Annex B -- Family-Centered Out-of-Home Care
CD Emergency Operations Plan

LEAD STAFF: **Out-of-home Care Staff**

SUPPORT STAFF: **All CD Staff**

I. PURPOSE

The purpose of this annex is to address the needs of children in out-of-home care (those in legal status 1-4, as well as youth in LS-8) and resource providers in emergency and disaster situations.

II. SITUATION AND ASSUMPTIONS

A. SITUATION

1...The State of Missouri is susceptible to emergency events, as outlined in the risk analysis of this plan, so an emergency will occur, requiring use of this plan.
2. Staff will be personally impacted, to a greater or lesser extent, depending on the emergency situation and other staff members will need to fill critical roles.
3. Direction will come through the regular chain of command – including executive staff in Central Office, regional directors and field support managers.

B. ASSUMPTIONS

1. For the purposes of this annex, the term "resource provider" refers to: foster, relative, kinship, respite, and residential providers and pre-adoptive placements, including those placed for adoption, but not yet finalized.

2. Resource families in crisis might feel the need to discontinue fostering, at least temporarily, resulting in the need to move children to other homes.

3. Resource families, when they become licensed, sign a contract stating they understand their responsibility to exercise sound judgment for the children in their care, and to protect and nurture them. As we entrust them with the care of children in the state's custody, we provide ongoing training opportunities to them and monitor the care the children receive. This combination of trust and oversight must continue in the event of an emergency or disaster.

4. For the purposes of this annex, a “short-term stay” is defined as less than 14 calendar days, a “moderate-term stay” is defined 15- 28 calendar days, and a long-term stay is any stay longer than 28 days.

5. Especially in more widespread or long-term disasters, it is likely that children may be displaced from their biological and/or resource families, creating an intake surge.

6. In a widespread disaster, CD staff must follow established state and local directives regarding the disaster – curfews, restricted areas, marshal law.

7. PBC contracted staff will, at a minimum, follow the same policies and procedures as the CD staff.

III. CONCEPT OF OPERATIONS

A. PREPAREDNESS CONCEPTS

1. Prior to the occurrence of any emergency, Children’s Division staff are tasked with assisting resource families, young people in independent living sites, and residential facilities in creating emergency plans designed to mitigate the impact on children in the division’s custody from all types of disasters and emergencies.
2. At initial licensure, an informational packet will be distributed to foster parents, which will include *Ready in 3* information, including the family plan checklist.
3. The information will be reviewed at a minimum of annually at a quarterly visit with their licensure worker.
4. The CD Emergency Management Command Team is exploring the possibilities for offering ongoing in-service training to foster families.
5. Staff will offer to assist in preparing emergency plans tailored to the needs of the individual, family or facility.
6. Central Office and the Command Team can assist with pre-identifying the ways resources can be re-allocated to provide assistance to affected offices. This will ease the stress of workers in the affected area, who may also be personally affected by the disaster or emergency.

B. RESPONSE CONCEPTS

1. Locate each foster child and assure safety of the child
   a. Staff should consider it a top priority to contact and assess the well-being of the children in their caseload.

b. Each circuit plan should contain details of how safety and well-being checks of children in out-of-home placements and resource providers will be accomplished.

c. Supervisors should have a plan in place to receive information from workers and to serve as their back-ups in contacting children in out-of-home placement if workers are unable, for any reason, to complete this critical task. This information will be reported to Central Office on the Situation Report form – CD-98 (Form link here).

d. During the time that well-being checks are being made, resource providers and Children's Division staff should be looking for back-up situations to ensure a seamless transition for children and/or families in crisis.

e. The Residential Program Unit will serve as point of contact for information regarding children in residential placements. RPU will forward information regarding the status of the facility and the residents to designees at Central Office, who can provide that information to regional staff and members of the CD Emergency Command Team. Information can then be forwarded to case managers at the local level.

f. Local staff may want to check on individual children in their caseloads and may need to assist RPU staff with checking on RPU facilities, as it may require in-person visits to the facilities, if phone contact cannot be made. At Level II or III, individual staff will be discouraged from making calls to the facilities, allowing for emergency communication to take place. At Level III, well-being checks will be made with whatever means are available – phone, in-person – and may require the assistance of other agencies like law enforcement or the National Guard, if they are deployed into that mission. This activity will need to be coordinated with search and rescue efforts, if they are occurring, through the local EOC.

2. Respond to medical needs of the children in out-of-home care

a. The well-being of medically fragile children should be assured first, to determine if specialized care is needed or if there are un-met medical needs.

I. It is the division's practice to involve a Family Support Team, including biological parents, in decisions regarding medical care. While this is preferable and should be accomplished if at all possible, it may not be possible in a widespread disaster.

II. If medical decisions must be made quickly, staff should make every effort to involve the juvenile or family court in the decision. If this, too, proves impossible, staff should make decisions in consultation with others, based on

information at hand, and should document how the decisions were made.

III. In decisions of a life-or-death nature, staff should make every effort to coordinate with courts and the department's Division of Legal Services.

b. While we encourage all resource families to have complete emergency kits, including medications and other supplies, there may be a need to replace these items when an emergency occurs.

I. In a time of a disaster, assistance in replacing medications, medical equipment and other medical needs is available. Staff should coordinate assistance through the chain of command, as Central Office can help access assistance from other agencies, like MoHealthNet, in this situation.

3. Respond to all other needs of children in out-of-home placement

a. During times of disaster, emergency medical, psychological, counseling and other services are made available in communities by state and federal agencies – the State and Federal Emergency Management Agencies, the Department of Health and Senior Services, the Department of Mental Health, for example -- as well as voluntary relief organizations, like the American Red Cross and the Salvation Army. Staff who need assistance in accessing these services for the children in their caseloads, should follow their chain of command to Central Office.

b. Children may also be concerned about their birth families. If staff have any information about the birth families, it should be shared to reassure the children, if possible. (Accessing information about birth parents is a lower priority activity that is likely to be necessary only in long-term disasters at Levels II and III, and should occur only after safety and well-being of children as been assured.)

c. When assisting resource families and children, staff should bear in mind, and assist families in accessing, the supplies that will be arriving in the community to assist all families. Responding organizations, like the Red Cross and Salvation Army, will be on-site in declared disasters providing food and water, and can also be a resource for items like personal hygiene kits, diapers and formula, and other basic family needs.

d. If a child must experience a move because the resource provider is in crisis, standard procedures apply to locating an emergency placement first, then, following typical agency protocols, staff will look for relative and kinship placements as longer-term options.

e. Central Office will coordinate resources in other areas, if no placement options are available locally, and can also make arrangements for transporting children to the other area.

4. Locate each resource family, even if they have relocated
    a. Working with out-of-home placement workers, each worker should immediately contact their resource families to assess their safety and well-being, as well as their plans for sheltering in place or relocating, etc.
    b. Emergency plans for each office should include information from resource families about how to reach them in a disaster, as well as information about where they might go if the need to relocate arises.
    c. Staff should determine as much detail as possible about those with whom they will be staying, contact information for the new location, etc.
    d. Resource families have been instructed to notify their workers if they move (and this occurs as a matter of course), including relocations during an emergency. This protocol helps to ensure the safety of foster children and may, in fact, alert workers that a resource family is seriously impacted if they fail to report in.
    e. The need to reach resource families for possible emergency placements will make the need to locate them even more acute.
    f. Agency standards on the number of placements per family may need to be relaxed, temporarily, during a disaster to avoid having to place children in an emergency shelter.
    g. Staff who are experiencing a great need for emergency placements should consult with Central Office, through their chain of command, for approval to exceed the number of placements.

5. Determine if the resource family needs assistance
    a. Consider any needs the family might have, including:
        I. Has the family experienced the loss of a family member?
        II. Has the family experienced the loss of their home or goods?
        III. Is there a need for respite care while recovering from these losses?
        IV. Is there need for medical or psychological treatment for stress relief, grief counseling, post-traumatic stress disorder or other conditions?
        V. Is there a need for assistance with escalating behaviors in children who have experienced the trauma of a disaster?
    b. Although this activity will be secondary to immediate assurance of the safety and well-being of children and families, it is a high-priority activity. Staff can begin to assess these needs during the preliminary well-being checks and should continue to check in during the life of a long-term disaster or emergency.

6. Assure safety of children in independent living situations

a. Many of the young people living in independent living situations, such as scattered site apartments and transitional living group homes, are case managed by contracted providers.
b. Older Youth Transition Specialists, or their designees, are required to make contact with these youth, as well as those receiving aftercare services under Chafee, in the event of a disaster.
c. The OYTS in the affected location will then notify other OYTS regarding status of the youth.
d. Staff (CD case managers or services workers, their designees or PBC staff) will also make contact with any young people living independently while in the division's custody, including those in Independent Living Arrangements, Transitional Living Advocate placements and those attending college.
e. Group homes will be checked by RPU staff.
f. Staff should report the status of the young people to identified individuals in Central Office, as well as their regional staff. This information will also be forwarded to Command Team members.

7. Assure safety and assist with needs of children in residential placements
   a. Residential Program Unit staff, like children's services workers, will make it a top priority to check on the facilities in their areas.
   b. In addition to checking on the well-being of the children in the facilities, they will ask if any assistance is needed, help the facility to access any services, and help with assessing and providing for the needs of the individual children.
   c. RPU will forward information regarding the status of the facility and the residents to designees at Central Office.
   d. Central Office will, in turn, forward the information to regional staff and members of the CD Emergency Command Team for distribution to staff with children in residential placements.
   e. In small-scale disasters, this will not preclude staff from calling to check on the individual children in their caseloads. However, in larger-scale situations, staff will be discouraged (via a note from Central Office) from calling the facilities to check on individual children, freeing up communications into and out of the facilities.
   f. Certain types of disasters may require in-person visits to the facilities, if phone contact cannot be made. Because the RPU staff is small, local offices may be asked to assist in making these visits.
   g. If CD staff is unable to access a facility, assistance can be requested from local law enforcement, National Guard or others who are assigned the larger emergency management task of well-being checks. These efforts will be coordinated by local emergency managers and the state EOC.
   h. Requests for this type of assistance can be made by contacting Central Office, which will notify the DSS representative at the

State Emergency Operations Center, or by contacting the local emergency manager or law enforcement.

8. Assure safety of children in out-of-home placements in new locations, should relocation occur
    a. Decisions regarding relocation of children will need to be made on a case-by-case basis, given the circumstances that exist at the time of the emergency or disaster.
    b. Each circuit must work with their local court and juvenile office to establish plans for assuring safety of children for a short-term stay with their resource provider in a new setting. During a local event, CD staff will be available to assess the safety of the children in their new setting, requesting assistance from staff in another location, if necessary.
    c. An event that is more widespread and/or longer in duration may require that the children have a moderate-term stay in another location.
    d. CD staff should do a basic home assessment (complete all applicable sections of the CS-45 – Resource Home and Safety Checklist) and also complete checks of all household members age 17 and older through the Family Care Safety Registry as soon as possible and absolutely no later than the 14th day after the children take residence in the new location.
    e. It is possible that resource families might choose to stay with relatives in another state. For stays longer than 28 days that occur in another state, Interstate Compact for the Protection of Children (ICPC) protocols should begin to be processed.
    f. The Command Team would like to explore with DLS, OSCA and the courts the standardization of language in court orders to deal with situations where children will be temporarily relocated in disaster or emergency situations.

9. Prepare for an intake surge from displaced children
    a. Intake surge may need to be managed by using resources, at least temporarily, that move children farther from their homes.
        I. This option, along with that of exceeding maximum capacity in a given resource home (discussed earlier) should be used after carefully weighing all options available.
        II. There must also be continued planning to assure that this is a <u>temporary</u> situation and that licensing rules are met and best possible placement options acquired as quickly as possible.
    b. Keep in mind that children, especially very young children, who are displaced from an out-of-home placement may not know or be

able to share with emergency responders the name or address of their resource provider.

I. When children initially come into care, every attempt should be made to obtain the child's basic information – name, date of birth and, ideally, DCN – to be stored for accessibility in a disaster or emergency. Each circuit should consider how they would collect and store this basic information on all children in a format that would be accessible during an emergency or disaster.

II. Every effort should be made to include a photo of each foster child. Whenever possible, a photo of the child with their current resource family would be ideal.

III. Child identification safety kits are available from many law enforcement agencies and local child advocacy agencies, like local Safe Kids Coalitions. These kits include identifying information, including a fingerprint from the child.

IV. Circuit staff should explore the possibility of completing these identification kits on their children in out-of-home placement and allowing the kits to move with the children as they go to different placements or return home.

c. In a disaster occurring during the school day, the presumption is that schools will act as shelters for children until family members are located and can retrieve the children. (This has proved to be true in past disasters in Missouri.) If family members cannot be located, we expect the schools may call us for assistance.

I. If sufficient time passes that requires that temporary protective custody should be taken, CD staff will contact local law enforcement to take protective custody, as is the usual practice.

II. However, in the event of a disaster, law enforcement assets may be dedicated to emergency tasks only, although school resource officers might be able to help.

III. If they are unable to assist, CD staff will contact local court officials for input.

IV. In these situations, the first priority will be to locate a safe and secure placement for the children, therefore emergency placement options will be explored first. Then, following typical agency protocols, staff will look for relative and kinship placement for the children (which will further help to ease the children's trauma) and then explore other long-term placement options.

d. CD staff can make themselves available as a resource for interviewing children. Skilled at putting children at ease during stressful situations, they may be able to help elicit information

from children about who they are and get their help in identifying placement resources.

e. Some displaced children will experience the trauma of seeing parents killed or injured. CD staff can help make referrals to mental health services and help to identify specific needs. Keeping in mind that staff will be coming from other places, Central Office or a designee will need to identify locations and services in or near the affected area that can accommodate the surge.

f. Staff should also consider the possibility that a disaster or emergency may result displaced children who are left alone by the injury or fatality of their parents.

   I. Regular hotline protocols apply different standards to children reported as left alone, depending on their ages. While older children are generally safe if left alone for a longer period of time, younger children should only be unsupervised for a brief amount of time.

   II. CD staff should apply these same standards while also taking into account the particular circumstances created by the disaster itself – e.g., is the child's home habitable; are utilities available in that neighborhood; is the area at risk of fire from downed power lines, etc.

g. If staff have trouble getting to children in affected areas, they should seek assistance from law enforcement or other organizations, like the National Guard, that might be assigned to the task of making well-being checks on residents.

h. In a disaster that results in mass evacuations, it is likely that attempts at reunifying families will have to occur at Reception Centers along the evacuation route(s).

   I. CD staff can make themselves, and their skills, available at Reception Centers.

10. Assure payments are made to resource families for caring for children

a. Efforts should be made to encourage resource families to sign up for direct deposit.

   I. This will ensure automatic deposit of funds when it is not possible for checks to be mailed. (Note that this is mandated for state employee paychecks.)

   II. The convenience and safety of direct deposit will be even more beneficial in higher-level disasters, as payment processing and mailing services will be less likely to be available.

b. For those providers who do not take advantage of direct deposit, processes are in place for reporting lost checks and activating replacement checks.

I. In addition, local communities place a priority on restoration of services like mail delivery as a part of immediate recovery efforts.

c. CD staff who are aware of potential financial impact to families affected by a disaster should make every effort to assist the family with recovery of these funds.

11. Respond to requests for information/status of children from birth parents
    a. Anticipate calls from birth parents, asking the status and location of their children.
        I. Reassure them regarding their children's welfare and share, to the extent appropriate, the whereabouts of their children, if relocation has occurred.
        II. In a widespread or lengthy disaster, this will be more difficult and should, again, be prioritized behind assuring that health, safety and well-being of children have been addressed.
        III. However, staff should bear in mind that we have a responsibility to birth parents to keep their children safe and to provide them with assurance that we are meeting that mandate.

12. Assure the confidentiality of foster children, to the greatest degree possible during the emergency or disaster
    a. Staff and resource providers are to remember that part of ensuring the safety of foster children is ensuring their confidentiality and their right to privacy under the Health Insurance Portability and Accountability Act (HIPAA).
    b. This also includes safeguarding them from media exposure, to the greatest extent possible.
    c. The unexpected occurrences and chaotic nature of a disaster or emergency might result in children being unintentionally placed at risk from offenders, or the possibility of a parent abduction. It is critical that confidentiality remain at the highest level possible to safeguard children.

13. Consider congregate sheltering as a last resort for children in the state's custody
    a. Congregate sheltering provides a critical service to families displaced from their homes by disasters or emergencies. However, its nature allows for little privacy, structure or stability and proves to be difficult for many people. For children in the division's custody who have experienced past trauma or who have special medical or psychological needs, it provides the least desirable

housing option. For this reason, the division encourages disaster planning for individuals, families and facilities.

I. However, should it be necessary, as a last resort, to shelter children in the division's custody in general-population emergency shelters, it will be critical that the children be well-supervised by agency staff or a designee, resource families, contractors.

II. Children's Division may be looking to other department personnel for assistance with this situation.

III. General population sheltering should be considered a very temporary situation, to be used until additional resources can arrive.

IV. In some situations, shelters are able to offer some segregation options to families and those with special needs. Shelter managers can assist families and staff with making accommodations.

V. CD staff should work with local emergency management officials to determine which shelters would be the best options in the event that congregate sheltering is necessary.

b. In planning for large-scale disasters, individual circuits should consider, as a last resort, the possibility of establishing temporary shelters strictly to house children in our custody.

I. Such plans should include the ways we would be able to partner with residential agencies to use existing empty beds, or with other local resources – including shelter experts like the Red Cross and the Salvation Army, as well as FSD staff – to assure the children's needs are met in the shelter.