PROGRAM DESCRIPTION

Department: Social Services
Program Name: Foster Care
Program is found in the following core budget(s): Foster Care

HB Section(s): 11.325

1a. What strategic priority does this program address?
Safety and wellbeing for foster youth while safely reducing children in care

1b. What does this program do?
The Children’s Division (CD) Foster Care program provides the least restrictive environment for children placed into foster care by Missouri courts. Services and supports are provided to youth, birth parents, and caregivers to remedy the issues that prompted the child(ren) being brought into custody. The Division works toward permanency (reunification, adoption, or guardianship) for all children in their custody, while also working toward improving their well-being.

**Traditional Foster Care Program**
Many children and youth are brought to the attention of CD and the court as a result of serious abuse or neglect. Other children are placed in the custody of CD as a result of mental or behavioral health challenges and delinquent behavior.

By law, CD is required to make reasonable efforts to provide support and services to every parent/caregiver and child to reduce risk of serious harm to the child prior to and during out of home placement. Courts must determine and document whether sufficient reasonable efforts were made by CD at every court hearing. CD has a responsibility to provide for the well being (physical, medical, educational, emotional, and social/behavioral needs) for all child(ren) in care. CD must also develop and implement, in a timely manner, the most appropriate treatment plan with the family to facilitate early reunification or another permanent plan for the child. Children are returned to the custody of their parents or placed in other permanent arrangements only by order of the court.

To make payment for a child while in out-of-home care, the child must be described in the court order as abused/neglected or having committed a status offense and be placed with a licensed and contracted foster family, residential facility, relative family, or transitional living placement.

Licensed foster homes and licensed relative care providers receive a standardized monthly maintenance payment to cover daily living expenses such as room, board, clothing and incidentals, and an additional annual clothing allowance based on the age of each child. Foster and relative families caring for children between the ages of 0-36 months also receive an additional $50 per month to help meet the special needs of infants, such as diapers, formula, and supplies. Foster homes who serve children with elevated needs (Level A, Level B, and medical foster care) receive payments based on the enhanced needs of the child.

All foster children, regardless of placement type, are eligible to receive medical/dental care, including services available through the Healthy Children and Youth (HCY) preventative health care program, Title XIX through MO HealthNet, Child Care, special medical and non-medical expenses, and Children's Treatment Services (CTS).

The Children of Youth in Alternative Care (CYAC) program allows for the provision of maintenance and special expenses for a child who is born to a youth in the CD's custody. The youth and child must be in the same eligible placement.
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Youth with Elevated Needs - Level A Program
Youth with Elevated Needs - Level A - a foster family placement program designed for children who have moderate to severe behavior issues. These children require a family setting that can provide greater structure and supervision. Children with elevated needs experience multiple placements due to their behavior in traditional foster care placements.

A goal of the Level A Program is to provide children, with moderate to severe behavior issues, an individualized, consistent, structured family setting in which they can learn to control behaviors which limit their ability to function in a normal home setting and in society. Level A Foster Care is not meant to replace appropriate residential treatment placement. However, it is intended to provide an alternative to residential treatment for children experiencing moderate to severe behavioral problems. In order for the Level A foster parent to provide the structure, consistency and individualization these children require, they are allowed to care for no more than two Youth with Elevated Needs at a time with a total of no more than 6 alternative care children. CD ensures parents are adequately prepared and supported to effectively care for and intervene on behalf of the children placed in their home.

Families/individuals interested in providing this level of care for children must meet all foster home licensing requirements plus receive an additional eighteen (18) hours of specialized training. The Level A Foster Care parent serves as the primary change agent for these children and must provide a firm, consistent, nurturing and normalizing environment in which the children receive twenty-four (24) hour supervision. They receive a higher monthly rate to ensure the consistency, availability, and intensity of care these children require.

CD staff and the Level A Foster parent meet monthly to assess the child's continuing need for this level of care. A formal reassessment is completed every six months.

Youth with Elevated Needs - Level B Program
The Level B Foster Parent Program was developed as a result of seeing an influx of children with increased diverse and complex needs that were not adequately met through traditional foster care or the Level A Program. These children experienced multiple placements as they were moved from foster family to residential care, and back again, in an attempt to secure stability. Such moves were often very traumatic for the children and at high cost. A goal of the program is to provide children who exhibit serious behavior and emotional disorders with intensive individualized intervention in a family and community based setting. Level B placements are viewed as a transitional placement designed to stabilize the child and prepare him/her for a less structured environment, i.e., traditional foster care, family reunification, and/or successful independence.

Children who qualify for Level B care may pose a threat to the safety of themselves, others, or property. Due to the severity of the children's needs, Level B Foster Parents are not allowed to care for more than two children screened in for this level of care at the same time, with a total of no more than four children.

Families/individuals interested in providing specialized Level B care and interventions for children and youth must meet all foster home licensing requirements, receive an additional nine (9) hours of Level B foster parenting workshops plus the eighteen (18) hours of specialized Level A training, and demonstrate the skills required to care for children requiring this high level of structure and care. The Level B Foster Parent serves as the primary change agent for these children and must be available to respond immediately to any problem experienced or created by the child, whether it is at home, at school, or in the community. Level B Foster Parent homes receive a higher monthly-rate to ensure their availability to meet the needs of the children daily.
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Each month, CD staff and the Level B parent meet to assess the child's continuing need for this level of care. A formal reassessment is completed every six months.

Medical Foster Care Program
Some examples of children who may qualify for Medical Foster Care include those suffering from: "shaken baby" syndrome, multiple sclerosis, cerebral palsy, muscular dystrophy, severe apnea, debilitating heart/lung/kidney conditions and failure to thrive, drug affected children, wheel chair bound children who suffer from complications of other illnesses, and severely developmentally delayed children with complicating illnesses. Each month CD staff and the Medical Foster Care Parent will assess the child's continuing need for this level of care. Every twelve (12) months a formal reassessment is required to determine the progress of the child and the continued need for Medical Foster Care. Chronically ill or terminally ill children may require this level of care for long periods of time.

Families/individuals interested in providing this specialized level of care for children and youth must meet all foster home licensing requirements and must possess the experience, time, and commitment to provide necessary service to the Medical Foster Care child. The families/individuals must receive child specific training from the medical professionals currently caring for the child in the hospital or rehabilitative setting. Medical Foster Care families receive a higher monthly rate to ensure the level of care, availability, and intensity of care these children require.

These children require far more than the routine daily care of children in non-medical settings. This may include assistance with bathing, eating, dressing, and their normal activities. They may also require medical treatments on a daily basis and/or frequent trips for medical care/therapy.

Emergency Foster Care Program
The Emergency Foster Care Program was designed to meet the needs of children who, after careful assessment, are determined to be in serious danger or threat of harm if they remain in the care of their parent(s), and that delivery of protective services will not provide immediate adequate protection for them. In many instances the family and children require immediate, short term separation in order for family members to remedy the problems which prompted the children being brought into care. Emergency Foster Care is not intended to be a long term placement, and generally is not to exceed thirty (30) days. When possible, the children are placed in relative homes, and only when these resources are not available, are the children placed in Emergency Foster Care.

Families/individuals interested in providing this level of care for the children and youth must meet all foster home licensing requirements and must possess the commitment to provide emergency care for children 24 hours a day, for a maximum of thirty (30) days. Emergency Foster Care Homes must accept placements of children at any hour of the day, 7 days a week, and agree to maintain bed space, within their licensed capacity, for designated children. Emergency Foster Care parents are paid a higher daily rate for children placed in their homes under this program to compensate for the intensive one-on-one attention these children require and for the twenty-four hour availability.

Foster Care Case Management
Contracted Case Management providers receive a case rate per child per month for children being served by the private agency. A portion of that case rate is for foster care services and is paid from this appropriation. Contracted case managers contract directly with foster, relative, and respite providers.
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### Relative Care Program

The Relative Care Program exists because it is the most desirable and first choice for children who must be removed from their homes. Relative care provides children in the custody of CD with familiar caretakers who have previously been involved with the family. Relative foster care providers are persons, related by blood or marriage to the child or who have a close relationship with the child and/or the child's family. Relative care providers must also meet the same licensing/approval standards as non-relative foster homes, with the exception of certain non-safety licensing standards which can be waived with Regional Office approval. Grandparents must be notified first when children are removed from their homes per Missouri statute and CD policy.

### Definitions:

**Level A:** Placements for children with severe to moderate behavior problems.

**Medical:** Placements for children with acute medical problems or severe physical/mental disabilities.

**Level B:** Career foster parents - placement for children with serious severe emotional and/or behavior problems.

### Base Maintenance Rate - FY20

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>Age - 0 to 5 years</th>
<th>Age - 6 to 12 years</th>
<th>Age - 13 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Foster Care/Relative Care</td>
<td>$406/month</td>
<td>$463/Month</td>
<td>$503/Month</td>
</tr>
<tr>
<td>Level A/Medical Foster Care</td>
<td>$890/Month</td>
<td>$890/Month</td>
<td>$890/Month</td>
</tr>
<tr>
<td>Level B Foster Care</td>
<td>$1,572/Month</td>
<td>$1,572/Month</td>
<td>$1,572/Month</td>
</tr>
<tr>
<td>Emergency Foster Care</td>
<td>$22/day</td>
<td>$22/day</td>
<td>$22/day</td>
</tr>
</tbody>
</table>

### Special Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>Age - 0 to 5 years</th>
<th>Age - 6 to 12 years</th>
<th>Age - 13 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clothing</td>
<td>$250/year</td>
<td>$290/year</td>
<td>$480/year</td>
</tr>
<tr>
<td>Infant</td>
<td>$50/month</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Respite Rate - FY20

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>Age - 0 to 5 years</th>
<th>Age - 6 to 12 years</th>
<th>Age - 13 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Foster Children</td>
<td>$20/day</td>
<td>$25/day</td>
<td>$30/day</td>
</tr>
<tr>
<td>Level A and Medical Children</td>
<td>$20/day</td>
<td>$25/day</td>
<td>$30/day</td>
</tr>
<tr>
<td>Level B Foster Children</td>
<td>$40/day</td>
<td>$45/day</td>
<td>$50/day</td>
</tr>
</tbody>
</table>

### Other Support Payments for Foster Parents:

**Child Care:** Dependent on the type of child care provided and foster parent needs.

**Transportation:** Reimburses at the state mileage rate for medical appointments, counseling, parent visits, Permanency Planning/Family Support Team meetings, or other trips to support the child's case plan.
2a. Provide an activity measure(s) for the program.

Unduplicated Number of Children in Custody During the Fiscal Year

- **Children in Children’s Division Custody With Relative Placement**

2b. Provide a measure(s) of the program's quality.

- **Percent of Children with two or fewer Placements within 12 Months**

- **Average Monthly Children in CD Custody**
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2c. Provide a measure(s) of the program's impact.

![Foster Care Children Who Returned Home Safely to Their Parents Within 12 Months](image1)

- SFY17 Actual: 56.3%
- SFY18 Actual: 63.4%
- SFY19 Actual: 64.7%
- SFY20 Projected: 75.2%
- SFY21 Projected: 78.0%
- SFY22 Projected: 78.0%

Children in care and custody of Children's Division

2d. Provide a measure(s) of the program's efficiency.

![Foster Care Children Adopted Within 24 Months](image2)

- SFY17 Actual: 37.3%
- SFY18 Actual: 41.4%
- SFY19 Actual: 40.9%
- SFY20 Projected: 41.4%
- SFY21 Projected: 45.0%
- SFY22 Projected: 45.0%

Foster Care Children Adopted Within 24 Months

- SFY17 Actual: 36.6%
- SFY18 Actual: 0.0%
- SFY19 Actual: 10.0%
- SFY20 Projected: 30.0%
- SFY21 Projected: 40.0%
- SFY22 Projected: 45.0%

SFY19 will not be available until August 2020
**Foster Care**

**Program Description**

**Program Name:** Foster Care  
**Department:** Social Services  
**Program is found in the following core budget(s):** Foster Care

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>GR</th>
<th>FEDERAL</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17 Actual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>FY18 Actual</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>FY19 Actual</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>FY20 Planned</td>
<td></td>
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</tr>
</tbody>
</table>

**4. What are the sources of the "Other" funds?**

Foster Care and Adoptive Parents Recruitment and Retention Fund (0979)

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

State statute: Sections 173.270, 211.031, and 453.315, RSMo.; Federal: 42 USC Sections 670 and 5101

**6. Are there federal matching requirements? If yes, please explain.**

Children and youth receiving services from the Children's Division are grouped into two categories for expenditure purposes - Homeless Dependent and Neglected (HDN) and IV-E. Expenditures for HDN children and youth are state funded, TANF funded, or TANF MOE funded. Expenditures on behalf of eligible IV-E children and youth are reimbursable at the IV-E program rate, which is the FMAP (Federal Medical Assistance Percentage). The FMAP fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%. There is a 50% state match (50% federal earned) for IV-E administrative costs. Some expenditures are reimbursable at the Social Services Block Grant federal rate of 100%. Expenditures related to TANF are reimbursable at 100% federal unless identified as maintenance of effort.

**7. Is this a federally mandated program? If yes, please explain.**

The federal Child Welfare Act and the federal Child Abuse Prevention and Treatment Act obligate Missouri to care for children who are abused and neglected. Administrative activities related to these obligations would be considered mandatory.