

- **Child and Family Services Review (CFSR) Advisory Committee Minutes**
 - **Wednesday, February 17, 2021, from 10:00 am – 12:00 pm**
 - **WebEx Conference Call**

- Welcome and Roll-Call
 - Attendees: JoDene Bogart-CD, Katie Igo-CD, Jeff Watson-Children’s Bureau, Elizabeth Satterfield-CD, Kara Wilcox-CD, Kim Abbott-OSCA, Sally Gaines-CD, Teresa Hayner-Good Shepard Children and Family Services, Tony Scott-Children’s Bureau, Lara Underwood-GAL, Kendall Darling-Children’s Bureau, Emily Van Schenkhof-Children’s Trust Fund, Marina Olson-Foster Adopt Connect, Patrick Pruitt-Kansas City Indian Center, Shelia Rancatore-Cornerstones of Care, Shawn Boyd-CD, Christina Elwood-DHSS, Janet Braker-Missouri Alliance, Amy Martin-CD, Leanne Reece-CASA, Nikki Schneider-Foster Adopt Care Coalition St. Louis, Julie Starr-CD.

- CFSR Case Review Updates – JoDene Bogart
 - Completed PIP at the end of October 2020.
 - Still have 4 items to pass; have gone to the regions to discuss what is needed. Items are timely initial contact, services to children and families to remain in their homes, placement stability, permanency goals/timely TPR.
 - Have had 2 of 5 webinars that familiarize people with CFSR process, what reviews are looking for, and hitting items that have not been passed.

- NTDC data – Amy Martin
 - Pilot project with DMH-Mobile Crisis Response Project. There have been 36 referrals to the project since we last met. DMH have family workers with experience with children from their family grouping. They are providing referrals to any relatives that take care of children in care and custody of CD.
 - Ozark Center-Barton, Jasper, Newton, McDonald
 - Burrell- Pettis, Greene, Dallas, Polk
 - Compass Behavioral Health – Lafayette, Johnson, Cass
 - Referrals are responded to by having a worker assigned to a family or having the child assessed for mental health services.

- 16 of 36 referrals resulted in the child being assessed for mental health services and the remainder was a worker being assigned.
 - Families are appreciative of support. Like the connection between CD and DMH to serve needs of the children.
 - Continuing contact if initially not needed to provide support later down the road. Relatives are not feeling intruded upon but do feel supported. Hope is to continue to give updates to this group. During March looking at capacity and adjacent counties to try some minimal expansion.
 - National Training Development Curriculum Pilot-Partners at COC and FAC in KC and NW region of the state. Have enrolled 242 in intervention-families receiving pre-service. Target is 160 families complete. Have 120 so far.
 - Survey Project with National Council for Adoption-gaps, weaknesses, etc. STARS curriculum-when new project started suspended. Moving forward with three comparison groups-robust evaluation to find out which is the best curriculum
- Service Array break-out discussion – Feel free to draw on professional or personal experience as you discuss the following questions.
 - What services do you feel children and families involved with the child welfare system most often need?
 - Of those services, which would you consider Missouri to have adequate availability/accessibility?
 - Of which does Missouri not have adequate availability/accessibility?
 - How does location factor into availability/accessibility?
 - How has COVID impacted service availability, either positively or negatively?
 - Are there promising practices/programs to highlight?
- Break – come back to large group meeting
- Report-out of small group discussion
 - Group 1-Two of the most critical services are stable placement options to keep siblings together and consistent visitation with family members. Service needs have not changed over the years. Need therapy, parenting skills, drug treatment, childcare.

Reviews indicate good array of services and access. Metro areas have a number of providers but outside of the metros there are big gaps. Some counties and circuits don't have services available. Childcare and transitional living services for older youth. Transportation can hinder reunification. COVID discussion was mixed. Some prefer in person and some areas don't have reliable consistent connectivity. Physical health services difficult. Residential and transitional living stopped taking placements, some stopped passes and visits off campus. Hindered progress. Have increased access and providers have been more creative. Have developed group processes. Therapies have had better attendance. Promising practices NTDC training, functional family therapy-prevention resource, Missouri Alliance- Lifeset-great success with that. Hybrid Lifeset is showing success as well. Vouchers through HUD-specific to youth out of care or getting ready to leave care within 90 days. They have priority. HUD voucher for 36 months. Have made youth priority population in receiving HUD vouchers. Access to the Care Portal has been helpful in overcoming barriers to reunification and assist families with concrete needs and financial support. Community partnerships support the work we are doing as well.

- Group 2-Mental health services for children and foster families. Urban areas have more resources but may not be high quality or lack consistency. Mental and behavioral health services for our kids and families remain a high priority and most areas have higher need. Lack of adequate housing resources for the families. Many families lose kids to foster care due to inadequate housing or can't get their children back due to lack of appropriate housing. Issues related to recruitment of foster families of color for our children. COVID has taught the value of telehealth mental health services. Connectivity and equipment are problematic. A lot of providers are not engaged in the Medicaid system now. Supplemented by allowing therapists not in the Medicaid system to provide some level of services. Payment sources opened up for therapists outside of Medicaid. Help with continuity of therapy services. Also include services for the foster parents to support stability of the placement.
- Group 3-Talked about services that are important. Highlighted mental health services-therapy for past trauma. Substance use to address trauma or mental health needs. Children and families come to us with little to no natural support network. Prevention services and home based services are important to intervene prior to things getting difficult. Urban vs. rural areas. Lack of coordination and transportation issues. Many times people don't know other areas where they might have to travel to receive services. Needing a consistent worker in their life to help navigate issues. COVID-both negatively and positively impacted services and families. A lot was positive regarding how we work with our kids and families. Teens and older youth really respond to virtual interaction. Like to communicate more often virtually vs. once a month as before in person. Worries with confidentiality with court, therapy sessions, and worker child visits. Positive feedback hearing from families with parent engagement and feeling less intimidated virtually vs. sitting in a conference room with all the team members. Struggle with finding the way we would work but hopeful that some practices will stay. Positive evidence based home visiting programs and working with the families prevention wise.

- Updates, Announcements and successes – Committee Members
 - Sheila Rancatore-At COC working to consolidate residential campuses. Ozanam and Gillis. Working to consolidate youth to Ozanam campus. Decision was made due to continue need for residential treatment but also recognizing the need to reduce residential footprint and focus on other preventative or treatment services and supports in the community. 74 beds available. Serving youth 6-20.

- Meeting Wrap-up
 - May 26, 2021 is the next meeting (virtual).