

### **Section 3 Overview**

This section focuses on the actual delivery of treatment services to the family. The information in this section will assist staff in understanding procedures used throughout the entire service delivery process, from opening to termination. Including other professionals in the service delivery process is often vital for improved family functioning. This section will provide procedures for accessing and utilizing contracted services. Another important aspect of the service delivery process includes case evaluation and clinical supervision. Information pertaining to these topics can also be found in this section.

### **Chapter 4 Overview**

This chapter describes the procedures for assisting a family in implementing their Written Service Agreement.

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#### **4.1 Providing Services**

Throughout the provision of treatment services, the Children's Service Worker should maintain a focused casework perspective. Contacts with the family are to be purposeful and goal-oriented.

Provide treatment services to the family by any of the following methods:

1. Direct Services by the Children's Service Worker

These include face-to-face contacts or telephone calls with family members, collateral, references, and community resources.

The Children's Service Worker, depending on his/her abilities, can provide whatever services a family needs. Examples of direct services that the worker may need to provide are:

- Teaching the family behavioral techniques for changing undesirable behaviors. An example of this would be introducing the parents to behavior modification methods such as positive reinforcement and "time-out," rather than physical punishment
- Teaching the family appropriate methods to channel frustrations and manage anger
- Modeling effective family communication and structuring family activities to enhance communication and family functioning
- Engaging the family in the treatment process
- Teaching life skills, such as how to improve self-esteem and how to look for employment;
- Teaching and role modeling household management skills, such as house cleaning, budgeting, and cooking
- Providing "hard services" to meet basic needs of the family, such as securing food, shelter, and transportation and
- Developing resources and making these resources available to the family for their ongoing support.
- Encourage and work with parents to be cooperative and engaging of the non-custodial or non-resident parent as appropriate in preserving the best interest and safety of the child/ren.

2. Referring the family to any available community resource or any support system identified by the family

The Children's Service Worker should utilize all available community resources to help the family. This may require the use of purchased services. The worker will use community providers when he/she assesses that some, or all, of the services cannot be delivered directly.

3. Authorizing and managing the use of Children's Treatment Services (CTS)

The Children's Service Worker should actively ensure that all purchased services are efficiently utilized. The individuals providing these services are considered additional members of the treatment team, which is under the overall direction of the worker.

4. Accessing Crisis Intervention Funds

The Children's Service Worker should consider requesting crisis intervention funds for a family who is faced with a short-term crisis that, without intervention, may result in child maltreatment.

5. Re-assessing a family on an on-going basis, for strengths, needs, progress and risk

The Children's Service Worker should continue to assess the strengths, needs, and progress of the family, and the safety of the child(ren) throughout the Family Assessment process and while the case is opened for Family Centered Services (FCS) or Family-Centered Out-Of-Home Care (FCOOHC). The worker should use the CD-14A and the CS-16E Risk Re-assessment to document re-assessment of the family and anytime the situation warrants.

6. Any combination of the above.

Discuss the importance of primary and preventive health care, including the impact of planning the spacing of children on the health of the mother and the family, prenatal care, well-baby and postnatal care, and sexually transmitted diseases (STDs). Timely referrals shall be made and assistance provided in accessing care. Barriers to accessing the services may include lack of transportation, lack of knowledge, inadequate or no insurance, lack of service providers, access to clinical services (i.e., inconvenient clinic hours), etc. If barriers to these primary health care services persist, they shall be discussed in supervisory conference, in order to identify ways to overcome the barriers.

If no medical plan/provider has been chosen by the family, the county health department may be a resource for them. Assistance may be provided in creating a linkage between the family and the health department or medical plan/provider,

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i.e., accompanying them on the first visit. Transportation services are available through some county health departments to assist in accessing needed health services.

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## **4.2 Time-Limited Services**

Families have a right to be free of unnecessary interference. Division intervention into their lives will not be open-ended.

The purpose of intervention is to assist families in changing the conditions that bring harm to the child as quickly as possible. In doing this, consideration must be given to the emotional, sociological and environmental circumstances of the family and its members.

All efforts should be made to reduce risks and achieve case goals within one (1) or two (2) treatment periods. (A treatment period is defined as the time necessary to complete an assessment/reassessment and the subsequent Written Service Agreement.) A treatment period shall not exceed four (4) months (120 days), allowing a maximum thirty (30) days for the assessment/reassessment, and a maximum of ninety (90) days for the treatment plans.

Not all cases can be closed within one or two treatment periods. Services may be continued as long as necessary to achieve treatment goals and thereby reduce risk.

Case consultations and supervisory reviews are required to determine if clear justification exists for a case to remain open at the completion of a treatment period.

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### **4.3 Crisis Intervention Guidelines**

A family is in crisis when they have reached a highly volatile, unstable situation. This "flash point" is beyond what is considered the general level of dysfunction. Families in crisis are at a turning point for better or worse. If immediate remedial intervention is not made, out-of-home placement of the child(ren) may be necessary.

Crises develop from "emotionally hazardous situations." Such situations occur when a shift in one's psychological environment alters relationships with others, or self-expectations, in ways perceived as negative. The resulting rise in stress motivates one to use coping mechanisms or problem-solving behaviors that help reestablish a balance, and to reduce or eliminate feelings of discomfort. The emotionally hazardous situation becomes a crisis when one cannot reduce the accompanying stress and there is a failure to cope effectively.

Because of this, families in crisis often have increased motivation to change. During this time, the Children's Service Worker has an opportunity to establish strong bonds with the family.

Crisis intervention is the provision of immediate services to reduce or defuse the current crisis and provide the family with information or skills to help them resolve future crises. The interventions of the Children's Service Worker must target the present circumstances. His/her goal is to remove the crisis through understanding and dealing with forces in the present, and to help the family return to a pre-crisis level of functioning. The worker must actively modify the environment, provide some structure, and induce change to prevent further disintegration of the family system.

In these instances, the worker should:

- Observe the child(ren) in the home to assess the child(ren)'s safety. This may require an unannounced home visit;
- Avoid excessive questioning and probing. This should allow family members to speak their mind and ventilate their feelings;
- Model calmness for the family;
- Use active listening skills with the family. These skills can be very helpful in releasing the feelings of the client and defusing highly emotional situations. Active listening requires the worker to:
  - Attempt to identify how the family members might feel, by taking a guess at what the other person is feeling and thinking. Keep trying to understand the problem instead of trying to fix it;
  - Smile and maintain good eye contact;

- Nod the head in response to the client and use phrases which lead to further discussion, such as, "Uh huh," and "tell me more";
  - Parrot or paraphrase what the other has said, such as, "What I hear you saying is...", "It seems to you..." or "I'm picking up that you...";
  - Be accurate when paraphrasing. Avoid overstating and understating;
  - Observe physical cues that might convey what the person is feeling; and
  - Reflect both feelings as well as the content, while paraphrasing what the client is saying.
- Respond appropriately to silences;
  - Use behavioral descriptions of the problem, not labels or jargon;
  - Assess if "hard" services, which address basic survival needs, can be delivered to remedy the immediate presenting problem(s). Problems within the environment of the family that pose an immediate threat must be considered. Examples of these problems are lack of food, housing, transportation, and employment. Crisis intervention funds may be a resource to address such problems. Providing services to address these problems sends a powerful message that there is hope and that the worker is a helping agent;
  - Help the family to temporarily restructure their environment so events which may cause discord are altered. This can often reduce the immediate risk to family members. An example of this might be to arrange time-out for a family member to allow a brief "cooling off" period, or to invite a friend or relative to the home to assist getting the children ready for bed if bedtime is usually a high stress period for the parent;
  - Assure the family that the worker is available to the family, if needed, and/or that he/she will return at a mutually convenient time.

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## **Attachment A: Problem Pregnancy Services**

### **Policy Statement and Eligibility**

Expectant parents who voluntarily seek assistance with an unplanned, or otherwise unwanted pregnancy, are eligible for problem pregnancy services.

Services may be provided to single or married women and the father of the expected child and/or the woman's spouse or significant other. Clients are eligible for direct and purchased services.

### **Special Instructions Relating To Problem Pregnancy Cases**

These clients shall be entered into the Family-Centered Services Information Screen in FACES.

At minimum, these are essentially problem-solving services to help the family explore options. If services are limited to this, completion of the CPS-1/CPS-1A (for investigations/family assessments or the NCFAS G+R and attachments, and CD-14B (on-going Family-Centered Services) is not necessary. Families are also eligible for more extensive and long-term treatment services, such as direct or purchased counseling. Completion of the NCFAS G+R and attachments and CD-14B should be used in these situations.

Available services within the community and through the Division, as well as the responsibilities of the Children's Service Worker, should be explained in depth.

### **Exploring Options with the Family**

The Children's Service Worker shall conduct a face-to-face interview with the family to:

1. Determine the family's immediate service needs
2. Explain assistance that is available through the Division and within the community
3. Identify the role of Children's Service Worker
4. Explain confidentiality issues
5. Encourage and/or facilitate a prenatal medical care plan
6. Obtain pertinent social history (use of the NCFAS G+R and attachments may be helpful)
7. Provide the family with information and available reading material
8. Initiate appropriate referral services in behalf of the family:

- Refer to the Family Support Division (FSD) if appropriate (unborn child, medical assistance, general relief) and
  - Refer to appropriate community resource for related services not provided by this agency (relinquishment services with another agency, prenatal medical care, etc.).
9. Provide supportive counseling to parent(s) and possibly family about daily living and decision making
  10. Explain and discuss options with mother and, when possible, the named father of the child
  11. Assess the needs and preferences of the family
  12. Document in the case record if the:
    - Named father of the child denies paternity
    - Mother and/or named father wishes to parent the child
    - Mother and/or named father identify someone else who they intend to care for the child
    - Mother and/or named father requests relinquishment and
    - Mother and/or named father wants to terminate the pregnancy.
  13. Explore the need and desire of the client for longer-term counseling, treatment, or supportive services and
  14. Record all activities in the case record within 30 days.

### **When Parenting is the Plan**

When parenting the child is the family plan, the Children's Service Worker shall:

1. Provide information regarding public assistance programs and facilitate application
2. Discuss and/or facilitate child care planning
3. Refer for parenting classes, if this is an assessed need
4. Provide supportive counseling in the areas of adjustment to parental role and responsibilities and

5. Visit at the hospital following delivery and refer to local health resources.

### **When Private Placement with a Relative or Guardian of the Family's Choice is the Plan**

When private placement with a relative or guardian (chosen by the family) is the plan, the Children's Service Worker shall:

1. Assure that the specified caretaker is involved in the decision-making process with the family and fully understands the legal ramifications of the placement and
2. Explore with the family if the specified caretaker is capable of caring for the child and willing to cooperate with the family in establishing a permanency plan for the child.

### **When Relinquishment/Adoption is the Plan**

When relinquishment/adoption of the child is the plan of the client, the Children's Service Worker shall:

1. Obtain detailed background information and health history to be shared with the adoptive parent(s) using the Child/Family Health and Developmental Assessment, CW-103 (This may be completed with assistance from other family members.)
2. Screen for Indian status

Related Subject: Section 4, Chapter 19.3 [Determining Child's Indian Status](#)

3. Visit at the hospital following the delivery to discuss current feelings and confirm the decision:
  - Obtain birth information Regarding Child To Be Placed For Adoption, from the hospital staff at this time or when child is released from the hospital  
  
Family may see and/or visit with the baby in the hospital and foster home prior to the court hearing.
4. Have the family sign any necessary forms according to local court procedure
5. Inform the family of the options to:
  - File an affidavit with the court granting the adoption which will authorize the release of identifying information to the child at age 18 or

- Register with Missouri Adoption Registry, administered by the Division, to authorize contact by the child after the child reaches age 18.

**Inform the family that either decision can be made at a later date.**

6. Inform the family that the child may request non-identifying information about background upon reaching 18.

Related Subject: Section 5, Chapter 2.6.6, [Adoption Information Registry](#)

7. Provide continued supportive counseling

The family may change his/her mind about relinquishment and have the baby returned to his/her physical and legal custody any time prior to the court hearing.

8. Prepare the family for the court appearance and attend the hearing if appropriate
9. Help the family deal with the permanent separation from the child
10. Provide the relinquishing parent(s) with non-identifying information about the adoptive parents
11. Make the family aware of the future availability of agency services and
12. Emphasize that post-relinquishment services are available until the family no longer needs support.

**When Termination of the Pregnancy is the Plan**

When termination of the pregnancy is the plan, the Children's Service Worker shall:

1. Refer the family to an appropriate facility for further consultation and
2. Assist the family in obtaining family planning information.

**Case Closing**

The Children's Service Worker and family should mutually agree that no further services are needed and the case should be closed.

Close the Family-Centered Services (FCS) function in FACES.

Related Subject: Section 3, Chapter 8.4 [Procedures for Closing a Case](#)

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## **Attachment B: Emergency Assistance Services (EAS)**

This attachment provides guidelines for accessing funds through the Emergency Assistance Services (EAS) program under Title IV-A of the Social Security Act.

Since 1968 Title IV-A has included a program of EAS specifically designed to assist families through an emergency or crisis. Recently, several states have expanded the range of services covered by their EAS program to include many eligibility determination, investigatory, and contractual service activities for families in which child abuse and neglect (CA/N) is a factor.

In the EAS program, families will be assumed to be in a potential emergency situation as a result of:

- A family being the subject of a child abuse and neglect report;
- A child who needs, or may need an out-of-home placement; or
- A family being opened for Family-Centered Services when a family emergency places a child at risk of child abuse and neglect.

In order for Children's Division (CD) to determine whether clients are eligible to receive EAS, each family referred to CD because of a CA/N report, Family-Centered Services, or alternative care services will undergo an EAS eligibility determination process. If determined eligible, the family and child may receive any purchased services that will address the emergency situation for a period not to exceed 365 days in any 12-month period.

### **Service Delivery Costs**

After staff has determined that an emergency exists and the family/child is eligible, federal funds are available to pay for services provided to families and children to alleviate the emergency created by a CA/N situation, or the need for out-of-home placement. In order to meet the federal requirements or the service delivery element of EAS, CD must complete several well-defined tasks:

- A. **Emergency Assistance Services Application Process** - The regulations require that an application process be in place for EAS. In order to meet this requirement, the CS-EAS-1 (Emergency Assistance Services Form) has been developed. This one page form documents the client's application for CD assistance in receiving EAS and documents the client's eligibility for those services. The services which may be provided under EAS include all of our current purchased services such as CTS, child care, residential treatment, foster/relative care, emergency shelter, intensive in-home services, etc.

If the CS-EAS-1 application is being completed for an intact family (where the children are in the home), the parents or guardians will sign the CS-EAS-1 to request services. If the CS-EAS-1 is being completed for a child(ren) in out-of-home care, the Children's Service Worker will complete the CS-EAS-1 on behalf of the child(ren) and the family.

In summary, the EAS application process will include having the family sign the CS-EAS-1 or the Children's Service Worker signing the CS-EAS-1 on behalf of a child in out-of-home care. (Staff must check the FCS and AC Information screen in FACES to determine the most recent EAS eligibility period. If that date is within the last 12 months, the client is not eligible for EAS and no CS-EAS-1 should be completed on this client.)

**B. Eligibility Determination Process** - Federal regulations require a document which establishes eligibility. In order to meet that requirement and in order to fully address the specific eligibility criteria for the EAS program, staff must complete Section II of the CS-EAS-1. In order for a family to be eligible for EAS, staff must document that:

1. The application is filed by an adult member of the child's family or by the Children's Service Worker on behalf of a child in out-of-home care.
2. An emergency exists and the emergency was not caused by an adult family member's refusal (without good cause) of a job or training.
3. The child has resided with one or both parents (or a specified relative, i.e., grandparent, an adoptive parent, a stepparent, a sibling, an aunt, an uncle, or a cousin) within the last six (6) months prior to this emergency.
4. The family receives TANF, SSI, food stamps, MO HealthNet or does not have the resources immediately available to pay for services needed by the family.

The Children's Service Worker will complete the CS-EAS-1 when the decision has been made that an emergency exists and that purchased services will be delivered to the client. The form may be completed by the investigative worker, the Family-Centered Services worker, or the out-of-home care worker, and should be completed before purchased services are actually delivered.

The completion of Section II of the CS-EAS-1 by the Children's Service Worker will establish the client's eligibility for EAS, and will authorize the family and/or child to receive purchased services to relieve the crisis.

- C. **Service Authorization Process** - After the Children's Service Worker has completed the EAS eligibility determination and has identified which purchased services are to be delivered to the child or family, the service authorization start date must be entered on the CS-EAS-1. This date should, in most situations, be prior to the completion of any SEAS forms which would approve the provision of an individual service. If the services continue to be needed after 365 days, the child/family can continue to receive the service, but federal reimbursements will only be available if a new EAS application is taken and approved. Any current contractual service may be delivered under the EAS program in that 365-day period and staff will use the current program specific authorization process now in place to authorize those services (i.e., AC Information, SEAS, etc.).
- D. **Client Tracking Process** - Federal regulations require that CD be able to document the EAS eligibility period. In order to meet that requirement, the Children's Service Worker must enter EAS Information into the Family-Centered Services Information EAS screen in FACES (for intact families receiving EAS) and into the Alternative Care Information EAS screen (for children in out-of-home care). The EAS date can be entered into the Alternative Care Information EAS screen or Family-Centered Services EAS screen. FACES will automatically update each screen so that the correct EAS date is retained for the family in both systems. This date must be entered so that the Division of Finance and Administrative Services can make the federal EAS claims and in order to track the receipt of only one 365 day eligibility period each 12 months by a client. The procedure to be used is as follows:
1. Families - When EAS are to be delivered to an intact family, the Children's Service Worker will enter the service authorization start date from the CS-EAS-1 on the EAS screen in FACES. It is important to list all household members on the Family-Centered Services Information screen, including children in out-of-home care, in order to claim EAS for all members authorized for services. Entering the CS-EAS-1 service authorization start date in FACES will alert the Division of Finance and Administrative Services that this family is an EAS family.
  2. Child - When EAS are to be delivered to a child in out-of-home care, who is not physically living in the home of an active FCS case, the service authorization start date from the CS-EAS-1 must be entered in the Alternative Care Information EAS screen in FACES. The child can still be listed as a household member on the FCS Information screen.
  3. Intensive In-Home Services (IIS) Cases - When any purchased service is to be provided to a family that does not have an active FCS case, staff will open an FCS case, complete the EAS eligibility determination process (including the CS-EAS-1), establish a service authorization start date,

open a Family-Centered Services case in FACES, and enter the service authorization start date on the EAS screen.

NOTE: This client tracking procedure will require that data about IIS families who are to receive purchased services as part of the EAS program be entered on the EAS screen in FACES. This needs to occur whether services are received through a contracted IIS provider or an in-house IIS specialist.

4. In cases where the family composition changes as a result of a child going into out-of-home care from a family already receiving EAS or a child in out-of-home care receiving EAS who returns home to his family who was not receiving EAS, the following procedure will apply. The changes in family composition alone will not disqualify the child/family for receipt of services. The A/C and FCS FACES system will automatically update with the current EAS authorization entered. Both parties (child and family) may receive EAS for a period of 365 days from the original service authorization start date. For example, if a child in out-of-home care had a CS-EAS-1 start date of February 1, 1992, and returns home, then the EAS start date for the family will also be February 1.

NOTE: In cases where a child with an EAS date in Alternative Care is being added to a Family-Centered Services household with a different EAS date, the FCS system will not be updated with the EAS date in A/C, instead, an error report will be generated to the Children's Division Payment Unit identifying a discrepancy in EAS dates. The Payment Unit will contact the Children's Service Worker to resolve the discrepancy.

- E. Subsequent Service Determination Process** - In those situations in which a family/child has received EAS services during an initial 12-month period and CD remains involved with the case beyond 12 months, it is possible for the family/child to become eligible for additional EAS in a subsequent 12 month period. A 12-month period is defined as 365 days from the EAS begin date established at the time the EAS eligibility determination is made.

In order to receive EAS after the initial period of eligibility, a new application must be submitted. If there is no new emergency, but the conditions of the original emergency still exist, this should also be expressed in the emergency statement. If purchased services, such as counseling, were initially authorized, they may also be re-authorized if needed without a new emergency. All requirements for receipt of EAS must exist, i.e., application must be filed by an adult member of the household, the child must have resided with a parent or specified relative within the past six (6) months, and a crisis or emergency situation must exist. The crisis must have occurred 12 months or later after the last EAS eligibility

begin date, and another EAS determination must be made. In order for a family or child to be re-authorized for EAS services, the following conditions must exist:

- A CA/N report is made on the family after the initial 12-month EAS eligibility period;
- An emergency occurs more than 12 months after the last EAS begin date that required intervention by the Children's Service Worker and which results in additional service needs;
- The conditions of the original emergency still exist

In these cases, the crisis or emergency must be documented in the case record. EAS re-authorization must be entered in FACES.

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## **Attachment C: Crisis Intervention Funds**

### **Purpose and Objective**

Crisis intervention funds allow the Division to address the critical financial and resource needs of families served by the Division. Crisis intervention funds are to be accessed when a family crisis is occurring which may result in child maltreatment. Crisis intervention funds may be provided to:

- Families in a Family-Centered Services caseload or families under investigation/assessment subsequent to a report from the Child Abuse/Neglect Hotline Unit. Crisis intervention funds are also available for families with children in out-of-home care and
- Families receiving one of the above services and are at risk of child maltreatment due to a specified event that is a crisis within their family.

Crisis intervention funds are to be accessed when a family crisis is occurring which may result in child maltreatment. In such situations the worker should immediately assess the safety in the home, through the use of the Safety Assessment (CD-17) included in the CPS-1 and Safety Plan (CD-18) (if required).

Related Subject: Section 2 Chapter 9.2 <a href="#">Safety Assessment</a>
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Crisis intervention funds were provided with the belief that some incidents of child maltreatment are directly related to a crisis event in a family's life. These funds are to be accessed when there is a direct correlation between a crisis occurring and the potential for child maltreatment. Crisis intervention funds are one tool Children's Service Workers may use to assist the family through a crisis and, at the same time, provide an opportunity for the family to learn how to handle a similar crisis in the future. Crisis intervention funds are not to be depended upon to remedy all family crises and are to be short-term and time-limited. These funds are to be accessed only when a family's resources to alleviate the crisis have been fully explored and crisis intervention funds are the last option.

For purposes of the crisis intervention funds, the following definitions apply:

- "Crisis" is any event occurring within a family that is significant and in which there is a potential for child maltreatment as a result of that crisis
- "Crisis intervention funds" are those funds provided to purchase specific items family or family members need to alleviate that crisis
- "Fiscal agent" is a government entity that has contracted with the Division to maintain crisis intervention funds

- "County designee" is the person selected, in each county receiving crisis intervention funds, who is authorized to approve requests for funds.

### **Role of Fiscal Agent, County Designee, and Children's Service Worker**

Fiscal agents are responsible for maintaining the crisis intervention fund and working in cooperation with the Division. The fiscal agent will:

1. Write checks upon request
2. Sustain an audit trail and
3. Provide invoices on a monthly basis to the county designee.

Each agent will have available funds that can be disbursed immediately (during business hours) upon request. Fiscal agents may receive an administrative fee for the management of the fund.

For each site that has access to crisis intervention funds, a county designee must be chosen. County designees will have the following responsibilities in managing these funds:

1. Review all requests for crisis intervention funds from Children's Service Worker
2. Assure all required documentation is attached to the request
3. Approve by signature the request for funds
4. Maintain a log of funds requested, showing date of request, dollar amount, vendor chosen, worker name, case name, and head of household DCN
5. Maintain receipts from the purchase(s) made and
6. Review at the end of the month invoices received from the fiscal agent to "balance" the books.

Within each office a plan must be established as to whom may perform these duties in the absence of the county designee.

The Children's Service Worker who is assigned to the family is to:

1. Determine if there is a direct correlation between the accessing of crisis intervention funds and the child's safety in the home
2. Assess Child Safety. If the current crisis in the family presents a risk to the safety of the child (ren) in the home the worker will utilize the Safety Assessment

(CD-17) in the *CPS-1*, the *NCAT* or the *NCFAS G+R* to determine if the conditions are “safe” or “unsafe” for the vulnerable child. If the conditions are “unsafe” crisis intervention funds may be an option in the development of safety interventions for the Safety Plan (CD-18).

Related Subject: Section 2 Chapter 9.2 [Assessment of Safety](#); Section 2 Chapter 9.3 [Safety Planning](#)

3. Be familiar with resources within the community of the family
4. Explore with the family all possible resources the family may have prior to the request for crisis intervention funds
5. Assist the family to establish a goal that will remedy the crisis they are facing and map the steps necessary to alleviate that crisis and enhance the caregiver’s capacity to be protective
6. Complete a NCFAS G+R and attachments with the family outlining the steps both the family and the Children’s Service Worker will complete to obtain the goal
7. Provide the guidance and information needed by the family to support them to complete their tasks. Tasks are considered to be educational to the family and applicable to future crises the family may face, they are not to be viewed as simply tasks the family must do to eliminate their crisis
8. Accompany a family when they are making their purchase, if the family needs this assistance
9. Obtain receipts from all purchases made with crisis intervention funds and submit them to the county designee for record-keeping purposes and
10. Complete all necessary forms to make the request for funds, documenting family’s resources and needs, maintaining required copies in the case file.

### **Eligibility**

Any family having an open service case in a site that has crisis intervention funds and who is facing a crisis that may impact their ability to care for a child is eligible for the funds.

Families must meet the following criteria:

- Have an open FCS case or be in the process of an investigation/assessment of a report of child maltreatment, and/or
- Have a child in out-of-home care and

- Have explored all other resources prior to the receipt of crisis intervention funds.

A family is **ineligible** for crisis intervention if:

- They have received crisis intervention funds two (2) times within a six (6) month period or
- They have received the maximum \$500 from the crisis intervention funds within the previous six (6) months.

Exceptions to these two criteria may be made with supervisory and/or administrative approval.

### **Eligible Services**

#### **Home Repair:**

- Minor home repairs may be paid for through crisis intervention funds. Examples are: broken windows, plumbing problems, electrical problems, repairs of furnaces or water heaters, etc. Purchases within this category must be directly related to the risk of harm to the child if such a purchase is made.
- When purchasing a home repair, the family should perform as many of the duties involved in making this purchase as possible. Determining the specific repair needed, finding a reputable contractor, obtaining bids, and scheduling the repair are all activities the family can be supported to accomplish and addressed with a CPS-1 or the NCFAS G+R and attachments.
- The family should be directed to work within their community to choose a contractor. Specific guidance is to be given to the family regarding verification of reliability of the contractor. References, as well as the Better Business Bureau, may be resources to verify the reputation of a contractor. By directing them to work within their community, they are building a network for future reference.

#### **Child Safety Items:**

- Safety items such as those listed below are not considered as crisis intervention tools, normally. However, having these items available or installed can prevent, or lessen the effects of a crisis. For example a fire does not have to occur for the need for smoke alarms to be installed. If a family has a child that requires a car seat, but does not have one, such an item may be purchased without a "crisis" occurring.

Some possible safety items may be:

- Child-proofing electrical outlets
  - Special locks on doors
  - Telephone and
  - Other items unique to the family's need and the crisis they are facing.
- Prior to the purchase of any safety item, thorough discussion needs to occur with the family members to determine their level of understanding regarding the need for such items. A family should understand the need for an item prior to a purchase being made. A discussion with the family will assess the strengths of the family, their reasoning ability, and their level of understanding of child safety.
  - While a CPS-1 or NCFAS G+R and attachments may not reflect a sequence of events (a crisis may not be occurring prior to this request), staff can still, through the use of these tools, address the need for the item. (the child safety plan(s), activities to be undertaken designed to lead to an understanding of a child safety, etc.) An example of a family's task would be to seek out resources, such as a local fire department or whether their landlord may provide smoke alarms for a household.

**Health Purchases:**

- A family may have health needs that can be addressed through purchasing health items. Examples of possible uses of crisis intervention funds are:
  - Immunizations
  - Glasses
  - Lice treatment
  - Hearing aids
  - Prescriptions
  - First aid supplies
  - Toothpaste/toothbrush
  - Over-the-counter medications
  - Humidifier; and
  - Other items unique to the family's need and the crisis they are facing.

- Children's Service Workers should be sure the family has an identified plan regarding the use, safety, and storage of any items purchased for health needs.
- There may be resources available for particular health needs through the family's community and the family may only need to know how to access them. If the family is unaware of the resources in the community, this is an opportunity for them to learn how to obtain particular items. For example, immunizations may be provided at low or no cost through the county health clinic. The treatment for head lice is sometimes provided free of charge through health departments or schools.

#### **Employment/School Supplies:**

- Items needed to maintain employment or school attendance of a family member may be purchased with crisis intervention funds. Examples of such items would be:
  - Uniforms for employment or school
  - Appropriate clothing for a child
  - Alarm clocks
  - School and employment supplies and
  - Other items unique to the need of the family in the crisis they are facing.
- In requesting funds to assist a family in maintaining employment or school attendance, it is extremely important for family members to explore with the Children's Service Worker the reason(s) for maintaining them. Determination of self-sufficiency should be fully explored with the family and the ramifications of the family by the loss of employment or education should be fully evaluated by the family.
- The Children's Service Worker is to identify community resources available to meet the family's needs when assisting the family in maintaining employment or schooling. Providing information on community resources (i.e., literacy programs, Futures, school-based programs) provides the family with information regarding their community and helps develop skills to access those resources. Again, these steps may be addressed in the Written Service Agreement.

#### **Household Items:**

- Household items may be purchased for a family to improve the condition of their residence, when the home presents a health hazard to a child. Household items may include:
  - Beds/bedding
  - Storage shelves/storage bins
  - Extermination
  - Utilities payments
  - Food
  - Major household appliances and
  - Other items unique to the family's need and the crisis they are facing.

Utility payments are to be paid with crisis intervention funds only when there is a risk of harm to a child due to lack of utilities.

- Understanding what resources are available within a community provides information to the family for future needs. Helping the family identify their needs and resources allows the family to develop skills and a network base, from which to work.
- Whenever possible, the family should be allowed to choose the items to be purchased. However, this selection should be with guidance from the Children's Service Worker. Families should be encouraged to choose items that will be durable, dependable and economical. Remanufactured items (for appliances) are considered acceptable and such purchases should be encouraged if from a reputable vendor.

#### **Rent/Mortgage in Arrears:**

- If a family is at imminent risk of losing a residence due to being in arrears in their rent or mortgage payment, a one-time access of crisis intervention funds may be considered.
- If a request is made to assist a family with rent/mortgage in arrears, every possible resource the family may have to obtain matching funds must be explored. No more than one (1) month's payment may be provided for through crisis intervention funds. Community and family assistance must be sought prior to the request.

- Clear documentation must be provided as to what risk of maltreatment exists to a child if this payment does not occur. A completed NCFAS G+R and attachments reflecting what risk exists to a child must accompany any request for rent/mortgage arrears.
- If a child is at risk of placement due to a mortgage in arrears, crisis intervention funds may be accessed for up to the cost of one (1) month's mortgage payment, not to exceed \$500 without administrative approval. A specific plan of payment must accompany a request for funds for this reason. Planning would include negotiating with the lien holder to stop foreclosure actions, a payment plan for "catching up" the balance arrears, as well as a family budget.

**Transportation:**

- Transportation may be provided to a family if a child is at risk of harm due to lack of available transportation. Transportation may be provided for:
  - Employment
  - School
  - Medical appointments
  - Psychiatric/psychological testing
  - Counseling appointments and
  - Other appointments that a family may not be able to meet where failure to keep the appointment poses a risk of harm to a child.
- As transportation is often an ongoing challenge to families, problem solving is extremely important when requesting funds to provide transportation. The family will need to develop a network of resources to access transportation in the future. Understanding their community transportation systems and examining reliable resources through the use of ecomaps will help the family when faced with transportation problems in the future.
- Transportation may be purchased for a family through:
  - Cab service
  - Bus passes
  - Auto repair and

- Gas purchase (including purchase of gas for a friend or relative who transports).
- When a family is purchasing auto repairs, they may purchase any repair that is required to maintain a vehicle in a safe manner. Routine maintenance of a vehicle would not be considered for crisis intervention funds.
- When purchasing vehicle repair for a family, the family is to select a vendor. The Children's Service Worker is to assist the family in making this decision by providing them with information regarding how to choose a reputable and dependable repair shop. Location/accessibility to the family, reasonable cost and dependability should be explored by the family when making this selection.

#### **Other Purchases:**

Other purchases not listed here but which are unique to the needs of a family and which may eliminate the risk of harm to a child may be possible through crisis intervention funds.

#### **Accessing Crisis Intervention Funds**

**Assessment of Need:** To access crisis intervention funds, the Children's Service Worker assigned to the family must explore with the family all other possible resources for the requested intervention. Areas such as extended family support, community resources, and negotiation or mediation between various parties need to be fully explored with the family prior to a request for crisis intervention funds.

**Documentation:** To request crisis intervention funds, a Children's Division (CD) Crisis Fund Authorization form (CS-81) must be completed and submitted to the designee. Attached to this form must be other required documentation, depending upon the program in which the family is currently involved. Crisis intervention funds should be requested to pay for goods or services from a vendor which is selected by the family. Due to financial concerns and the potential impact these funds may have on a family's income, crisis intervention funds are to be made payable to a vendor rather than a family member, whenever this is possible.

Documentation for the various cases should include:

- Investigation/Assessment - If the case is in the investigation/assessment phase, the CPS-1 narrative must reflect what resources the family has or does not have to remedy the current crisis they are facing. Specific information regarding what the need is and what resources were explored with the family before consideration was given to accessing crisis intervention funds must be documented.

Strong consideration should be given to accessing of crisis intervention funds during this first 30 days of contact with the family. Appropriately assessing the immediate needs and resources of the family may prevent the opening of a case for Family-Centered Services. Completion of the CPS-1 and CD-17 will be required to access crisis intervention funds, if they are conducting an initial family assessment or an investigation. A Safety Plan (CD-18) is required if the CD-17 safety decision is "unsafe".

- Family-Centered Services - If the family is receiving Family-Centered Services, documentation of the need for crisis intervention funds is to be part of the NCFAS G+R and attachments and Written Service Agreement (CD-14B).

In conjunction with exploring with the family what resources they have to alleviate the crisis they are facing, planning needs to occur as to what they will do if they face a similar crisis in the future. As part of this exploration and planning, the CD-14B Written Service Agreement may be used to address future events. A crisis is a time for change and education for a family. The CD-14 B should be relevant to this crisis and address specific strengths and needs that impact family functioning and reduce risk that might lead to child maltreatment.

- Family-Centered Out-of-Home Care Services - Like Family-Centered Services, crisis intervention funds must be tied to the completion of the NCFAS G+R and attachments. In addition to other program options, this fund may be accessed for a family that is working on reunification, but has experienced a crisis that may prevent reunification from occurring in an expedient manner.

In preparing the NCFAS G+R and attachments with the family who is to receive crisis intervention funds, two (2) possible plans may be established. One plan would provide the family with a short-term goal, addressing the immediate crisis they are facing. Steps (family tasks) outlining how to accomplish their goal, as well as supportive tasks of the Children's Service Worker, would be completed in a time-limited manner. The Written Service Agreement should not exceed 90 days. As the goal would be targeted to eliminate an identified crisis, it is likely a CD-14B developed to address the crisis would be dated to run for a much shorter period of time.

**Payment Process:** Payments for crisis intervention funds will be made through a Payment Request. These payments include the initial payment made to the fiscal agent to establish the crisis fund, reimbursement to the fiscal agent after they have expended from their initial allotment, and the administrative fee paid to the fiscal agent for maintaining the crisis intervention funds. All Payment Requests for crisis intervention funds must be sent to the FACES Payment Unit. Invoices for services provided must also be attached in order for payment to be made. Copies of invoice/receipts must be retained in the case file.

**Chapter Memoranda History:** (prior to 01-31-07)

Title: Child Welfare Manual  
Section 3: Delivery of Services/Intact Families  
Chapter 4: Implementing the Written Service Agreement  
Attachment C: Crisis Intervention Funds  
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Page: 11

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[CS03-51](#), [CD05-72](#)

**Memoranda History:**

[CD11-86](#), CD13-90

## **Attachment D: Missing Person Report Procedures**

### **Missing Person or Runaway Report Procedures**

This attachment outlines procedures when reporting a missing or runaway child who is in the custody or under the supervision of the Children's Division (CD). This includes all children in CD custody less than age 21. In addition, this policy outlines the procedures to follow for any child who CD has reasonable cause to believe is, or is at risk of being a sex trafficking victim.

Missouri Statutes, Sections 43.400 – 43.410, RSMo., contain provisions for reporting missing persons to the State Highway Patrol.

A missing child/juvenile is defined as "any person who is *under* the age of seventeen years, whose temporary or permanent residence is in the state of Missouri or who is believed to be within the state of Missouri, whose location has not been determined, and who has been reported as missing to a law enforcement agency."

A child/juvenile may be considered missing if they meet one of the following characteristics:

- If they have runaway from the residence of a parent, legal guardian, or custodian;
- If they are missing under circumstances indicating that the person was or is in the presence of or under the control of a party whose presence or control was or is in violation of a permanent or temporary court order and fourteen or more days have elapsed, during which time the party has failed to file any pleading with the court seeking modification of the permanent or temporary court order.

Anyone over the age of seventeen years is considered missing if they meet one of the following characteristics:

- Is physically or mentally disabled to the degree that the person is dependent upon an agency or another individual;
- Is missing under circumstances indicating that the missing person's safety may be in danger;
- Is missing under involuntary or unknown circumstances;
- Is missing under circumstances indicating that the person was or is in the presence of or under the control of a party whose presence or control was or is in violation of a permanent or temporary court order and there are reasonable grounds to believe that the person may be taken outside of the United States.

For general purposes, a foster child is considered to be missing or on run status as soon as their physical whereabouts are unknown to CD or physical custodian. A foster child is under the care and custody of the CD and responsibility therefore lies with the CD staff, contracted service workers, and resource provider to ensure the safety and well-being to the best of their ability.

### **Runaway/Missing Child Protocol**

When a child in care is determined to be a runaway or missing, the case manager should take the following steps:

1. Immediately notify law enforcement (no later than 24 hours) to file a “missing child report” or “missing person report”. The resource provider should initiate contact with local law enforcement and the child’s worker if the child is missing or has run away from their premises.
2. Notify juvenile officer, Guardian Ad Litem and the child’s parents.
3. Submit the necessary paperwork to the juvenile office to request the court issue a “capias” or “pick-up” order. The court order provides police or Division staff with the authorization to locate and detain a runaway child as a delinquent. A written report must be filed with the juvenile office informing the court of the child’s run from Division care.

Not all circuits will issue a capias or pick-up order. Check with your local juvenile office or court for protocol and required paperwork when a child is on the run. If local court will not issue a capias or pick-up order, a local protocol should be developed with the juvenile office or court.

4. Contact family members, friends, counselors, school faculty, or others who may have information about the whereabouts of the child.
  - a. The worker should continue to make these contacts a minimum of once per month until the child is located.
  - b. Record all contact or attempted contact in the case narrative.
5. Within twenty-four (24) hours, notify the National Center for Missing and Exploited Children (NCMEC). This is for any person under the age of twenty-one (21) missing from care. This can be completed by calling 1-800-THE-LOST or by completing an online report to NCMEC. The website for online reporting is: <https://cmfc.missingkids.org/reportit> and may only be utilized by staff. Staff will be required to complete an online account prior to submitting a report.

When reporting online, it is imperative that all fields be answered thoroughly and accurately. To assist NCMEC in responding timely, the case manager's name and contact information must be identified within the online report.

When reporting to NCMEC, the case manager should be prepared to provide the following:

- The child's case manager's name and contact information;
  - Information regarding the law enforcement agency involved, including the case number, and assigned law enforcement officer's contact information;
  - Descriptive information regarding the missing child, including date of birth, height, weight, physical description (eye color, hair color, complexion, tattoos, piercings, etc.), clothing worn at the time the child was last seen, medical and/or mental health conditions; and,
  - Details surrounding the circumstances leading to the child's missing status.
6. Update the child's Alternative Care Client Information screen in FACES.
- a. For traditional, Youth with Elevated Needs-Level A or Level B, and emergency foster care placements, enter the temporary location as RUN. If the child is located before the 7<sup>th</sup> day, end the temporary location. If RUN status extends beyond the 7<sup>th</sup> day, the primary placement will automatically change to RUN on the 8<sup>th</sup> day.
  - b. For Youth with Elevated Needs-Level B or residential placement, maintenance payment continues through the 7<sup>th</sup> day from which the child ran away in cases where the bed or placement will be held specifically for that child. In this event, enter the temporary location as RUN. If the child is located before the 7<sup>th</sup> day, end the temporary location. If RUN status extends beyond the 7<sup>th</sup> day, the primary placement will automatically change to RUN on the 8<sup>th</sup> day.. Residential payments are not generated from the AC Client Information screen, SS-61, but for Level B placements the maintenance code, field 56, should be changed to "3 – No maintenance payment".
7. Cross check Family Support Division screens IPAR, IMES, as well as Medicaid screens MXIX and MCII on production. Food stamps assistance can be checked through FAMIS on the FAPC screen. [Memo CD-04-40](#) provides specific details on how to access FAPC information.

- a. Check systems monthly to see if the child is receiving assistance or is listed in separate household receiving benefits.
  - b. Record system checks in the case narrative.
8. Immediately send out statewide Protective Service Alert through state email using the following guidelines:
- a. Discuss with direct supervisor whether applicable and obtain approval from Circuit Manager.
  - b. Draft email to include:
    1. Identifying information including name, date of birth, DCN, and social security number of child.
    2. Narrative information about the child's abduction including last known location and other information that may be helpful.
    3. Worker contact information including county address and telephone number.
  - c. Send protective service alert email information to:  
  

[DSS.CD.PSA@dss.mo.gov](mailto:DSS.CD.PSA@dss.mo.gov) for state-wide distribution. Repeat every 90 days until child is recovered.

### **Missing Children Not in Care**

Staff should report all children known to be missing to law enforcement and NCMEC, not just those in the custody of the Division.

Reporting missing children *not* in care to NCMEC may only be done through the NCMEC hotline, 1-800-THE-LOST. For children *not* in care, staff should only contact NCMEC if they are able to provide the name, age, address, and all identifying characteristics of the missing child and the length of time the child has been missing.

Staff does not need a signed release of information from the child's custodian in order to make a report. Staff will be required to provide contact information for the child's legal guardian and information regarding the law enforcement agency involved, including the case number, and assigned law enforcement officer's contact information.

Staff should advise the child's guardian of the legal reporting requirement prior to making a report to NCMEC. NCMEC will contact the legal guardian for follow up information and coordination. Legal guardians may choose to provide the missing child's photograph to NCMEC by either:

- Emailing ‘\_imaging@ncmec.org’ and listing the child’s name and date of birth in the subject line or
- Providing a photograph to the case manager and signing an Authorization for Release of Non-Medical Records by/to Children’s Division (CD-98) authorizing the case manager to provide the photograph to NCMEC.

### **Child Abduction Protocol**

When a child is determined to be missing and there is reason to suspect that the child has been abducted, the worker shall take the following steps:

1. Immediately (no later than 24 hours) notify local law enforcement that the child has been abducted. The resource provider should contact local law enforcement and the child’s worker if the child has been abducted from their premises. Provide law enforcement the following information:
  - a. Description of victim and photo of child if requested
  - b. Time, location and description of the abduction
  - c. If known, description of suspect including vehicle and direction of travel

Law enforcement will assess the individual case information and determine whether to issue a local or state-wide alert on the abduction. The Missouri Amber Alert system is an example of a state-wide alert.

2. Within twenty-four (24) hours, notify the National Center for Missing and Exploited Children (NCMEC). This can be completed by calling 1-800-THE-LOST or by completing an online report to NCMEC. The website for online reporting is: <https://cmfc.missingkids.org/reportit> and may only be utilized by staff.
3. Immediately notify direct supervisor, Circuit Manager, and Regional Director of child abduction.
4. Immediately send out statewide Protective Service Alert through state email using the following guidelines:
  - a. Discuss with direct supervisor whether applicable and obtain approval from Circuit Manager.
  - b. Draft email to include:

1. Identifying information including name, date of birth, DCN, and social security number of child.
  2. Narrative information about the child's abduction including last known location and other information that may be helpful.
  3. Worker contact information including county address and telephone number.
- c. Send protective service alert email information to:
- ["DSS.CD.PSA@dss.mo.gov"](mailto:DSS.CD.PSA@dss.mo.gov) for state-wide distribution. Repeat every 90 days until child is recovered.
5. Notify juvenile office, Guardian Ad Litem, the child's parents, and others as appropriate.
  6. Submit a written report to the court of jurisdiction notifying them of the abduction and actions taken within one (1) working day.
  7. Update the child's Alternative Care Client Information screen in FACES.
    - a. For traditional, Level B, and emergency foster placements, change placement type enter the temporary location as RUN. If the child is located before the 7<sup>th</sup> day, end the temporary location. If RUN status extends beyond the 7<sup>th</sup> day, the primary placement will automatically change to RUN on the 8<sup>th</sup> day.
    - b. For Level B or residential placement, maintenance payment continues through the 7<sup>th</sup> day from which the child ran away in cases where the bed or placement will be held specifically for that child. Enter the temporary location as RUN. If the child is located before the 7<sup>th</sup> day, end the temporary location. If RUN status extends beyond the 7<sup>th</sup> day, the primary placement will automatically change to RUN on the 8<sup>th</sup> day.
7. Document all actions in the case record.

### **Child Return or Recovery**

When a runaway or missing child is located, the case manager must assess the factors that led to the child being absent and to the greatest extent possible, address those factors in subsequent placements. The case manager should also determine the child's experiences while absent, including whether the child fell victim to sex trafficking.

### **Indicators of Commercial Sexual Exploitation of Children (CSEC)**

Indicators that a child is involved in CSEC include, but are not limited to:

- Frequent runaway episodes
- A heightened sense fear or distrust of authority
- Unable to identify where they were while they were gone
- Has money or material goods without a clear explanation of how they were obtained
- Physical injuries with no explanation of how they were received
- Has a sexually transmitted infection (STI) or a history of STIs
- Uses drugs and/or alcohol
- Reports sexual assaults by strangers
- Talks about a paramour, but does not provide their identity
- Frequent unexplained absences from school
- Involved in gang activity
- Appears fearful, anxious, depressed, tense, nervous, paranoid, or hyper vigilant
- Has multiple cell phones
- Has hotel keys or talks about staying in hotels
- Has suspicious tattoos or other signs of branding
- Child has inappropriate, sexually suggestive activity on social media, the internet, or cell phone apps
- Refuses to talk about their experiences while on runaway status
- Child associates and/or has relationships with age-inappropriate friends and/or paramours

### **Identification of CSEC:**

Identifying victims of CSEC can be challenging due to the following:

- They may not view themselves as victims.
- They may not trust adults due to trauma they have experienced.
- They may be concerned they will face legal consequences for their role in CSEC.
- Their trafficker may have made threats to harm the child, their family, and/or friends.

### **Trauma Bonding:**

Also often referred to as Stockholm syndrome, traumatic bonding of the child to their trafficker is often an influential factor that interferes with self-identification as a victim and in severing the child's relationship to their trafficker. Traffickers use power and control tactics to make their victims increasingly reliant on them for emotional and psychological needs. Children who are emotionally vulnerable due to a history of abuse/neglect are especially vulnerable to the tactics of traffickers.

### **Screening after a Child Returns or is Recovered:**

Once a child is located, the case manager must talk to the child to determine the factors that led to the child's absence and their experiences while they were gone.

Questions to ask include, but are not limited to:

- What made you leave your placement?
- Where did you go when you left?
- How did you take care of yourself while you were gone?
- Did you have money? How did you get money?
- How did you eat?
- Where did you sleep?
- Who helped you while you were gone?

- Did you have to do anything in exchange for their help?
- Did anyone hurt you?
- Did you do anything that made you uncomfortable?
- Are you worried about anything that happened to you while you were away?

The case manager should also notify the National Center for Missing and Exploited Children (NCMEC) of the child's return.

### **Suspicion of Abuse or Sex Trafficking**

If a child provides information that may indicate they were abused or involved in sex trafficking, the following must occur immediately, but no later than 24 hours after receiving the information:

- The case manager must immediately contact the Child Abuse/Neglect Hotline Unit (CANHU) to make a report of child abuse and neglect. The case manager should inform the hotline of any suspicion of involvement in human trafficking.
- The case manager should notify law enforcement of the concern.
- A referral to the Child Advocacy Center (CAC) should be made for a forensic interview to further explore the child's experiences in care if there is an indication the child was abused or trafficked.
- The case manager must contact the National Human Trafficking Resource Center toll-free hotline at 1-888-373-7888 or make an online tip report at [www.traffickingresourcecenter.org/report-trafficking](http://www.traffickingresourcecenter.org/report-trafficking).

### **Chronic Run Away Youth**

Children who have run away multiple times are at an increased risk for involvement in sex trafficking. It may be appropriate to make a referral to the Child Advocacy Center (CAC) for a forensic interview of the child, even if they have made no disclosure or provided information about involvement in trafficking. Local county offices are strongly encouraged to work with their CAC to develop protocols for assessing these youth.

### **Additional Steps**

When a runaway or missing child is located, the case manager should also complete the following:

1. Immediately assess the safety of child.
2. Notify law enforcement, juvenile office, Guardian Ad Litem, the resource provider, the child's parents, and their attorney as appropriate of the child's return or recovery.
3. Determine whether to:
  - a. Return child to the previous resource provider
  - b. Place child in new or temporary placement
  - c. Place child in a more secure or restrictive environment
  - d. Seek approval for non-traditional placement (i.e. friend of child, older sibling, parents whose rights have been or are being terminated but continue relationship with child)
  - e. Arrange for medical or mental health screening.
4. Arrange for a medical examination of the child within twenty-four (24) hours of the child's return.
5. Update the child's AC Client Information screen in FACES to reflect current placement type and "Begin payment" or "Resume payment" for pre-existing Level A or Level B home.
6. Change residence code on child's AC Client Information screen in FACES to reflect current placement in order to re-enroll child in MC+.
7. Schedule Family Support Team (FST) meeting within 72 hours of child's return to address:
  - safety concerns
  - reason the child ran away (i.e. didn't like the rules, placement issues, couldn't handle responsibilities in home, ran to be with friends, parents, others)
  - additional support services the child may need

- unexplored or non-traditional placements options
- potential changes in the child's case plan

It is important for FST members to consider case specific information when addressing these issues or making changes to the child's case plan. Members should consider the specific needs of the child especially when considering alternative placement settings. Any child age 12 or over should be included in the FST meeting.

### **Failure to Locate Protocol**

The first priority of the worker shall always be to locate a runaway child and remedy the reasons that the child has run. However, there may be individual cases where the Division may want to explore a request for release of jurisdiction from the court. All requests for release of custodial responsibility should be evaluated on a case by case basis by the case manager, their direct supervisor, and FST team members. During the FST meeting, there should be a thorough review of documented efforts and consideration of the following factors:

- the age of the child
- the number and type of previous placements
- the current and concurrent case plan
- whether TPR has or has not occurred
- the child's progress and compliance in cooperating with the Division's services
- the child's run history (one time event verses chronic runs)
- whether the child is running to a specific place or person
- Is there an exit plan in place for the child to provide on-going support? (See memorandum [CD04-56](#) for details on exit planning)

It is important that a child never be released from custody without an exit plan in place as it is our responsibility to ensure that youth leaving the foster care system either have support services in place or know how to obtain them as needed in the future. Non-compliance cannot be used as the sole reason to request termination of custodial duties by the division. With this understanding, there may be rare situations where it is appropriate to request a release of jurisdiction when it is clear that there is a documented history of chronic and repeated non-compliance on the child's part to accept placements and services offered by the Division or in cases where the child has

been missing without contact for a minimum of twelve (12) months. This **does not** include cases where the child has run to a non-approved placement and remains in contact with the worker. Placement issues need to be addressed by the worker, child, FST members, and the court.

If the court of jurisdiction does not agree to a release of custody and the child is not located, the worker should continue to:

1. Contact law enforcement, family, relatives, friends, and all other contacts once per month in an effort to locate the child for a minimum of six months
2. Monthly cross check Family Support Division screens IPAR and IMES as well as Food stamps screen through FAMIS system on the FAPC screen
3. If after six (6) months, the child is not located, continue to contact law enforcement, relatives, and other contacts on a quarterly basis in effort to locate child
4. Continue to provide written summary to court on all actions taken to locate child and
5. Resubmit request for release of jurisdiction at all court hearings.

**Chapter Memoranda History:** (prior to 01-31-07)

[CS03-51](#), [CD05-72](#)

**Memoranda History:**

[CD10-08](#), CD15-64, CD16-14

## **Attachment E: Protective Service Alerts**

A Protective Service Alert (PSA) is a notification sent out through Central Office to go statewide, to particular CD Offices, or to other states. A PSA may also be received from a child protective service agency in another state to be sent out statewide, to particular county/circuit offices, or to check whether the child or family is or has been involved with the Children's Division. Protective Service Alerts are used to:

1. Inform local CD offices or child protective service agencies in other states about past or current concerns regarding a specific family;
2. To assist in locating families that CD or another protective service agency in another state has custody or involvement with; or
3. To inform CD offices or child protective service agencies in other states about run away and missing children.

### **Protective Service Alert Procedure:**

1. Discuss with direct supervisor whether a PSA is appropriate and obtain approval from Circuit Manager.
2. Once approval is given send an email to [DSS.CD.PSA@dss.mo.gov](mailto:DSS.CD.PSA@dss.mo.gov), including the following:
  - Attach a completed *Protective Service Alert Form (PSA-1)*;
  - Include in email when particular out-of-state child protection agencies need to be alerted.

### **Optional:**

An image file of the subject child(ren) may be attached, **but only when:**

- The worker has an image of the child(ren) that meets the policy standard; and
- The court with jurisdiction of the child has given permission to include an image.

Related Subject: For more information on attaching images, see <i>Attaching Image Files to a Protective Service Alert</i> in this section, below.
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### **Do not include:**

- Social Security Numbers

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- Substance abuse treatment information
- Protected Health Information (PHI), (See Section 5, Chapter 2.7 [Health Insurance Portability and Accountability Act \(HIPAA\)](#) )

### **Forwarding PSAs to providers who are contracted with the Children's Division**

After Central Office has sent the protective service alert out, the case manager may forward it to any **providers who are contracted with the Children's Division**, who may have information.

3. Questions regarding the content of the alert or the process may be directed to (573) 751-2427.
4. For missing or abducted children, repeat every 90 days until child is recovered.
5. Send follow up email to [DSS.CD.PSA@dss.mo.gov](mailto:DSS.CD.PSA@dss.mo.gov):
  - To cancel the protective service alert if the circumstances no longer warrant an alert; or
  - To inform Central Office that the child(ren) is still missing and an updated protective service alert should be sent out.

### **Attaching Image Files to a Protective Service Alert**

One option to sending out a protective service alert is to attach an image file of the subject child (pdf, jpg, gif...etc). The decision to attach an image file should be made on a case by case basis taking into consideration the following:

- The image must be appropriate. Staff should consider if the child in the image is wearing appropriate clothing or making appropriate gestures...etc.
- The image must be a reasonable likeness of the child. The image should be a recent image: Changes in hair color or style, the additional or absence of facial hair, or other changes in appearance may make the image unusable.
- The image must be of reasonable quality.
- Staff must have supervisory approval.
- Staff must have permission from the court which has jurisdiction of the child. The court may give approval on a one time only basis or may reach an agreement with the Division to give blanket approval for attaching images as standard procedure for all children in the jurisdiction of that circuit.

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**Chapter Memoranda History:** (prior to 01-31-07)

[CD05-14](#), [CD05-72](#)

**Memoranda History:**

CD09-09, CD11-70, CD13-82

### **Attachment F: Death of Child in Open FCS Case**

The following are special procedures the FCS Case Manager will follow when a child residing in the household of an open FCS case dies:

- Immediately assure the safety of any other household children.
  - Contact law enforcement at once if there is a reason to believe any children are in immediate danger.
  - Complete a safety assessment (CD-17), as necessary.
  - Develop a safety plan (CD-18) if the safety decision is unsafe.
- Notify the Supervisor immediately that a fatality has occurred in an open case. This will include any sudden or unexpected death, as well as a foreseeable death due to illness.
- Supervisor will initiate Fatality/Critical Events Reporting and Review Protocol.

Related Subject: Section 2, Chapter 4.3.8.3 <a href="#">Fatality/Critical Events Reporting and Review Protocol</a>
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- Complete a risk re-assessment, as indicated.
- Consult with the Supervisor for the need to re-visit and modify the **Written Service Agreement** with the family as a result of the child's death.
- Continue to work with the family as directed by the Supervisor.
- Monitor the family closely for any changes of behavior due to stress from the recent loss and continue to assure the safety of any other child.
- Provide supportive services and referrals as necessary to assist the family with grieving or other issues.
- Update FACES to remove the child from case.

**Chapter Memoranda History:** (prior to 01-31-07)

[CD05-50](#), [CD05-51](#), [CD05-72](#), CD10-130

**Memoranda History:**

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CD10-130, CD13-80

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## **Attachment G: Local Children's Division and Head Start Collaborations**

This attachment provides guidelines for working with Head Start and Early Head Start Agencies and making referrals to Head Start agencies.

### **Local Collaboration Plans with Head Start Agencies**

The Children's Division is committed to working with local Head Starts in providing services to Protective Services children. The Children's Division Circuit Manager will develop a local collaboration plan with their local Head Start Director, which includes Head Start and Early Head Start programs. The Local Collaboration Plan, CD-199, is designed to provide a framework for local Children's Division and Head Start agencies to improve the coordination of services for the children and families served by both agencies. The Circuit Manager is to complete the CD-199, with the local Head Start Director no less than every two years, or as needed as agreed upon by both agencies. A copy of the completed CD-199 is to be shared with the local Head Start and submitted to the Children's Division, Early Childhood and Prevention Services Section via email at [CD.AskECPS@dss.mo.gov](mailto:CD.AskECPS@dss.mo.gov).

### **Referral to Head Start and Early Head Start Programs**

The Children's Division case manager should refer children and families, who may be eligible, to their local Head Start agency by completing the Head Start/Early Head Start Referral Form (CD-200). Children in foster care must be referred to Head Start. While children in foster care are categorically eligible for HS/EHS programs, a referral does not guarantee a child a placement. A referral to HS/EHS does not preclude families from choosing a child care provider of their choice.

### **Chapter Memoranda History:** (prior to 01-31-07)

#### **Memoranda History:**

[CD13-34](#), [CD13-61](#)