MO CARE Pre-Service Training



Legislation Governing the Children's Division



This is a brief introduction to frequently used terms.

The primary goal of **Adoption and Safe Families Act (ASFA)** is to expedite permanency for children in foster care by setting specific time frames in which the state must act on a child's permanency plan. The permanency plan of every child who has been in out-of-home care for 15 out of the most recent 22 months, must be reviewed. The state must file a termination of parental rights (TPR) petition unless compelling reasons exist for not filing this petition.

Family First Prevention Services Act (FFPSA) is legislation built to enhance prevention services, helping children remain safely in their own homes to avoid the traumatic experience of being separated from their family. Federal funding supports programming to address mental health, substance use disorder treatment, and in-home parenting skills training to help families safely keep their children at home. FFPSA also aims to make sure that children are placed in the least restrictive setting possible.

Interstate Compact on the Placement of Children (ICPC) assures the protection of children crossing state lines and ensures they receive the same support and services as if they remained in their own state. Among several other reasons, ICPC applies when children are to be placed in interstate relative or kinship placements. The timeframe for completion of an ICPC varies greatly by type, for example, it can be expedited in certain circumstances. Other factors that impact the time frame for completion are the availability of the sending and receiving agency to complete

paperwork and the proposed caretaker's cooperation and timeliness in completing necessary tasks.

Indian Child Welfare Act (ICWA) regulates placement proceedings involving Indian children to promote the stability and security of Indian families and tribes.

What's Available on the Children's Division Website?



There are a lot of resources available online on the Missouri Department of Social Services Website. You can find the entire Child Welfare Manual. You can also subscribe to the Foster Parent Connections Newsletter and view past issues. Among other useful and timely information, the newsletter keeps Missouri foster parents up to date on policy updates and training opportunities. There are also several helpful tools available to foster parents at the "I am a Foster Parent" page within the website, including quick links for popular e-forms, mandatory and elective training, the Foster Parent Bill of Rights, and the Foster Parent Handbook. New resources are added all the time.

Some frequently used e-forms available include:

- Court Caregiver Report
- Medical Log (CD-256)
- Travel Expense Log (CD − 106)
- Respite Provider Forms (CD 110, CD 111)

Permanency Plans



Ultimately, the goal of the child welfare system is to provide children with a stable and continuous relationship with nurturing and loving parents, and the **permanency plan** sets the path of how that will be achieved. Permanency planning, including concurrent planning, should begin immediately after removal of the child from the home. Concurrent planning is the process of working towards reunification while at the same time establishing and implementing an alternative, or back-up, permanency plan for a child. Multiple team members might make a **case goal** recommendation to the court, and the court makes case goal decisions.

Family **reunification** is generally the first choice and should occur as soon as the parents have been able to resolve or reduce the problems, to a minimally acceptable safe level, which necessitated the child's placement in foster care.

However, there are times the biological family is not able to make the changes necessary to safely reunify. In those situations, Termination of Parental Rights (TPR) may be considered. **Termination of Parental Rights (TPR)** is the voluntary or involuntary legal severance of the rights of a parent to the care, custody, and control of a child.

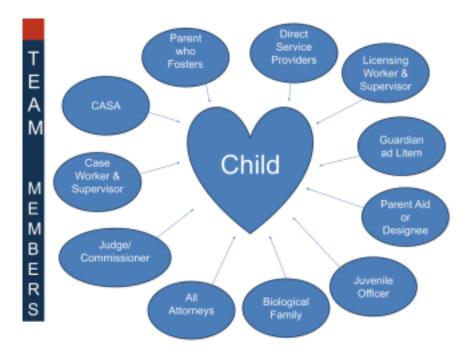
Among other reasons, **adoption** is often considered an appropriate permanent plan when the goal of reunification has been ruled out, there is clear, cogent and convincing evidence that one or more grounds for TPR exist, and the parents have failed to correct those problems or conditions which contributed to the child's placement in foster care, and are not likely to do so in the near future.

Guardianship is a permanency option for children where reunification or adoption is not feasible. Guardianship requires the caretaker to assume a high level of responsibility and authority over the child. It is most frequently used when relative caregivers wish to provide a permanent home for the child and maintain the child's relationships with extended family members without a termination of parental rights, as is required for an adoption.

In **Another Planned Permanent Living Arrangement (APPLA)** the child welfare agency maintains care and custody of the youth and arranges a living situation in which the youth is expected to remain until adulthood. APPLA is a permanency option only when other options such as reunification, relative placement, adoption, or legal guardianship have been ruled out. The child must be 16 years of age or older to choose this permanency option.

A **case plan** describes the outcomes, goals, and tasks concerning a child's care while in placement. These goals include ensuring that the child receives safe and proper care while in state custody and that appropriate services are provided to the parents and foster parents, as well as determining goals/objectives families must meet in order to create a safe, permanent home for the child. Progress is monitored by the case worker and reported to the court.

Team Members



Note that not all of the members listed will be a part of every case team. As an example, some circuits do not have a CASA program.

CASA Volunteer: A community volunteer trained and supervised by a local Court Appointed Special Advocate (CASA) program and appointed by court order to serve the best interest of a child under that circuit court's jurisdiction. As an officer of the court, the CASA may serve as a Guardian ad Litem or Friend of the Court, depending upon the program model adopted by the judicial circuit.

Guardian Ad Litem/Attorney for the child: An individual appointed by the court to protect the best interest of a child in a specific legal action.

Juvenile Officer: The Juvenile Office staff assigned to a case involving a juvenile in the legal custody of CD. This individual represents the Juvenile Office in most court hearings.

Attorney: The biological parents will have an attorney to represent them. Adoptive parents will have an attorney to represent their best interest. And at times, the Children's Division may have an attorney attend court.

Case Worker: The worker assigned to provide direct services to parents and children. Note that

case worker, case manager, and Children's Service Worker are often used interchangeably. **Case Worker Supervisor:** Oversees and supports the case worker.

Licensing worker: The Licensing worker meets with families and works with them regarding the foster parent licensing and adoption approval/renewal process. They are responsible for keeping the licensing file up to date, keep track of licensing requirements and offer support to the foster/adoptive parents. Not that Family Development Specialist, Family Development Advocate and Licensing Worker are used interchangeably.

Family Visit Supervisor/Parent Aid/Designee: Agency staff or a person authorized by the court to supervise family visits. In addition to staff, this might be a company hired for the purpose of providing transportation to and from visits and/or supervision of family visits. The family visit supervisor might also be a designated family member or family friend, or, it could be the foster parent.

The Judge or Commissioner: The Judge or Commissioner hears family court cases and makes findings and recommendations regarding abuse, neglect, abandonment of children, visitation, custody, guardianship, TPR and adoption.

Direct Service Providers: could be medical providers, psychiatrist/psychologist, therapists, educational staff, or others providing services to the child or parent.

Parent who Fosters: Note that foster parent, resource provider, and placement provider are terms often used interchangeably.

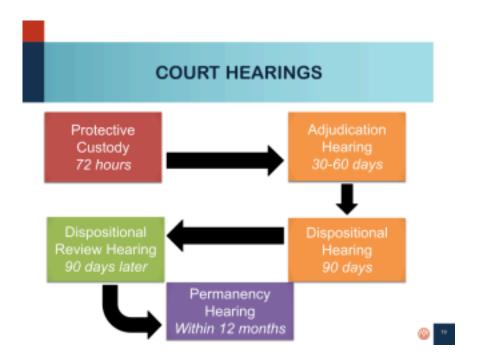
Biological Parents and/or Family Members: the biological parent and/or siblings and/or other biological family members are an important part of the team. They are sometimes referred to as Parents, bio parents, or First Parents.

Child: The child is the most important part of the team. Their needs and best interest should always be at the center of all decisions made.

Working Collaboratively On a Team

- ❖ Be a good communicator through thoughtful and professional communication. When you become emotionally invested in a child or family, it might be challenging to remain professional when decisions are made that you don't agree with. A good rule of thumb is to not reach out or respond when you are upset. To be the most effective advocate for the children in your care, you will want to communicate factually, rather than emotionally.
- Remember that the team has a shared goal- the best interest of the child.
- Respect others and their role. You can be respectful even when you disagree with someone.
- ❖ Seek to understand different perspectives and points of view. It may be helpful to step back and recognize that team members all have different roles on the team, various areas of expertise, and different backgrounds, including their personal life experiences, which shape the lens from which they view the case. Also, there may be extenuating circumstances, that are not known to you, that influence a certain point of view.
- ❖ Be trustworthy, honest, and keep confidentiality. All information provided to you about your foster child's case is confidential, unless necessary for the child's health care, schooling, or welfare team.
- ❖ Be consistent and reliable on following through with tasks and responsibilities.

Court Role and Hearing Types



Court Role:

The court removes children from their homes, approves the permanency plans and visitation schedules, and decides if a child can safely return home or if termination of parental rights will be granted.

Hearing Types:

Protective Custody hearing is held within 72 hours of a child being taken into care to decide if removing them was appropriate and if the child should stay in the temporary custody of the Children's Division.

Adjudication Hearing is held within 30 to 60 days of a child entering care and is an evidentiary hearing on whether the allegations leading to the child's removal are true.

Dispositional Hearing must be held within 90 days of a child's removal from home to determine the child's permanency plan. This hearing may be held immediately after the adjudication hearing.

Dispositional Review Hearing should be held within 90 days of the Dispositional Hearing and may be held as often as needed to determine the appropriate permanency plan for the child. These hearings will stop only when the Permanency Hearing has been held.

Permanency Hearing must be held within 12 months of the child entering care. This hearing determines the permanency plan for the child and if the Children's Division has made reasonable efforts to finalize this permanency plan. This hearing must be held annually.

Permanency Review Hearing may be held as often as is necessary, at least every 6 months following the Permanency Hearing. The purpose of this hearing is to determine if the permanency plan in place is the most appropriate option for the child and whether the Children's Division has made reasonable efforts to finalize the plan.

Questions to Ask During Placement

When you receive a placement call, it's ok, and even encouraged, for you to ask questions. When you better understand the needs of the child and family, you can make a more informed decision about your capacity to meet their needs. You will need to keep in mind, however, that sometimes the caller might not have all the information. This is especially true when children are just entering care. Here are a few sample questions many foster parents like to ask:

- ❖ What is this child's basic information- name, birth date, gender, race?
- Why is this child being placed?
- Why and when was this child brought into care?
- ❖ Has this child been placed before? Can we contact the previous provider?
- Is it possible to do a pre-placement visit?
- ❖ What is the family situation- parents, siblings, extended family? Where are they?
- ❖ What community are they from? Where did this child attend school/preschool?
- Does this child have any special medical or dietary needs?
- Does this child have any known behaviors?
- Are there any precautions which should be taken regarding the safety of the child?

Some fostering families might look for more in-depth information to guide their placement decisions. The following is a more comprehensive list of questions you could consider including:

Basic Identification & Case Information

- Child's Name, Gender, DOB, Ethnicity, Child's SOGIE, Language?
- ❖ Medicaid ID#/Card?
- ❖ Worker, Supervisor & Team Member's #, After Hours #?
- ❖ Agency & County?
- Next court hearing & FST meeting & worker visit?
- Legal issues for parent(s) or child(ren)?

Placement Information/Financial Supports

- Placement date? Anticipated length of placement?
- Permanency Plan?
- Pre-placement visits?
- Placement type?
- Maintenance Amount?
- Clothing: Voucher or Reimbursement?
- ❖ WIC?

Abuse/Placement History:

- Length in foster care?
- Reason for placement?
- Type(s) of abuse? By whom?
- Number of Previous placement(s)?
- Contact previous provider(s)?
- Allegations of abuse? Substantiated?

Family Contact & Visitation:

- Contact/Location of Parents & Sibling(s) & Others?
- Siblings need placement?
- Visitation? Who, Type, When, Where, Supervision?
- My expected involvement with visits?
- Any no contact orders?
- Safety risks or concerns?

Mental & Physical History:

- Concerns/Diagnosis?
- Current medications? Med compliant?
- Current Services/Needed services? Latest & Upcoming appt(s)?
- ❖ Allergies?
- Immunizations?
- Dietary restrictions?
- Prenatal insults / Environmental Exposure?

Daycare & School & Development:

- Grade Level? Current daycare/school?
- Continue or change? Transportation?
- Attendance? Academic Progress?
- Behavioral / Developmental concerns?
- IEP/504? Learning Disabilities?
- Extracurricular activities?

Personal & Cultural Information:

Strengths, Interests, & Activities?

- Known triggers? Trusted Coping Strategies?
- Cultural &/or Religious preferences / needs?
- ❖ Daily care needs?
- Is the child a parent? Contact with their child(ren)?
- Currently Pregnant?

Known Behaviors:

Verbal/Physical aggression (peers/adults), Swearing, Self-harm, Suicidal/Ideations, Animal Cruelty, Bed Wetting/Soiling, Elopement, Fire setting, Sexualized behaviors, Sexually active, Substance Use/Abuse, Smoking, Destroying Property, Lying, Stealing, Food Insecurities/Hoarding, Eating disorders, Sleep concerns, Safe with young children

Visitation



Visitation

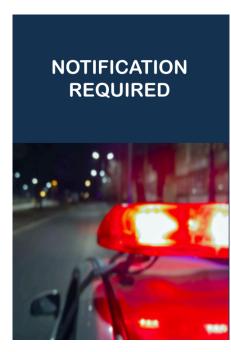
- Frequency
- Community vs. in-home
- Types
- Tips to prepare children
- After the visit



Continued contact between the child and family is essential to maintaining and strengthening family bonds. It is recommended that visits occur weekly, or as frequently as possible, with a minimum of one time per month. Visits may vary in length, frequency, location, and they may or may not be supervised, depending on court order. Often sandwiched visits are utilized to allow some unsupervised time between supervised contact. Visits should take place in the least-restrictive environment possible while still assuring safety.

To help the child prepare for visits, remain positive about the birth parents. Parental visits or contact can sometimes be stressful for the child. If your child displays different behavior after a visit, phone call, reading mail, or if they report something that concerns you, please share this information with the child's case manager. Be a safe space for the child to share, but never steer the conversation or interrogate the child about visits.

Approval Needed



Immediate



- Serious illness (requiring treatment)
- Serious injury (requiring treatment)
- · Unauthorized absence
- Deem Appropriate

Within 2 hours

- Missing foster child
- Notify local law enforcement agency
- Notify National Center for Missing and Exploited Children

Within 2 weeks

· Family problems, or changes

Within 60 days

 of case manager's initial inquiry for your desire to adopt





Here are some examples of common situations that would require you to obtain approval from the child's case manager. In many cases, the case manager will need to seek the input of the child's family.

- Non routine medical care
- Medications
- ❖ Significant changes to hair length or style While approval is not required under prudent parenting guidelines, hair is often an important cultural decision that should be discussed with the biological parents.
- ❖ Body piercings & tattoos
- Getting driver's license
- Some travel (International)
- ❖ Alternate caregiver over 24 hours

Maintenance Payments

The maintenance reimbursement is a monthly payment to offset the cost of room and board, incidentals, and clothing for the child. If a child is not in your home for the entire month, payments are prorated for the number of nights the child spent in your home. You can find the current reimbursement rates in the Child Welfare Manual.

Direct deposit is the quickest and most secure way to receive maintenance payments. To apply for direct deposit, complete and submit the form CD-122 which can be found by visiting the e-forms section of the Children's Division website.

Payments are made the following month, generally on the 10th business day of the month. State holidays do not count as business days, and will delay payments.

If at any time you receive the incorrect amount of money, it is important you notify your local Children's Division office immediately, so they can correct the payment.

Training

You will need 30 hours of approved training before relicensing, which is every 2 years. The 30 hours will include some required training. You can also choose from several popular elective trainings or receive approval for outside training, which can include, among other things, reading parenting-related books or listening to podcasts.

If you are interested in above level care placements or adoption, specific training will be required. These training hours can count towards the hours needed for relicensing.

You will want to report all training hours to your licensing worker

Some places you can locate training offerings are the Children's Division website and training calendars through the Family Resource Centers. Your licensing worker can also provide you with suggestions.

Child Abuse and Neglect Hotline



When a call is placed to the Missouri Child Abuse & Neglect Hotline, workers initially determine if the child is in imminent danger. If the allegations do not pose an immediate threat to safety it can trigger the opening of an investigation, family assessment, or juvenile assessment. Not all calls to the hotline are determined to be abuse/neglect. However, the Children's Division can often provide services and assistance that can help families prevent abuse or help the family in crisis.

Anyone can report suspected child abuse, neglect, or exploitation. Members of certain occupational groups, such as teachers, social workers, and physicians are mandated by law to make reports to the hotline and are considered mandated reporters. As a foster parent, you are also a mandated reporter. Err on the side of over-reporting. If you have the thought, "Maybe I should call..." — DO!

It is not uncommon for foster parents to be hotlined. It is generally in your best interest to cooperate with the investigation. It is an opportunity to tell your side of the story and provide additional facts or information that will aid the investigation. Your licensing worker can help you understand the timelines of the process and the impact on your license. You might also want to speak to an advocate from the Family Resource Center that serves your area. They can help inform you about the process, suggest any other steps you can take, and connect you with supports that address the emotional aspect of being hotlined.

Other Helpful Supports

- Local foster parent support organizations
- Clothing closets
- Seasonal donation drives (ie. Back to School, Christmas)
- Local discounts
- ❖ Facebook communities- national, state-wide, local, hyper-local (which might be a community or neighborhood), special interest groups, faith-based groups
- Other helpful websites:
 - > Childcare = website: https://childcare.mo.gov/s/parent-landing
 - Kinship Navigator Program https://cehd.missouri.edu/navigators/
 - ➤ Parent Link: https://cehd.missouri.edu/parentlink/
 - ➤ Services Referrals: https://liftupkc.org/
 - ➤ Medical Referrals:
 - https://www.homestatehealth.com/find-a-doctor/find-a-provider-guide.html or http://apps.dss.mo.gov/fmsMedicaidProviderSearch/

Navigating the Education System

As a foster parent, you may consent to:

- Public school registration
- ❖ Initial evaluation and placement for special education and related services
- Making and changing class schedules
- ❖ Absence from school
- Participation in extracurricular activities
- Participation in school meal programs

You will want to confer with the case manager for guidance on which school district the child should be enrolled based on a **Best Interest Determination**.

By law, every school district is required to appoint a School District Educational Liaison for children in foster care.

If you need any help advocating for services within your school district or have questions about what services are available for your child, M-PACT, Missouri Parents Act, is an organization that can assist you. Your Family Resource Centers might also assist with educational advocacy or help connect you to community resources.