Partnerships is a non-profit corporation governed by a broad-based, representative board.

By the conclusion of FY11, individual site visits will be completed. These visits allow state staff to get a first-hand view of the workings of each organization. Time is spent meeting with the chief executive of each partnership to discuss local governance, their yearly external audit, interviewing staff or board members, and reviewing local programming. A personal visit to an initiative or program operated by or supported through the Community Partnership is also included in the site visit.

The Family and Community Trust (FACT), a non-profit corporation, composed of state department heads and leaders from the corporate and civic arenas, provides guidance and direction to the network of Partnerships. This nineteen member board meets four times a year and Community Partnerships are encouraged to attend.

The Community Partnerships continue to be a good return on investment and leverage over $9 of additional funding to address community issues and needs. They are also a source of volunteerism in and around their communities. They have generated over 372,000 hours of volunteer service in their communities in this fiscal year. An updated, refreshed website with imbedded video will be launched in late FY11 at www.mofact.org .

CFSR Advisory Committee

Formation of a committee to provide feedback for the Program Improvement Plan began in 2005 and has evolved into a Child and Family Services Review (CFSR) Advisory Committee governed by a charter. The CFSR Advisory Committee's centralized focus is to build an advisory resource infrastructure and lead to a broader collaboration which will improve access and service availability, as well as reduce services and funding fragmentation. By using the same committee for several requirements, the Children's Division has the capability to educate several disciplines and partners on the complex issues facing child welfare. Through this education, partners are better equipped to understand the child welfare arena and why it takes more than one agency to make a difference in a life of a child.

For more information regarding the CFSR Advisory Committee and Charter, see http://dss.mo.gov/cd/cfsr .

During 2011, the National Resource Center for Organizational Improvement and Data and Technology, presented a proposal to the CFSR committee to accept the responsibility of being Missouri's service barrier buster. The service array analysis would involve both the local levels and the CFSR Advisory Committee. These groups would work in conjunction to overcome service issues. The local level would address what is possible, with their community partners, to expand service array capacity, accessibility and individualization of services. Those issues irresolvable would be passed up, through an elected liaison, to the state level CFSR advisory committee. Once an issue is received by the CFSR group, there may be further research or discussions which may lead to the formation of another subcommittee. The end result could be written recommendations to administration or the legislature.

The CFSR Advisory Board includes in their standing membership several individuals representing the Native American Centers. The CFSP is provided to members for feedback.

Missouri KidsFirst

Missouri KidsFirst is a statewide not for profit organization located in Jefferson City, Missouri. They are committed to protecting Missouri's children by improving the response to child victims and ending the cycle of child abuse in communities. The Missouri KidsFirst Board of Directors is comprised of community and business leaders from across Missouri with a wide variety of backgrounds. They operate under an approved set of detailed by-laws. Missouri KidsFirst has two main program areas: The Missouri Network of Child Advocacy Centers and Prevent Child Abuse Missouri.

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

Prevent Child Abuse Missouri, a program of Missouri KidsFirst, strives to create a statewide movement that explains how child abuse and neglect can be prevented and the role each organization plays in achieving that goal. The economic and social viability of every community depends on the healthy growth and development of children, supportive environments for children, and healthy, stable and nurturing families. Prevent Child Abuse Missouri works to create this movement through several projects including: Stewards of Children Child Sexual Abuse Prevention Education; Pinwheels for Prevention campaign; promotion of Child Abuse Prevention Month, and the Go Blue campaign. Prevent Child Abuse Missouri partners with the Missouri Internet Crimes Against Children Task Force to assist in preventing technology-facilitated child exploitation and works with Practical Parenting Partnerships to provide a comprehensive approach to parent involvement in schools. They also offer a framework for building home-school-community relationships through training, a variety of resources, networking, technical assistance, monthly newsletters and other professional development opportunities.

Supervision Advisory Committee

This committee represents the "finest" CD supervisors from across the state. Supervisor participants are selected by the Regional Directors and are based on outstanding performance and strong leadership ability. The committee maintains its focus through a strategic plan (See Attachment A) developed with the assistance of the National Resource Center for Organizational Improvement.

The committee is governed by a Charter and meets quarterly to discuss new or pending issues including policy, program and practice areas impacted by quality supervision. At the end of every meeting, a member of the Children's Division's Executive team attends and gets briefed on outstanding issues and proposed ideas to enhance supervision across the state. The strategic plan and executive team's response are shared with all supervisors through a Web link on the CD Intranet. This committee also serves as a policy review team for the division.

Program Support

Training Plan

In addition to the Children's Division directly providing training, other entities who will be used to provide short term training will include (but not be limited to) Office of State Courts Administrator (OSCA) and Court Appointed Special Advocate (CASA). These collaborative trainings illustrate partnerships between agencies. Additional categories of trainees will include relative guardians, staff from state-licensed or state-approved child welfare agencies providing services to children receiving title IV-E assistance, child abuse and neglect court personnel, agency, child or parent attorneys, guardians ad litem, and court appointed special advocates (per PL 110-351).

In this plan, trainings where Title IVE dollars are used, elements follow each descriptor, such as: setting of the training activity, duration category of training activity, provider of the training, approximate number of days /hours of the training, description of the estimated total cost and a listing of activities. Other collaborative trainings are found in the Professional Development Collaboration, specifically with the Office of State Courts Administrator (OSCA).

Our contract with the Foster Care Case Management (FCCM) agencies requires case managers to attend pre-service training. The FCCM staff can attend training provided by our training staff or provide their own, if the Children's Division reviews and approves the training content. In addition, provisions in the contract allow FCCM staff to attend other trainings that CD offers throughout the year. However, any costs incurred by the FCCM staff would be the responsibility of the FCCM contractor. The Children's Division does not cover travel or per diems associated with these trainings.

Professional Development and Training SFY11-12

Children's Division Professional Development and Training has continued to develop and deliver an initial core and ongoing in-service training program for all new Children's Service Workers and Supervisors. The training is based on agency policy and best practice and is designed to provide a consistent core structure, while also providing ongoing in-service opportunities based on needs identified through individual, regional or circuit specific assessment, as well as professional development plans between staff and first line supervisors. The professional development of staff is considered to be a "system" within the agency and must rely on numerous key elements working in concert together including classroom training, on-the-job-training and reinforcement of clinical skills in the field between staff and the first line supervisor.

On-the-Job Training

New staff must complete On-the-Job Training (OJT), which supports the classroom training. OJT training activities are part of the learning process of the new worker and they must be allowed time and support in completing these activities. In order for classroom training to have an effect on practice, participants must use their newly acquired skills in the work setting in the performance of OJT activities. The supervisor must ensure that new workers have an opportunity to do the assigned OJT activities referenced in the guide. A revised OJT guide was developed for both the supervisors and the staff with required activities to be completed. The Acknowledgement of Completion of OJT Assignments form must be initialed and dated by the supervisor and employee following each activity during the first 6 months of the OJT process. At the completion of the first 6 months of OJT, a final sign off is required by the supervisor and the employee. The completed form is to be kept in the employee's local personnel file.

Completion of OJT is also acknowledged and tracked through the Employee Learning Center (ELC). The ELC is used to track enrollments, wait lists, completion of training, assigned curricula, training plans, and create gap analysis reports.

Child Welfare Practice Basic Orientation Training

The initial in-service curriculum is titled Child Welfare Practice Basic Orientation Training (CWPT). This training is provided to new Children's Division staff and new contracted agency staff. The initial in-service training takes place during the first several months of employment and currently includes 126 hours of classroom training provided by Children's Division trainers combined with on-the-job training that is under the direction of the first level supervisor. The emphasis of the supervisor is on reinforcement of competencies of skills taught in the basic orientation classroom training**.**

The new Children's Service Worker, including one promoted to the position from elsewhere in the agency, is in probationary status during the first twelve months of employment. During this twelve month probationary period, the new employee receives ongoing in-service classroom training and OJT related to their job assignment which is in addition to the initial CWP Basic Orientation. A probationary worker carries a reduced caseload during this probationary period and is closely supervised in all aspects of the job to ensure that he or she is acquiring the skills necessary to adequately perform the job duties.

Probationary staff are developing skills to perform their job, have a reduction in caseload. However, as skills are developed, casework is increased; case decisions are mutually made by supervisor and worker during first 6 months with the goal of more independent case decision making by end of probationary period. The OJT Guide provides a timeline illustrating the activities and events to occur in the first twelve months of employment which prepares workers to assume a full case load.

There are five classes in the initial Basic Orientation curriculum:

- Family-Centered Philosophy and Skills Training
- Child Abuse/ Neglect Investigations/Family Assessments/ Application of Family Centered Philosophy and Skills for Intact Families
- Expedited Permanency and the Family-Centered Out-of-Home Care Process
- Children's Division Computer Systems Training
- Reinforcement and Evaluation

As of March 2011, a total of 18 regionalized sessions of Child Welfare Practice Basic Training were conducted for 253 participants. Additional sessions are planned for SFY 12.

- Setting of the training activity: Contracted facility (i.e. hotel or agency conference rooms when possible; sessions conducted regionally to provide greater availability to staff and minimize travel cost)
- Duration category of training activity: Full time (section 235.61)
- Provider of the training: Children's Division Professional Development and Training staff
- Approximate number of days /hours of the training: A complete session is currently 126 hours over 5 weeks with approximately one–two weeks in between each for OJT skill practice activities
- Audience to receive the training: All new Children's Division front line social services staff and contracted agency staff providing case management

- Description of the estimated total cost: Approx. $300,000 per year (14-24 sessions per year conducted regionally)
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in the Child Welfare Practice Basic Training:

- Referral to services
- Preparation for and participation in judicial determinations
- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision
- Recruitment and licensing of foster homes and institutions

Core In-Service Modules for Front Line Staff

In addition to the CWP Basic Orientation for new front line staff, the Professional Development and Training Program offers 3 core in-service modules for staff. The in-service modules serve as the next level of skill development for staff following completion of the initial CWP Basic Orientation and OJT. The modules provide concentrated skill building with an emphasis on core areas of agency policy and best practice and include both classroom training, as well as, On the Job Training. This in-service structure provides ongoing education and professional development of staff throughout their first twelve months of employment while in probationary status. The modules are designed to include a supervisory component followed by the sessions for the worker. Depending on the area of specialization, staff are required to complete one or all of the sessions.

Investigation and Assessment Core In-Service

This 4-part in-service module provides concentrated focus on the identification and response to specific types of abuse and neglect. Various methods of instruction are used to explore Critical Thinking Skills, Social Investigation/Assessments, Multi-Disciplinary Teams, Supervisory Consultation, Decision Making, Worker/Child/Family Safety & Risk, Interviewing Children and Adults, Documentation, Introduction to Child Advocacy Centers, Physical Abuse, Sexual Abuse, and Physical Neglect, and Skills Demonstration and Practice emphasis in conjunction with On-the-Job Training Assignments.

As of March 2011, 5 sessions were conducted for a total of 33 participants. Additional sessions are planned for SFY 12.

- Setting of the training activity: Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity: Part time (section 235.61)
- Provider of the training: Children's Division Professional Development and Training staff
- Approximate number of days /hours of the training: 32 hours; offered 2-4 times per year
- Audience to receive the training: New Children's Division front line social services staff who have been on the job for 6-12 months; front line supervisory staff attend the supervisory portion only
- Description of the estimated total cost: $30,000 /yr
- Federal Title IV-E funding is allowable as one of the funding sources for this training and is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in the Investigation and Assessment Core In-Service training modules:

- Referral to services
- Preparation for and participation in judicial determinations
- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision

Family-Centered Services for Intact Families Core In-Service

This in-service module will provide the knowledge and skills for a CD staff person providing service to intact families. Concentrated focus will be on Engagement Skills, Safety/Risk Assessment and Re-assessment, Safety Planning, Family Support Team Meetings, Family Specific Service and Treatment Planning, Underlying Issues/Family Functioning, Case Planning and Case Documentation and Skills Demonstration and Practice emphasis in conjunction with On-the-Job Training Assignments.

As of March 2011, 4 sessions were conducted for a total of 15 participants. Additional sessions are planned for SFY12.

- Setting of the training activity: Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity: Part time (section 235.61)
- Provider of the training: Children's Division Professional Development and Training
- Approximate number of days /hours of the training: 14 hours offered 2- 4 times per year
- Audience to receive the training: New Children's Division front line social services staff who have been on the job for 6-12months; front line supervisory staff attend the supervisory portion only
- Description of the estimated total cost: $20,000 / yr
- Federal Title IV-E funding is allowable as one of the funding sources for this training and is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in the Family-Centered Services for Intact Families Core In-service training modules:

- Referral to services
- Preparation for and participation in judicial determinations
- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision

Family-Centered Services Out-of-Home Care Core In-Service

This in-service module will focus on the knowledge and skills of a CD staff person providing family-centered out-of-home care services to children and families. Concentrated focus will be on facilitating family support team meetings, concurrent planning/case planning, critical thinking, case documentation, written service agreements, safety assessment in biological and foster parent homes, risk assessment/re-assessment, court/permanency issues, case closure, children exiting care, cultural diversity and skills demonstration and practice emphasis in conjunction with On-the-Job Training Assignments.

In SFY11, this training was temporarily put on hold and re-designed to better meet the needs of staff. The goal of the re-design was to better address current learning needs of staff; content was added around updated policy, best practice with a concentrated focus father engagement, older youth, concurrent planning, etc. Sessions are scheduled to resume in SFY12.

- Setting of the training activity: Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity: Part time (section 235.61)
- Provider of the training: Children's Division Professional Development and Training
- Approximate number of days /hours of the training: 3 days offered 2-4 times per year
- Audience to receive the training: New Children's Division front line social services staff who have been on the job for 6-12 months; front line supervisory staff attend the supervisory portion only
- Description of the estimated total cost: $20,000 /yr
- Federal Title IV-E funding is allowable as one of the funding sources for this training and will be distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in the Family-Centered Services for Out-of-Home Care Core In-service training modules:

- Referral to services
- Preparation for and participation in judicial determinations
- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision

Older Youth Training

This 12 hour training provides information on the core philosophy elements of the Older Youth Program. Youth development principles and assets are discussed. In this training, participants will:

- Learn to apply youth development philosophy and identify ways to implement youth development activities. Learn what life long and permanent connections are and the importance of each
- Learn the importance of how adolescent development relates to permanency and youth involvement
- Develop an understanding of strategies to develop connections, how to talk to youth about connections and the link between independent living service activities and permanent connections
- Gain an understanding of the responsibilities of case management of older youth and procedures for using the Ansell-Casey Life Skills Assessment (ACLSA)
- Learn how the ACLSA provides a comprehensive approach to assessment, goal planning, life skills instructions, and the evaluation of life skill activities
- Learn how to conduct a strength/needs assessment interview and how to use the web-based ACLSA
- Understand how the Adolescent FST Guide & Individualized Action Plan and resources will assist to engage youth in their permanency and education planning

As of March 2011, a total of 4 sessions were conducted as of this date for 49 staff. For SFY12 this course and content will be combined with, and become part of, the newly re-designed Family-Centered Out-of-Home Care In-service training. This course will be provided to new

staff who work with Family-Centered Out-of-Home Care /Older Youth and will be completed following Child Welfare Practice Basic Orientation.

- Setting of the training activity: Agency conference/meeting space
- Duration category of training activity: Part - time (section 235.61)
- Provider of the training: CD Training and policy staff
- Approximate number of days/hours of the training per session: 2 days
- Audience to receive the training: CD staff, foster parents, contracted providers
- Description of the estimated total cost: Approx. $16,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in this training:

- Referral to services
- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision

Cultural Competency Training

This 6 hour training is intended to help develop and enhance skills in working more effectively with children, families and communities from a variety of ethnic, political, economic, lingual, and religious backgrounds. This training enhances a participant's awareness of how to be respectful of one's values, beliefs, religion, customs, and parenting styles of the families served. The training focuses on strategies, using strengths and empowerment based approach. In SFY11 this training was provided by the local offices for their staff. Additional sessions as needed will be held locally for SFY12.

- Setting of the training activity: Agency conference/meeting space
- Duration category of training activity: Part-time (section 235.61)
- Provider of the training: CD Training staff
- Approximate number of days/hours of the training per session: 6 hours
- Audience to receive the training: CD staff, contracted providers
- Description of the estimated total cost: Approx. $10,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in this training:

- Referral to services
- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision

Professional Ethics Training

This 3 hour training course is intended to assist participants to:

- Become more aware of and more sensitive to ethical issues in professional practice
- Identify and grapple with competing arguments by examining their limitations and strengths
- Recognize the ethical principles involved in their practice situations
- Develop a greater understanding of the complexities of ethical decision making

- Reach thoughtfully reasoned conclusions and apply ethical principles to professional activities
- Clarify moral aspirations and standards and evaluate ethical decisions made within the context of the profession

As of March 2011, a total of 2 sessions were conducted for 18 staff. Additional sessions are planned for SFY12.

Title IV-B Requirements:

- Setting of the training activity: Agency conference/meeting space
- Duration category of training activity: Part-time (section 235.61)
- Provider of the training: CD Training staff
- Approximate number of days/hours of the training per session: 3 hours
- Audience to receive the training: CD staff, contracted providers
- Description of the estimated total cost: Approx. $6,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in this training:

- Referral to services
- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision

Adoption Training

This training is designed to be flexible to meet the specific, individual needs of each region. The training focuses on topics such as federal laws relating to adoption, ICWA guidelines, MEPA-IEP guidelines, state laws, permanency through adoption, case planning for adoption, loss and attachment issues, impact on the child, the birth family and resource family, behavioral interviewing, child specific recruitment, writing family assessments, decision making and placement of siblings, conducting an adoption staffing, child, birth family and resource family preparation, court preparedness, and post finalization services. This training has been provided throughout the state as part of the agency's accreditation efforts. The training will continue to be provided as part of the ongoing training in SFY12 for accredited sites. As of March 2011 a total of 8 sessions were provided for 144 staff. Additional sessions are planned for SFY12.

- Setting of the training activity: Agency conference/meeting space
- Duration category of training activity: Part-time (section 235.61)
- Provider of the training: CD Training staff
- Approximate number of days/hours of the training per session: 10 hours
- Audience to receive the training: CD staff, contracted providers
- Description of the estimated total cost: Approx. $20,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in this training:

- Referral to services
- Preparation for and participation in judicial determinations
- Placement of the child
- Development of the case plan

- Case reviews
- Case management and supervision

Domestic Violence Training

As of March 2011, the Children's Division, in conjunction with the Missouri Coalition against Domestic Violence (MCADV), conducted 7 sessions of Domestic Violence training for new Children's Division and Family Support Division staff. A total of 256 staff have attended the training as of this date. This will continue to be offered in SFY12.

- Setting of the training activity: Contracted facility (i.e. hotel)
- Duration category of training activity: Part-time (section 235.61)
- Provider of the training: Coalition Against Domestic Violence staff and Children's Division Professional Development and Training staff
- Approximate number of days /hours of the training per session: 1 day
- Audience to receive the training: Children's Division and Family Support Division staff
- Description of the estimated total cost: Approx. $5,000 per year. (Grant funding secured through MCADV utilized to cover majority of training expenses)
- Federal Title IV-E funding is allowable as one of the funding sources for this training and is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in this training:

- Referral to services
- Preparation for and participation in judicial determinations
- Placement of the child
- Development of the case plan
- Case management and supervision.

STARS *Pre-Service, In-Service, and Spaulding Train the Trainer*

Training for resource families continues to be offered and conducted on a regular basis utilizing the training curriculum purchased from the Child Welfare League of America (CWLA). Foster PRIDE/Adopt PRIDE curriculum produced by CWLA is a part of Missouri's preparation of resource families which is called STARS, which means **S**pecialized **T**raining, **A**ssessment, **R**esources, **S**kills, and **S**upport. Staff training and Development provides the STARS Train the Trainer courses for local training teams. The local training team consists of a service worker, foster and/or adoptive parent and a supervisor of the team. The service worker and the foster/adoptive parent co-train. The service worker also is responsible for conducting the family assessment need for licensure.

The CWLA curriculum has 12 in-service modules providing over 100 hours of training. Train the Trainer courses are conducted for the same local training teams noted above. These courses are conducted throughout the state.

In addition to STARS, adoptive parents are required to attend 12 hours of training, specific to adoption, and prior to licensure. The above teams are also trained to provide this Spaulding "Making the Commitment to Adoption" course.

All the above STARS and Spaulding Train the Trainer courses include contractors who provide the training and assessment of resource families. As of March 2011 a total of 7 sessions have been conducted for 73 participants who have attended STARS Pre-Service, In-service, and Spaulding Train the Trainer. Additional sessions are scheduled for SFY12.

- Setting of the setting/venue of the training activity: Contracted facility or agency conference when possible
- Duration category of training activity: Part-time (section 235.61)
- Provider of the training: Children's Division Professional Development and Training
- Approximate number of days/hours of the training per session: STARS Pre-service 2 weeks with one week in between sessions; STARS In-service (12 modules conducted as follows: modules 1-6 one week; modules 7-12 one week; Spaulding 3 days)
- Audience to receive the training: Teaching foster parents, CD staff and contracted providers who provide local STARS/Spaulding training and assessment for prospective resource families
- Description of the estimated total cost: Approx. $100,000 for all trainings/multiple sessions per year
- This training is allowable as a Title IV-E activity to be matched at a 75% FFP rate and is allocated by Missouri's IV-E penetration rate. The purpose of this training is to prepare foster parents for caring for children in the custody of the Children's Division to be placed and cared for in their homes.

The following activities are addressed in this training:

- Referral to services
- Preparation for and participation in judicial determinations
- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision
- Recruitment and licensing of foster homes and institutions

Supervisor Training

Initial In-Service Training

The Children's Division, in partnership with the Department of Social Services Human Resource Center, has developed a comprehensive skills based training structure for front line supervisors. The structure requires new CD supervisory staff to complete the following initial in-service training within their first year:

Basic Orientation Supervisory Skills (BOSS) Training, 40 hours
Children's Division Clinical Supervision Training, 39 hours

Training is scheduled and provided quarterly; supervisors are to enroll in a training session as soon after their hire/promotion date as possible.

Competency areas such leadership, the parallel process of being strengths based and solution focused, decision making, group supervision, time management, critical thinking, coaching, case consultation, worker development and performance, ethical and liability issues, teamwork, crisis intervention, mediation, and facilitating change are the focus of the training.

As of March 2011, 3 sessions of BOSS Training were provided to 67 participants. Additional sessions are planned for SFY12.

As of March 2011, 3 sessions of Children's Division Supervisor Training were provided to 19 first line supervisors. Additional sessions are planned for SFY12.

Ongoing In-Service Training

In SFY11, the Children's Division and HRC continued to offer a variety of in-service training modules to provide supervisors and managers professional development opportunities beyond the initial first year training. Examples of the competency based modules offered include *Emotional Intelligence, Partnership: Building Synergy, Generational Differences, On the Job Training: Supervisors as Trainers, Time Management, Working with Millennials, Guiding Conflict Resolution, Dealing with Counterproductive Behaviors in the Workplace, Great Delivery of Not So Great News, Tearing Down Walls-Incorporating Non-Defensive Communication, Project Management: Define, Align, Execute, The Power of Expectations, Building Leadership Character, Professionalism in the Workplace, Providing Excellent Customer Service, Managing Me, Listening Skills and Managing Non-verbals, Managing Emotions and Thriving Under Pressure.* These in-service modules will continue to be offered in SFY 12.

- Setting of the training activity: Contracted facility (i.e. hotel)
- Duration category of training activity: Full-time during the initial in-service training which will have both classroom and OJT; part-time for the ongoing /continuing in-service modules (section 235.61)
- Provider of the training: Children's Division Professional Development and Training Unit and the Human Resources Center, Dept. of Social Services
- Approximate number of days /hours of the training: 40 hours of BOSS and 39 hours of CD Supervisory initial in-service training with weeks of OJT in between classroom sessions. Ongoing in-service modules are approx 1-2 days in length. Multiple sessions are conducted each year.
- Audience to receive the training: Children's Division supervisors.
- Description of the estimated total cost: Approx. $226,000 per year. Cost includes Children's Division sessions and the Human Resource Center management course offerings.
- Federal Title IV-E funding is allowable as one of the funding sources for this training and is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in this training:

- Development of the case plan
- Case reviews
- Case management and supervision

Learning Lab Workshops for Supervisors

Learning Lab Workshops for supervisors will provide ongoing professional development, offer frontline supervisors an opportunity to be trained in specific clinical supervision topics, and provide supervisors with the ability to problem-solve together through group discussions, action planning, and reviewing the effects of application in actual practice. Learning Lab Workshops are designed to provide an ongoing mechanism for supervisors to enhance and improve their practice, which is expected to provide greater support for and improve the practice of their staff with the children and families served.

As of March 2011, 14 Learning Lab Workshops were held. 238 frontline supervisors received the training. Additional sessions will be scheduled for SFY12.

Family Facets Presenters plan and facilitate quarterly learning lab workshops as instructional sessions where Children's Division Supervisor I staff are trained on how to create an organizational culture within the Children's Division in which support, learning, clinical supervision, teamwork, professional best interest, and consultation are the norm. Family Facets

is presently the sole provider of Learning Lab Workshops contracted services to the Missouri Children's Division, serving all counties in all seven Missouri Regions.

Topics of the Learning Lab workshops for SFY11 include the following:

- Assisting Developmentally Challenged and Intellectually Disabled parents
- Burnout to Burn Up
- Diminished Protective Capacities of Caregivers with Mental Disabilities
- Enhancing and Facilitating Change, Enhancing Services
- Framework for Safety Workshop
- General Staff Issues, Self and Staff Motivation
- Hitting the Target (Goals)
- Manage, Maintain, Renew (Stress Management)
- Managing Staff Personnel Issues
- Repeat Maltreatment

- Setting of the training activity: Agency conference room or Contracted facility /hotel
- Duration category of training activity: Part-time (section 235.61)
- Provider of the training: Family Facets (contracted)
- Approximate number of days /hours of the training: 6 hours per learning lab session; multiple sessions are conducted each year
- Audience to receive the training: Children's Division supervisors.
- Description of the estimated total cost: Approx. $80,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in this training:

- Development of the case plan
- Case reviews
- Case management and supervision

Framework for Safety Train the Trainer

In May of 2010 the CD adopted the concept of the *Framework for Safety* as best practice. Assessing Safety throughout the continuum of services is an integral part of what all staff do with the families they work with whether it is in the response to a child abuse/neglect report, providing family-centered services or out-of-home care services to a family. The core principles of this concept, Safety Threats, Child Vulnerabilities and Caretaker Protective Capacities, were incorporated into a Train the Trainer for Frontline Supervisors. Regional Directors, Regional Field Support Managers, Circuit Managers and Program Managers, Contracted Agency Supervisors and Central Office staff were trained on these concepts prior to implementation of this concept with frontline supervisors and service workers.

A total of 28 sessions were held with 451 participants being trained. Following the initial training of supervisors, the frontline supervisors were then responsible to train their frontline staff in these concepts and incorporate this into the daily work with families. This concept is incorporated into CD curriculum developed for supervisors and staff.

- Setting of the training activity: Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity: Part-time (section 235.61)
- Provider of the training: Children's Division Professional Development and Training staff

- Approximate number of days /hours of the training: 1 day training
- Audience to receive the training: Children's Division front line supervisors, managers, contracted agency supervisors
- Description of the estimated total cost: $30,000 /yr
- Federal Title IV-E funding is allowable as one of the funding sources for this training and is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in the training :

- Referral to services
- Preparation for and participation in judicial determinations
- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision

Professional Development Collaboration

Over the past year, the Children's Division has continued to move forward with collaborative efforts to strengthen the professional development and practice of agency staff. The feedback and evaluation from the training opportunities, both in the classroom, as well as in the field, has been positive overall. Staff indicates this professional development has improved individual knowledge and skill, but it has also provided a means to strengthen strategic planning and ongoing collaboration at the local level.

One of the primary partnerships which has continued is the Office of State Courts Administrator (OSCA) and Children's Division Collaborative. OSCA and the Children's Division continue to jointly develop and deliver comprehensive training for Juvenile Court staff and Children's Division staff on child protection and juvenile court programs which impact policy and practice in both agencies.

In SFY11 the following joint trainings were provided for Children's Division and Juvenile Court staff:

Collaboration Workshop

This workshop assists selected teams to understand more clearly the benefits that can come from work that is undertaken collaboratively, and assist them in achieving true and sustainable collaborations. All teams can benefit from this assistance, whether newly formed or long established; whether tasked with a narrow focus or engaged in a broad system-planning process.

Courts who successfully apply to attend this workshop can expect to develop a keen awareness of the ingredients that lead to successful collaborations, as well as to build strategies to improve collaborations in their own jurisdictions. This is accomplished in a variety of ways, including the use of self-assessment tools and specific activities designed to enhance collaboration; participation in a team-based training event; and a group facilitator who will help guide and assist the team's work throughout the workshop. As of this date in SFY11, 4 circuits have participated in the training with a total of 32 staff in attendance. Additional sessions are planned for SFY12.

Courtroom Skills Training for Good Child Welfare Practice

This training focuses on preparing for court, professionalism in the courtroom, testifying in court, and legal terminology. Proper courtroom procedure including professionalism, understanding

the role in the court process, knowing how to prepare and read court orders, knowing the required contents of a petition, preparing for testimony, understanding basic evidentiary rules, handling cross-examination, knowing how to be responsive to questions as well as understanding the statutory criteria for TPR cases are covered. As of this date in SFY11, five sessions have been conducted for 76 participants. Additional sessions are planned for SFY12.

Fostering Court Improvement Project
Missouri's Fostering Court Improvement (FCI) project is a collaborative effort to use agency and court data systems to improve case handling and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. It combines training on the National Curriculum for Case flow Management in Juvenile Dependency Cases Involving Foster Care with development, collection and analysis of Missouri specific court performance measures and integration and utilization of this information with the data available through an external website. Quality Assurance (QA) staff from the Children's Division assists circuit court staff to identify trends and develop plans for improvement. The QA Specialists provide information to the local FCI teams.

As of this date in 2011, Circuits 19 and 42 were trained in FCI with a total of 26 participants in attendance. Additional training is planned for SFY12.

Legal Aspects Training

For Children's Division Field Staff

Legal Aspects for Investigators
Legal Aspects for Investigators training is mandatory for all investigators, their supervisors and management involved in substantiating preponderance of evidence (POE) or in providing the administrative review to uphold or reverse the finding of POE.

Participants learn the basics on federal constitutional law involving the rights of parents, children, perpetrators and the state, and how these rights impact: 1) the CA/N hotline investigative process, 2) placing a person's name on the Central Registry and 3) in making recommendations for the removal of children from the home. This training also includes the statutory definitions of abuse and neglect and the preponderance of evidence (POE) standard necessary to substantiate a hotline investigation. The legal training portion concludes with a section on evidence and making presentations to the CANRB from a legal perspective.

The Critical Thinking portion of the training was specifically tailored to help investigators and supervisors at key decision-making points in the investigative process: gathering information, evaluating evidence and deciding whether or not to substantiate POE.

For SFY11, four sessions were conducted in the regional training centers with 72 attendees. In March 2011, a pre-test and post-test were implemented to evaluate: 1) whether these legal concepts and their application to practice as well as policies supporting them were embedded in local practice and 2) the effectiveness of the training materials. Pre and post tests are used to learn skill gaps and the training has flexibility to re-focus on the topics identified.

Legal Aspects – CA/N Camp
CA/N camp is narrowly focused on applying the evidence gathered from the investigation to the legal elements of abuse and neglect and articulating how the facts support or weigh against each of the elements of either abuse or neglect in coming to a conclusion of POE. It provides

updates on current cases from the appellate level, circuit court level and CANRB which illustrate the issues.

For SFY11, this training is available on DVD at the county offices for supervisory use with front line staff. See the Legal Aspects DVD Series listed below.

Legal Aspects of Family-Centered and Adoption Cases
This Legal Aspects training was conducted for supervisors and other management level seven times in the training regions and once for contractors in Jackson County with a total of 158 participants. It became available in the SFY11 training year for front line workers in Family-Centered (both intact and out-of-home) and adoption cases after completing basic training.

This two and one half day training involves: 1) fundamentals of the law that apply in child welfare cases from investigation to removal from the home through permanency, 2) how constitutional, federal and state law impact permanency planning and concurrent planning and 3) an introduction to termination of parental rights.

Title IV-B Requirements:

- Setting of the training activity: Agency conference/meeting space
- Duration category of training activity: Part - time (section 235.61)
- Provider of the training: CD Training staff, Legal Issues Training Coordinator
- Approximate number of days/hours of the training per session: 2.5 days
- Audience to receive the training: CD staff, contracted providers
- Description of the estimated total cost: Approximately $6,000 since January 2010.
- Federal Title IV-E funding is allowable as one of the funding sources for this training and is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in this training:

- Concurrent Planning
- Introduction to Termination of Parental Rights

In SFY11, attendees were mostly new workers with less than one year's experience or supervisors, and more time was spent on very basic concepts. A pre-test and post-test were implemented to evaluate: 1) whether the legal concepts and their application to practice as well as policies supporting them were embedded in local practice and 2) the effectiveness of the training materials. The tests have been used in eight of the nine trainings in the four training regions. The questions were refined in January, 2011 for more clarity but only one question was replaced substantively. Pre-tests confirm the need for increased training time on basic concepts dealing with who is dad (Q3), working reunification with both parents (Q4), incarcerated parents (Q5) and concurrent planning barriers (Q6).

The training materials have been enhanced for identifying the father's issue and more training time is spent on the basic concepts since March 2011 and post-test scores have improved.

In SFY11, a total of nine sessions were conducted for 180 staff and contractors. Additional sessions are planned for SFY12.

- Setting of the training activity: Agency conference/meeting space
- Duration category of training activity: Part-time (section 235.61)
- Provider of the training: CD Training staff, Legal Issues Training Coordinator

- Approximate number of days/hours of the training per session: 2.5 days
- Audience to receive the training: CD staff, contracted providers
- Description of the estimated total cost: Approximately $7,629 since July 2011
- Federal Title IV-E funding is allowable as one of the funding sources for this training and is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in this training:

- Concurrent Planning
- Introduction to Termination of Parental Rights
- Referrals to services
- Preparation for and participation in judicial determinations
- Placement of the child
- Case reviews
- Case management and supervision

Other Trainings Involving Legal Aspects of Family-Centered and Adoption Cases

In SFY11, five trainings were held for workers or contractors that involved variations on the materials from this Legal Aspects training. The Legal Aspects of Incarcerated Parents was held in the 41st circuit for 33 workers and contractors for two hours. Special Issues in TPR training was held in two locations in the southern region for 56 staff and contractors for four hours. The Legal Aspects of Civil Custody and Parentage training was held for 20 contractors for 2.5 hours in mid-Missouri. A one day review of the Legal Aspects training was held for 10 contractors in the northern part of the state. The contractor agencies determine the content of their training. These types of training are collaborative in nature and are designed to address the legal aspects of the topics needed.

Train the Trainer

Two sessions for the Jackson County trainers were conducted. One session was on the legal aspects of investigations and the other on the legal aspects of permanency planning, concurrent planning and termination of parental rights (TPR). The materials used in this training were a condensed version of the Legal Aspects of Investigations and the Family-Centered and Adoption.

Courtroom Skills

Under the OSCA grant in SFY11, there was a total of five courtroom skills trainings provided regionally to 39 workers in three one-day trainings and then to 46 workers in two, one and one half day trainings with updated materials, including basics on termination of parental rights for testifying. In addition, a total of five attorneys were included with the Legal Aspects Training Coordinator as co-trainers so that there are now six attorneys who can co-train these materials consistently statewide. This training will continue in SFY12.

Multidisciplinary Trainings

For SFY11, there were seven multidisciplinary trainings provided for a total of 447 child welfare professionals, including juvenile officers, judges, GALs, parent's attorneys, division staff, contractors and foster parents on the "legal aspects" of the subjects listed below. Six of the seven were sponsored under Fostering Court Improvement (FCI) through OSCA. Three of the trainings were for FCI sites utilizing circuit training grants: a half-day and 1 day training on termination of parental rights (TPR) and one day training on permanency planning and concurrent planning. Two were for 1.75 hours each, one on TPR and the other on incarcerated parents, at statewide FCI meetings. One is two hours on TPR for the statewide alternative care

conference in June 2011. A separate training on TPR for a one and a half day was conducted at the Missouri Juvenile Justice Association fall statewide conference. These types of trainings will continue in SFY12.

Legal Aspects DVD Series
CA/N Camp I is designed to be an annual DVD on changes to the law or updates, focusing on the legal elements of abuse and neglect and gathering evidence to meet those legal definitions. It is a training tool for supervisors to use with staff and includes eight activities. The Concurrent Planning DVD is an overview of the underlying legal issues that affect permanency planning and concurrent planning and the importance of locating absent parents and placing with siblings and relatives.

The Legal Aspects DVD Series has been released to the circuit offices and contractors in a Library Notebook. It contains four DVDs, including the two above, and one on relative placements and one on working with incarcerated parents. A podcast is also included in the series on the subject of adult guardianships for older youth. They are available, with supervisory approval, for training but also as a reference whenever needed. Additional trainings will be produced and distributed in SFY12.

Training for Other Entities
Child Abuse and Neglect Review Board
In SFY11, five, two and half hour trainings were held for a total of nine new appointees to the Child Abuse and Neglect Review Board (CANRB). A one hour refresher course has been developed for ongoing CANRB members upon request. These trainings will continue in SFY12.

Upcoming Training Changes
Missouri's PIP has not been approved at the time of this writing, however, the training unit will be involved with three action steps planned. The actions steps will result in two changes to Child Welfare Practice Basic Orientation Training and two changes will impact Supervision Training. One action step, 1.2.(D) has two components impacting both Supervision and Basic training. The Child Welfare Practice Basic Orientation Training will incorporate revisions of the Framework for Safety Project and expand the system training to reflect the enhanced search capabilities for the Child Welfare Manual. For the Supervision Training, the on-the-job manual will be revised to enhance the flow of activities and additional case consultation training, advanced in nature, will be added for supervisors. The timeframes for these additions cannot be predicted until the Program Improvement Plan has been approved, however, the OJT manual enhancements and the advanced case consultation revisions are in the beginning stages of selecting individuals for each workgroup and the Framework for Safety Project is about to conclude pilots for "testing" the new safety tools.

Technical Assistance to Local and Regional Sites
Technical assistance (TA) from Central Office is available by completing a CD-62 form, Field Support Referral and submitting it to their Circuit Manager for consideration. If the Circuit Manager approves, the referral request is sent to the Regional Director for consideration. Once, Central Office receives the request, Unit Managers and Deputy Directors discuss to identify next steps within five days of receipt of request. For more information, go to the CWM, Section 8, Chapter 9, found at this link:
http://dss.mo.gov/cd/info/cwmanual/section8/ch9/sec8ch9index.htm .

In 2010, there were three TA request; two were for the assistance with time management with Child Abuse and Neglect (CAN) Reports and one was to assist a supervisor in case

consultation. So far in 2011, there have been seven requests; two were for CAN reports, four were for further training on the FACES financial and licensing system and one request for training on "N" (non-caretaker) reports. The TA request, CD-62 has a section requiring a sustainability plan to be developed, but if an assessment of the issue is needed, a conference call (with program development specialist and unit manager over the identified program area) is held to discuss issues. Then a sustainability plan is completed by the conclusion of the TA.

Technical Assistance from National Resource Centers, ACF, Etc.

Technical Assistance has been sought from three National Resource Centers for PIP items. The first request was to enhance the service array accessibility and individualization of services through the National Resource Center for Organizational Improvement and National Resource Center for Data and Technology. Together, the resource centers have met and discussed a process for a state level service array committee and a local level service array committee. In May 2011, with the initial process roll-out, two local meetings, one in Springfield (SW Region) and one in St. Louis County (St. Louis City and County Region) were held. A conference call was held on June 3, 2011 to review and enhance tools for the projects. The tools and written instructions were distributed within two weeks of the meetings. St. Louis Region is focusing on increasing the number of relative placements and the SW Region will have multiple focuses as each circuit will focus on their individual data to drive their decisions. The outcome focus will assist the regions in understanding if they are making progress when moving through the steps of the project.

Rob Sawyer from the National Resource Center for In-Home Services has prepared an assessment of CD policy for family-centered practice and has presented CD with some ideas for improvements in particular activities to move practice forward. Missouri will be working with Mr. Sawyer to develop a work plan to submit to ACF for approval.

Administration for Children and Families has agreed to help Missouri with regional meetings in March or April of 2012 in partnership with the Office of States Court Administrator. Discussions will begin soon and the Family Court Committee and the Chief Justice will be apprised of the work plan as development begins. The work plan is not needed for ACF approval but will be a valuable tool to keep all activities aligned.

Research and Evaluation

The Children's Division permits research and release of data involving persons served. In doing so, however, the Division exhibits due regard for study subjects' participation rights with emphasis in areas of privacy and confidentiality. All research and release of data involving persons served is conducted in accordance with applicable legal requirements.

The Research Committee of the Children's Division (CD) was established in 2005 in order to meet standards established by the Council on Accreditation (COA). As part of its Risk Prevention and Management, COA requires that management conducts an internal assessment of overall risk at least annually that includes research involving program participants and other clients' rights issues.

Persons requesting to do research are required to complete and submit an Application to Conduct Research to the CD Research Committee. Research applicants must fully explain the purpose, methodology, and expected benefits and risks of their studies, and they must provide copies of their HIPAA-compliant consent forms. Additionally, they must describe the specific data they are requesting and explain why the identifying information is essential to their research, and they must provide a detailed plan outlining how they will maintain confidentiality of

the identifying information used in their research. The Research Committee is responsible for evaluating all research proposals to ensure research plans are in compliance with Missouri statutes and with policies and procedures set forth by the Children's Division.

Current Research Initiatives (note: omitted numbers are completed projects per the five year plan):

1. Missouri Institute of Mental Health: Youth in Transitions: Saint Louis System of Care

Youth in Transitions: Saint Louis System of Care is a longitudinal federally funded initiative to ensure that children and youth with severe emotional disturbance (SED) who are served within the St. Louis child welfare system receive needed mental health support through critical transitions into and out of the child welfare system thereby growing into successfully functioning adults. The study will explore the relationship between service use and outcomes by linking the services and costs data with outcome data collected through national evaluation on youth who are enrolled in Youth in Transitions: St. Louis System of Care. As part of the project's requirements, data is collected from the Children's Division on all youth participants. A Memorandum of Agreement was enacted between the Children's Division and the Missouri Institute of Mental Health to complete this study.

3. Research Triangle Institute: National Survey of Child and Adolescent Well-Being (NASCAW) II

The National Survey of Child and Adolescent Well-Being (NSCAW) is a national longitudinal study of children and families in contact with child welfare and will relate child and family well-being to family characteristics, experience with the child welfare system, community environment, and other factors. The study examines the interplay among the history and characteristics of children and families, their experiences with the child welfare system, other concurrent life experiences, and outcomes. It brings to bear perspectives from child welfare, child development, and other fields to focus on children's well-being, including their health and physical well-being, social functioning, academic achievement, mental health, and behavioral adjustment. It relates these to developmental stage, prior experience, caregiver behavior, social services, and community environment.

NSCAW I was the first study to make available nationally representative longitudinal data drawn from first-hand reports from children, parents, and other caregivers, as well as reports from caseworkers and teachers and data from administrative records. It also was the first national study to examine child and family well-being outcomes in detail and to relate those outcomes to family characteristics, experiences with the child welfare system, community environment, and other factors.

An additional study (NSCAW II) will address crucial program, practice, and policy issues regarding the dynamics of the child welfare system and outcomes for children and families, and compare the findings between NSCAWs I and II.

By participating in NSCAW, states and agencies, including the Missouri Children's Division, have contributed to this major national effort to strengthen child welfare policies, programs, and services to children and families.

4. Dave Thomas Foundation for Adoption, Child Trends: Evaluation of Wendy's Wonderful Kids adoption program

This impact and process evaluation utilizes child-focused recruitment strategies exclusively for a designated caseload of children awaiting adoption. The evaluation will document if, how, and when the Wendy's Wonderful Kids model can improve the permanency of children in foster care (in particular, adoption versus aging out or long-term foster care), and to provide information to help guide ongoing program planning; specifically: to track progress and outcomes, to identify barriers and promising practices, and to assess program impacts.

This program may lead to the permanent placement of children and youth in adoptive families. Benefits of the program include increased likelihood of adoption, decreased wait time until adoption, increased stability of adoptive and other placements, and improved child well-being, greater worker satisfaction, and more positive views of adoption in the child welfare agency and the public. Youth may also feel an increased sense of satisfaction and empowerment through the role they plan in their own behalf. This program may help reconnect children and youth with family and kin, which could be the basis for life-long, supportive relationships.

8. Washington University in St. Louis: Early Childhood Connections (ECC)

Early Childhood Connections (ECC) is a novel service delivery model responsive to the "Innovative Services Research" objective. Using a randomized design, this developmental study tests ECC's ability to prevent recurrent maltreatment, prevent or ameliorate maternal depression and stress in families with young children served by child welfare, in addition to preventing child development delay and later mental health disorders. To meet the needs of child welfare families, ECC is modifying existing services through coordination, collaboration and co-location by conducting a joint home visit with the family by ECC and Children's Division workers. The target population is families with children under the age of three years with newly opened in-home family-centered service cases. This study will assess implementation of ECC. The benefits of this study include elimination of barriers to accessing in-home parenting services by ECC Parents as Teachers, which will improve child well-being outcomes.

9. University of Missouri: Missouri Institute of Mental Health, Diligent Recruitment

The purpose of this project is to improve permanency outcomes for children (10-18 years old) who are wards of the State of Missouri for 15 months or more and reside in St. Louis City, St. Louis County, St. Charles County, and Jefferson County by providing diligent recruitment services, education, and training. During Phase 1 (Project year 01), project services and evaluation methods will be finalized. Phase II (Project Years 02-05) will consist of program and evaluation implementation. The study is designed to improve the lives of hard to place/adopt children.

10. University of Georgia; University of Missouri, Healthy Relationship and Marriage Education Training

The goal of the Healthy Relationship and Marriage Education Training Project is to meet the safety, permanency, and well-being needs of vulnerable children and reduce racial disproportionality in the child welfare system. This project is funded in part by two federal Healthy Marriage grants.

Information will be gathered from current child welfare workers and administration as well as social work undergraduate and graduate students at universities in at least two states which will provide insight into the current attitude of the child welfare workforce and future workforce on

the role of marriage and relationship education in their work with vulnerable children and families. The survey responses will help ensure that the curriculum developed is as strong as possible and as receptive to the workforce needs as possible. The dissemination of research-based health relationship and marriage education curriculum can yield results including healthy marriage, family, and parent-child relationships, improved father involvement, significant reductions in risk factors, reduced racial disproportionality in the child welfare system, and most notably, improved safety, permanency, and well-being of children being served by the children welfare system.

11. (Newly approved in 2010): Washington University: Violence Prevention for Adolescent Girls with Prior Maltreatment

The goal of the Violence Prevention for Adolescent Girls with Prior Maltreatment project is to address a critical gap in the theoretical and empirical literature by adapting an evidence-based trauma treatment program for adolescent girls who have experienced maltreatment that targets prevention of later violence. Information will be obtained through a randomized controlled evaluation of a trauma focused cognitive behavioral therapy (TF-CBT) intervention for girls in the child welfare system. The study will test whether an evidence-based group format of TF-CBT, used in community settings is effective in reducing trauma symptoms in adolescent girls in the child welfare system; replacing maladaptive coping strategies; reducing aggressive/violent behaviors, intentions and beliefs; and increasing self efficacy and social problem solving skills.

12. (Newly approved in 2010): Child and Adolescent Services Research Center (CASRC): Caring for Children in Child Welfare (CCCW) II

The goal of the Child and Adolescent Services Research Center (CASRC): Caring for Children in Child Welfare (CCCW) II project is to provide a nationally representative picture of child welfare agency parent training policies and procedures.

Information will be obtained through a telephone survey on county child welfare agency parent training policies, practices and statistics, including whether any evidence based parent training programs are being used and any barriers the counties have experienced in implementing evidence-based parent training programs. Analysis will involve examining the frequencies of responses and a nationally representative picture of child welfare agency parent training policies and practices.

Workgroup for Racial Equity in Child Welfare

A workgroup developed to address disproportionality of African-American children in the child welfare system is ongoing. The workgroup has reviewed data that verifies that disproportionality is occurring in Missouri and is looking for ways to reduce it. Steps include looking at the agency's:

- Mission Statement
- Organizational Structure
- Clients Served
- Personnel
- Programs/Policy

The group reviews disproportionality data from all program areas to ensure that institutionalized racism is not affecting outcomes with children of color and that all families have equal access to services. Through the support of Casey Family Programs, the group benefits from the expertise of Dr. Khatib Waheed who also facilitated racial awareness training for field staff which began in

selected circuits during 2010 which included St. Louis City. Quality Assurance Specialists provide disproportionality data for local training efforts.

Coordination with Tribes

Missouri does not have federally recognized tribes, however, communication continues with two of the Native American entities in the state. See Native American Collaboration for further information.

Health Care Services

The Children's Division (CD) is collaborating with the MO HealthNet Division (MHD) to co-facilitate a Healthcare Coordination Committee (HCC). The HCC is comprised of physicians, pediatricians, dentists, therapists, health care professionals, foster youth, private case management contracted staff, and representatives from CD, MHD, and the Department of Mental Health (DMH). The Committee has been meeting since March, 2010, to discuss oversight and coordination of health care services to foster youth, including physical, mental health, and dental care, as outlined in P.L. 110-351. It is proposed this coordination can be achieved by utilizing an electronic data system and a review of foster child health records by medical staff for every child as a part of routine reviews and case planning.

The Division is committed to designing a centralized, comprehensive medical record and is exploring the ability to create this record from existing systems with MHD and DMH through the use of Cyber Access. A policy review is ongoing to determine the best practice to obtain the maximum benefit from the medical record including sharing the information at each Family Support Team meeting and follow up with the supervisor during routine conferences. Additionally, all information will need to be updated in the FACES system to document the compliance with ongoing medical care and screening. Policy will be written to instruct staff on utilizing the medical record to benefit children.

The HCC is researching options to establish a medical home for every child in care to ensure continuity of healthcare services. The Division currently utilizes MO HealthNet consultants when specific assessments or guidance on appropriate medical treatment is necessary. The Division welcomes the opportunity to work with a group of experts which can assist us with assuring best medical planning and follow through for children in foster care. The Committee plans to educate healthcare professionals and case management staff on the importance of collaboration and continuity of care for foster youth.

The Children's Division worked in collaboration with DMH and MHD on implementation of an Integrated Health Profile (IHP) of foster youth placed in residential treatment facilities. The project was funded by DMH through a grant opportunity. The IHP is an automated individualized profile generated from the Medicaid claims system. The IHP is designed to enhance coordination of care by providing information describing the totality of psychiatric and medical care that patients are receiving. The IHP was provided to Children's Service Workers of youth in alternative care as well as the youth's primary care physician, psychiatrist, and specialist (if any) who the youth has seen most frequently in the past 90 days. A new profile was provided on a quarterly basis**.** The grant funding expired in December 2010 and this project has ended. CD is working with Casey Family Programs to research other options in regard to oversight of prescription medications. New Funding of IHP would give greater oversight of prescription medications on foster youth in addition to psych and medical care.

Disaster Plans

Disaster planning information can be found in the five year plan, Objective #5 and Attachments A, B, and C.

Foster and Adoptive Parent Recruitment

Missouri utilizes a diligent recruitment model for potential foster and adoptive families that reflect ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. Circuits are required to develop and implement annual recruitment plans which reflect the characteristics of available children needing placement and strategies for recruiting specific to the circuit. The Children's Division is modifying the current informal monitoring of circuit plans to a more formal process. The Division currently utilizes the internet link Submit an Adoption Foster Care Event/Activity for circuits to post specific recruitment activities and events in their areas and to inform the state of efforts to increase the number of resource homes. A recent survey of Missouri's 45 Circuits revealed responses from 3 circuits maintaining written recruitment plans outlining the following activities and events (posting of circuits activities in local newsletters, posting recruitment materials in community centers, informational meetings held at public school open houses, and utilizing the divisions Internet page to list activities and events) which are consistent with multifaceted approach listed below:

- Person to person contacts by foster/adoptive parents which is the single best method for recruitment,
- Utilization of bus and grocery store checkout ads in locations consistent with the ethnic and racial make-up of children in the foster care for a specific area,
- Recruitment of distinct individuals based on a child's special need,
- Community informational meetings and events to educate about foster care and adoption (shopping malls, fairs, libraries, bookstores),
- The news media (newspapers, radio station, television station, cable network station, special interest bulletins),
- Displaying flyers, pamphlets, posters, handouts, bumper stickers, pencils, bags, electronic notices,
- Foster Parent Recognition Month which honors and recognizes foster parents and provides an opportunity to recruit foster/adoptive parents,
- Coordination with faith-based partners in communities throughout the state to showcase the photos and profiles of children currently waiting for adoption. These children are also representative of the population of children we are recruiting for in foster care.

The Division is mindful when developing promotional materials for the foster adopt program focusing on children's characteristics (race, ethnicity, age, etc.) which comprise our foster care and waiting adoption population.

The CD has devised several strategies in an effort to continue meeting the national standard of 32 percent for all children who exited care to a finalized adoption within 24 months. In addition to the above efforts by state and local staff to recruit and retain resource families, local circuit meetings continue to be held with Juvenile courts to address procedures for filing of Termination of Parental Rights petitions. Access to legal representation has also been improved for CD staff through a joint memorandum and protocol with the Division of Legal Services. The number of finalized adoptions in SFY09 was 1,071 and the number of finalized adoptions in SFY10 was 1,078.

As of May 31, 2010, there are approximately 639 homes approved by CD as adoptive homes that do not have adoptive children placed at this time. As of 6/30/10 there were 1,330 children who were available for adoption and awaiting adoptive placement or finalization of adoption.

The CD adoption recruitment plan has two components; a group of core activities for which Central Office and every county office will be responsible, and a group of optional activities from which offices may select. Through these activities, the CD desires to reach all potential families regardless of their cultural and socioeconomic status. The core activities of the recruitment plan include:

- Distribution of informational packets
- Completing family assessments timely, within 90 days
- Regular use of the media for recruitment
- *Home for the Holidays* collaboration with the Dave Thomas Foundation
- Utilizing and maintaining CD Internet web page and working with two national sites where CD children are featured
- Photo listing: http://www.dss.mo.gov/cd/adopt. This web site lists profiles and pictures of approximately 200 of Missouri's waiting children. This site is maintained by the Collaboration to AdoptUSKids http://www.adoptuskids.org site. The AdoptUSKids and National Adoption Exchange www.adoptex.org are national websites where Missouri's waiting children are featured
- Celebrating National Foster Care month (May) and National Adoption month (November) and including media campaigns and print materials for recruitment
- Continued collaboration with community agencies and maintaining the CD recruitment efforts

The optional activities for local offices include:

- Northwest Adoption Event
- Northeast Adoption Event
- Linking Hearts Adoption Open House at Ft. Leonard Wood. Effort to profile children and meet families interested in fostering and adopting
- Jackson Co. website allows waiting children to be featured as well as information to be shared with the public in electronic format regarding training classes and general information about CD programs. Sponsored by LINC of Jackson County
- Heart Gallery
- National Recruitment Saturday Celebration in St. Louis County
- Faith based mini-conferences in St. Louis, Jackson County and Springfield
- Jackson Co. and St. Louis have started a bus campaign to recruit foster and adoptive families
- St. Louis also began a movie ad campaign that has been successful
- Profiles of waiting children run in the Kansas City Star
- Wait No More Adoption Events (Memo CD09-46)

The following steps are completed for every foster/adoptive applicant and other adult household member (age 17 and older).

1. The CA/N background screenings are conducted by the local CD.
2. CA/N background screenings are requested from every state where the applicant and household member 17 years old and older has lived since 17 years of age.
3. Each household member 17 years of age and older must register with the Family Care Safety Registry (FCSR). The registry is maintained by the Department of Health and Senior Services (DHSS) and searches the following systems:

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

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

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

The CD Background Screening and Investigation Unit (BSIU) maintain a log of all criminal background checks completed on alternative care providers and applicants. Beginning in July 2005 the CD began using electronic fingerprinting. In the past 5 years BSIU has logged over 37,818 fingerprint results. Each year there is an average of 9,454 fingerprints logged.

The division utilizes the electronic scan service for the collection of fingerprints. The service is called Missouri Applicant Processing Services, or MOAPS. After the FBI completes its search, results are forwarded to the MSHP, who forwards the results to BSIU.

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 adult. There are limits to the use of Case.net.

Monthly Caseworker Visits

The state has continued to aggressively monitor and implement strategies to increase the awareness of worker/child visit outcomes. The state made progress for the fourth consecutive year with increasing the frequency of caseworker visits with children. In FY10, 82% of children were visited once a month with 98% of those visits held in their placement. This is an improvement from 2009 during which 76% were visited at least once a month with 96% of those visits held in their placement.

Permanency outcomes were reviewed for children who had a visit each and every month during FFY10 and compared with the outcomes of children who had one or more missed monthly visits. The outcomes were better for the children who had their monthly visits including:

- The percent who achieved permanency (30% vs. 24%)
- The percent that were reunified (13% vs. 10%)
- The percent who were adopted (8% vs. 4%)

The improvement seen in 2010 was due to a combination of factors including the following:

- Continued priority focus by Children's Division and Contracted Case Management Agencies to improve this practice issue
- Frequent discussions during various management meetings to keep administration updated on progress
- State, Regional and Circuit level strategic plans for improvement
- Increased focus by field staff for planning, scheduling and re-scheduling visits
- Increased supervisory oversight to monitor visits
- Improved data entry
- Technical assistance and oversight by Quality Assurance and Quality Improvement Specialists
- Continued use of the electronic FACES monthly worker visit report
    - Drills worker visit data down to the case level and is accessible by the case manager, supervisor, QA/QI and Managers
    - Contracted Case Management Agencies can also access this report
- Regular highlights in the CQI In Focus quarterly newsletter
- Three additional reports developed during 2010 including reports for visits held/missed for children placed out of county assigned to "service" workers who share case responsibility; visits held/missed during a month of transfer between caseworkers; and visits held/missed during a month of transfer between public and private agency, all of which were found to be top causes for missed visits. These were in addition to use of the FACES case manager report as discussed previously in the five year plan.
- The QA and QI units implemented a poster campaign funded by the Children's Trust Fund, titled "Every Child, Every Month" involving posters strategically placed and rotated in CD and contractor offices displaying personal messages from foster children about the importance of visits. The poster campaign has enhanced staff (especially workers and supervisors) awareness and their efforts in planning and monitoring this activity.

While the frequency of visits has improved, the Children's Division's plans to provide increased oversight and assurance for the quality of worker visits with children by expanding the Supervisory Case Review Tool (SCRT) in SFY12 to include quality visit questions.

Further information about worker visit funding is discussed under the statistical and supporting information section.

Adoption Incentive Payment

Last year adoption incentive money was received which covered the cost of recruitment material and Heart Gallery expenses. The plan for next year's payment is the same and last year, covering recruitment material costs and Heart Gallery expenses.

Child Welfare Waiver Demonstration Activities

Missouri has no child welfare demonstration waivers.

Quality Assurance Systems

Quality Assurance Update

The structure of the Division's Quality Assurance (QA) and Quality Improvement (QI) program remains unchanged. QA and QI specialists continue to receive strategic guidance and assistance in planning from their Central Office and Regional Supervisors. Activities have continued to occur at the state level as well as regional levels as previously described.

Data used in the oversight of practice and outcomes was obtained through a variety of means during 2010. Challenges existed throughout the past year as the final phases of SACWIS development were implemented. In addition, significant programming changes occurred following AFCARS and Pre-SACWIS reviews. Ad hoc data was used as the primary means for monitoring outcomes since previously published reports were on hold due to conversion. However, as of September 2011, all CD publications are current and available, generally eliminating the need to use ad hoc reports.. The Child Welfare Outcomes Report, which includes proxies for CFSR outcomes as well as other areas of practice, has been a long standing resource and remained available to assist State and Field Managers and QA specialists in monitoring key practice areas in the interim.

The Quality Assurance unit intensely worked to improve worker documentation (timeliness and accuracy) through monitoring and coaching. While staff were somewhat resistant to FACES upon initial development, documentation has slowly but steadily been improving as the learning curve lessens. On-going support from central office QA staff as well as regional QA Specialists is provided on an on-going basis as problems are identified. Coaching included encouragement and guidance to staff found to be struggling with accurate entry of case information in FACES. With extra time and effort spent by the QA Unit in 2010 to address data integrity related issues, less time was available to identify, analyze, and target areas needing improvement. However, QA specialists made full use of ad hoc and available data to monitor key permanency, safety and worker visit outcomes.

QA and QI units continue to involve field staff and managers at multiple levels in the on-going monitoring and evaluation of practice during case reviews which lead to plans of change (improvement plans) being developed. The Plan of Change Form (POC), developed in 2009, is a QI tool which was increasingly used as a structured method of improvement planning during 2010.

Stakeholders have participated in QA and oversight in several capacities. Twelve Fostering Court Improvement (FCI) sites meet monthly involving community and court stakeholders. Outcome data was shared routinely with court staff in FCI sites, highlighting practice areas needing improvement and to monitor progress made. In addition, the CFSR Advisory Board consists of representatives from the tribes, education system, courts, attorneys, and others. Both of these collaborations are well structured and beneficial for continual development of state programs.

Continuous Quality Improvement (CQI) remained a key QA/QI structure of the agency during 2010. All agency staff participated in the on-going assessment of the quality of services under the CFSP through CQI. Policy and practice improvements were initiated through recommendations made by CQI teams. The CQI process was additionally used in 2010 to elicit input from staff for the development of the Program Improvement Plan.

The quarterly *In Focus* Newsletter continues to be a successful method for communicating important information related to practice improvements and outcomes. The newsletter addressed a wealth of practice issues through the year and was used as the driving agenda for discussion at local CQI meetings. CFSR related issues, such as staff acting as “change agents”, racial equality education and awareness and “building a path to permanency” were addressed in different editions highlighting charts and discussions of the data. For example, the July 2010 edition highlighted length of time by exit type during SFY10 in which the average time for children exiting to reunification during Quarters 1-3 was 10.99 months, to guardianship was

20.58 months, and adoption was 30.97 months. Resources and a list of strategies were provided for reducing the length of time in care in the same article. New to the newsletter during 2010 was the decision to incorporate two issues each quarter from the Survey of Employee Engagement (SEE). A group met after the SEE survey was administered in 2010 to determine the best method for addressing issues raised. Due to the overwhelming success of the use of the CQI structure in eliciting input into the CFSR/PIP, it was determined that similarly addressing employment related factors through the CQI process would maximize the opportunity to involve all staff in employment improvement efforts. The first issue in which SEE issues were included was the April 2011 edition eliciting feedback from the local CQI teams. As strategies are suggested, administration will determine to move forward and implement, to modify or to reject the proposals as appropriate.

Regional QA/QI Activities

QA Specialists in four regions remained actively involved with the Fostering Court Improvement (FCI) initiative. The Northwest Region became newly involved in the FCI effort with one circuit during 2010. The Children's Division desires to implement new FCI sites as funding becomes available and circuits are prepared to begin. QA Specialists are key members of the FCI teams and help to establish and maintain strategic plans for change by regularly attending meetings and providing data on progress on permanency outcomes at the Circuit Level. For example, the 31st Circuit FCI team looked closely at the length of time in care for children in the circuit and the relationship between this and entries and exits. The QA specialist put together data to show the foster care population in the 31st circuit was growing faster than the average for the SW Region, which itself was growing at about double the state rate. As a result of this trend review, the new Circuit Manager has convened a group who is in the process of examining reasons for all the removals in 2010. Other examples include the 42nd Circuit FCI team in the Southeast Region which held a case review to determine barriers the circuit was experiencing preventing specific cases from moving forward to permanency. The review looked at how long selected children had been in care, paternity establishment, diligent searches to locate parents or relatives, appropriate case goals, the number of placements the children experienced, visitation plans, Family Support Team (FST) members and notifications of meetings, barriers for the family and if the written service agreement for the family included the court order requirements. The QA Specialist put the data together for the FCI site to help them look at percentages of areas needing improvement. In addition, the 25th Circuit FCI site conducted a similar case review, however, specifically addressing permanency efforts for older youth.

QA and QI specialists address regional-specific issues in varying ways. The QA Unit conducts local situational activities as areas of need are identified. This includes data accuracy training and support, worker/ supervisor/ administrator support, activities to emphasize practice areas needing improvement, data sharing, and collaboration with QI Unit and Private Agency QA staff, and other activities as requested by the Regional Directors or QA Unit Manager. Examples of regional activities conducted during 2010 includes: the Southwest Region concentrated on repeat maltreatment in 2010 and established a process for specialists to hold local staffing to include a cross section of CD staff which had worked with these families to review child specific cases together. Every quarter, the Southeast QA/QI specialists share data with circuits during the local PIP meetings to determine local practice areas needing improvement. The teams have been working on issues including parental involvement, absent fathers, placement stability, timely Permanency Planning Review Team (PPRT) meetings and worker visits with children. The QA Specialist takes charts and percentages to show circuits their local outcome and the QI helps develop an improvement plan (Plan of Change) with the circuits on improvement strategies. QA/QI specialists regularly attend regional CQI meetings, supervisor

meetings conducted to address various programs and circuit meetings providing specific data such as SEE results to keep management apprised of outcomes.

The QA and QI Units statewide are intensely involved in caseworker visits with children oversight and improvements. The QA and QI units developed and implemented a poster campaign titled "Every Child, Every Month" during 2010. Posters funded by the Children's Trust Fund included pictures of youth and numerous quotes from actual Missouri foster children explaining why visits are important to them. The posters are placed in county offices, including private agencies, and rotated quarterly by QA and QI specialists. Visit outcomes are posted next to the posters to continually assure staff are aware of statewide and local results and highlights progress made. The poster campaign has enhanced staff (especially workers and supervisors) awareness and their efforts in planning and monitoring this activity. The poster campaign has contributed to success in frequency of caseworker visits with children in 2010, resulting in an increase of 76% of children visited every month in FFY09 to 82% in FFY10.

The QA program is multi-faceted when monitoring Foster Care Case Management FCCM outcomes to ensure quality service delivery. The Division has specified contract oversight specialists who serve as a dual role for quality assurance as well, as they monitor specific outcomes to ensure quality service delivery. For example, worker visits and permanency planning meetings held by FCCMs are monitored monthly by the Division's oversight specialists. The Division's QA staff monitors Division and FMMC outcomes routinely, and the central office QA Unit routinely monitors statewide compliance for the individual agencies, and communicates through the FCCM Quality Assurance designees on areas needing improvement. The public and private agency QA/QI staff meet quarterly to discuss outcomes and collaborate regarding improvement strategies.

Safety and health assurance of children in foster homes and residential centers, including both private and public, are assured through standards of licensure, rules, compliance reviews for oversight by licensing workers in the Division and/or the Residential Program Unit depending on the type of home or facility. Case management activities are in place to address child safety and health as well. In particular, worker visits with children occur and include requirements to assess safety and well-being issues to include health. Case Reviews evaluate the effectiveness of visits and results are shared with staff as previously stated above.

A new QA initiative has been underway during 2010. The Quality Assurance unit worked intensively with the University of Kansas over the past year on the final stages of development of a new Results Oriented Management (ROM) report. The ROM will increase the ability of staff at all levels, including private agencies, to self-monitor and oversee effective practice and outcomes. The ROM report includes all of the CFSR composites and related permanency measures, the two federal safety measures, and additional state-developed reports including timely permanency planning review team meetings. ROM implementation was originally planned to occur in the fall of 2010, however, this was delayed as challenges in development were worked through. ROM training has been scheduled to occur in June and July 2011 for all supervisors and management staff, followed thereafter by caseworkers. Data availability and mining abilities to unit and worker levels should result in greater oversight and lead to improved outcomes.

QA and QI specialists including FCCM QA designees will train all supervisors and managers on the ROM report during June and July 2011 followed by field staff. Staff will be continually encouraged and supported in the use of the ROM for monitoring trends at multiple levels

including region, circuit, county/FCCM agency, supervisor unit and worker levels. A second round of report development contracted with the University of Kansas is also underway.

The state has been seeing increased entries into care, and decreased exits to permanency. There were 1,008 more children in care on 2/28/11 than there were at the end of September 2009. Trial home visits extended past 180 days was initially thought to be impacting the increase due to less timely exits. However, after further analysis, only 18% of the increase (181 children) was found to be related to trial home visits. The other 82% (827 children) increase was due to other reasons. For example, an increase of 440 children during the 17 month time span entered care solely due to the reason of parental drug or alcohol abuse. Outcomes analyzed for impacting the increased population included the following:

- Foster Care Entries
    - By Age
    - By Removal Reason
- Foster Care Exits
    - By Age
- Foster Care Re-Entries
- Finalized Adoptions and Legal Guardianships
- Length of Stay by Exit Reason
- % of children placed with relative and kinship providers
    - Licensed
    - Unlicensed
- Rate of CA/N Reports Received
- Rate of Substantiated Reports
- Permanency Planning Review Team (PPRT) Timeliness
- Placement Stability (Two or Fewer Moves)
- Rate of Children in Residential Care
- Number of FCS Cases Opened
- Worker Visits with Children
- Employee Turnover Rates
- Census data (general population growth rate) once available
- Timeline of statute, policy and contract changes
- Feedback from Circuit Managers regarding local factors
    - Increased drug and alcohol use by caregivers and children
    - Decrease in community resources including mental health and substance abuse treatment
    - Abuse seeming to be more severe
    - Siblings groups entering care

Circuits having the most/least changes of the outcomes above were selected to participate in a special case review facilitated through the assistance of Casey Family Programs. The five circuits identified as having a relatively significant increase based on circuit size and amount of growth to be reviewed are Circuits 16, 23, 29, 31 and 40. The five circuits identified as showing relative stability or a decreasing trend from which strategies may be learned are Circuits 11, 13, 21, 22 and 26. The case review will be held in late fall through winter 2011. Big picture information from the reviews and activities will be incorporated programmatically. Findings and strategies resulting from the ten circuits' case reviews will be shared through a variety of communication channels including articles and directives shared through the quarterly CQI *In Focus* newsletters; CQI teams will be asked to discuss local practices and identify strategies which can be addressed locally or sent up through state CQI channel; and the Results Oriented

Management (ROM) report will include reports which will assist staff and managers at all levels in recognizing trends.

Involvement of QA/QI Specialists in PIP process

Currently the Missouri Program Improvement Plan has not been approved and the PMAG discussion is still ongoing. However, Missouri has proposed a process to measure item improvement by using an enhanced Supervisory Case Review Tool (SCRT), incorporating all OSRI items, and review 1% of active cases each quarter. Presently, the supervisors use this tool (SCRT) to review staff's cases to gain insight into individual practice trends which is complemented by data extracted from the electronic case management system. However, the PMAG proposal is for the QA/QI Specialists to review the cases to obtain an objective viewpoint. Currently the process is being developed with guidelines to incorporate interviews when additional information is needed.

Chafee Foster Care Independence Program

Chafee Foster Care Independence Program
Accomplishments achieved and planned activities for each of the first five purposes of the Chafee Foster Care Independence Program (CFCIP):

1. Assist youth to transition from dependency to self-sufficiency:

The CD will continue to use the CFCIP funds to staff one state level coordinator. The state level coordinator position will continue to be responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The coordinator will also be responsible for management and oversight of the Chafee, ETV, and Transitional Living Program (TLP) contracts.

The CD will also use CFCIP funds to staff four Older Youth Transition Specialist (OYTS) positions to cover seven regions of the state.

With the rebid of the Chafee contract however, there will be a restructuring of regions in SFY12 combining St. Louis City and St. Louis County effective October 1, 2011. All other regions will remain the same. This will not affect the duties of the OYTS in this area but will impact case management and youth Chafee services in St. Louis City and St. Louis County. This is being done in an effort to address the moves youth make between the City and the County ensuring consistency in providers and reducing paperwork involved in the transfer process so that this is not a barrier to youth receiving services in this metropolitan area. There has been a difference in how services are provided in these two regions in the past four years with the first contract period as there are two separate providers of services in these areas. Although the contract allows for the differences in service implementation, it creates problems with the two areas being so geographically connected in terms of expectations from staff, youth, and community providers.

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, review of files, review of referrals, contract monitoring, site visits, and regional plans for increasing number of referrals, etc.

The OYTS will continue to be the liaisons to the IL Coordinator 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 also verify eligibility for the Educational Training Voucher Program. The OYTS also assist with compliance in reporting for the National Youth in Transition Database (NYTD). They assist with survey reporting, approving services entered by contracted providers, and ensuring current grade level is available on youth 14-21. The OYTS will continue to work directly and collaboratively with the IL Coordinator, case managers, contracted providers, youth, and to be responsible for on-going consultation and education to agency staff, providers, and the community. The four OYTS may also assist with program coordination in their designated regions. Meetings are held with the OYTS and IL Coordinator based on needs.

The CD Older Youth Program encompasses all the services and programs which are offered to foster and former foster youth, including youth who obtained kinship guardianship or adoption

after the age of sixteen, to achieve positive outcomes in their transition to self-sufficiency. This program encompasses Chafee services to youth ages 14-21 as well as the Transitional Living Program, Education & Training Voucher Program and Independent Living Arrangements. There are approximately 3,348 youth in Missouri eligible for Chafee services. In February 2010, approximately 52% of eligible youth statewide were being referred for services. In March 2011, approximately 63% of eligible youth statewide were being referred for services. In SFYI2, CD will continue to work on increasing the number of referrals for eligible youth to the Chafee program. In an effort to increase the number of referrals, CD plans to send monthly statewide listings of youth with no referral information in the SACWIS system and provide specific trainings when areas of concern are identified.

All new employees are trained through a separate curriculum regarding the Older Youth Program requirements. Youth continue to receive information about available Chafee services through their case manager, OYTSs, youth boards, CD website, and FACEBOOK page. Services are to be used to assist youth in complementing their own efforts to achieve self-sufficiency and to 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. Multiple assessments including a strengths/needs assessment, the Ansell-Casey Life Skills Assessment, Portfolio Assessment and Performance Assessment are used to establish goals and monitor progress and achievement. The Adolescent Family Support Team Guide and Individualized Action Plan are utilized by case managers for development and documentation of the youth's transition plan, for youth ages 14 to 21.

Life skills training is provided by contracted providers, including contracted transitional living programs. The CD has recommended providers develop competency based training modules for each set of life skills taught. Each youth is evaluated individually to determine strengths and identify areas of need. Life skills are taught based on the unique needs of the individual youth. Youth are evaluated using the Ansell Casey Life Skills Assessment (ACLSA) and progress is tracked on Individual Life Skills Progress Form. Portfolio items are a component of life skills that have been achieved. Contractors receive a current ACLSA with each referral for Chafee services or TLP placements and are to reevaluate the youth once a year using the ACLSA. Contractors are required to provide outcome data on each youth served with CFCIP funds. Contractors work with youth in the National Youth in Transition identified domains of Independent Needs Assessment, Academic Support, Post-Secondary Educational Support, Career Preparation, Budget and Financial Management, Housing Education/Home Management Training, Health Education and Risk Prevention, Family Support and Healthy Marriage Education, Mentoring, Education Financial Assistance, and Missouri has added the domain of Youth Leadership. Aftercare services are also provided through the contractors. Youth leaving care after the age of 17.5 and not yet 21 are eligible for these services. Youth must be 18 to receive housing assistance.

In SFY12, the Chafee contracts will require a minimum of 65% of referred youth to be served every quarter in the identified domains. This is a change as prior to NYTD implementation the Children's Division did not have any information regarding Older Youth input into the FACES system and thus compiling this information was very tedious and laborious as it was submitted on excel spread sheets. With NYTD implementation, services are entered into FACES thus allowing the Research and Evaluation Unit to extract this information from the system and have contract provisions more outcomes based. This will ensure more youth receive life skills teaching and that the bulk of services being provided are the core services that research has shown improve outcomes for Older Youth. The Children's Division has struggled with ensuring

accountability and performance standards with the initial contract so this will aid in this. However, this is only the first step to ensuring overall program effectiveness and in SFY12 it is hoped that all Older Youth Program forms will be input into FACES and data in many areas can then be extracted for quality assurance and program improvement. This is one of the most significant barriers presently.

On-going communication occurs with the providers of Chafee services via electronic mail from the Independent Living Coordinator as well as quarterly visits from the OYTS. A statewide meeting is held annually to discuss the overall program. In SFY11, this meeting was to receive input regarding changes to the current contract. In SFY12, a meeting will be held to share effective ways to implement the contract provisions.

CD 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. In order 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 prior to release from custody. The Adolescent FST Guide and Individualized Action Plan 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 Family Support Team Meeting with youth ages 14-21. Exit packets are also provided to youth upon discharge from care. Exit packets contain information on ETV, MoHealthNet, Chafee Aftercare Services, the National Youth in Transition Database (NYTD), Healthcare Treatment Decisions, local community resources and a consent form to access administrative data for NYTD. A verification letter indicating the youth's time in care is also provided to aid the youth in receiving assistance after leaving care within the state and out of state for services that require eligibility verification. A memorandum was issued to staff in September 2010 regarding requirements of the Patient Protection and Affordable Care Act. The CD-94, Adolescent FST Guide and Individualized Action Plan, was revised to incorporate documentation of discussion of the option of designating another individual to make healthcare treatment decisions on their behalf if the youth becomes unable to participate in such decision. Policy was also introduced directing that this information be provided during the 90-day period before the youth turns age 18 or 90 days prior to emancipation if leaving care after age 18. A PowerPoint presentation on exit planning available on the CD intranet was revised to incorporate the requirements of the Act. Also, as part of the memo, some additional issues were addressed. Form instructions were provided for the CD-93, Older Youth Program Referral, CD-94, Adolescent Family Support Team Guide and Individualized Action Plan, and CD-97, Life Skills Strengths/Needs Assessment Reporting Form and revisions to the CD-93 and CD-94 were made for program improvement purposes. The MO HealthNet Coverage Brochure was revised to include information on health coverage when a youth moves to another state.

A memo was issued March 2011 reminding staff of requirements regarding transition planning and exit packets as well as the importance of including contracted Chafee providers in this process. Education of staff around transition planning will continue in FY12.

Steps have been taken in SFY11 and will continue in SFY12 to evaluate philosophical and programmatic changes as well as tools and forms utilized in the OYP. The CD is continuously exploring needs of staff in regards to the OYP and once a need is identified, implementing tools to assist staff to become more knowledgeable. Several links to web resources regarding Older Youth were added to the intranet and resources will continue to be added. The use of technology as a means to stay connected to Older Youth began in SFY11 and will continue in

SFY12 via a FACEBOOK page entitled “Missouri’s Older Youth Program.” Events, web resources, leadership opportunities, NYTD information, and general information pertaining to Older Youth are posted to this page. This is also connected to other youth serving organization’s pages. Currently, 169 people have “liked” the page and CD hopes to increase this number in SFY12. A strategic plan was developed in SFY11 to address specific steps to improve the program. The plan was a result of a statewide older youth case review and a data analysis to evaluate program effectiveness and enhance program services. Although some of the struggles have been external, CD wanted to look internally and see what can be improved for best practice for Older Youth. The plan consisted of the development of forms instructions, forms enhancements, proposal for separate website, etc. To address many of the issues, a memo was issued to staff in March 2011 that contained Older Youth tips and reference information. The memo had numerous tips resulting from various feedback avenues such as case management file reviews, provider meetings, OYTS contractor file reviews, and workgroups and task forces pertaining to Older Youth. The reference guide is a two page document that contains topics applicable when working with older youth such as education and links to references such as web resources, policy, etc. related to that particular topic. It is hoped that this will be used by staff to aid in having information in one place as well as assist those who are not always familiar with working with Older Youth and refresh those who do work with older youth on a regular basis. This will be updated as new information becomes available and is on the intranet for staff’s continual reference. Approval has been received to develop a website independent from the Children’s Division website to place resource information pertaining to Older Youth but work has not began on this to date and will start in SFY12.

The State Youth Advisory Board is planning and will host a youth and adult empowerment and leadership conference in July 2011 over the course of three days for approximately 200 youth and adults from across the state. This is a bi-annual conference and is primarily planned and facilitated by youth. The intent of the conference is to bring adults and youth together while providing motivation and leadership training. Topics include self-advocacy, coping skills, leadership, resources, technology safety, and human trafficking.

The Youth Independence Interdepartmental Initiative (YIII) formed in April 2010 will convene over the next three years with the purpose of implementing the Blue Ribbon Panel Task Force on Aging Out’s recommendations. The original task force, including former and current foster youth, was formed to assess resources available to support youth in or exiting from care and to recommend ways to strengthen communication and collaboration among youth-serving agencies and ended in SFY10. Several recommendations center on the CFCIP purposes. All recommendations discussed at http://dss.mo.gov/cd/chafee/blueribbon.pdf on pages 4-6. The YIII met in August 2010, November 2010, January 2011 and in May 2011. Subcommittees have been formed on the topics of education, youth empowerment, and insurance/employment and met in July 2010, October 2010 and April 2011. Another subcommittee is in the process of being organized regarding developing a recognition program for those who hire youth in foster care or alumni youth. Resources have been shared at these meetings and legislative issues discussed. The group has a member from the Department of Insurance who is working diligently along with other subcommittee members to address the issue of youth under the age of 18 having difficulties obtaining automobile insurance coverage. Progress has been made but there is still much work to do in this area and this will continue in SFY12.

In October 2010, Missouri implemented the National Youth in Transition Database (NYTD). A memorandum was issued at the beginning of September 2010 to introduce the NYTD permanent contact section in the FACES case member screen. 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 this screen. The permanent contacts are also recorded on the transition plan, CD-94, Adolescent Family Support Team Guide and Individualized Action Plan Guide. Information entered on this screen is used to survey youth if an attempt was made to survey the youth electronically via e-mail and no response is received within 15 days from the time the survey is sent. A hardcopy of the survey is mailed to the permanent connections and the youth's last known address when this occurs and will be used in connecting with the youth in the follow-up survey.

Another memorandum with step-by-step instructions regarding service reporting, youth surveys, and an online tracking screen in the FACES system of survey completion was issued in September 2010. Thus far, 65% of approximately 350 eligible youth completed the survey.

Missouri plans to continue working on NYTD in SFY12. Older Youth Program forms are not currently in the FACES system and initial work has begun on this process. Contracted providers are now entering services in FACES and this allows CD to pull information by provider as to the number of services being provided and the life skill domain in which they are being provided. With this information now being available electronically, CD is in the process of making the Chafee contract more outcomes based and geared towards those areas which research indicates make a determinant for successful transition from foster care. Missouri will continue to plan for the follow-up survey and ways to connect with youth. A meeting was held in March 2011 to discuss this with the OYTS and they will be doing more work on ensuring youth receive information at exit in terms of consent to access administrative data. Missouri is currently using FACEBOOK and posts a NYTD message reminding youth to complete the survey at the beginning of each month. Monthly reports are sent at the beginning of each month to the OYTS listing youth who will be eligible to take the survey during that month as well as a listing showing all youth in the service populations' current grade level information. Additional methods to stay connected with youth need to be developed in SFY12. A separate website has been approved and it is hoped that development of this can occur in SFY12. There has been several system change requests submitted although, if not implemented, they will not prohibit Missouri from successful NYTD implementation. The changes could make the process easier for staff. The IL Coordinator has been given access to some social sites in order to connect with youth. The program and information technology units are working closely to ensure timely implementation and compliance measures are met. Staff has participated in numerous webinars relating to this as well and will continue to educate themselves ongoing for NYTD. CD plans to be in compliance with the requirements set forth in order to receive the full Chafee allotment. CD staff and contracted providers are and will continue working jointly in this effort.

2. Help youth receive the education, training, and services necessary to obtain employment:

CD, Foster Care Case Management staff and Chafee and TLP contracted providers will continue to assist youth in resume development, interviewing skills, time management skills, employment aptitude testing and preparation for work and work life. They also will provide career planning which consists of job shadowing, internships, and job site tours. Career center information has been shared and is utilized across the state.

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

In August 2008, a task force was convened on youth aging out. The task force was comprised of leaders from public and private entities with the goal to maximize the use of resources to support young Missourians and their transition to successful adult roles and responsibilities. The task force submitted a three year plan in June 2009. In April 2010, the Youth Independence Interdepartmental Initiative (YIII) task force was established by Governor Nixon. The charge is to assist in carrying out the recommendations of the previous task force which include improving employment opportunities for older youth. The YIII has a representative from the Division of Workforce Development and resources are being shared through this initiative. A subcommittee is also in the process of being formed to develop a recognition program for those that employee youth in foster care or alumni youth in foster care.

In February 2011, a memorandum was issued to remind staff of opportunities to assist youth in employment skills, job searching, and employment. Information regarding Job Corps, State Parks Youth Corp, Vocational Rehabilitation, Work Opportunity Tax Credit, Workforce Investment Boards, and Missouri Career Centers and MissouriCareerSource.com was included in the memo as well as several web resources. An information sheet provided by the Orphan Foundation of America "10 Tips for the Caring Adult, Career Assessment and Exploration" was attached to the memo. Contracted providers report that it is difficult for youth to find jobs with the economic situation.

CD plans to continue collaboration with the Orphan Foundation of America (OFA) in providing ETV services to youth as well as providing support and training to staff that work with older youth. OFA provided several informative webinars regarding career preparation in FY11.

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

3. Help youth prepare for and enter post-secondary training and educational institutions:

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 CD believes the utilization of the Adolescent FST Guide and Individualized Action Plan increases the support for positive educational outcomes and guides the CD case manager to provide that support and assistance to the older youth in foster care. CD case managers are encouraged to utilize the education supplements available through the Ansell-Casey Life Skills Assessment, which is required for all youth 14-21 receiving Chafee services. The Adolescent FST Guide will be put into the FACES system in SFY12 which will allow Missouri to have information regarding high school graduation or GED obtainment on older youth which has not been available.

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. Examples of services include tutoring, campus and program tours, assistance with financial aid applications, and obtaining graduation items. Missouri plans to continue supporting contracted providers in providing these vital services and increasing the number of youth serviced by these programs.

With the passage of the Stable and Safe Families Act, Missouri offers the Education and Training Vouchers (ETV) program. Missouri uses ETV funding to expand and strengthen its post secondary educational assistance to eligible youth. The ETV program is implemented through a contracted provider. The purpose of the ETV program is to provide resources to eligible young adults to apply toward the cost of attendance at post-secondary vocational and/or educational institutions. Eligible ETV program participants are youth who are eligible for services under Missouri's Chafee Foster Care Independence Program and youth who were adopted or achieve legal guardianship after the youth's 16th birthday. Young adults who are receiving financial assistance through ETV on their 21st birthday may continue to receive ETV services up until their 23rd birthday, provided they are enrolled in a post secondary education or training program and are making satisfactory progress toward completion of that program.

Youth applicants must be graduating high school seniors, have their high school diploma, be completing their G.E.D. or have a G.E.D. certificate. Youth must be preparing for enrollment in post-secondary education, have been accepted for enrollment or are presently continuing their education at an institution of higher learning including a vocation/technical school. Youth must be making satisfactory progress (minimum GPA of 2.0 or otherwise agreed upon) and provide a copy of a transcript verifying their GPA in order to receive continued assistance. If youth are attending a program which does not use grades to document progress, the youth must provide a letter from the program verifying the youth is making satisfactory progress.

Funds provided under the ETV program may be used for expenses related to the cost of attendance as defined in section 472 of the Higher Education Act. Missouri has different types of post-secondary institutions, which provides education and/or training beyond the high school level. Regionally accredited institutions of higher education in Missouri include two-year colleges, four-year colleges and universities and state colleges. There are accredited independent nonprofit two-year colleges, four-year colleges and universities, technical and professional institutions, theological schools, and seminaries. There is also a long list of proprietary institutions which may be accredited and unaccredited but are certified to operate by Missouri Department of Higher Education. These generally offer education and training designed to prepare graduates for direct entry into specific occupations or professions. In SFY12, Missouri will rebid this contracted service but changes to the existing contract will be minimal.

Current and former foster care youth are also eligible to receive the federally funded Pell Grants. CD requires all youth applying for ETVs to submit a copy of their financial aid letter from their chosen school providing all other financial aid awarded. Youth must be willing to participate in federal Work Study program or work part-time.

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 OFA. Missouri plans to continue to strengthen and expand this program.

In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning in the 2010 fall semester or term. This funding is dependent annually on the budget. In FY11, $100,000 was appropriated for this program. The

funding was received late in the year and Missouri is currently developing the application and process with the Department of Higher Education. The Governor has recommended a funding increase for this program for SFY12.

Members of the SYAB will continue to advocate for educational needs of youth in foster care. Information on college entry testing and ETV has been placed on the CD website and shared with providers and youth. Representatives from Department of Elementary and Secondary Education and Department of Higher Education are on the YIII task force and provide resource sharing through this as well as clarification regarding statutes that impact youth in foster care that are in turn shared with staff working with older youth.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults:

Young people transitioning out of or who have exited foster care need to develop a support network. The influence of informal role models to serve as mentors in a support network is critical. Missouri currently offers personal and emotional support to young people through job placement, extracurricular activities, community involvement, and formal and informal mentors. Committed and caring adults are essential in guiding young people and helping them maneuver in their community.

It is in this belief that the Adolescent FST Guide and Individualized Action Plan were developed. It is the intent of CD staff to cultivate their community network to develop permanency connections for youth in care. It is the expectation this tool be a guide for case managers and assists them and the Family Support Team to become aware of available services to the youth. The youth is aware and fully engaged in this process. This tool also specifically requires up to three adult supports to be identified by the youth and this is an integral part of the NYTD implementation requirements. Plans are being made for this tool to be available via FACES in SFY12.

The Missouri Mentoring Partnership (MMP) will continue to be a resource and provides resource coordination for youth and volunteer mentors recruited from the community. This program is built on a partnership between local businesses, community volunteers, and State Agencies. The Missouri Mentoring Partnership (MMP) began as collaboration between the Missouri Department of Social Services (DSS) and the Family Resource Center in St. Louis, and continues to be primarily funded through DSS. MMP operates in eleven counties, and each site must be sponsored by a non-profit agency incorporated within the State of Missouri. Other funding sources include but are not limited to: Zonta Club of Cape Girardeau, Children's Trust Fund, Proctor & Gamble Foundation, and Youth United Way. MMP funds 14 programs (6 Worksite and 8 Young Parent) in nine geographic locations. This is not a Children's Division program, therefore, the Children's Division does not receive outcome information.

,These mentors provide positive role modeling, friendship and guidance around employment and parenting issues to youth who are entering the workplace or have become parents. MMP helps prepare youth for success and self-sufficiency. The hallmark of MMP is the support youth receive from volunteer community mentors and committed local businesses.

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

In some areas of the state the Young Parent Program provides parenting classes, mentor recruitment and training, support groups and resources such as books, diapers and car seats. Both the MMP Worksite and Young Parent programs are under the MMP umbrella and stress continued education with many youth advancing on to post-secondary educational programs. Participants are provided with the necessary tools to achieve outcomes that promote self-sufficiency and help them become productive members of their communities.

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. Contracted providers are required to assist youth in developing these skills.

The Missouri CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. This program will continue in SFY12. A workgroup was convened in SFY11 to address its strengths and needs in order to increase utilization and improve the program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from CD staff on adolescent issues, including three hours each in cultural/race sensitivity, Older Youth Program life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance in regard to employment, education and/or training, and preparation for successful transition from CD custody.

The Casey Family Programs “Ready, Set, Fly” curriculum is a required in-service training for all foster parents who accept placements of youth 14 years or older. This training is provided as a supportive tool foster parents can use with youth to develop or enhance life skills. Foster parents work in conjunction with case managers and Chafee providers to identify specific needs of the youth. This will continue to be a requirement in SFY12.

The State Youth Advisory Board (SYAB) continues to work on the development of a peer mentoring program and some members have become mentors. The SYAB would like to initiate peer mentoring through organizing foster youth support groups at local schools. This will continue to be an on-going project in the SFY12 but is difficult to accomplish on a statewide level.

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

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age:

Missouri will continue to provide services and support for youth in foster care, youth adopted or who have obtained legal guardianship after the age of 16, or former foster care youth between 18 and 21 years of age. While in foster care, these older youth are provided with the same services as the younger youth. In addition, older foster youth also receive education, training, and other services necessary to obtain employment, prepare for and enter post-secondary education and training.

Chafee services are available for foster youth ages 14-21 and youth adopted or who obtained legal guardianship after the age of 16. Youth who exit foster care on their 17.5 birthday and have not yet reached age 21 are eligible to receive Chafee Aftercare services. Youth may access Chafee services as needed while in the Division's care and custody or as a former foster youth. Missouri also follows federal requirements of serving youth with special needs, youth who exited care in another state residing in Missouri, youth who are residing out of state in Missouri's custody, and youth who move to another state for the sole purpose of education (ETV only).

Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited CD custody. Aftercare services are provided by Chafee contracted providers. The array of services varies depending on the need of the former foster youth. Chafee funds may be expended for a variety of reasons and should be used as a support for the young adult, not an on-going supplemental funding source. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services. Room and board services are only available to youth who exited custody at age 18 or after, but they have not yet reached age 21. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture. Support services provided include life skills training, transportation, child care, clothing, and other expenses as needed.

Case managers are required to provide an exit packet to youth prior to their release from CD custody. The packet includes information on the Aftercare Program. 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.

Missouri also extends medical and behavioral health coverage through MO HealthNet Division (MHD) for youth who left care after age 18 but are not yet 21. Youth are eligible regardless of income or assets as long as they 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. In SFY11, it was identified that once this coverage is open, it does not close until the youth turns 21 and this was concerning for youth residing in another state who may access Medicaid in that state as well as Missouri. To address this issue, the exit packet handout on MHD was revised to include information informing youth that Medicaid coverage can only be received in one state at a time and the Missouri card should not be used if receiving health care in another state. In SFY12, efforts will continue to ensure that youth are made aware of this benefit and how to access it. Information on MHD will be provided at the Youth Empowerment and Leadership Conference. All youth who exited prior to 21 years of age and after age 18 are eligible for MO Healthnet regardless of income or assets. As of October 2010, there were 81 youth participating in MoHealthNet after care services however this count fluctuates continually.

The St. Louis Aging out Initiative is a project administered by Epworth Children and Family Services, a residential and transitional living program in St. Louis. This initiative targets youth in the foster care who are 16 years old in a residential or transitional living program in the St. Louis area. This project focuses on linking youth to current service providers and creating support networks with area agencies. Online workstations and a 24-hour helpline will be available for youth to utilize. Also a peer advisor will be working directly with the youth. The intended outcomes of the project are to: teach youth self-advocacy behaviors, speaking in court; hearing and leading their own Family Support Team meeting; to have sixty percent of youth participants earn their high school diploma or GED; and to have one hundred percent of youth participants

who exit the program to have their personal documents, such as their social security card, birth certificate, immunization record, etc.

Training Planned for SFY12
The CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from Older Youth Transition Specialists or other CD trainers on adolescent issues, including three hours each in cultural/race sensitivity, ILP 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 in regard to employment, education and/or training, and preparation for successful transition from CD custody.

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 which are licensed for older youth are required to receive the training. The training is conducted by local training staff.

The Older Youth Program Training, which is part of the core curriculum training for new hires, includes training on the Ansell-Casey Life Skills Assessment, Adolescent FST Guide and Individualized Action Plan, positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration. The training is conducted by CD staff trainers in the Professional Development and Training Unit. Sessions are held across the state with youth co-trainers. The training unit has an on-going process of changing the training to meet current policy and to ensure that it is meeting the needs of the agency and seek input from Older Youth Transition Specialists and the Independent Living Coordinator.

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.

Children's Division and its private partners also have on-going opportunities to receive no cost training on adolescent sexual health issues.

The Independent Living Coordinator will be speaking with the Department of Higher Education as well to coordinate training efforts. The Independent Living Coordinator also met with a representative from the Department of Elementary and Secondary Education in SFY11 to begin plans for developing a brochure geared towards Principals and Guidance Counselors on assisting youth in foster care with educational needs and will continue to work on this in SFY12.

Service Design and Delivery of the Trust Fund Program
Missouri has not established a trust fund program for youth receiving independent living services or transition assistance.

Activities Undertaken to Involve Youth in State Agency Efforts, such as the CFSR/PIP Process
The CD recognizes the importance of and remains committed to youth involvement and development. When possible, youth are asked to assist in foster parent STARS pre-service and

in-service trainings. Youth also speak at the Older Youth Program training which is provided to all new employees. Other trainings include Transitional Living Advocate and Court Appointed Special Advocates. Youth are often invited to participate and speak on youth panels and facilitate and lead workshops. Youth will continue to speak at foster parent appreciation dinners throughout the state. The SYAB also assisted with development and implementation of the NYTD. The youth developed a skit that can be presented at seminars and workshops and it will be presented at the youth conference in July 2011. The youth will also be performing a rap developed by California's youth group at the conference. A youth represents the SYAB at the CFSR Advisory Committee Meetings. The SYAB also was consulted regarding implementation of the requirements of the Patient Protection Act, reviewing and providing feedback on the information sheet that is included in the exit packet. The Children's Division also launched a worker/child visitation poster campaign and many of the quotes used were from members of the SYAB. The SYAB also provided input for the Urban Child Welfare Leadership meeting that administrative staff attended on the reasons for staying in care beyond age 18.

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

Youth on the SYAB host and design the entire bi-annual state youth conference. Workshops and conference activities are generally led by the youth. A conference is being planned and will be held July 2011.

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

Other involvement includes:

- Meeting with legislators during the Annual Child Advocacy Day to provide information and advocate for foster care and independent living services.
- Speaking at community meetings to provide information about foster care and adoption issues.
- Participating in agency meetings and committees, such as the Missouri Task Force on Children's Justice, CQI state level meeting, Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team, Youth Independence Interdepartmental Initiative, and Healthcare Oversight and Coordination Committee.
- Providing CFCIP and ETV Program information to foster parents, youth and community members.
- Participating in other community youth boards or councils, such as area youth boards and FosterClub All-Stars.

The CD has invested in the FosterClub All-Star Program to be able to send a youth to leadership training and participation in national leadership events. It is the philosophy of the agency that by providing this type of leadership training and national exposure that this one youth will be able to directly impact the lives of many youth within the state of Missouri. This youth will also be a trained leader in which he/she can better advocate within the system on

behalf of youth in foster care. For the past five years, Missouri has sponsored an All-Star participant and will again sponsor a participant in SFY12. Each of these youth has and is expected to participate in CD workgroups, state agency advisory boards and various speaking engagements.

The CD 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 SFY12.

The CD is always looking to strategize and implement program enhancements via tasks forces, committees, and workgroups across the state such as the Comprehensive System Management Team (System of Care State Team) and Fostering Court Improvement which has a focus on older youth and will continue to do so in SFY12.

In SFY12, SYAB members and other current and former foster youth will continue to assist in training CD staff on the Older Youth Program sharing their perspective on why CD's philosophy and tools will help youth transition successfully from foster care.

Older Youth Efforts

Within the Older Youth Program (OYP) there are services and funding provided through the Chafee Foster Care Independence Program (CFCIP). The CFCIP is contracted out to private agencies to administer and deliver services and funding to older youth in foster care, youth adopted or have obtained legal guardianship after the age of sixteen as well as former foster youth. Services have been contracted out since January, 2008. The contract expires September 30, 2011. In FY11, a provider of two regions became in breach of contract for Minority Business Enterprise/Woman's Business Enterprise participation. Rather than bid two regions of the state and then a few months later bid the rest of the state, Missouri opted to rebid the entire state early. A new contract will be awarded in the two regions that are not in compliance and then all contract renewal periods will align October 1 throughout the state.

A pre-bid meeting was held and amendments have been issued. All bids were due at the beginning of April 2011 and the evaluation process occurred at the end of April 2011. The contract contains 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 contracted providers will engage the youth in their 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 each life skill.

The 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 Ansell-Casey Life Skills Assessment and the Adolescent FST Guide & Individualized Action Plan
- Helpful resources to engage youth in permanency and education planning.

The Adolescent FST Guide and Individualized Action Plan assist workers and youth in the planned 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. Transition planning is completed ninety (90) days prior to the youth leaving care and documented on the Adolescent FST Guide.

The Ansell-Casey Life Skills Assessment (ACLSA) is an evaluation of youth independent living skills. It consists of statements about life skills that the youth and his/her caregivers complete. The ACLSA was designed to be as free as possible from gender, ethnic, and cultural biases.

A portfolio assessment is used for each youth 14-21 to give the youth the opportunity to take some control of the assessment and show what they have learned. It focuses on the growth and development of the youth's potential. This was not previously a requirement of the Transitional Living Program providers and will be in SFY12 with the rebid of the contracts.

Performance assessment is used to show the direct observation of a youth's performance and allows the youth to see their accomplishment with historical data on their overall life skill development.

In SFY11, the Department of Health and Senior Services began collaborating with the Children's Division on implementing Missouri's Personal Responsibility Education (PREP) Program which will provide services and funding to educate and support adolescents (ages 12-18) to make informed decisions, develop life skills, and practice healthy behaviors now and in the future for successfully transitioning from adolescence to adulthood. 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.

FYSB provides PREP funding as formula grants to States. All States and U.S. Territories were eligible to apply for a minimum of $250,000 per year for fiscal years 2010-2014. Allotments were calculated based on the number of young people in each State or Territory. States can administer the project directly or through sub-awards to public or private entities. Through PREP, FYSB awards grants to State agencies to educate young people on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, including HIV/AIDS. The program targets youth ages 10-19 who are homeless, foster care, live in rural areas or in geographic areas with high teen birth rates, or come from racial or ethnic minority groups. The program also supports pregnant youth and mothers under the age of 21. PREP projects replicate effective, evidence-based program models or substantially incorporate elements of projects that have been proven to delay sexual activity, increase condom or contraceptive use for sexually active youth, or reduce pregnancy among youth. Through a systematic review, the Department of Health and Human Services selected 28 models that states could use, depending on the needs and age of the target population in each state.

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

- Healthy relationships, including development of positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions;
- Positive adolescent development, to include promotion of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic

diversity, and other related subjects;
- Financial literacy, to support the development of self-sufficiency and independent living skills;
- Parent-child communication skills;
- Education and employment preparation skills; and
- Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.

Effectiveness of the program will also be measured:
- The number of youth served and hours of service delivery;
- Fidelity to the program model or adaptation of the program model for the target population;
- Community partnerships and competence in working with the target population;
- Reported gains in knowledge, changes in behavioral intentions and changes in self-reported behaviors of participants; and
- Community data, like birth rates and the incidence of sexually transmitted infections.

The Children's Division saw this as an opportunity to have additional funding and services for youth served and that it aligned with the purpose of Chafee and the Older Youth Program. CD is working in collaboration with DHSS to amend Chafee contracts with the Community Partnership providers of Chafee services in Jackson County, an urban area and the 25th Circuit, a rural area. The program will initially be piloted with contracts being amended by June 2011 and implementation to begin in September 2011.

The Children's Division Intranet and Internet have been updated in SFY11 with resource information specific to Older Youth and this will continue in SFY12. Approval has been granted for the Older Youth Program to have its own website and work will begin on this in SFY12. It will be beneficial to have information available separate from the agency website for navigation, marketing, and content purposes. The Children's Division is also utilizing FACEBOOK as a means to share information specific to the Older Youth Program and on average makes one post a week.

In April 2010, the Youth Independence Interdepartmental Initiative (YIII) convened and will meet over the next three years. The charge of the group is to implement the Blue Ribbon Panel Task Force on Aging Out's recommendations to help youth successfully transition from care. The Independent Living Coordinator is a member of this task force as well as the subcommittees created in SFY11 to implement some of the specific tasks. There are subcommittees on education, employment/driver's insurance, youth empowerment, and developing a recognition program. The task force met four times in SFY11 and the subcommittees met three times in SFY11. The work of the YIII Task Force will continue in SFY12.

The Independent Living Coordinator is a member of the Council for Adolescent School Health (CASH) which meets quarterly. The purpose of CASH is to inform and advise the Missouri Department of Health and Senior Services (DHSS) decision-makers regarding adolescent and school health issues and initiatives. The CASH may be invited to provide input and advice to other planning committees, work groups, task forces, and advisory councils seeking expertise on adolescent and school health. Members of the task force share resources via e-mail on a regular basis and it presents connections to collaborate on

other projects.

The Independent Living Coordinator is a member of the Child and Family Services Review Advisory Committee.

The Independent Living Coordinator (ILC) attended the Human Rights Campaign's All Children-All Families one day training in SFY11 on working with Lesbian, Gay, Bi-sexual, Transgender Questioning (LGBTQ) Families in the Child Welfare System. The ILC is currently researching resource materials provided from the training to see how suggestions and best practices could be incorporated within the agency particularly pertaining to Older Youth. Copies of "It's Your Life - Opening Doors: Improving the Legal System's Approach to LGBTQ Youth in Foster Care" will be available for each youth in attendance at the 2011 Youth and Adult Leadership and Empowerment Conference. Other resource information from the National Resource Center for Permanency and Family Connections regarding LGBTQ youth was shared in a memo issued containing tips and reference material regarding OY. Although these are small steps, they are movement in the right direction as Missouri has not addressed this issue in the past other than the assessment supplement being available through the Casey Life Skills website and will continue to work on improving efforts in SFY12.

The Jackson County Older Youth Transition Specialist (OYTS) is a member of:

- The Expanding Educational Opportunities for Kids Aging out of Foster Care. This is an initiative that is being sponsored by Metropolitan Community College (MCC). The mission of the group is to try and help youth find ways to be successful in pursuing higher education.
- The Healthy Transitional Initiatives Coordinating Council. The Council oversees the implementation for services for youth with mental illnesses who are transitioning through four mental health agencies in Jackson County.
- The "Filling the Gap: Meeting Specialized needs for LGBTQ Youth." This is a grant that Cornerstones of Care Pathways received to:
    - Educate Cornerstones of Care staff, administration and foster care parents of the issues facing LGBTQ youth in their care.
    - Ensure a safe environment for LGBTQ youth within the Cornerstones of Care System.
    - Develop and enhance counseling and support efforts through peer and support groups.
- The Coalition of Homeless Youth Providers of Services. This group meets to provide support and information of what is available for the homeless youth population. The goal is to alleviate homelessness among youth ages 12 to 24, and their dependents, through advocacy, coordination and collaboration of direct services.
- The Special Placement Support Team Meeting. This is within the Children's Division to look at and recommend placements for children in residential facilities.

The Southern Region OYTS is a member of the Ozark Region Workforce Investment Board Youth Council and the Homeless Youth Subcommittee of Community Partnership's Christian, Greene, and Webster Counties Continuum of Care.

The St. Louis Region OYTS:

- Worked with the Fostering Court Improvement Project on reviewing cases of older

youth in foster care in 2010. The group is the City Court Improvement Review Board for Youth. Now that the reviews have been completed, the court and CD are analyzing the data to determine additional needs of older youth in care and to determine how this process can assist case workers in their practice.

- Serves on the Missouri Mentoring Program Advisory Board (MMP). The MMP is an employment with mentoring program that serves youth 16 to 21, with the majority from CD and Division of Youth Services. They match youth with employers and workplace mentors while providing job skills to the youth. The advisory board focuses on program development and recruiting business partners. The OYTS is the chair of the program development subcommittee. The board hosts a 'Life after High School" event every other year focusing on job training, skills, and life after high school (college, tech, career, and jobs) and meet on a quarterly basis.
- Serves on the Homeless Adolescent Task Force through Legal Services of Eastern Missouri. The task force meets quarterly with community persons who work directly with adolescents who are homeless or at risk. Resource and legal issues pertaining to this population are shared in conjunction with the schools and Legal Services of Eastern Missouri to ensure that the needs of this population are being met. Legal Services of Eastern Missouri chair the meetings. They also have a yearly law forum which educates professionals in the community on youth issues including McKinney Vento, consumer lending, special education students, and navigating Family Support Division.
- Member of the Teen Pregnancy Prevention Initiative through The SPOT (Supporting Positive Opportunities with Teens) from 2010 to present. She is a member of the planning and oversight committee. The Teen Pregnancy Prevention Initiative is a new CD protocol for the St Louis region to refer youth newly entering foster care to The SPOT to receive a comprehensive health care assessment and subsequence access to participate in the teen pregnancy prevention intervention/services.
- Member of the Community Partners Committee with The Spot and other youth organizations. The committee meets monthly and focuses on services and needs of older youth in the St. Louis Region by conducting youth forums, special interest groups, and discussing the mental and physical health needs of the older youth population with a focus on sexually transmitted diseases. Members include medical/clinic and hospital personnel, Epworth, CD, The Spot, Washington University Adolescent Health Center, DMH, etc.
- Chair of the St. Louis Older Youth Resource Network which meets quarterly with OYTS, Deputy Juvenile Officers, Guardian Ad Litems, Court Appointed Special Advocates, Chafee providers, TLP providers, and county older youth workers. Presentations are provided at the meetings on older youth services by a community partner. The network discusses new legislation or policy changes, shares resources, networks, and discusses any concerns regarding older youth in foster care.

The Children's Division has partnered with agencies throughout the state via contracts to provide services to Older Youth. It is hoped that one of the results of contracting out is expansion of resources and connecting youth to their community. Providers in the Jackson County area have partnered with Kansas City Free Health Clinic for the "Sisters" program. This is a weekly psycho-educational group for the females in their program. Safe sex, relationships, goals and other things are discussed. STD testing is done quarterly. This agency has also partnered with Harvesters for a weekly nutrition and cooking class in which if the youth participate in, they receive a bag of groceries at the end of the class.

Another agency in the Kansas City area has a Youth Resiliency Center which provides a safe place for youth to hang out, attend art classes of a variety of mediums (paint, pottery, hip hop dance, improv etc.), exercise classes, and a fitness room. Street outreach is also being provided through agencies in Kansas City and St. Louis City. One agency has a clinic in which medical (provided through Children's Mercy), dental (through Miles of Smiles) and mental health (through in-house therapists) healthcare free of charge to youth ages 12-20. A provider also utilizes the United Way Decade of Difference Financial classes for youth to learn about finances, save money, and have money they saved matched. Many of the agencies involve youth in service learning projects such as volunteering at a nursing homes, beautifying grounds, and providing a snack and activity for small children at a shelter. One agency has a newsletter "Bright Futures" that provides a youth- directed source of information regarding older youth topics and upcoming events. Several agencies have taken youth to "challenge" camps for the day. Another agency skyped with Josh Shipp, a national speaker. In the St. Louis area, a provider has a retail store for prom dresses and a drop-in center with computers. They also held a job fair, blue jeans drive, met with the Governor, and had several presentations on community resources such as Planned Parenthood, Crisis Nursery, Runaway Hotline, and The Spot. A barrier that has been encountered with activities for youth is that it is difficult to hold any type of outdoors camp for youth due to the release of liability that is to be signed by the legal guardian. CD case managers cannot sign this and it is difficult to get the courts to sign. CD is looking at this problem through the Youth Independence Interdepartmental Initiative. CD plans to continue contracting services out through private agencies and building upon community resources for older youth in SFY12.

CD will continue its efforts to ensure that all youth eligible for OYP services are receiving them. This has been somewhat of a struggle in the past but progress is being made in this area as a result of the OYTS monitoring and addressing this more closely as well as improvements in communication and services being provided by the contractors. In February 2010, approximately 52% of eligible youth statewide were referred for services (from a possible 3,387). In March 2011, approximately 63% of eligible youth statewide were referred for services (from a possible 3,348). In SFYI2, CD will continue to work on increasing the number of referrals for eligible youth to the Chafee program. For instance, regions are developing strategic methods to increase referrals and CD produced a newsletter edition on older youth to focusing on issues from case reviews data.

The Children's Division issued several memos in SFY11 specific to OY and in collaboration with other agencies. In July 2010, a memo providing clarification regarding eligibility for youth in Out-of-Home Care for Food Stamp assistance was issued. This was done in collaboration with the Family Support Division. In September 2010, a memo was issued to introduce the NYTD permanent contact screen in FACES and the importance of permanent connection information. This was done in collaboration with FACES staff. In September 2010, a memo was issued introducing policy and procedures to implement NYTD and this memo was produced in collaboration with FACES staff. In September 2010, a memo was issued regarding requirements and changes that were made to implement the Patient Protection and Affordable Care Act. Division of Legal Services provided input on this memo as well as the Public Information Administrator. In February 2011, a memo was issued on workforce opportunities for Older Youth (OY). Staff from the Division of Workforce Development was consulted and reviewed this memo. In March 2011, a memo was issued that provided tips and reference material for staff working with OY. This was as a result of a compilation of changes and efforts to evaluate program effectiveness and enhance services. Older Youth Transition Specialists were consulted regarding this memo.

In SFY12, a memo regarding guardianship and youth with special needs as well as implementation of the Tuition Waiver Program will be issued.

The Independent Living Coordinator (ILC) also gave several presentations regarding Older Youth services, legislation, and policy throughout SFY11. The ILC spoke at the Missouri Juvenile Justice Association fall conference at a break out session on OY, Guardian Ad Litem training for the 13th Circuit, and to the Southeast Region Foster Parent Advisory Committee. Several presentations are scheduled for the remainder of SFY11 and SFY12. A presentation will be given to the 19th Circuit Foster Parent Association and a workshop will be given at the Alternative Care Conference. Other presentations will be given in SFY12 as opportunities present themselves.

In SFY12, CD will be compliant in reporting services and outcomes for youth for the NYTD and will continue to develop outreach efforts for youth who are no longer in care.

The Supervisory Case Review Tool is being revised and will incorporate information to look for specific to Older Youth files which was not previously included.

For SFY12, CD will continue contracting out Chafee, TLP, and ETV services and continue development of community resources to support these contracted services. CD will continue to monitor and provide support to current and new providers that will be in place with the rebidding of the ETV, Chafee and TLP contracts as well as continue to educate staff and stakeholders about providers and the services that they offer. CD will continue reporting services and outcomes on Older Youth and will extract the data for performance measurements in the Chafee and TLP contracts. As forms are not currently available in FACES, it is time-consuming and cumbersome to gather data and have a picture of program implementation. Although this is a barrier in providing current services at times, it is hoped that more forms utilized in the Older Youth Program will be automated through FACES in SFY12 allowing program monitoring and utilization of data from referral forms, life skills progress forms, and assessment forms for program improvement.

Education and Training Vouchers

Education and Training Vouchers

Missouri currently uses grants, scholarships, and the Education and Training Voucher (ETV) funding to assist youth with costs of attendance for post-secondary educational and training programs. In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning in the 2010 fall semester or term. This funding is dependent annually on budget appropriations. Funding appropriations were provided for this program late in SFY11 of $100,000 and the state is currently working on implementation of the program and eligibility criteria. Missouri is coordinating the process and procedures with the Department of Higher Education with plans to have the program in place by June 2011. At the writing of this report, the number of youth that will be served is not known. The Governor has recommended an additional funding increase for this program for SFY12 of $88,000, which will bring the total to $188,000.

Missouri continues to expand and strengthen the ETV program to serve eligible youth. The CD has contracted with the Orphan Foundation of America (OFA) since 2006 to provide ETV services. The CD, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with OFA to provide these services. Missouri has utilized all of its ETV funds for the past four years. The contracting out of services has allowed for a central means of youth to apply as well as providing a database and evaluative reports on services. As part of the contract, OFA is also required to provide community outreach and awareness to identify eligible youth and the organizations that work with youth such as high schools, colleges, etc. OFA provides brochures and has a website.

There are no plans to change the eligibility criteria for youth at this time however, this contract will be rebid in September 2011 so there may be changes in the provider of services. Any contract provision changes will be minimal and are currently being reviewed and considered.

Currently, eligible youth access the ETV program through the OFA website at www.statevoucher.org . Eligible youth are those who currently qualify for Chafee services and are in the process of transitioning out of foster care or are former foster care youth between the ages of 17.5 – 21. Foster and former foster care youth participating in ETV on their 21st birthday shall remain eligible until their 23rd birthday, provided they are making satisfactory progress. ETVs are also offered to youth who were adopted or achieved legal guardianship after age 16. Youth who move to Missouri for residence after transitioning out of care from another state are eligible for funding as well.

The application and all record keeping are online and available to appropriate state staff for oversight purposes, and training is provided via teleconferencing. The website allows CD to monitor the youth's application and paperwork at each step of the process. OFA looks at every ETV applicant individually, assessing their tuition need and cost of daily living, and each student gets the ETV disbursement that best suits these needs. Funds are available on a first come first serve basis and this has not prevented anyone from receiving needed assistance.

Current requirements for eligible youth to receive assistance are:

- Youth must demonstrate academic success or motivation in school (generally a “C” average or its equivalency or as otherwise agreed upon with the plan) or in a training program;
- Youth must be accepted to an accredited college/university, vocational school or certified training program;
- Appropriate scholarships, grants and other financial assistance must be explored and utilized, and;
- There must be reasonable assurance the youth will graduate from the educational or training program.

Youth are required to provide financial need information through the on-line application process. The application process and a database track services and expenditures to ensure vouchers do not exceed the total cost of attendance or $5,000 per year.

Current and former foster care youth are also eligible to receive the federally funded Pell Grants. CD requires all youth applying for ETVs to submit a copy of their financial aid letter from their chosen school providing all other financial aid awarded. Youth may choose to attend public, private or non-profit four-year universities or colleges, two-year community colleges, vocational/technical schools or specialized one-year training programs. Educational or training

programs must be accredited/pre-accredited or certified. Youth must be willing to participate in federal Work Study program or work part-time.

In 2009-2010, there were 318 youth funded from ETV. Of those 318, 188 were first time funded.

As of 4/06/11, in 2010-2011, there were 285 youth funded from ETV. Of those 285, 132 were first time funded. As this is not a final number, this number may increase. Missouri will continue to monitor fluctuation in our funded youth numbers. If there is a significant change, we will evaluate with our provider of services.

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 OFA. These services will continue as well.

Numerous trainings and educational sessions have been held across the state in which information regarding the ETV program was shared by the Independent Living Coordinator.

From May-August 2010, a webinar exchange series was presented by the OFA for social workers, caseworkers, foster parents, and direct care staff who support youth in foster care. Topics included "Helping Youth Decide What's Next," "Putting the Pieces Together," "Dollars and Sense," "Financing Futures" and "Coaching Students for Success".

In August 2010, a presentation including information on ETV services was given to the Southeast Region Foster Parent Advisory Committee.

In October 2010, a break out session on Older Youth which included a presentation on ETV services was given at the Missouri Juvenile Justice Association Conference.

In November 2010, a presentation was given at the 13th Judicial Circuit Guardian Ad-Litem training.

Several speaking engagements are scheduled for the end of FY11 and the beginning of FY12.

In June 2011, a workshop will be given at the Alternative Care Conference.

In July 2011, information will be shared in the form of a resource workshop as well as a large group activity on education at the Youth Empowerment and Leadership Conference.
In July 2011 a presentation will be given to the 19th Circuit Foster Parent Association.

A brochure for ETV is on the CD Internet and Intranet and a description of the ETV program is on the internet. The brochure has also been provided to the local CD field offices via the Older Youth Transition Specialists. Information regarding FASFA is on the website as well as PowerPoint presentations on ETV and websites containing scholarship links. Information on waiving college admission testing fees has also been provided via e-mail to all agencies working with older youth in the state as well as resources and information from the Department of Higher Education. Information regarding ETV is also in the Child Welfare Manual.

The Youth Independence Interdepartmental Initiative began April 2010 to work on implementation of a previous task force's recommendations for youth aging out. The task force

is comprised of leaders from public and private entities and youth and alumni youth. The goal of the task force is to maximize the use of resources to support young Missourians and their transition to successful adult roles and responsibilities. One of the priority topics is education. Specific recommendations regarding education align with the ETV/Chafee programs purposes of assisting youth obtain an education.

Youth from across the state advocated for an increase in tuition waiver funding as well as extending the funding to age 25 to better serve foster youth struggling for successful transition in March 2011 at Child Advocacy Day.

Missouri plans to continue providing ETV services through OFA until October 1, 2011 in which OFA will continue or a new provider will be in place. There have been little to no problems reported regarding ETV services from youth, field staff, providers, or the Older Youth Transition Specialists. It is anticipated that if a new provider is awarded the contract that this would create a barrier in service provision. As OFA has been the provider for several years, staff and youth are accustomed to the process that is in place such as the website to make application. Education of staff and youth would need to occur as well as current resource information available updated.

In SFY12, CD plans to disburse information on a statewide level regarding ETV to high schools, technical schools, colleges and universities by collaborating with the Department of Elementary and Secondary Education and the Department of Higher Education.

The CD plans to implement the tuition waiver program in SFY12. The CD will continue outreach and education efforts to youth, staff, and community partners on the ETV program and assist in implementing the Youth Independence Interdepartmental Initiatives recommendations.

Statistical and Supporting Information

Inter-Country Adoptions
CD collected information regarding children who are adopted from other countries and who entered into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption. There were four children who met the criteria. Three of the four children, were adopted internationally through Missouri's child placing agencies and entered state custody as a result of disruption of a placement for adoption or the dissolution of an adoption during SFY10. The four children's information is as follows:

- One child was placed through Adoptions Hope International located in Myrtle Beach South Carolina. The Missouri child placing agencies involved were Adoptions and Beyond who did the home study and Adoption of Babies and Children did the post-placement visits. The adoptive mother voluntarily terminated her parental rights (TPR). The child came into care as the child needs mental health care the adoptive mother could not provide. The adoptive mother thought the child was a danger to her other adopted child and wished to give up custody of her. Plans are for the child to be adopted through the state of Missouri.
- One child was placed through Small World Adoption Foundation of Missouri. The child came into care as the child was physically aggressive with his family and the family could no longer handle the child's behavior. The plan for the child is adoption, as reunification is not a plausible option.
- One child was adopted internationally but the records did not reflect a Missouri child placing agency involved. The child came into care as a result of allegations of sexual abuse by the father. The adoptive father consented to guardianship by another family.
- One child was placed through America World Adoption Association. The child came into care as a result of a child abuse and neglect report alleging physical abuse. The plan for the child is TPR/ adoption.

Monthly Caseworker Visits
Missouri spent less than the total estimated title IV-B Subpart 2, Monthly Caseworker Visit (MCV) funds during 2010. The Children's Division spent $105,000 in FFY10 and does not have plans to do anything additional in FFY11.

Activities funded during SFY10 included final activities related to the electronic mobility project, the 360 evaluation project, and training.

The "Mobility" project as described in the SFY09 annual report concluded during SFY10. The project intended to determine if current technology could make case management work more efficient without compromising quality. Laptops and PC internet cards were provided to selected site where input directly into the FACES system could be completed from anywhere. The cost of the "Mobility" project in FFY 10 was $45,000. The project was evaluated with no evidence of improved caseworker visit with children outcomes as a direct result of electronic mobility for staff involved in the project. Therefore, there is no plan to continue the project.

The 360 evaluation project also described in the SFY09 annual report expired contractually during SFY10. The 360 evaluation was designed to provide a full-circle overview of a person's performance on the job by soliciting feedback from superiors, peers, direct reports and self on behaviors that are specific to the job assignment. The project was discontinued. The amount of funds spent on the 360 project in FFY10 was $19,700.

In addition to the mobility project and the 360 evaluation project, the worker visit monies were used to support clinical supervisor training for new hires during FFY10 and to develop an employee selection process video. The cost for the supervisor training was approximately $20,600 with cost curtailed by regionalizing the training and using available conference room throughout the state. The cost to develop the video was $20,000.

Financial Information

1. Payment Limitations – Title IV-B, subpart 1

- The state did not use any title IV-B, subpart 1 funds for child care, foster care maintenance and adoption assistance payments for FFY 2005 or planned to for FFY 2011.
- The state did not use any non-federal funds for foster care maintenance payments that could be used as a match for FFY 2011.
- This information is contained within the CFS-101 report, parts I and II.

2. Payment Limitations – Title IV-B, subpart 2

- FFY11, the percentage for IV-B, Subpart 2 will be similar to FFY08 and FFY09 expenditures.
  IV-B planned expenditures for FFY11 will be the similar to FFY08 and FFY09, and are as follows:
  1) 38% on Family Preservation

  2) 8% on Time Limited Reunification - Expenditures on Reunification represent contracted services. For Time Limited Reunification, Divisional Staff offer Family-Centered Services to families of children in custody and provide contracted counseling services to those families. Some or all of these activities could be claimed through IV-B funding. However, since the IV-B Subpart 2 grant is being fully claimed by the above activities, other funding sources are used.

  3) 54% on Community Partnerships (Community Based Family Support/Adoption Promotion Activities). Community Partnerships provides multiple services in a community based model. The Community Partners Report and Results for 2010 are included as Attachment E. Also, regarding Adoption Promotion activities, the CD provides these services through several avenues that are funded through other sources than IV-B. The Division currently uses $750,000 non-IV-B funding for the recruitment, assessment, pre-service and in-service training for potential foster and adoptive families. This is in addition to adoption activities done by Community Partnerships and staff. The division has the equivalent of 95 FTE ($3.1 million in salaries) devoted to maintaining current adoption placements and developing new adoption placements. See Foster and Adoptive Recruitment in the Annual Permanency Section for more information.

- Additionally, 100 FTE focus ($3.2 million in salaries) on developing foster and adoptive homes. Some or all of these activities could be claimed through IV-B funding. However, since the IV-B Subpart 2 grant is being fully claimed by the above activities, other funding sources are used. Staff developing foster and adoptive homes salaries would be claimed through the time study and depending on the activity performed would determine the other funding sources used.

3. FFY11 Funding – Revised Budget Request

- The state will be seeking re-allotment for ETV funds in the amount of $1,042,739 and PSSF funds in the amount $9,850,198. Details are on the attached CFS-101 tagged re-allotment.

4. FFY12 Budget Request – CFS 101 (see CFS 101 attachments)

- In FFY09, the amount estimated for IV-B subpart 1 was $5,647,890. The amount expended was $7,530,520.
- In FFY09, $19,963,352 was spent on IV-B part 2 type activities. $7,523,343 was spent on Family Preservation, $1,586,657 on Family Reunification, and $10,853,352 on Community Partnerships which provide community-based family support and other services including adoption promotion and support services. Expenditures in excess of the grant are taken to other sources including state funds and other allowable federal sources. The above expenditures on Family Reunification are for contracted services only. In addition, to these services, CD staff provides Family Reunification services. The Division also contracts with private agencies to develop Adoptive and Foster family resources.
- For IV-B part I, the amounts are similar.
- For IV-B part II, the expenditure amount represents the amounts claimed by area. Activities in these areas exceed 25% of the IV-B subpart 2 grant; however, not all of the activities are claimed against the IV-B subpart 2 funds. The amount set up in CFS 101 Parts 1 and 2 in FFY09 were based on past assumptions that the activities in these areas exceed 25% of the grant, therefore it was appropriate to budget the grant funding in this manner. The amounts expended represent what was actually claimed against the grant. Beginning in FFY08, these amounts were allocated according to expected expenditure levels.
- The amount of Chafee grant funds expended in FFY09 was $2,642,745, the total expenditures including the state match was $2,963,129.
- The amount of Chafee grant funds expended in FFY10, year to date, is $2,760,494 the total expenditures including the state match was $3,450,618.
- In FFY11, the Children's Division expects to fully use this funding. For the FFY10 grant, $33,350 was used for housing and maintenance payments for staff. FFY11 expenditures will not be available until August 2011. The Children's Division contracts the Chafee Foster Care Independence Program services out with private providers.
- In FFY10, 318 youth received an ETV Grant. In FFY11, a total of 285 youth has received an ETV grant, 132 for the first time in FFY11.
- The CD is in a partnership with a private agency, the Orphan Foundation of America to reach more children who need and qualify for the ETV grant. This is increasing the usage of the grant. The goal is to fully use the ETV grant to help more foster children go to college. Based on the maximum grant of $5,000 the goal is to reach 300 children who are in need of assistance.
- For FFY09, the amount of ETV grant expenditures was $1,112,750 (federal share of $888,263) and FFY10, year to date, is $881,646.25 (federal share of $705,317).

5. FFY09 Title IV-B Expenditure Report – CFS 101, Part III: (See attached CFS 101, Part III)

- In 1992, the total expenditures for Child Welfare programs were $63.8 million, of which $41.9 million was state funding. This funding included the appropriations for Children's Treatment Services, Family Preservation, Foster Care, Residential Treatment, and Group Homes/Independent Living. In SFY09, total expenditures were $237.5 million, of

which $135 million was state funding. The total amount spent for Family Preservation in 1992 was $2.8 million, most of which was state funding. In SFY09, the amount was $7.5 million. Approximately, 63% of the $7.5 million is taken to the IV-B grant ($4.7 million). The remaining $2.8 million is taken to other sources, primarily state funding. For Community Partnerships, there are no expenditures recorded in 1992. In 1993, Prototypes, which was a precursor to the Community Partnership Program, $152,671 of state funding was spent. For SFY09, approximately $6.8 million of the Community Partnerships expenditures account against the IV-B grant. The remaining expenditures are funded from other sources. There are no expenditures in FFY1992 for Family Reunification Contracts. The Division received authority for these contracts in FFY05.

6. Financial Status Reports

- All SF 269s were filed in October 2010