



CHILDREN'S DIVISION

Stakeholder Call

August 29, 2025

Scan to Register
for the next call



WELCOME

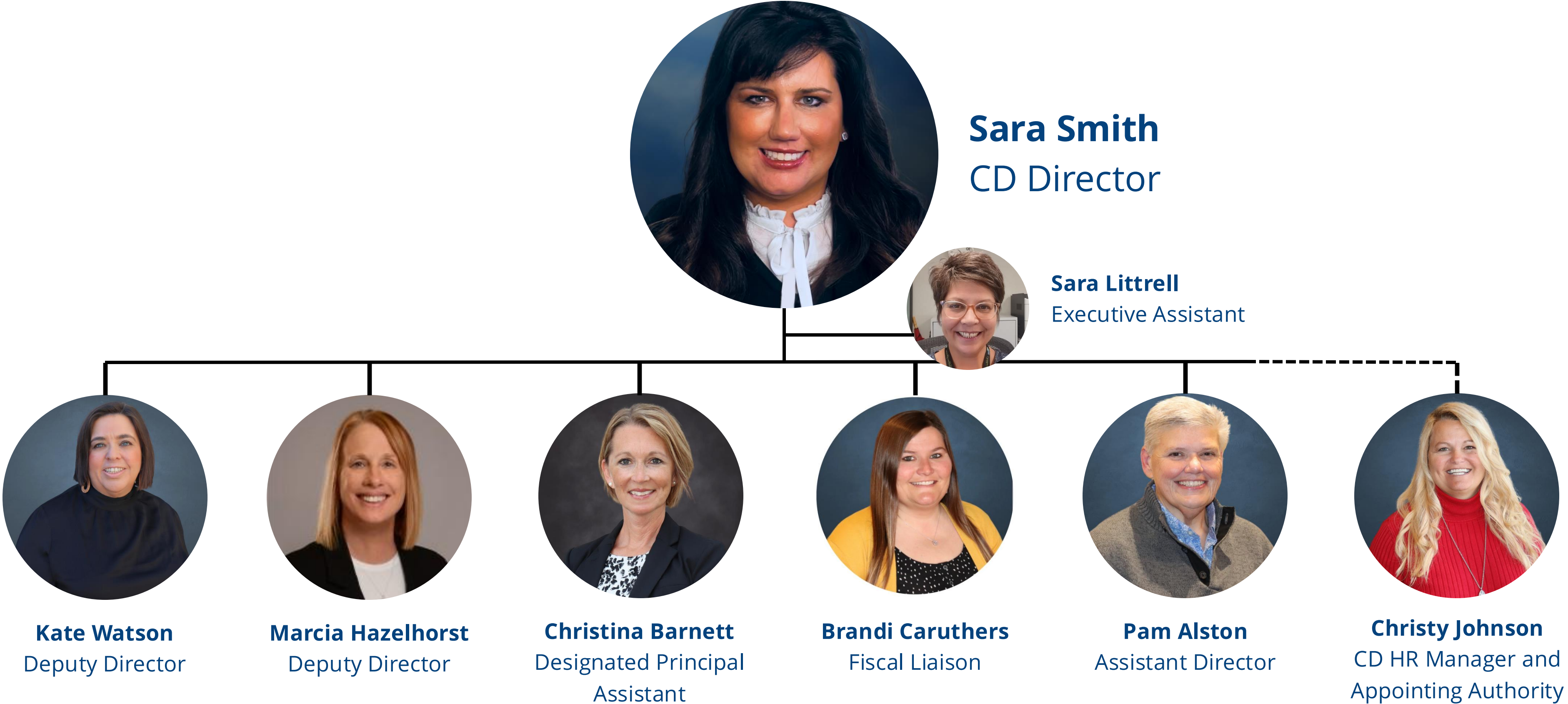
We're glad you're here!

Agenda

1. Welcome
2. HR Updates
3. Fiscal Team Updates
4. Safety Unit Update
5. Permanency Updates
6. Training, PIP, and Field Updates
7. Prevention Spotlight CD and Partners
8. Adjourn

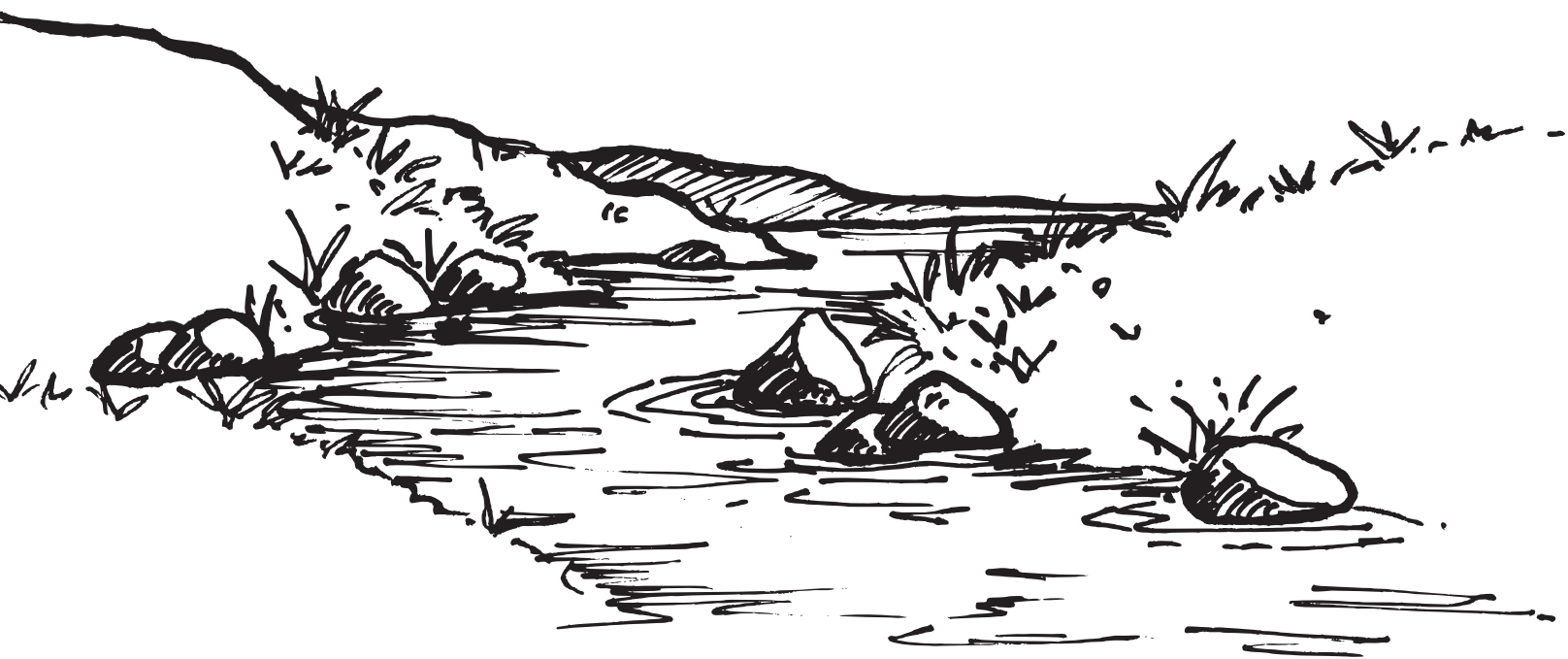
**Please type
your questions
in the chat!**

CENTRAL OFFICE STRUCTURE



STORY OF THE RIVER

Imagine you and some friends are strolling along the shoreline of a river taking in some fresh air, when you suddenly see a baby floating downstream in the water. You jump in to save the baby. As soon as you get the baby to safety on shore, you notice another baby in the river, with more babies behind that one. Your friends begin assisting you in the water pulling baby after baby out to safety. No one knows where the babies are coming from or how they've gotten in the river. Eventually one of your friends suggests that you go upstream to find out where the babies are coming from and stop it. But it's taking every hand to pull the babies out of the river. **What would you do?**



You know that the work of staying downstream and pulling the babies out of the river is invaluable, but upstream something is causing the babies to end up in the river in the first place. If you can stop whatever that is, you will prevent the babies from this fate.

HUMAN RESOURCE TEAM



Christy Johnson
CD HR Manager
and Appointing
Authority



Brad Vance
HR Manager
Employee Relations



Jeremy Wilkerson
HR Manager
Position Management



Christine Steele
Recruitment/Retention
Unit Manager

HUMAN RESOURCE TEAM UPDATES

- As of July 31, 2025, CD has 1,954 full time team members on board
 - 1,517 of those are front line workers and supervisors
 - We currently have 99 vacancies
- Annual leave sweep is on October 31, 2025

| Employee's Years of Service | Semi-monthly Accrual Rate | Yearly Maximum Annual Leave Balance Allowed | October 31 Annual Leave Balance |
|--------------------------------|------------------------------|---------------------------------------------------|---------------------------------------|
| Less than 10 Years | 5 Hours | 240 Hours | 235 Hours* |
| 10 Years to 15 Years | 6 Hours | 288 Hours | 282 Hours* |
| Over 15 Years | 7 Hours | 336 Hours | 329 Hours* |

*Employees must be at or below this balance as of October 31 to allow accrual of annual leave for the October 16-31 pay period.

- ENGAGE Evaluations are open September 2-22, 2025

FISCAL TEAM



Brandi Caruthers
CD Fiscal Liaison



Hannah Siegel
Assistant Fiscal Liaison



Jennifer Schulte
Program Coordinator



Scott Montgomery
Fiscal Notes

FISCAL TEAM UPDATES

- The Fiscal Team is working with programs for FY26 to best utilize and track our appropriations.
- The CD Fiscal Unit are identifying common coding errors on expense reports and addressing errors at the source
- Fostering a culture of continuous learning with program and field staff related to Children's Division budget and compliance.

SAFETY UNIT



Marcia Hazelhorst
Deputy Director



Jeremy Bowman
Critical Investigations
Unit Manager



Kara Wilcox
Safety



James Harris
Out of Home
Investigations



Casey Gilmore
Assistant Deputy Director



Katherine Gonder
CANHU Manager



Joanna Beckett
CCU Manager

PERMANENCY & FOSTER CARE LICENSING



Kate Watson
Deputy Director



Heather Ford
Assistant Deputy Director
Foster Care Programs



Marcia Wetzel
FCCM Contract Oversight



Jill Pingel
HIS Unit Manager



Melissa Kenny
HIS Unit Manager



Rene Brinkman
Older Youth Unit



Lauren Masterson
Assistant Deputy Director
Permanency



Dawn Rector
Residential Services

FOSTER CARE UPDATES

- House Bill 737 legislation was signed by Governor Kehoe in July 2025
- Policy updates were released to notify case managers of the changes to KIDS accounts as a result of the legislation
- A Scope of Work was issued and awarded to Public Consulting Group (PCG)
- PCG is working with CD and DSS to do a comprehensive system assessment related to benefit management and establishing of ABLE accounts which will be utilized to collect the benefits for children to be utilized for their needs

FIELD OPERATIONS



Pam Alston
Assistant Director



Shawn Boyd
Training and Professional
Development Manager



Julie Starr
QAPI



Annie Wilson
Training and
Professional
Development

Field Administration



Jennifer Chism
Northeast Director



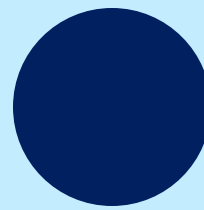
Jana Wyman
St. Louis Director



Shasta Miller
Southeast Director



Chris Kimsey
Northwest Director



TBD
Kansas City Director



Lisa Crawford
Southwest Director

STRUCTURE - FIELD OPERATIONS

Northwest Regional Director

Chris Kimsey

St. Joseph State Office Building
525 Jules #127
St. Joseph, MO 64501
Phone: (816) 387-2010

Christopher.R.Kimsey@dss.mo.gov

Kansas City Regional Director

TBD

Kansas City State Office Building
615 East 13th St.
Kansas City, MO 64106
Phone:

Southwest Regional Director

Lisa Crawford

Greene County Office
149 Park Central Square, Suite 538
Springfield, MO 65806
Phone: (417) 895-7855

Lisa.Crawford@dss.mo.gov

Northeast Regional Director

Jennifer Chism

Audrain County Office
4690 S. Clark Street
Mexico, MO 65265
Phone: (573) 253-8230

Jennifer.Chism@dss.mo.gov

St. Louis Regional Director

Jana Wyman

St. Louis, County Office
9900 Page Avenue
St. Louis, MO 63132
Phone: (573) 536-8612

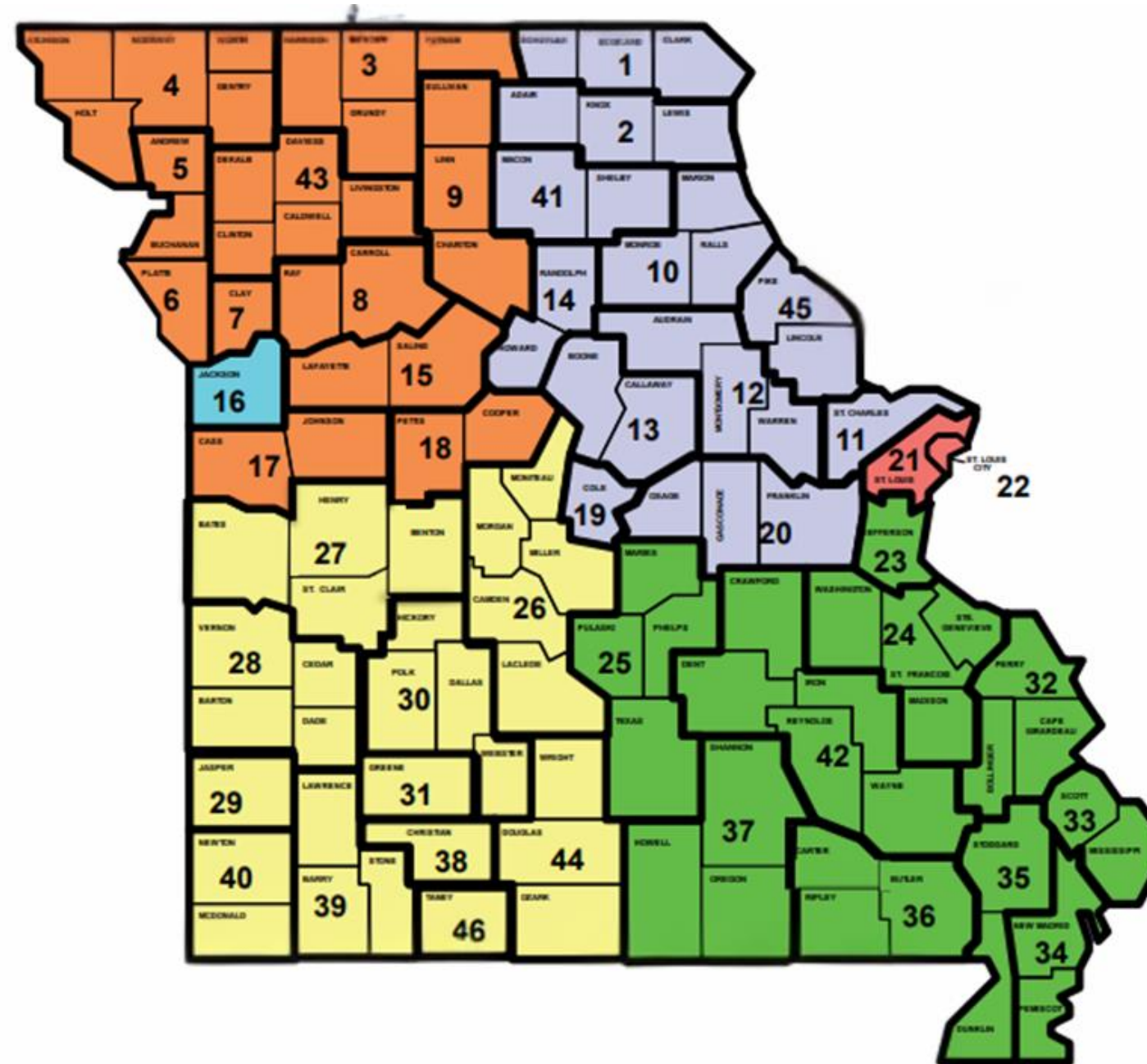
Jana.Wyman@dss.mo.gov

Southeast Regional Director

Shasta Miller

Texas County Office
16798 Oak Hill Drive, Suite 600
Houston, MO 65483
Phone: (417) 967-5105

Shasta.Miller@dss.mo.gov



TRAINING

- Wendy Libey announced as new Training Supervisor along with Annie Cordry
- We will be going back in person beginning Sept 8 in Platte and St Charles
- Rebrand from CWPT to MOCWLI
- Supervisor Training will be completed by Jan 1, 2026 along with FACES training
- Adding VR technology to help staff with skills in interviewing

FEDERAL CASE REVIEWS - PREVENTION

Item 2 – Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care

- Purpose: To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification.

Item 2 applies when there are risk and/or safety concerns within the family home and services are needed to address the concerns:

- Children who remain in the home with their parents
- Children who are with relatives/kin on a Temporary Alternative Placement Agreement (TAPA) and the provider needs services to prevent foster care placement
- Children who are returned to their parents' home on a Trial Home Visit
- Siblings of children in foster care who remain in the home with their parents/caregivers

The timeliness of service provision is also assessed. Services must be provided within a timeframe that will prevent foster care.

Examples of services that may be needed to prevent foster care include:

- Intensive In-home Services
- Child care services
- Substance use/mental health treatment services
- Concrete services such as financial assistance to ensure utilities remain connected, housing assistance, etc. in the context of safety or imminent risk of child abuse/neglect
- Services to support reunification

FEDERAL CASE REVIEWS - PREVENTION

| | Baseline | Measurement Period 2 | Measurement Period 3 | Measurement Period 4 | Sustained Improvement Goal | High Performance Goal |
|--------|----------|----------------------|----------------------|----------------------|----------------------------|-----------------------|
| Item 2 | 66.7% | 76% | 45% | 65.6% | 73% | 79% |

In total, **99 cases have been reviewed and were applicable for Item 2** since Measurement Period 2 began in November, 2024. 62% have received Strength ratings. The table to the left provides the case review results by program line.

| Case Type | Percentage w/Strength Ratings |
|-------------|-------------------------------|
| Foster Care | 65% (37/57) |
| In-Home | 60% (25/42) |

Some common trends for Item 2 include:

- Services to support trial home placement and prevent re-entry were not provided or not provided timely
- No services were offered, or were not offered timely, for several in-home cases
- TAPA providers were not offered needed services, such as food pantry resources or day care assistance
- Accessibility/waiting lists impacted timely services for some in-home cases

WHERE DO I FIND THE DATA?

Children's Division published data can be found on the Department of Social Services webpage. Follow this link to find information about Child Abuse/Neglect, Prevention and Foster Care Services, as well as annual federal reporting. <https://dss.mo.gov/re/>

Annual Reports

- [Child Abuse and Neglect Annual Report](#)
- [Child & Family Services Plans](#)
- [Children's Division Annual Report](#)

Monthly Reports

- [Children's Division Management Report](#)

Don't see what you are looking for or have questions?

Contact Julie Starr, Julie.L.Starr@dss.mo.gov

FIELD OPERATIONS

You can make a request for information at the link below



[https://dssmo.govqa.us/WEBAPP/_rs/\(S\(ja02xur0fg2uqynsgvqcodeh\)\)/SupportHome.aspx?sSessionID=1095086GEGKTKFBZOSSPHUJKZWZJSYYNADUDJCPT](https://dssmo.govqa.us/WEBAPP/_rs/(S(ja02xur0fg2uqynsgvqcodeh))/SupportHome.aspx?sSessionID=1095086GEGKTKFBZOSSPHUJKZWZJSYYNADUDJCPT)

ADMINISTRATION AND PREVENTION

Includes: In Home Services, Residential Licensing, Human Trafficking, Constituent Services, FACES



Christina Barnett
Designated Principal Assistant



Kassy Baumgartner
FACES Unit Manager



Lauren Hall
Prevention



Molly Eckman
Policy Coordinator



Mason Blair
Constituent Services



Rachel Davis
Sex Trafficking Prevention



Jennifer Richter
Residential
Licensing and BSU

PRIMARY PREVENTION

Centralization of Primary Prevention Teams

May

- Hired Assistant Unit Manager - Kelly Bethel
- Announced Centralization of the Primary Prevention Team



June

- New CANHU Criteria for Primary Prevention Referrals Identified
- Drafted New Primary Prevention Policy



July

- Centralized Primary Prevention Team!
- Submitted Necessary Changes to Case Management System for New Referral Process



August

- Finalizing Criteria for Primary Prevention Referrals
- Set Criteria for Primary Prevention Practice
- Finalizing Primary Prevention Policy



CD PREVENTION

Primary Prevention Referrals

- Primary Prevention Referrals will be screened through CANHU.
- Criteria has been established for Primary Prevention Referrals and situations in which prevention workers can connect families to community supports and services:
 - Family or Caregiver in need of services to address parenting supports, physical, mental, and behavioral health.
 - Family or Caregiver in need of Economic or Community Supports.

Community Engagement/Community Resources

- Primary prevention workers will attend monthly meetings within their local community by other agencies and are encouraged to volunteer to facilitate meetings once a quarter.
- The goal of community meetings is to connect with community partners to identify existing and needed resources within the community and to develop strategies to address the service gaps and needs identified.
- Primary prevention workers will attend System of Care meetings in their communities.

TEAM DECISION MAKING® (TDM™)

- **Began Implementation in 2024**
- **Good time for Evaluation**
 - Ensure the right prompts are in place to work cohesively with our policy and practice
 - Multi-Disciplinary Team part of the decision
 - Partners and Stakeholders have clear understanding of the when and how TDM's are used



System of Care

Missouri

What is System of Care (SOC)?

SOC is a comprehensive spectrum of effective services and supports for children, youth, and young adults with or at risk for mental health or other challenges and their families that is organized into a coordinated network of care, builds meaningful partnerships with families and youth, and is culturally and linguistically responsive in order to help them to thrive at home, in school, in the community, and throughout life. A system of care incorporates mental health promotion, prevention, early identification, and early intervention in addition to treatment to address the needs of all children, youth, and young adults.

(Stroul, B.A., Blau, G.M., & Larsen, J. (2021). The Evolution of the System of Care Approach. Baltimore: The Institute for Innovation and Implementation, School of Social Work, University of Maryland.)



The Impact of SOC

Engages services upstream

Improved communication

Braiding of funds

Increased accessibility of
services

Family/youth/individuals
are engaged and involved

Individualization of
services

Innovative solutions

Positive outcomes for
youth/families/individuals
involved in multiple systems



SOC Partners



Core Values

Comprehensive spectrum of effective services

Individualized to meet unique needs of the youth/individual/family

Based on family strengths and goals

Family/Youth/Individual driven

Culturally and linguistically responsive



Guiding Principles

Comprehensive Array of Services and Supports



Individualized, Strengths-Based Services and Supports



Evidence-Based Practices



Trauma-Informed



Data Driven Accountability



Least Restrictive Natural Environment



Partnerships with Families and Youth



Guiding Principles



Key Resources for Current and Future SOC Teams



Contact list and state map



Local SOC start-up guide with resources



SOC 101 PPT



SOC One-pager



Missouri 2025 SOC Summit, August 2025



SOC Office Hours, monthly TA beginning September 2025-April 2026



Statewide leadership meetings for SOC at regional and central level

Please contact JJ Gossrau for additional information about SOC Expansion efforts.

JJ.Gossrau@dmh.mo.gov

For information about how to become more involved in local SOC Teams, please contact the SOC Team Chair or DMH representative for that area.

[Locate a System of Care | dmh.mo.gov](https://dmh.mo.gov)

Thank you!





GOOD SHEPHERD
CHILDREN & FAMILY SERVICES

A MINISTRY OF CATHOLIC CHARITIES

GOOD SHEPHERD CHILDREN AND FAMILY SERVICES



CATHOLIC CHARITIES
ARCHDIOCESE OF SAINT LOUIS

Our Purpose

Connecting children with families and keeping families connected by providing pregnancy and parenting support, foster care programs and adoption services.



About Us

Catholic Charities of the Archdiocese of St. Louis is a nonprofit ministry dedicated to strengthening, healing, and preserving families through expert social services. Through its ministry, Good Shepherd Children and Family Services, it continues a mission that has endured for nearly 200 years constantly evolving to meet society's needs through a highly respected and compassionate practice.

Pregnancy & Parenting Support

Maternity and Transitional
Living Shelter

In-Home Pregnancy and
Parenting Services



Maternity and Transitional Living Shelter

- Offering shelter, support, and treatment for pregnant and parenting teen mothers and their babies, including therapy, life skills training, and education
- For pregnant and/or parenting mother ages 12-21 and their children up to age 5
- For pre-post-partum care, parenting and child development
- Case managers and counselor resources to support stability and mental health
- A focus on parenting skills, life skills, educational and vocational attainment for a successful transition into stable housing and independence

ADOPTION SERVICES

- Providing compassionate counseling and assistance to birth families as they explore their options and make life-giving decisions.
- Navigating a family through the complex legal process of adoption from home study, to matching, to finalization, to post adoption support.
- Connect to Prenatal care and Resource
- Access to Counseling
- Provide Parenting and adoption education
- Individualized adoption Planning
- View Adoptive Family profiles and select
- Continued Support post-adoption



Specialized Adoption Services

Supporting Missouri families who are interested in adoption with children of all ages in the US foster care system, Ultimately connecting a loving family and also reducing the number of waiting children in foster care.



Foster Care

Case management

- Providing care for children and families separated due to abuse and neglect with a focus on safely reuniting families whenever possible.

Foster Family Support

- Recruitment, assessment, training and ongoing support of foster families to meet the needs of children in care.

Treatment Foster Care

- Working with families to provide a high level of care for foster children with specialized needs that includes 24/7 support.

Connect with us

Pregnancy and Support Services text or call:

314-560-6703

Referrals@gsstl.org (in home services)

Adoption Services text or call:

314-724-8417

LOCATIONS

ST. LOUIS- MAIN CAMPUS

1340 Partridge Avenue

St. Louis, MO 63130

FARMINGTON

111 Walker Road

Farmington, MO 63640

NORTH CITY (THE HUB)

3000 E. Prairie Ave.

2nd Floor

St. Louis, MO 63107

HILLSBORO

705 3rd Street

Hillsboro, MO 63107



@goodshepherdstl

(314) 854-5700

goodshepherdstl.org



GOOD SHEPHERD
CHILDREN & FAMILY SERVICES

A MINISTRY OF CATHOLIC CHARITIES



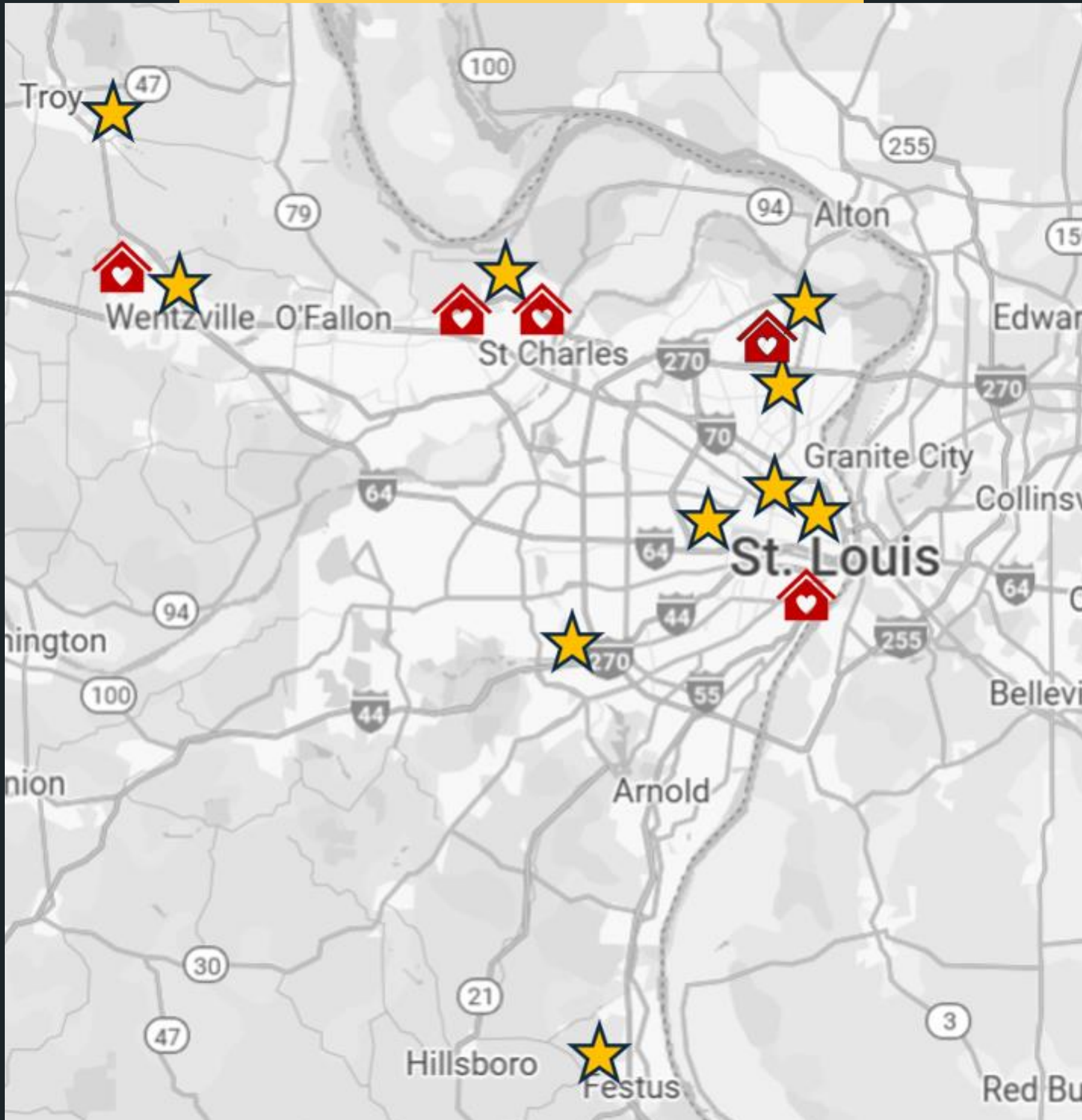
CATHOLIC CHARITIES
ARCHDIOCESE OF SAINT LOUIS



SAINT LOUIS CRISIS NURSERY

39 YEARS / 15 REGIONWIDE LOCATIONS
140,000 LOCAL CHILDREN IMPACTED





OUR MISSION

The Saint Louis Crisis Nursery is committed to the prevention of child abuse and neglect and provides trauma-informed emergency intervention, 24-hour respite care, and ongoing support to families in crisis.

15 REGIONAL LOCATIONS

















5 Nurseries providing 24/7/365 care for children in crisis



10 Community-based Outreach Centers supporting families for LONG TERM success

The Saint Louis Crisis Nursery Model

| 24 Hour Helpline | 24/7 Respite Care | The Family Empowerment Program [FEP] | Art & Play Therapy Outreach |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  Available 24/7 for overwhelmed parents in crisis |  Immediately accessible 24 hour care for children ages 0-12 in a trauma informed environment |  Follow-up in home Crisis Intervention & Family Stabilization services to promote child safety |  Art & Play Therapy intervention on site at local childcare centers |
|  Highly trained staff provide crisis intervention and parenting support |  Medical Exams, Occupational Therapy, and Developmental Screening on site to identify issues early |  Emergency Funding to cover rent or utilities |  Professional development coaching and support for direct care professionals |
|  Families are scheduled for respite care, or linked to community partners for more support |  Basic needs supplies to take home: food, clothing, diapers, and toys |  Parenting Education & Support Groups |  Ongoing parent support and connection to facilitate long term success |
| |  Art & Play Therapy to address the impacts of traumatic stress |  Individualized Counseling and Parenting Support to address underlying family risk factors | |
| | |  Community Outreach to underserved populations | |

Protective Factors Framework

Trauma Informed Care

Community & Client Voice

OUR 2024 IMPACT

4,142

calls to the 24-Hour
Helpline answered

4,527

admissions providing more
than 225,000 hours of
Crisis Care

1,788

families participating in
Family Empowerment
Programming

794

Art & Play Therapy sessions
for children in childcare
centers

Children remain free from abuse/neglect and in the custody of their parents

- ▶ **Greater than 95%** of children served did not have a substantiated report of abuse/neglect and remained in the custody of their parent (s)

Families achieve greater safety & stability

- ▶ **96%** of families met immediate safety & stability goals set at intake by their child's discharge from care
- ▶ **94%** of parents experienced a reduced stress level from intake to discharge
- ▶ **97%** of families demonstrated increased skills in at least three of the five protective factor domains by discharge from services

Children are resilient

- ▶ **93%** of children gain new coping skills through participation in art & play therapy

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Youth Behavioral Health Services

OVERVIEW

- Crisis Continuum
- What is a YBHL?
- What is a HOPE MDT Navigator?

Crisis Continuum



What is a Youth Behavioral Health Liaison?

A Youth Behavioral Health Liaison (YBHL) is a behavioral health professional employed at Community Behavioral Health Clinics (CCBHCs) across the state.

YBHLs support youth experiencing behavioral health challenges by connecting them with necessary services and supports.

YBHLs also focus on providing education on youth behavioral health to local youth-serving organizations, as well as building vital relationships throughout the community.

Missouri Crisis Resources

Contact Directory



Select a county to view the crisis resources serving in that area.



988 Suicide and Crisis Lifeline

Free & Confidential 24/7 Support

Call or Text 988 | Chat online at 988lifeline.org/chat

For any reason, at any time.

Behavioral Crisis Center and Rapid Access Unit Columbia

[Behavioral Health Crisis Center](#)

Burrell Behavioral Health

573-777-7522 | 1805 E. Walnut Street, Columbia, MO 65201

24 hours a day / 7 days a week

Brittani Heuszel

[Youth Behavioral Health Liaison](#)

Burrell Behavioral Health

573.590.0686 | brittani.heuszel@burrellcenter.com

Danielle Rackers

[Community Behavioral Health Liaison](#)

Burrell Behavioral Health

573.289.8913 | danielle.rackers@burrellcenter.com

Jenrose Malloy

Resource
Type



All

[View Spreadsheet](#)

HOPE Multidisciplinary Team Navigators

HOPE (Helping Others Provide Encouragement) MDT Navigators are responsible for supporting and coordinating with cross- system staff to ensure that youth and family needs are met for those in Children's Division Custody.

This is a pilot program with 8 HOPE MDT Navigators employed by local Certified Community Behavioral Health Centers (CCBHCs).

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THANK YOU

Mikala Jungmeyer-Geiger
Youth Services Manager
Missouri Behavioral Health Council
MJungmeyer@mobhc.org
573-634-4626 ext. 115

The Children's Place
6401 Rockhill Road
Kansas City, MO 64110

Childrensplacekc.org
816.363.1898





Mission: The Children's Place: where children and families heal from life's deepest hurts.

Vision: Childhood restored. We tirelessly pursue, find and celebrate healing for young children in our community who have faced trauma, enabling children to lead happy, healthy, hopeful lives.

Our Programs: Assessments, Individual and Family Therapy, Family Support Services and Day Treatment





the
children's
place

THE CHILDREN'S PLACE *on Wheels*

THIS IS A Place
* FOR YOU *

CHILDRENSPLACEKC.ORG
816-363-1898
Kansas City, Mo
US DOT: 1306830



Children's Place:
Children and families
from life's deepest
hurts.

We're
All in
This
Together



THANK

YOU

A close-up of a child's hand, wearing a dark blue sleeve, placing a small wooden letter with a colorful pattern onto the word 'YOU'. The letters are made of wood and feature various patterns: 'T' is green with white dots, 'H' is green with red and blue dots, 'A' is green with red and blue dots, 'N' is blue with yellow and green dots, 'K' is red and white striped, 'Y' is blue and white plaid, 'O' is yellow and orange striped, and the letter being placed is red and white patterned. The background is a dark, textured surface.

Home Visiting: Overview

Home visiting is a prevention strategy used to support pregnant moms and new parents to promote **infant, child, and maternal health**, foster **educational development and school readiness**, and help **prevent child abuse and neglect**

There are many evidence-based home visiting models administered across the state by individual providers¹



Home visitors may be trained nurses, social workers, or child development specialists. They provide services at the client's home, including:

- ✓ Assessment of the living condition of the family and their health practices
- ✓ Health and/or development teaching
- ✓ Family counseling and education on additional available services/resources

Home visiting has been proven to impact a wide variety of outcome domains:



1. These home visiting models have met specific US Department of Health & Human Services criteria and are classified as evidence-based early childhood home visiting service delivery models; Source: [HomVEE](#)

Home Visiting: Evidence Base



Low Birth Weight Prevention

Home visiting significantly reduces the odds of experiencing adverse birth events, with a large effect for low birth weight¹



Infant & Maternal Mortality Prevention

Home visiting is a promising means to reduce:

- all-cause mortality among mothers, and
- preventable-cause mortality in their first-born children living in highly disadvantaged settings²

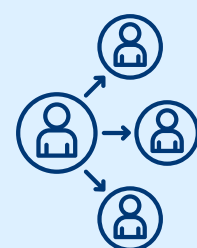


Child Safety

Home visitors provide parents with knowledge and training to make their homes safer, reducing injury / ingestion-related hospitalizations³

1. Anthony ER, Cho Y, Fischer RL, Matthews L. Examining the Causal Impact of Prenatal Home Visiting on Birth Outcomes: A Propensity Score Analysis. *Matern Child Health J.* 2021 Jun;25(6):947-955. doi: 10.1007/s10995-020-03054-7. Epub 2021 Feb 22. PMID: 33616819.
2. Olds DL, Kitzman H, Knudtson MD, Anson E, Smith JA, Cole R. Effect of home visiting by nurses on maternal and child mortality: results of a 2-decade follow-up of a randomized clinical trial. *JAMA Pediatr.* 2014 Sep;168(9):800-6. doi: 10.1001/jamapediatrics.2014.472. PMID: 25003802; PMCID: PMC4235164.
3. Kitzman, H., Olds, D. L., Henderson, C. R., Hanks, C., Cole, R., Tatelbaum, R., et al. (1997). Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. *JAMA: The Journal of the American Medical Association*, 278(8), 644–652.

Coordinated Referral & Intake System (CRIS)



Referral Source

A referral is made for a family by:

- Community Programs
- MCO
- Medical Providers

Coordinated Referral & Intake System



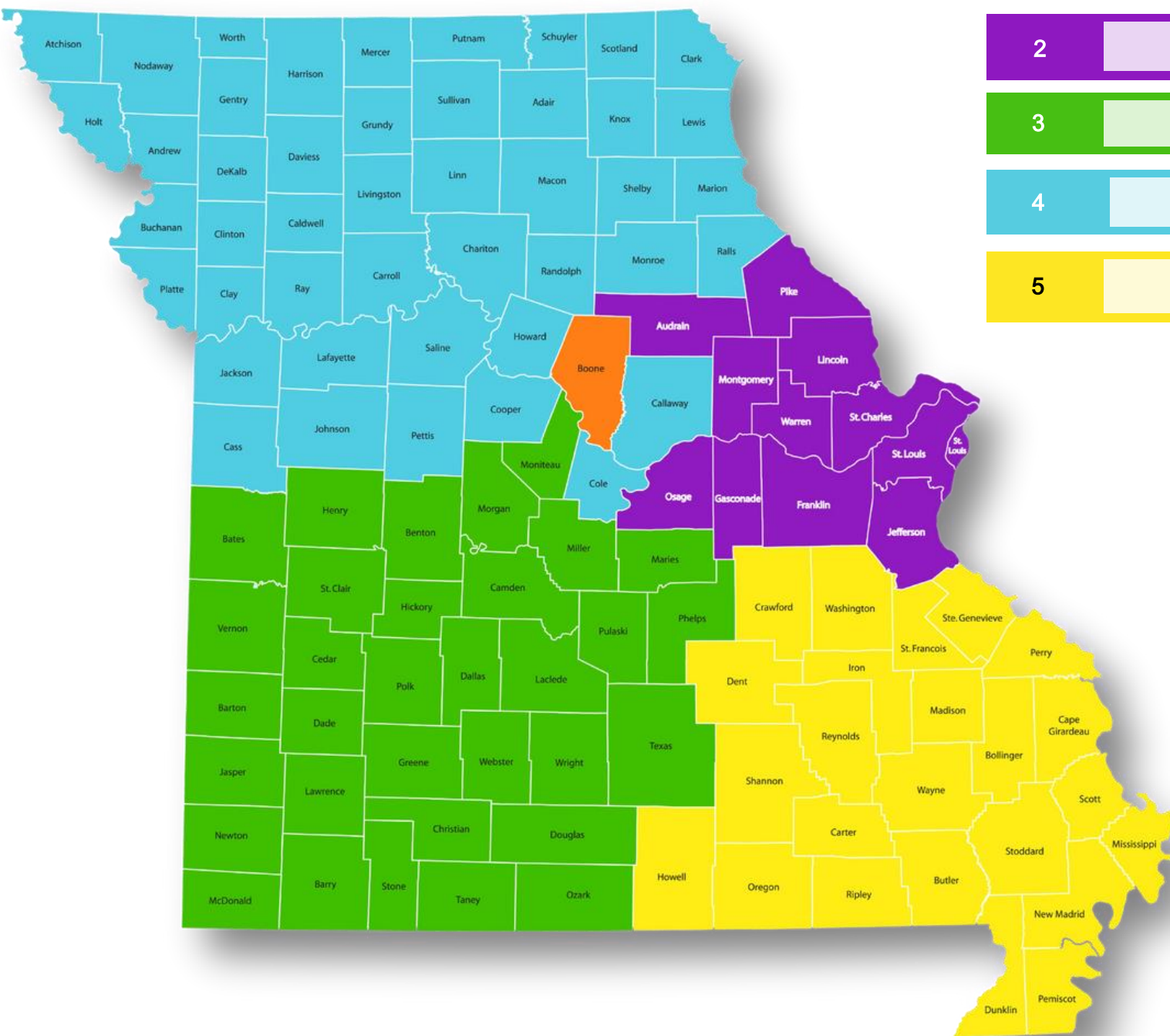
Receives the referral and funnels to the correct CI site



The Collective Impact Site then refers the family to a participating home visiting program!

Evidence-Based Home Visiting Agencies

Families receive needed services



Region

Collective Impact Site

1

Brighter Beginnings

2

Generate Health

3

Family Focused Network

4

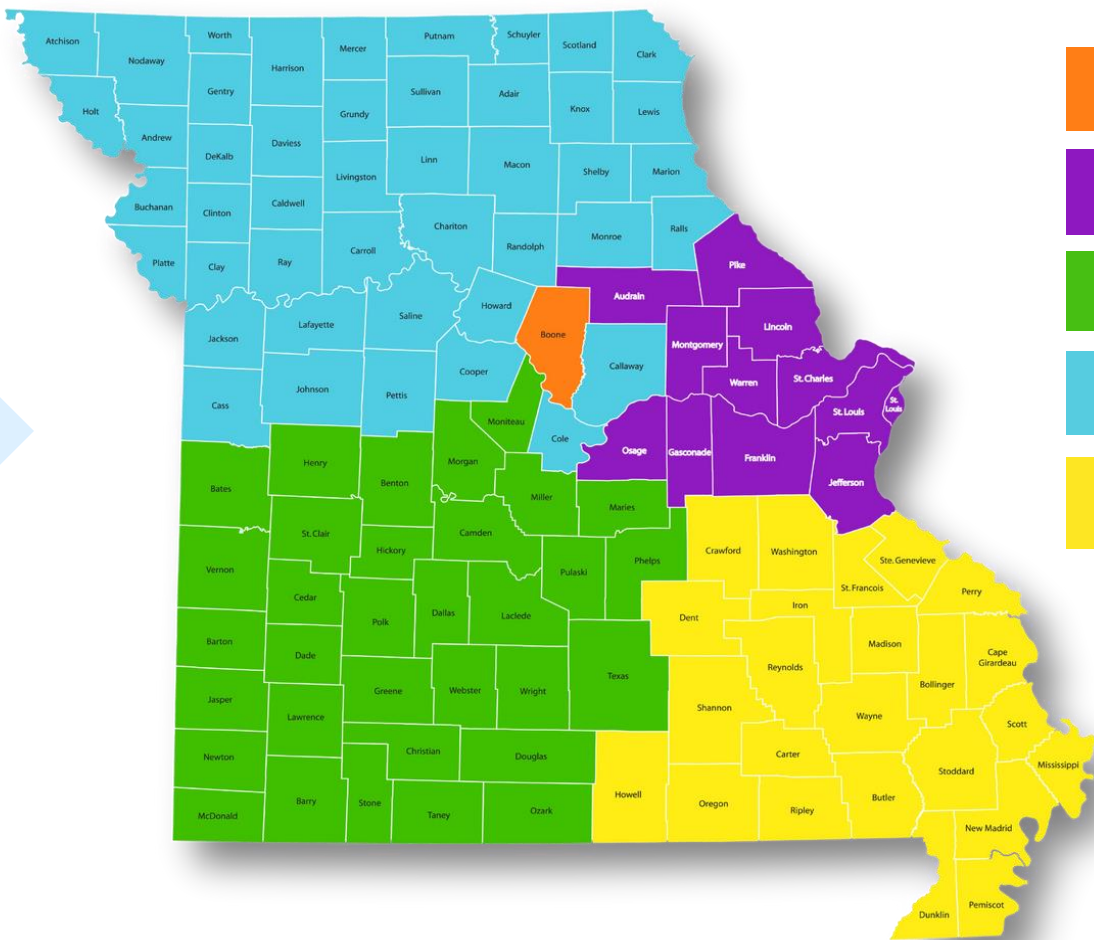
Promise 1000

5

Whole Kids Outreach

ctf4kids.org/CRISLink

or by visiting
ctf4kids.org/crislink



| Region | |
|--------|------------------------|
| 1 | Brighter Beginnings |
| 2 | Generate Health |
| 3 | Family Focused Network |
| 4 | Promise 1000 |
| 5 | Whole Kids Outreach |

thank you



Reach me at:
emily.vanschenkhof@oa.mo.gov



SAVE THE DATE

September 26 at 10:30 AM

Hope to see you there!

Scan to
Register!



Our Mission



Empower Missourians to live safe, healthy, and productive lives.