**Special Thanks**

Kids Win Missouri extends its appreciation to the Family and Community Trust (FACT) and the following organizations who assisted in co-hosting the listening sessions on child well-being throughout Missouri. Kids Win Missouri appreciates their partnership in hosting and encouraging attendance within their local communities.

**Springfield Session:**
- Community Partnership of the Ozarks  
  With special thanks to the Springfield Area Chamber of Commerce for the use of its space

**St. Louis Session:**
- Vision for Children At Risk
- Area Resources for Community & Human Services  
  With special thanks to the Deaconess Foundation for the use of its space

**Kansas City Session:**
- Local Investment Commission (LINC)  
  With special thanks to the Kauffman Foundation for the use of its space

**Central Missouri Session:**
- Randolph County Caring Community Partnership  
  With special thanks to Community United Methodist Church for the use of its space

**Southeast Missouri listening session:**
- Mississippi County Caring Communities
- New Madrid County Human Resource Council  
- Dunklin County Caring Council
- Pemiscot County Initiative Network  
  With special thanks to the Sikeston Public Library for the use of its space

Kids Win Missouri would like to recognize and thank the REACH Foundation for the funding that made these listening sessions possible.
Complete Feedback from Listening Sessions

Kids Win Missouri provides this summary document as an overview of the feedback provided by participants at the listening sessions. Participant comments were compiled in a matrix where comments were categorized by issue area, the question the comment was in reference to, and geographic region where the comment was shared. This matrix is available at www.kidswinmissouri.org/resources.

General Statements Regarding the Listening Sessions

Kids Win Missouri hosted listening sessions in August 2018 to gather feedback on child well-being policies, programs and initiatives. Listening sessions were held in Springfield, Kansas City, St. Louis, Columbia and Sikeston. Kids Win Missouri also hosted an online listening session where attendees participated virtually by webinar. Attendance for the sessions ranged between 20-45 individuals.

The listening sessions were approximately 90 minutes and included:

- Introductions by all attendees
- A short presentation to provide background information on Kids Win Missouri, a recap of the 2018 state legislative session and the Missouri Foundation for Health’s #TheNetBenefit campaign
- The soliciting of feedback utilized six consistent questions among all sessions:
  - What are you most excited about right now?
  - What are you most worried about right now?
  - What are the biggest challenges or barriers to improving child well-being?
  - Is there a policy in the child well-being space that is working well? Why does it work well?
  - Is there a policy (or program) that needs improvement? What needs to be improved?
  - What are the biggest misperceptions that policymakers often have about child well-being?
- Sharing of ways to connect further with Kids Win Missouri’s work.

Kids Win Missouri shares feedback from the listening sessions with its policy workgroups, which informs their work as they develop policy priorities for the upcoming legislative session. Kids Win Missouri’s workgroups include: Early Childhood, Economic Security & Revenue, Health & Mental Health, Safety, Security, Family, & Community, and Youth Education & Development.

Kids Win Missouri recognizes that by holding the listening sessions that there are limitations in the feedback received. The comments received are limited to the participants’ experiences, may not represent organizational views and experiences around specific programs may vary based on experience and region of the state.
Common & Unique Issues Discussed During Listening Sessions

Communities throughout the state shared common underlying themes while discussing both positive and challenging aspects to their work in child well-being.

Topics discussed at multiple sessions included the prevalence of poverty, lack of access to quality early childhood programs, challenges in attracting and retaining a qualified workforce in child-centered work, transportation, addiction, the lack of resources available to provide services to children and families and food insecurity.

Participants across the state shared excitement about increased support for collaborative work in child well-being both between state departments and also among nonprofit organizations, federal funding opportunities, programmatic and policy changes at the federal level and new pre-K funding from local and state sources.

The most common answers to what policies or programs are working well included: governmental response (at federal, state, local levels) to address the opioid crisis and an increased focus on collaboration and movement toward holistically addressing the needs of families instead of applying “band-aid” approaches.

Discussion on policies and programs that need improvement included lack of coverage for and access to medical, dental and mental health services for impoverished children and their families. Additional topics included lowering the mandatory kindergarten age, developing common enrollment standards for school districts, providing trauma-informed care within school districts and incorporating sliding scale approaches and transitional assistance to families that access safety-net programs such as Free and Reduced Lunch, SNAP and TANF.

The question that saw the most unanimity in answers was around common misperceptions of policymakers. These included a lack of understanding regarding the importance of prenatal to five-years in a child’s life, a general skepticism that those receiving benefits under safety-net programs are “gaming the system,” the belief that children can be helped in isolation without addressing the needs of their families, that children are generally resilient and have the capacity to bounce back from difficult challenges, a preference for family norms of the 1950s and beliefs that success can be attained regardless of the circumstances of a child’s upbringing.

The extent of discussion on different child well-being topics varied by community. For example, early childhood was discussed more in-depth at the Springfield, St. Louis, and Kansas City sessions in comparison to Sikeston and Columbia. During the Sikeston listening session, there was more conversation around poverty’s impact on access to basic necessities like food, shelter and safety. Columbia’s conversation included unique discussion on the importance of fatherhood and early family safety intervention programs such as parent cafés.
Noteworthy Workgroup Specific Comments

The following provides a summary of comments relating to each of Kids Win Missouri’s policy workgroup areas, as well as a summary of comments that relate to multiple areas.

Early Childhood

Excited About:

- Foundation dollars for Pre-K in the education funding formula.
- Increased Child Care Development Block Grant funding.
- Workforce development in early childhood, centered on pay and training.

Worried About & Challenges/Barriers:

- Issues around children with problem behaviors. Often times they are suspended or disciplined and the problem gets shifted rather than addressed.
- Lack of funding for mental health for early learners. Stress associated with poverty passes from family members to children.
- Child care industry’s low wages. No specific discussion on how to address this.
- Lack of interest in joining early education profession.
- Remembering that prenatal care and development is also important.
- How to reimburse providers for child care of neediest families? Providers are subsidizing families receiving subsidy. How do we define and pay for quality?
- Compounding stresses associated with poverty that impacts early development.
- Lack of Pre-K access and waiting lists for facilities.

What Needs Improvement:

- Consistency among DESE requirements for teachers in early learning.
- Better professional development opportunities.
- General funding at the state level for early learning.

What’s Working Well:

- Great home visiting programs and access in parts of the state. Other regions wished they had more opportunities.
- Trainings for early education providers/good support from Children’s Division.
- TEACH scholarships for early education providers, but expansion to those working in license exempt would be helpful.

Policymaker Misperceptions:

- General lack of understanding about the importance of development during ages pre-birth to 5 years old.
- Think teachers are only babysitters.
- Belief that government oversight in child care isn’t necessary.
Economic Security

Excited About:

- None directly mentioned.

Worried About & Challenges/Barriers:

- Competition among those receiving state funding trying to solve similar policy problems.
- Tax cuts and lack of funding for all needs.
- How to best help fathers find and better prepare for employment.
- The overall state and federal revenue situation.
- Unknowns around the state budget for the upcoming year.
- Having very limited transportation options to assist in traveling to jobs.
- Access to a livable wage.
- Uncertainty with the federal budget as it relates to programs for pregnant women and infants, specifically the Healthy Start program for perinatal health.

What Needs Improvement:

- Phasing out or transitioning TANF funds for those working...to have an “exit ramp.”

What’s Working Well:

- A new pilot to address the “cliff effect” to serve as that “exit ramp” in the Springfield area.

Policymaker Misperceptions:

- Don’t know what many jobs actually pay.
Health & Mental Health

Excited About:

- Postpartum Medicaid benefits for mothers with a substance use disorder.
- Task force recommendations that state departments become trauma-informed.

Worried About & Challenges/Barriers:

- Mental health access for families and children in a timely manner, as there are wait lines for services. Recognizing that young children also need mental health resources.
- Lack of resources for nurse-family visits. Hospitals aren’t performing them because they aren’t profitable.
- Lack of mental health providers for severe cases and lack of mental health beds.
- Lack of education about services provided by Medicaid/managed care. People don’t know what services are covered and plans often change.
- Prevalence of SIDS.
- Communities removing fluoride from water.
- Poor dental coverage under Medicaid, which leads to few providers and inadequate access.
- State eliminated care coordination for anyone not receiving Medicaid.
- Opioid and broader drug abuse.
- Trauma with poverty/crime and ensuring trauma-informed care is used.

What Needs Improvement:

- Navigating HIPAA/FERPA requirements in relation to school-based health.
- Community health assessments by hospitals are required every 3 years while public health assessments are required every 5 years—these need to be synced and coordinated.
- Parental consent for health is often too cumbersome and parents are often not present or available.
- Change the age of consent for receiving mental health services (currently 17).
- Need to adopt a comprehensive prescription drug monitoring program.
- Ability for Medicaid to pay for preventative care.

What’s Working Well:

- Relaxation of telehealth regulations.
- School-based health due to it providing health care access for children.
- The state children’s hospitals.
- While Medicaid reimbursement to health providers is low, administration of program is effective and timely.
- Childhood asthma initiatives between FQHCs and school nurses.
• New Medicaid rules for pregnant women (attestation rather than determination).

Policymaker Misperceptions:
• “They’re only baby teeth” in regard to dental and oral hygiene of young children.
Safety & Security

Excited About:

- The passage of the Family First Prevention Services Act at the federal level.
- An increased focus across-the-board on prevention as an act of intervention.
- New efforts to reduce youth violence.
- Increased opportunity for subsidized housing.
- Raise the Age & its impact those in foster care and all juvenile justice youth.
- Increased funding for the Victims of Crime Act, which provides mental health services for victims of crimes.
- Incorporation of consent, sexual violence, and sexual assault curriculum in schools.

Worried About & Challenges/Barriers:

- Domestic violence within families.
- Access to affordable, stable housing and the long wait lists that can be 5+ years.
- Child care subsidy for foster children is low. Missouri is also 48th in the nation for subsidy in foster parents.
- Grandparents who are not “official” guardians have issues providing and accessing services for grandkids who they care for.
- Suicides and gun violence.
- Food insecurity due to lack of access and funds available.
- Lack of rehabilitation services for child abuse and neglect.
- Residential systems not taking women with children.
- Foster care recruitment efforts.
- Children in foster care aging out.
- Missing the stories and voices of fathers ages 18-35 in public discourse.

What Needs Improvement:

- Gun storage/safety laws to prevent child-related incidents.
- Processing of WIC/food access programs needs to be technologically updated.
- School transcript access for foster parents.
- Protections for tenants as well as access to safe & affordable housing.
- Mandated drug courts in each circuit for adults and children.

What’s Working Well:

- Online reporting for child abuse/neglect & the idea of the call-in hotline.
- Shift from ‘law & order’ to public health response to address opioid crisis.

Policymaker Misperceptions:

- Think that all children have a place to sleep at night.
**Youth & Education**

Excited About:

- Federal funding for the 21st Century Community Learning Centers.

What Needs Improvement:

- Common enrollment standards for school districts, especially regionally in the KC area.

What’s Working Well:

- KC has affordable and accessible after school programs.
- KC area is working hard to meet the summer educational needs of students.
Comments That Cover Multiple Issue Areas

Excited About:

- United Way’s partnership w/ Springfield schools on attendance/discipline data to evaluate impact of programs.
- New approaches to teaching social and emotional skills.
- Emphasis on examining issues through a racial equity lens.
- Incorporation of oral health importance in early learning settings.
- Sen. Blunt receiving awards for his effort in increasing federal funding for ages birth to 3 services.

Worried About & Challenges/Barriers:

- Retention of staff in child well-being (early learning, CASA caseloads, etc).
- Resources are often invested “downstream” instead of “upstream” (prevention).
- Layering/accumulation of issues makes it difficult to fully address problems.
- Lack of a systemic, long-term, holistic approach to provide services to families.
- Organizations operating in silos.
- Need to view issues through a community lens—where every child is “our child.”
- Term limits for legislators.
- More in sector need to talk with legislators regularly.
- Lack of appreciation for the work currently being done.
- Lack of resources for non-profit staffing & professional development.
- Language, racial, and cultural barriers.
- Minors not having the ability to access services.
- In southeast Missouri, the difficulty of having the public comprehend the extent of economic/poverty issues facing all of our communities.
- “Cliff effect” of programs creates incentive for parents not to work because wages would be less than what they gain from combination of the safety net programs. Impact trickles down to teens who suffer from a lack of life/practical experiences.
- It’s difficult for the state to rationalize investment in technology.
- Missouri’s legislative fear around data collection---which produces a tradeoff of efficiency.
- The complicated structure of applying for services—feels like we are using technology from the 1970s.
- Safety net programs are threatened by funding implications at federal/state/local levels.
- Those who need services are the hardest to reach.

What Needs Improvement:

- Funding for student teaching.
• Programs often compete against each other for similar/same result.
• Reimbursement for trauma-informed counseling through Medicaid. Recently a small increase was given, but not enough to adequately address. Perhaps a change to a cost-basis model is needed?

What’s Working Well:

• Regional collaborative efforts in Springfield, such as PAT-pediatrician partnership or early learning.
• Communication/collaboration between state departments on children’s issues.
• Laws regarding child safety seats and vaccines, both of which were accompanied by a public health campaign.
• Children service taxes.
• Good things happening in child well-being that are outcome driven—but much is dependent on personalities/players.
• Parent cafes.
• Schools in southeast Missouri provide a central hub for communities and help facilitate wraparound services.
• Increased linking of services and collaboration among providers to give the best care and access to wraparound services to those who need it.

Policymaker Misperceptions:

• Believe people are taking advantage of the system & don’t have jobs.
• “Pull yourself up by your bootstrap” mentality.
• Lack of understanding about the impact of the imposition of work requirements on safety-net programs.
• Child welfare workers are not seen as experts in their field.
• Lack of understanding in the value of child-playing.
• If a parent isn’t involved or doesn’t help with their child it means they don’t love or care about their child.
• Women should stay at home and raise the family.
• The onus is on the parent/family. In reality, there are a lot of stresses put on the parent/family that make this challenging. It should and does take a village to raise children and ensure families are successful.
• Money should go only toward kids’ needs and not the parents’ needs.
• Believe all children are above average.
• Special curriculum is needed for race/cultural differences.
• The belief that people are trying to “scam the system” in a large-scale way.
• Policymakers have the same misperceptions of the problem as the constituents and/or lobbyists they listen to.
• Often use a cookie-cutter approach to solving problems.
• Don’t understand that families are often just one misstep away from needing supports.