

KIDS COVE RESPITE CARE NETWORK

Statewide Business Plan

EXECUTIVE SUMMARY

Missouri is facing a critical foster care crisis. With only about 3,000 active foster families to care for between 13,000 and 15,000 children in the system, many children are left without safe homes. As a result, children are being lodged in hospitals, mental health facilities, or shelters for extended periods of time — environments not designed for their needs and which cost Missouri taxpayers over \$26 million annually.

PROBLEM STATEMENT

Current Gaps in Foster Care

- Placement Shortage: Missouri has between 13,000 and 15,000 children in foster care but only about 3,000 active foster families — leaving a shortage of more than 3,000 homes.

Financial and Human Costs

- Estimated \$26M taxpayer burden annually due to inappropriate housing placements.
- Emotional trauma for children forced into institutional settings.
- System inefficiencies that prolong case worker searches for placements.

PROPOSED SOLUTION

The Respite Care Network

A statewide network of licensed respite homes operated under Kids Cove. Each home will:

- Provide short-term emergency placement (up to 30 days).
- Offer safe, loving, trauma-informed care.
- Support foster families with respite opportunities.
- Partner with hospitals and case workers for immediate overflow solutions.

Integration With State Systems and Families

- Direct referral pipeline from Children's Division, hospitals, and mental health facilities.
- Partnerships with churches and nonprofits for housing, volunteers, meals, and local support.
- A unified statewide management system ensuring quality, compliance, and accountability.
- Foster families will be able to book respite care directly online through Kids Cove's website, ensuring easy access to planned breaks or emergency support.

IMPLEMENTATION PLAN

Phase 1: Pilot (Years 1–2)

- Launch 4 homes in St. Louis, Kansas City, Springfield, and Lake of the Ozarks.
- Hire and train house parents and aides.
- Formalize partnership agreements with 3–5 hospitals and local churches in each region.
- Develop a licensing and compliance framework under Chapter 73 and RSMo 210.545.
- Build and launch centralized online booking system for foster families and caseworkers.

Phase 2: Expansion (Years 3–5)

- Expand to every judicial circuit (~45 circuits).
- Average of 1 home per circuit, scaled by population need.
- Build out a statewide management and training team.
- Add home-specific calendars to the online booking system for statewide transparency.
- Transition to 50% private funding by Year 5.

Phase 3: Full Statewide Coverage (Years 6–10)

- More than 50 homes operational statewide.
- System becomes 100% privately funded through local nonprofits, private donations, and an endowment fund.
- Establish long-term sustainability through diversified private funding streams.

OPERATIONAL MODEL

Home Structure

- Capacity: 6–8 children per home.
- Staffing:
 - 2 Live-in House Parents
 - 2–4 House Aides (part-time)
 - 1 Case Manager
 - 1 TBRI Practitioner/Trainer
 - Centralized administrative support

Care Approach

- Non-therapeutic, trauma-informed care.
- Short-term, emergency-focused support (average 7–30 days).
- Strong emphasis on stability, normalcy, and dignity for children.

Pipeline of Care

Children will enter the Respite Care Network through three primary pipelines:

1. Hospitals & Mental Health Facilities – discharge overflow patients to respite homes.
2. Caseworkers/Children’s Division – emergency placements (up to 30 days).
3. Foster Families (Direct Access) – families can log in online, view availability, and reserve respite care for planned breaks or emergencies.

PARTNERSHIP STRATEGY

- Hospitals and Mental Health Facilities: Provide immediate referrals for overflow patients and reduce ER/psychiatric bed usage for children awaiting placement.
- Churches: Donate or sponsor homes, provide volunteers, meals, and mentoring, and serve as community anchors.
- Nonprofits: Collaborate for wraparound services and shared funding streams.
- Foster Families: Direct online booking ensures access to respite care, improving family retention rates.
- State Agencies: Partner through direct contracts with DSS/Children’s Division, utilizing emergency contracts for immediate rollout.

FINANCIAL PLAN

Cost Per Home (Annual)

- Staffing: \$125,000
- Operations & Utilities: \$40,000
- Training, Licensing & Insurance: \$15,000

- Administrative Support: \$20,000
- Total Per Home: \$200,000

Pilot Phase (4 Homes)

Kids Cove Central Staffing (Annual)

To manage the statewide network, Kids Cove will employ a central operations team. This ensures each home is supported and the network scales responsibly.

- Executive Director: \$125,000
- Project Manager: \$70,000
- Office Manager: \$50,000
- 4 Field Staff (community engagement, church/hospital liaisons): \$200,000
- TBRI Practitioner/Trainer: \$75,000
- Administrative/Finance Support: \$50,000
- Total Central Staffing: ~\$570,000 annually

Combined Costs (Pilot Phase):

- 4 Homes: \$800,000
- Central Staffing: \$570,000
- Total Pilot Budget: ~\$1.37M annually

Total Annual Budget: \$800,000

Funding Sources

- Year 1–3: State emergency contracts + community fundraising.
- Year 4–5: Transition to 50% private funding (churches, donors, Endura Coin endowment).
- Year 6–10: Reach 100% privately funded network by Year 10.

GOVERNANCE AND COMPLIANCE

- Statewide oversight by Kids Cove Respite Network.
- Licensed under existing foster statutes (Chapter 73 / RSMo 210.545).
- Annual reporting on outcomes, finances, and compliance.
- Independent Board of Directors to ensure transparency and accountability.

IMPACT MEASUREMENT

Key Metrics

- Reduction in hospital/shelter overflow days.
- Number of children served per home per year.
- Retention rates of foster families.
- Taxpayer cost savings.
- Ratio of private vs. public funding achieved.
- Utilization rates of the online booking system.

APPENDICES

- Legislative Proposal: RSMo 210.545 Enforcement and Reform.
- Case Studies: Kids Cove operations in Lake of the Ozarks.
- Pilot Phase Budget Breakdown.
- Letters of Support (hospitals, churches, foster families).
- Wireframe sample of online booking portal.

FUNDING DESIGN: ENDURA-BACKED ENDOWMENT

Annual Funding Target

- Required: \$5 million per year to operate the statewide respite network.
- Goal: 100% private funding within 10 years.
- Source: Endura coin sales transitioning into an endowment model that sustainably produces annual yield.

Endowment Math (Rule of 20x)

- Endowments typically aim for a 4–5% withdrawal rate to preserve principal.
- To sustainably generate \$5M/year, the network must build a \$100M endowment.

$$\text{Endowment} = \$5,000,000 \div 0.05 = \$100,000,000$$

👉 The target is \$100 million invested in endowment-style instruments (CDs, annuities, conservative ETFs).

Coin Sales Requirement

- With the coin price goal set at \$0.10, the requirement is:
 $\$100,000,000 \div \$0.10 = 1,000,000,000$ coins
- Total Endura supply: 3.5B coins.
- Required sales: 1B coins (28.5% of supply).
- Remaining supply: 2.5B coins reserved for liquidity, community incentives, and long-term growth.

10-Year Phased Pathway

Years 1–3:

- Sell ~350M coins at \$0.01–\$0.05.
- Capital Raised: ~\$10M.
- Endowment Seed: ~\$10M (yield ~\$500k/year).
- Use: Launch pilot homes and establish booking portal.

Years 4–6:

- Sell ~300M coins at \$0.05–\$0.07.
- Capital Raised: ~\$15–20M.
- Endowment Grows: ~\$30M (yield ~\$1.5M/year).
- Use: Expand to statewide coverage in every judicial circuit.

Years 7–10:

- Sell ~350M coins at \$0.10.
- Capital Raised: ~\$35M.
- Endowment Surpasses \$100M target (yield ~\$5M/year).
- Use: Transition to 100% privately funded network.

Safety Cushion

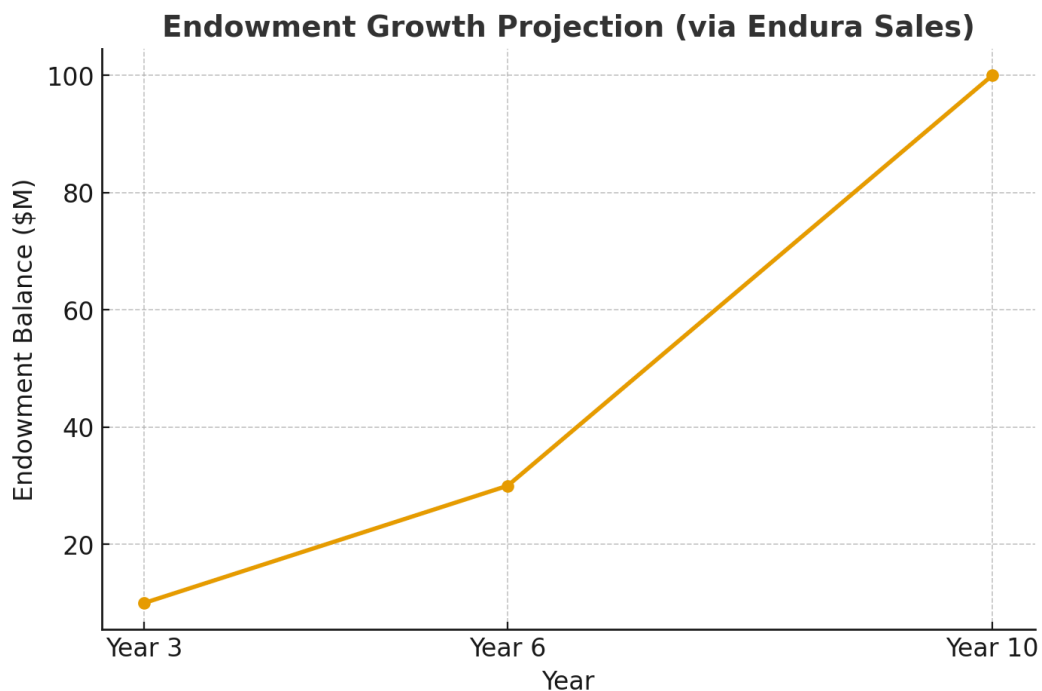
- Crypto is volatile; sustainability requires a buffer target of \$120M+ in raised funds.
- Endowment diversified across conservative financial instruments.
- Endura sales tapered once endowment self-sufficiency is reached.

Bottom Line:

Selling ~1B Endura coins at an average of \$0.10 over 10 years builds the \$100M endowment that will permanently fund the \$5M/year Kids Cove statewide respite network. Missouri currently has between 13,000 and 15,000 children in the foster care system — this endowment ensures that every child has access to a safe, loving respite home rather than being left in hospitals or shelters.

Year Range	Coins Sold	Avg Price per Coin	Capital Raised	Endowment Balance	Annual Yield (5%)
Years 1–3	350M	\$0.01–\$0.05	~\$10M	~\$10M	~\$500k
Years 4–6	300M	\$0.05–\$0.07	~\$15–20M	~\$30M	~\$1.5M
Years 7–10	350M	\$0.10	~\$35M	>\$100M	~\$5M+

Endowment Growth Projection Chart:



UPDATED FUNDING DESIGN (10B SUPPLY)

Annual Funding Target

- Required: \$5 million per year to operate the statewide respite network.
- Goal: 100% private funding within 10 years.
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Endowment Math (Rule of 20x)

- Endowments typically aim for a 4–5% withdrawal rate to preserve principal.
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Coin Sales Requirement (10B Supply)

- Total Endura supply: 10B coins.
- With the coin price goal set at \$0.10, the requirement is:
 $\$100,000,000 \div \$0.10 = 1,000,000,000$ coins
- Required sales: 1B coins (10% of supply).
- Remaining 9B coins reserved for liquidity, community incentives, and long-term growth.

10-Year Phased Pathway (Percentages Adjusted)

Years 1–3:

- Sell ~350M coins (3.5% of supply) at \$0.01–\$0.05.
- Capital Raised: ~\$10M.
- Endowment Seed: ~\$10M (yield ~\$500k/year).
- Use: Launch pilot homes and establish booking portal.

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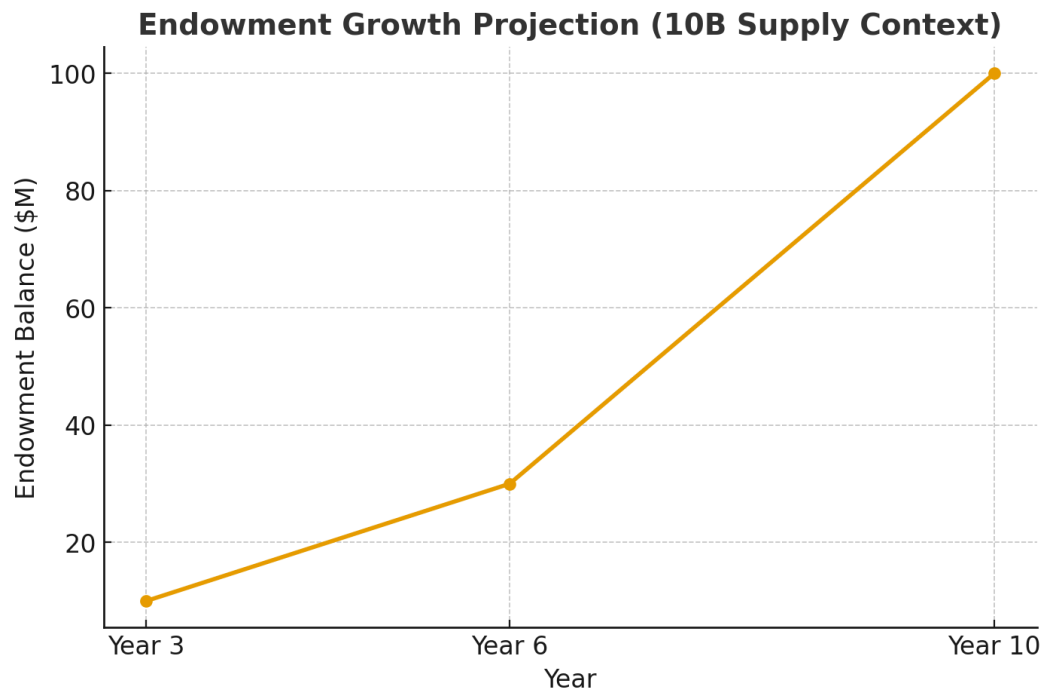
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Years 7-10	350M	3.5%	\$0.10	~\$35M	>\$100M	~\$5M+

Updated Endowment Growth Projection Chart (10B Supply):



COST SAVINGS & IMPACT

Current State Problem

- On average, Missouri is housing about 350 children in medical facilities and mental hospitals beyond needed stays.
- Annual cost to taxpayers: approximately \$26 million (~\$74,000 per child per year).
- These children do not require hospitalization — they are waiting for placement.

Pilot Program Capacity (Year 1)

- 4 pilot homes with 7 beds each = 28 beds.
- With an average 10-day stay:
 - ~217 kids served per home per year.
 - ~868 kids served annually across 4 homes.
- Even with 15-day stays, capacity is ~580 kids annually.

Comparison

- Children currently languishing in hospitals: ~350.
- Pilot capacity: 580–868 children per year.
- Pilot budget (homes + central staffing): ~\$1.37M annually.
- State's current cost: ~\$26M annually.

👉 The pilot more than covers the hospital overflow population while reducing costs by over 90%.

Bottom Line:

By implementing the pilot in Year 1, Missouri could virtually eliminate the \$26M hospital overflow crisis immediately, placing children in loving homes instead of institutions, at a fraction of the cost.

Category	Current State (Hospitals)	Kids Cove Pilot (Year 1)
Children Affected	~350 kids	580–868 kids
Annual Cost	\$26 million	\$1.37 million
Per Child Cost	~\$74,000	~\$1,600–\$2,400
Child Environment	Institutions (hospitals/mental facilities)	Safe, loving respite homes

Visual Comparison of Costs and Children Served:

