

2014

MISSOURI

Department of Social Services
Children's Division

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN



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CHANGES TO STATE LAW OR REGULATIONS THAT COULD AFFECT THE STATE'S ELIGIBILITY FOR THE CAPTA STATE GRANT

SECTION 106(b)(1)(C)(i)

The State of Missouri continues to maintain laws in compliance with the requirements of CAPTA. There were no substantive changes in Missouri laws or regulations during the 2013 legislative session that would affect Missouri's eligibility for the CAPTA State grant.

In fact, Missouri has strengthened its attention to the early identification of child abuse/neglect and its reporting laws. House Bill 505 (Section 162.069.2 RSMo) modified state law by requiring each school district and charter school to adopt and implement guidelines for child abuse and neglect mandated reporter training and to conduct the training annually for all school employees.

Included in House Bill 505 is a requirement for mandated reporters to immediately report suspected child abuse or neglect to the Children's Division. The bill prohibits any internal investigation into the allegations of abuse or neglect until the mandatory report to the Children's Division has been made. This provision removed language in the statute which made it permissible for a school employee or child forensic interviewer to shift the reporting mandate to designated officials in the school or institution.

Senate Bill 256 (Section 160.2100 RSMo) removed the January 1, 2013 expiration date for the Task Force on the Prevention of Sexual Abuse of Children created in statute during the 2011 legislative session. The Task Force is comprised of a multitude of public and private entities with a shared interest and responsibility in the study and prevention of child sexual abuse.

ANNUAL SUMMARY OF ACTIVITIES, TRAINING, AND SERVICES

SECTION 108(e)

The following section includes an update on recent activities, trainings, and services supported through the State's CAPTA grant, alone or in combination with Children's Justice Act funding and state funds, in program areas identified in Missouri's previous state plan:

- (1) The intake, assessment, screening, and investigation of reports of child abuse or neglect
- (2) Creating and Improving the Use of Multidisciplinary Teams and Improving Legal Preparation and Representation
- (3) Case Management, Ongoing Case Monitoring, and Delivery of Services to Families
- (4) Developing, Improving, and Implementing Risk and Safety Assessment Tools and Protocols, Including Use of Differential Response

(1) Intake, Assessment, Screening, and Investigation of Child Abuse or Neglect

Legal Aspects of Investigations Trainings

An array of training courses is provided in the areas of intake, assessment, screening, and investigation of child abuse or neglect. New staff complete Child Welfare Practice Training (CWPT) as soon as possible after their hire date. All program lines, including child abuse/neglect investigations and assessments, are covered in CWPT. Children's Division then requires additional in-service child abuse/neglect trainings to staff with the responsibility of investigating/assessing reports of abuse/neglect, or supervising staff with this responsibility. Supervisors receive another four hours of training to strengthen critical thinking skills with regard to safety decisions and risk assessments.

Each county office has a library notebook containing a DVD series of legal aspects trainings by the Children's Division's Legal Issues Training Coordinator. The DVDs are intended to provide a continuum of learning with topics focusing on Missouri custody laws, the legal elements of abuse and neglect, and child safety in preventive service and out-of-home cases.

Legal Aspects of Child Safety Decision Making in Protective Custody Cases Training

Designed for workers and supervisors, this course focuses on using Framework for Safety terminology and concepts and the concrete application of them to case facts where a child is unsafe and protective custody will be requested. This training is a precursor for staff to the multidisciplinary training, "Child Safety – The Essence of Permanency."

(2) Creating and Improving the Use of Multidisciplinary Teams and Improving Legal Preparation and Representation

Child Abuse/Neglect Review Board

Missouri has an established process in place for alleged perpetrators seeking administrative review of a child abuse/neglect preliminary finding of substantiation by a preponderance of the evidence (POE). The alleged perpetrator may initiate an administrative review of the finding by the Child Abuse/Neglect Review Board (CANRB), an independent panel of nine private citizens from varying professions. If the alleged perpetrator does not agree with the board's decision, he/she may seek a de novo review before the Circuit Court. The alleged perpetrator may elect to bypass the administrative review and make a direct request for a de novo review in Circuit Court. CAPTA grant funding continues to support the work of the CANRB.

Child Advocacy Centers (CAC)

A significant portion of CAPTA grant funding is used in combination with Children's Justice Act funds to support Missouri's Child Advocacy Centers which improve the processes by which Missouri responds to cases of child abuse and neglect, particularly child sexual abuse or exploitation. The role of Child Advocacy Centers is to complete forensic examinations, conduct

victim interviews, coordinate service and treatment referrals, and gather and retain forensic evidence used for criminal prosecution of the offender. Missouri has sixteen Child Advocacy Centers servicing children and families in every county of the state. The availability of these centers prevents unnecessary stress and trauma to the child victim and their family by allows for a one-time interview of the victim, as well as the opportunity for necessary physical examinations to occur in the same location.

While data related to the successful prosecution of perpetrators involved in cases served by the Child Advocacy Centers is not available, it is well established the forensic process provided by the Advocacy Centers, including the handling of evidence and quality of victim interviews continues to improve the investigation and judicial process.

Child Safety Decision Making – The Essence of Permanency Planning Workshop

The Children's Division's Legal Issues Training Coordinator teamed with the Office of State Courts Administrator (OSCA) to provide a multidisciplinary team learning collaborative for Children's Division staff, juvenile officers, guardians ad litem, attorneys, Court-Appointed Special Advocates (CASA), and judges. Workshops are comprised of professionals from shared jurisdictions who, in some combination or another, have shared decision-making responsibilities on a common case. Participants learn key concepts, principles, and elements of child safety-decision making from case initiation through case closing.

(3) Case Management, Ongoing Case Monitoring, and Delivery of Services to Families

Family-Centered Services (FCS) Ongoing Trainings

The Training, Consultation, & Family Meeting Activity Services contract is available to Children's Division staff for technical assistance. This contract is accessible on an as-needed basis and provides services reflective of the Family-Centered Practice Model for in-home and out-of-home child welfare services. There are six contract holders who service the state.

Trainings provided include information regarding both case management and time management skills as they apply to the successful application of Family-Centered practice and should include information regarding clinical supervision and clinical consultation skills for supervisors, managers, and administrators, as appropriate.

Consultation services offered under this contract may include face-to-face consultation, facilitation, technical assistance, mentoring, modeling, and coaching to staff regarding specific families and/or general family practice, either in individual or group session formats.

The contract allows consultants to assist in the Family Support Team Meeting process with the purpose of enhancing the skills of the staff conducting/facilitating family meetings. This may include intact families, families with children at imminent risk of out-of-home placement, and families with children in out-of-home care.

(4) Developing, Improving, and Implementing Risk and Safety Assessment Tools and Protocols, Including Use of Differential Response

Legal Aspects of Safety Decision Making in Protective Custody Cases

This six-hour training course is for workers and supervisors in all program lines, as safety decision making is a continuum from hotline through removal to permanency for the child. This training focuses on using Framework for Safety terminology and concepts and the concrete application of them to the facts of the case where the child is unsafe and protective custody is requested or has been taken. The goals of the training are:

- Workers will improve their ability to gather information on the family and the situation by better understanding Framework for Safety terminology
- Workers will gain knowledge on applying the facts to the terminology and concepts
- Workers will improve their ability to factually explain their safety decisions of “unsafe” to meet the court requirement of “imminent danger” to justify a removal from the home

Workers will gain knowledge on how to apply the Framework for Safety terminology in protective custody cases to set the conditions for return, write the Written Service Agreement and make permanency decisions to return the child home.

PROGRAMS/ACTIVITIES MISSOURI PLANS TO IMPLEMENT OR SUPPORT WITH CAPTA STATE GRANT FUNDS IN 2015

SECTION 106(b)(1)(A)

In accordance with section 106(b)(1)(A) of CAPTA, the State plan must specify which of the 14 program areas delineated in section 106(a) the State will address with grant funds. Missouri will target the following 7 program areas.

- (1) The intake, assessment, screening, and investigation of reports of child abuse or neglect
- (2) Creating and improving the use of multidisciplinary teams and improving legal preparation and representation
- (3) Case management, ongoing case monitoring, and delivery of services to families
- (5) Developing and updating systems of technology
- (6) Developing, strengthening, and facilitating training
- (7) Improving the skills, qualifications, and availability of individuals providing services to children, families, and supervisors

- (13) Supporting and Enhancing Interagency Collaboration Among Public Health Agencies, Agencies in the CPS System, and Agencies Carrying Out Private Community-Based Programs

(1) Intake, Assessment, Screening, and Investigation of Child Abuse or Neglect

Child Abuse/Neglect Workgroup

The Child Abuse/Neglect (CA/N) Workgroup is comprised of individuals with expertise in the area of child abuse and neglect. Members of the workgroup include: state-level management, the state-level CA/N program specialist, the Division's Legal Issues Training Coordinator, regional directors from each of the state's four regions, Division of Legal Services representatives, the Child Abuse/Neglect Hotline Unit (CANHU) manager, program manager for the Out-of-Home Investigation Unit, and other staff with varying degrees of involvement in the CA/N program area. The workgroup meets monthly to explore and discuss the CA/N process, identify barriers and best practices in completing CA/Ns, and to make concrete recommendations for improvement in policy or practice.

Child Abuse/Neglect Step-by-Step Workgroup

The Child Abuse/Neglect (CA/N) Step-by-Step Workgroup is comprised of a state-level program development specialist and frontline children's service workers responsible for the investigation/assessment of child abuse/neglect reports. The workgroup is charged with the task of improving the process by which staff record information and input documentation into FACES, the state's SACWIS, when completing investigations/assessments.

Child Abuse/Neglect Review Board

The Child Abuse/Neglect Review Board (CANRB) provides an independent administrative review of child abuse/neglect determinations when the alleged perpetrator disagrees with the Children's Division's finding of "Preponderance of Evidence." There are five CANRB panels across the state, each consisting of nine private citizens from diversified professions specified in Section 210.153 RSMo (<http://www.moga.mo.gov/statutes/c200-299/2100000153.htm>). Each panel member is appointed by the Governor and confirmed by the Senate. The CANRB provides an annual report to the Children's Division with recommendations for improving investigation practice, report documentation, multidisciplinary collaborations, and CANRB presentation.

(2) Creating and Improving the Use of Multidisciplinary Teams and Improving Legal Preparation and Representation

Child Abuse/Neglect Review Board

Missouri will continue to support the operation and work of the Child Abuse/Neglect Review Board by providing training opportunities and resource materials as necessary.

Child Advocacy Centers (CAC)

Children's Division highly supports the role and services provided by Child Advocacy Centers in the process of child abuse/neglect investigations. In combination with Children's Justice Act funds, a significant allotment of CAPTA grant funding will continue to support Missouri's sixteen Child Advocacy Centers.

Child Safety Decision Making – The Essence of Permanency Planning Workshop

The Children's Division will continue joint efforts with the Office of State Courts Administrator (OSCA) to provide multidisciplinary team learning collaboratives for Children's Division staff, juvenile officers, guardians ad litem, attorneys, Court-Appointed Special Advocates (CASA), and judges.

(3) Case Management, Ongoing Case Monitoring, and Delivery of Services to Families

National Conferences on Child Abuse and Neglect (NCCAN)

CAPTA state funds will provide learning opportunities for the State Liaison Officers through out-of-state attendance at the 19th National Conference on Child Abuse and Neglect.

(5) Developing and Updating Systems of Technology that Support the Program and Track Reports of Child Abuse and Neglect

FACES Enhancements

Proposed enhancements for the FACES Investigations/Assessments application are projected to be an area of focus in the coming year. Currently, reports meeting the statutory criteria of child abuse or neglect itemize the reporter's information into nearly fifty different descriptors of abuse/neglect (e.g., lack of supervision, bruises/welts/red marks, fondling/touching.) The FACES enhancement will modify the Child Abuse and Neglect Hotline Unit's classification of allegations from descriptors to one of six categories of abuse or neglect - neglect, educational neglect, medical neglect, physical abuse, sexual abuse, and emotional abuse. This modification is intended to induce a more inclusive investigative or assessment response. Staff will be less

focused on single physical or behavioral indicators, but will instead apply a greater valuation in the analysis of evidence relating to the six categories of abuse/neglect.

Good Practice Campaign

Good practice consistent with and supportive of the Division's policies, mission and guiding principles is paramount to positive outcomes for children and families. When research or first-hand experience reveals positive outcomes, it is important to share what works well with all staff working with children and families. Children's Division is nearing the implementation phase of a "Good Practice Campaign" to highlight information, training, resources, and tips regarding child abuse/neglect prevention, treatment, well-being, and family engagement, etc. The Division will create a program to be hosted on the agency's intranet where good practice campaign features are posted to provide education and resources to staff in areas identified for awareness or improvement.

(6) Developing, Strengthening, and Facilitating Training

Forensic Interviewing Training

Children's Division is in the exploration stage for the development of forensic interviewing training for staff completing child abuse/neglect investigations or family assessments. Although children are very regularly referred to Child Advocacy Centers for forensic interviews, Children's Division staff are often the first contact children have when abuse or neglect has been reported. The goal of the training is to better equip staff with the skills to obtain statements from children in an objective, fact-finding, and developmentally-conscious manner.

Child Development Education and Training

Children's Division recognizes all staff working with families during child abuse/neglect investigations/assessments, Family-Centered Services (intact) cases, and out-of-home care cases have varying degrees of child development experience or knowledge. Staff's ability to evaluate child safety, threats of danger, caregiver protective capacities, or even appropriateness for early intervention services is bolstered by understanding, identifying, and assessing typical and atypical child development. The Division will research child development resources, materials and training opportunities to further staff development.

(7) Improving the Skills, Qualifications, and Availability of Individuals Providing Services to Children, Families, and Supervisors

Family-Centered Services (FCS) Ongoing Trainings

CAPTA state funds will continue to support the FCS Ongoing Training, Consultation, & Family Meeting Activity Services contract available to Children's Division staff for technical assistance

in child abuse/neglect prevention and treatment activities. This contract is accessible on an as-needed basis and provides services reflective of the Family-Centered Practice Model for in-home and out-of-home child welfare services. Circuits can request trainings and services tailored to meet the needs of an individual staff, a group of staff, or a family for whom prevention or intervention services are being provided. Consultation services offered under this contract may include face-to-face consultation, facilitation, technical assistance, mentoring, modeling, and coaching to staff regarding specific families and/or general family practice, either in individual or group session formats.

Trauma-Informed Care

The Division is in the development phase of its objective to becoming a trauma-informed agency. To drive the development and implementation plan for becoming a trauma-informed agency, the Children's Division partnered with the Department of Mental Health (DMH) to share the employed position of Patsy Carter, PhD, Director of Children's Clinical Services, DMH. Dr. Carter assumed this shared position effective March 1, 2014. In addition to assisting CD in becoming a trauma-informed agency, Dr. Carter will help build a clinical structure within the agency and provide clinical consultation services. A training plan is being developed for staff, resource providers, and multidisciplinary members (juvenile officers, guardians ad litem) using the National Child Traumatic Stress Network (NCTSN) curriculum. Staff will also receive training on the use of a screening tool designed to suggest when a referral for mental health assessment or services is indicated. CAPTA state funding will help support training, materials, brochures, media resources, and the development of a screening tool.

Missouri Early Trauma Initiative

Recognizing young children, birth to age six, are at increased risk of maltreatment and, therefore, greater vulnerability for resulting trauma, Missouri has created the Missouri Early Trauma (MET) initiative to address the trauma impact experienced by young children involved across all program lines of the child welfare system. The Division is collaborating with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) to educate staff, the public, and domestic violence service providers. CAPTA state funding will help support any needs for training, materials, brochures, and media resources.

Missourians Overcoming Separation Trauma

The Division is committed to mitigating the effects of separation trauma for young children in foster care through a new initiative, Missourians Overcoming Separation Trauma (MOST). Still in the development phase, MOST is an educational and skills-building approach in which mental health professionals will work directly with parents, children, and foster parents during the removal process. When a child birth to age eight is removed from his/her home, a home visitor will conduct individual sessions with these individuals over the first thirty days to assist the child through the transition. Enhanced training for workers, supervisors, and foster parents will also

be developed. CAPTA state funding will help support any needs for training, materials, brochures, and media resources.

(13) Supporting and Enhancing Interagency Collaboration Among Public Health Agencies, Agencies in the CPS System, and Agencies Carrying Out Private Community-Based Programs

Missouri Alliance for Drug Endangered Children (MODEC)

MODEC is a state-level umbrella of organizations and agencies concerned with the plight of children who are exposed to environments where abuse, manufacturing, or sales of drugs occur. The drug endangered children approach is designed to provide a comprehensive and coordinated response to increase the safety and well-being of children and to increase opportunities for communities to intervene at a critical juncture for the family. Children’s Division is an organizational member of MODEC, serving on the steering committee to assist in the development and implementation of DEC Alliances in local communities throughout the state. CAPTA will support the Division’s annual MODEC membership. CAPTA grant funding is targeted to support, in part, the 2014 Substance Abuse Prevention Conference. The annual conferences intend to enhance multidisciplinary service delivery specific to coordinated community efforts to care for children exposed to the manufacture, distribution, or use of harmful substances.

Healthcare Coordination Committee

The Healthcare Coordination Committee (HCC) is a co-facilitated effort by the Children’s Division, MO HealthNet Division (MHD), and Division of Youth Services. The committee is comprised of physicians, pediatricians, dentists, therapists, foster youth, private case management contracted staff, and representatives from CD, MHD, the Department of Mental Health, and the Department of Health and Senior Services to discuss oversight and coordination of healthcare services to foster youth. The committee plans to educate healthcare professionals and case management staff on the importance of collaboration and continuity of care for foster youth. CAPTA state funding will help support any needs for training, materials, brochures, and media resources.

JUVENILE JUSTICE TRANSFERS

Thirty youth exited Children’s Division custody during CY13 with a commitment to the Division of Youth Services within sixty days of the Children’s Division custody end date (Source: DSS Research & Evaluation, Job: SS.SPRAJTB.JCL.IVB, CD60DYS). The Division’s FACES screen that captures the case closure reason provides an option of “Transfer to Other Agency,” but it does not allow staff to select or input which agency. The Division will pursue a FACES enhancement so juvenile justice transfers can be more accurately tracked and reported.

Missouri was selected to participate in the Crossover Youth Initiative. An implementation team attended training in 2012 where the team established system and community-level objectives. One system-level objective involves the development of a crossover risk assessment, while the team chose to focus on piloting the crossover practice model in two areas as the community-level objective.

In May 2013, two sites were selected for a crossover review – Greene County and Jefferson County. Led by the Missouri Office of State Courts Administrator (OSCA), the Children's Division and OSCA completed a coordinated case review of 40 youth with a child welfare history who crossed over to delinquency. Although OSCA has not released a formal report of findings, an emergent trend revealed families and children were often offered preventive and treatment services during various points of intervention. Services were commonly declined by families, or accepted services did not reflect an elevated level of functioning that prevented subsequent involvement in the child welfare system, or the youth crossing over to delinquency.

Missouri Children's Division has created a Crossover Youth Policy and Practice Coordinator position to coordinate the development and implementation of a Crossover Youth Practice Model – a multi-system response to more effectively serve young people who move between the child welfare and juvenile justice systems, or are known to both systems concurrently. The coordinator will facilitate the expansion of research-based practices, standards, services, policies and procedures, and quality assurance.

CAPTA ANNUAL STATE DATA REPORT

SECTION 106(d)

Number of Children Reported to the State as Victims of Child Abuse or Neglect:

Missouri uses a dual track classification, or differential response, system for all incoming reports of child abuse/neglect. Reported allegations meeting the RSMo210 statutory definition of child abuse or neglect are classified as either a Family Assessment or Investigation. The track classification is determined through a Structured Decision-Making (SDM) model involving a series of interview questions with the Reporter from which maltreatment pathways are identified and a track classification indicated. Reported concerns not meeting the statutory definition of child abuse or neglect are screened out as Non-CA/N referrals or Documented Calls. Contingent on information received for a Documented Call, Reporters are provided resource information for the area in which the family resides that may be of benefit.

During CY13, the Missouri Child Abuse/Neglect Hotline Unit (CANHU) received 61,267 reports meeting the statutory requirements for a child abuse/neglect report with a differential response of either a Family Assessment or Investigation with a total of 97,076 children reported as a victim of child abuse/neglect (extracted from the 2013 Missouri General Assembly Report):

Family Assessment: 31,110 50.8%
 Investigation: 28,318 46.2%
 Other: 1,839 3.0%

Investigation / Assessment Conclusion	Number	
Investigation		
Preponderance of Evidence (substantiated)	4,349	7.1%
Unsubstantiated	19,836	32.4%
Unsubstantiated - Preventive Services Indicated	4,133	6.7%
Family Assessment	31,110	50.8%
Other (Unable to Locate, Located Out of State, Homeschooling)	1,839	3.0%
Extracted from the 2013 Missouri General Assembly Report		

- **Agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect:** 88.88% of reports assigned Level 2 response priority (24 hours) were responded to within 24 hours; 89.3% of reports assigned Level 1 response priority (3 hours) were responded to within 3 hours.
 (Child Welfare Report CY2013)
- **Number that did not receive services during the year under the State program funded under this section or an equivalent State program:** 28,018
 (Child Welfare Report CY2013)
- **Number received services:** 12,282
 (Child Welfare Report CY2013)
- **Number removed from their families during the year by disposition of the case:** 5,326
 (Child Welfare Report CY2013)
- **Number of families that received preventive services, including use of differential response, from the State during the year:** 61,718
 (Child Welfare Report CY2013)
- **Number of deaths in the State during the year resulting from child abuse or neglect:** 19
 (Child Welfare Report CY2013)

- **Of this number, number of children who were in foster care:** 2 – neither from actions by their placement provider.
(Child Welfare Report CY2013)

- **Response time with respect to the provision of services to families and children where an allegation of child abuse or neglect has been made:** 4.97 days
(Child Welfare Report CY2013)

- **Number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child:** 739 with subsequent substantiated report of child abuse or neglect; no child death in these cases.
(Child Welfare Report CY2013)

- **Number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children:** 17,499 children were appointed by the court an individual to represent his/her best interest. The average number of out of court contacts between such individuals and children cannot be determined.
(DSS Research & Evaluation, Job: SS.SPRAJTB.JCL.ROSCOE1)

- **Number of children referred to a child protective services system under subsection (b)(2)(B)(ii) ----- (infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a FAS Disorder:** 3,563
(DSS Research & Evaluation, Job: SS.SPRAJTB.JCL.ROSCOE1)

Caseload Standards

Missouri Children’s Division is an accredited agency and has established caseload standards consistent with the Council on Accreditation 8th Edition Standards. Children’s Service Workers across the state, based on their county or circuit size, may carry specialized caseloads of one program area, or a combination of program areas.

Children’s Service Workers responsible for the assessment or investigation of child abuse/neglect reports generally carry a caseload of 12-15 open reports.

Family-Centered Services staff works with intact families self-referred or referred through a child abuse/neglect assessment or investigation and typically carry a caseload of 20 families.

Family-Centered Out-of-Home Care staff works with children removed from their homes and placed in an alternative care setting and maintain a caseload of roughly 18 families.

Supervisors, in compliance with Council on Accreditation Standards, manage no more than 6 Children’s Service Workers.

Current Workforce Demographics

Education and qualification requirements for a Children's Service Worker I, Children's Service Worker II, and Children's Service Supervisor are detailed, respectively, in Attachments E, F, G. These descriptions may not include all duties, knowledge, skills, or abilities associated with the job classifications.

A Children's Service Worker I is the entry-level child protective service professional position. A Children's Service Worker I who successfully completes their one-year probationary term automatically advances to a Children's Service Worker II classification. Entry-level staff with one or more years of prior experience in the child protective service field with a public or private agency may qualify to enter as a Children's Service Worker II.

A Children's Service Worker II has the opportunity for advancement to positions of Children's Service Supervisor or Children's Service Specialist. Promotional opportunities are available based on vacancy and a competitive interview process.

Upon initial employment with the Children's Division, Children's Service Workers must complete an array of training courses within the first year and annually to prepare them for their work with children and families. In addition to several generic orientation training courses required for all Department staff, Children's Division Children's Service Workers must also complete 126 hours Child Welfare Practice Training (CWPT), as well as additional training courses described below:

Required Training Course - Workers	Hours	Required by
CWPT Class 1 – Philosophy and Skills	28	As soon after hire date as possible
CWPT Class 2 – Investigations/Assessments	28	As soon after hire date as possible
CWPT Class 3 – Out of Home Care	28	As soon after hire date as possible
CWPT Class 4 – Reinforcement/Evaluation	14	As soon after hire date as possible
CWPT – Computer Systems	28	As soon after hire date as possible
Disparity & Disproportionality in Child Welfare	6	Within first year following completion of CWPT
Legal Aspects for Investigations**	15	Following completion of CWPT
Legal Aspects for Family-Centered Services, Alternative Care, Adoption	15	Following completion of CWPT
CA/N Investigation/Assessment In-Service, Classes 1-4**	32	Within 6-12 months of hire as investigator
FCS/Intact Families In-Service**	14	Within 6-12 months of hire as FCS worker
Family-Centered Out-of-Home Care, Classes 1-3	42	Within 6-12 months of hire as FCOOHC worker

RSMo Chapter 210 qualifying in-service *	20	Annually
Domestic Violence**	8	Within first year
<p>* 210.180. Each employee of the division who is responsible for the investigation or family assessment of reports of suspected child abuse or neglect shall receive not less than forty hours of preservice training on the identification and treatment of child abuse and neglect. In addition to such preservice training such employee shall also receive not less than twenty hours of in-service training each year on the subject of the identification and treatment of child abuse and neglect.</p> <p>** RSMo Chapter 210-approved in-service training</p>		

A Children's Service Supervisor has promotional opportunities to positions of Circuit Manager, Program Manager, or Program Development Specialist. Promotional opportunities are available based on vacancy and a competitive interview process. The Management Training Rule (MTR)(RSMo 36.510, 1 CSR20-6.010) prescribes training guidelines and standards for persons in supervisory, managerial, and executive positions in a state agency. The MTR requires supervisors to complete a minimum of 40 hours training within their first year in the position. Thereafter, per the MTR, supervisors are required to maintain at least 16 hours of continuing competency-based training annually. Training in any of the 24 competencies identified by the Office of Personnel, State Training Advisory Council, is approved for fulfillment of the MTR requirement. Required training for Supervisors include:

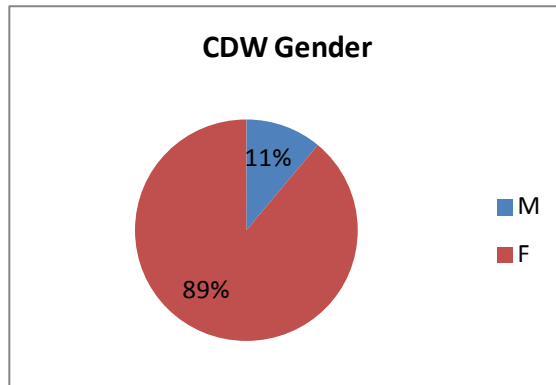
Required Training Course - Supervisors	Hours	Required by
Basic Orientation for Supervisors	40	Within the first year
Clinical Supervision – Parts 1, 2, 3	46	Part 1 & 2 within first year; Part 3 in 2 nd year
Critical Thinking	12	Following Clinical Supervision training
Legal Aspects for Investigators/Supervisors	15	Required for CA/N supervisors as soon as possible
Legal Aspects for FCS/AC/Adoption Supervisors	15	For FCS/AC/Adoption supervisors as soon as possible
CA/N Investigations/Assessments In-Service for Supervisors	6	For CA/N supervisors as soon as possible
FCS/Intact Families In-Service for Supervisors	6	For FCS supervisors as soon as possible
Family-Centered Out-of-Home for Supervisors	6	For FCOOHC supervisors as soon as possible

Number of child protective service personnel responsible for the -

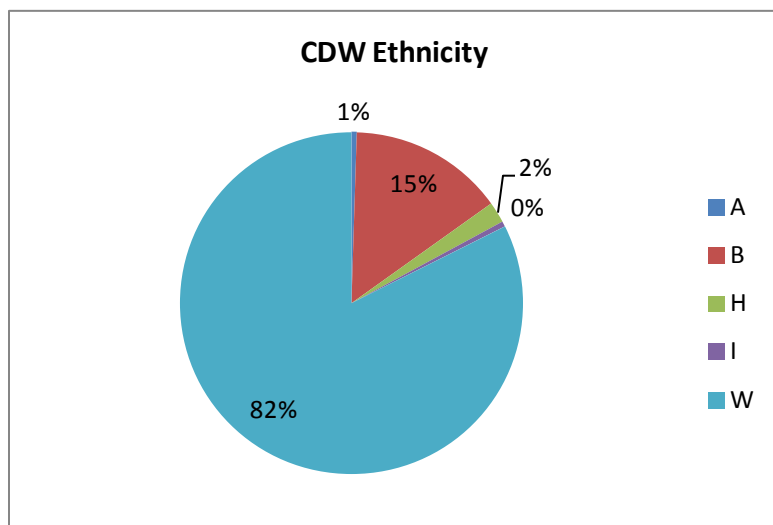
- Intake of reports filed in the previous year: 46 (CANHU staff)
- Screening of such reports: 46 (CANHU staff)
- Assessment of such reports: Undetermined
- Investigation of such reports: Undetermined

The number of staff whose sole responsibility is to complete Family Assessments and Investigations cannot be determined. Larger, metro counties in the state have specialized units of staff who only perform job duties in a specific program area, such as the assessment and/or investigation of child abuse/neglect reports. The majority of counties, however, are not sizeable enough to specialize completely. Therefore, it is common for staff in these counties to work across one or more program lines resulting in an undetermined number of staff statewide exclusively responsible for the assessment or investigation of child abuse/neglect reports. The total number of staff, however, solely or intermittently responsible for the investigation and/or assessment of child abuse/neglect reports is 557.

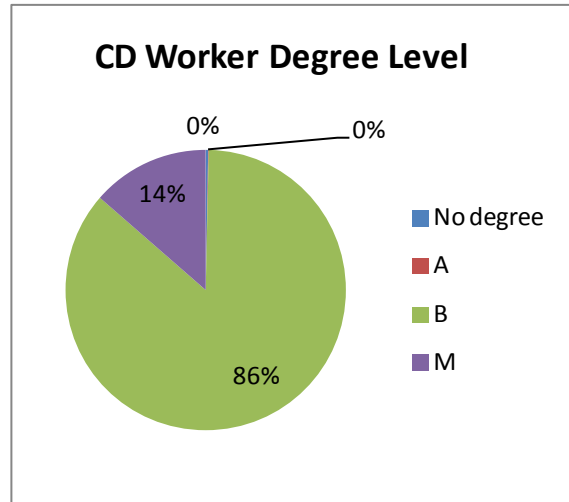
Gender	
Male	157
Female	1257
TOTAL	1414



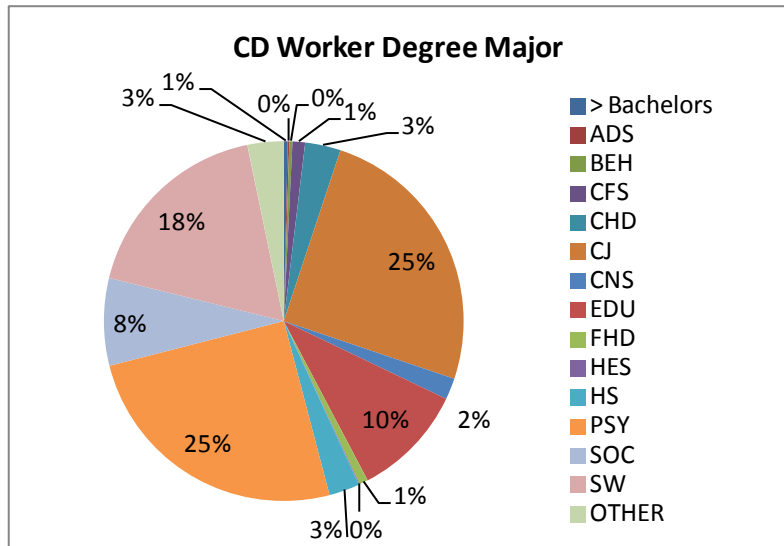
CD Worker Race / Ethnicity	
Asian	7
Black	207
Hispanic	28
White	1165



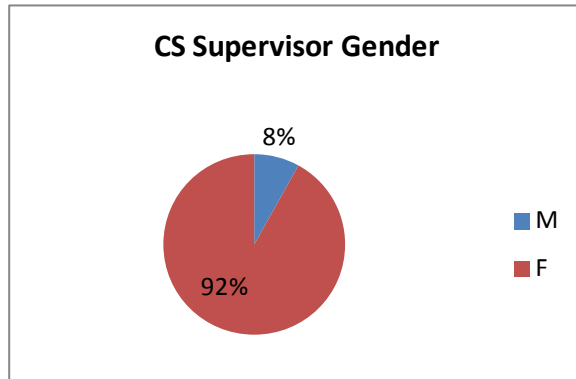
CD Worker Education Level	
No Degree	4
Associate's Degree	1
Bachelor's Degree	1217
Master's Degree	192



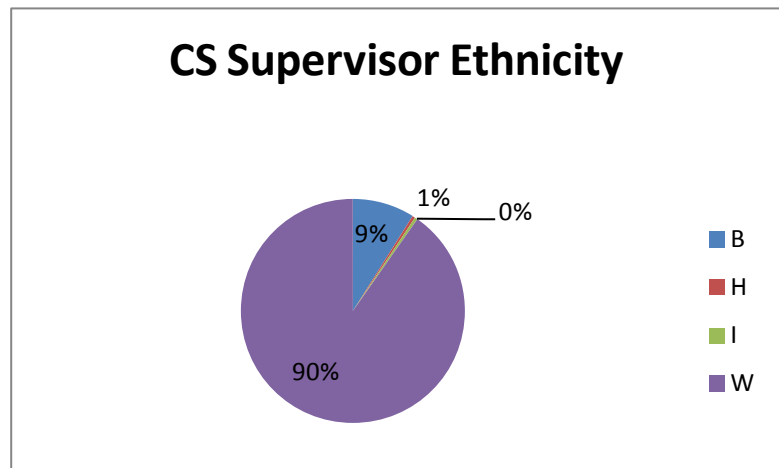
Education Degree	
Addiction Studies	2
Behavioral Science	4
Child & Family Studies	16
Child & Human Dev.	45
Criminal Justice	355
Counseling	27
Education	144
Family & Human Dev.	11
Human Envmt. Studies	1
Human Services	39
Psychology	355
Sociology	111
Social Work	253
None	5
Other	46



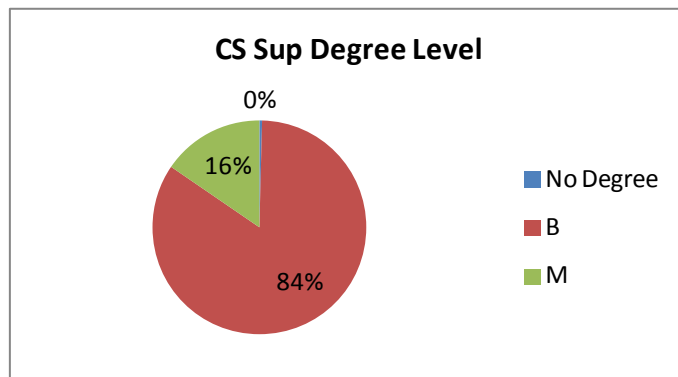
CD Supervisor Gender	
Male	20
Female	226
TOTAL	246



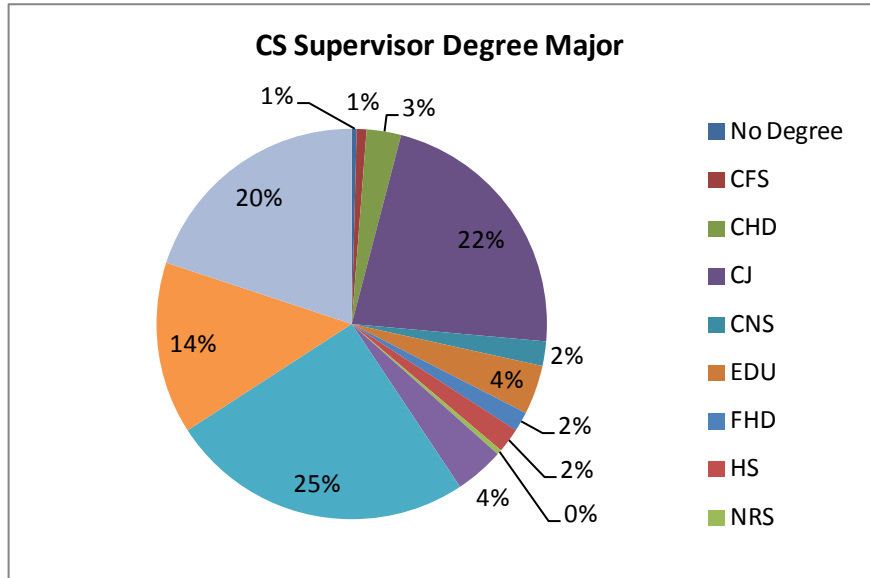
CD Supervisor Race / Ethnicity	
American Indian / Alaskan Native	1
Black	22
Hispanic	1
White	222



CD Supervisor Education Level	
No Degree	1
Associate's Degree	0
Bachelor's Degree	207
Master's Degree	38



Education Degree	
Child & Family Studies	2
Child & Human Dev.	7
Criminal Justice	55
Counseling	5
Education	10
Family & Human Dev.	4
Human Services	5
Nursing	1
Psychology	10
Sociology	62
Social Work	35
None	1
Other	49



Number of Children Determined Eligible for Referral, and the Number of Children Referred, Under Subsection (b)(2)(B)(xxi), to Agencies Providing Early Intervention Services Under Part C of the Individuals with Disabilities Education Act

Missouri’s early intervention system is known as the First Steps program. The Missouri Department of Elementary and Secondary Education (DESE) is the state’s lead agency for the First Steps program and is responsible for ensuring the provision of early intervention services to eligible children and their families consistent with the requirements of Part C of the IDEA.

Children’s Division policy – pursuant to the federal mandate of CAPTA – requires staff refer to First Steps any child under the age of three (3) years who has been determined abused or neglected by a preponderance of evidence in a child abuse/neglect investigation. In CY13, 815 children were eligible for referral to the First Steps program pursuant to CAPTA requirements. Yet, DESE reports only 78 of these referrals received from the Children’s Division cited a referral reason of “CAPTA” to signify compliance. When a preliminary data report from DESE in September revealed the disparity, Children’s Division issued a Practice Point (PP13-IA-05) to all staff. The Practice Point reinforced the policy requirement for making referrals and outlined referral process instructions, including instruction to select CAPTA as the referral reason.

Additionally, the Children’s Division and DESE are currently coproducing a Memorandum of Understanding (MOU) to enhance collaboration efforts to ensure children in need are referred for early intervention services. The MOU will include the provision of an annual report by DESE detailing various data elements relating to Children’s Division referrals to the First Steps program.

CITIZEN REVIEW PANELS

SECTION 106(c)(6)

The State of Missouri designates the three teams below as Citizen Review Panels, each meeting the requirements of the Child Abuse Prevention and Treatment Act. The Citizen Review Panel annual reports (Attachments A, B, C), and corresponding recommendations and State responses (Attachment D) follow:

- Children’s Justice Act (CJA) Task Force – Attachment A
- Child Fatality Review Program (CFRP) – Attachment B
- Child Abuse/Neglect Review Board (CANRB) – Attachment C

APPENDICES

- ATTACHMENT A: Children's Justice Act (CJA) Annual Report
- ATTACHMENT B: Child Fatality Review Program (CFRP) Annual Report
- ATTACHMENT C: Child Abuse/Neglect Review Board (CANRB) Annual Report
- ATTACHMENT D: State Response to Citizen Review Panel Recommendations
- ATTACHMENT E: Children's Service Worker I Job Description & Minimum Qualifications
- ATTACHMENT F: Children's Service Worker II Job Description & Minimum Qualifications
- ATTACHMENT G: Children's Service Supervisor Job Description and Minimum Qualifications

ATTACHMENT A

**CHILDREN'S JUSTICE ACT (CJA) TASK FORCE
CITIZEN REVIEW PANEL ANNUAL REPORT**

Missouri established and has maintained a multidisciplinary Task Force since 1991. The Task Force is comprised of a diverse group of professionals including law enforcement, judges, attorneys, child advocates, court-appointed special advocates, health and mental health professionals, child protection service agency delegates, professionals providing services to children with disabilities, and parent representatives. The Task Force meets at least quarterly. The Task Force seeks a more comprehensive, coordinated, multidisciplinary system which responds to reports of child abuse and neglect, and thus producing a positive impact on the health and safety of Missouri's children.

The CJA Task Force's annual report is attached.

ATTACHMENT B

CHILD FATALITY REVIEW PROGRAM (CFRP) CITIZEN REVIEW PANEL ANNUAL REPORT

Missouri law requires child fatalities to be reported to the coroner or medical examiner, regardless of the cause of death and if the death meets criteria, it is reviewed by a county-based panel of child protection professionals in the county of illness/injury/event. During the review process, CFRP panels collect standardized child fatality data which can be used immediately by the community to address needs for services and implement prevention best practices. Statewide data is used to identify spikes, trends and patterns of death requiring systemic solutions and prevention strategies to improve child wellbeing and ensure a safer environment for all Missouri children and families.

In 2012, 984 child fatalities were reported to the Missouri Child Fatality Review Program – an increase of eight deaths from 2011. This number includes children who died in Missouri, regardless of his/her state of residence or state in which the illness, injury or event occurred. The CFRP Annual Report is released each December with the data and findings for the previous calendar year. The 2012 CFRP Annual Report is attached, but may also be viewed in its entirety on the Missouri Department of Social Services webpage at <http://dss.mo.gov/re/cfrar.htm>. For more information on the Missouri Department of Social Services CFRP, please visit <http://dss.mo.gov/stat/mcfrp.htm>.

The CFRP Annual Report Executive Summary provides a brief of the panel's statistical findings of all Missouri child fatalities during 2012:

General Summary

In 2012, 984 child fatalities were reported to the Missouri Child Fatality Review Program – an increase of eight deaths from 2011. This number includes children who died in Missouri, regardless of their state of residence or state in which the illness, injury or event occurred.

- Eight hundred sixty-six child fatalities were the result of a fatal illness, injury or event that occurred within Missouri and were subject to determination of review by the coroner/medical examiner and the CFRP chairperson, based on established program criteria – a two death increase from 2011. Demographically, 63% involved children age one and younger, 65% were white and 59% were male.
- Four hundred sixty-eight child fatalities had causes that were clear and not suspicious. The remaining 398 had indications for review by the CFRP panel, of which 376 deaths were reviewed and the panel information entered into the National Center for the Review and Prevention of Child Deaths – (NCFPCD) Case Reporting System.
- Five hundred seventy-nine (67%) were of a natural manner; i.e., illness, prematurity, congenital anomalies, etc., including nine Sudden Infant Death Syndrome (SIDS) deaths. The remaining 287 child fatalities were categorized by manner of death as injury-

unintentional (170), injury-homicide (65), injury-suicide (20), injury-undetermined (16) and manner-undetermined (16).

Natural Fatalities

Of the 579 Missouri incident fatalities due to illness or natural causes, 468 were clear and not suspicious.

- Four-hundred thirty-four (75%) of the natural cause child fatalities occurred during the first year of life and were often related to prematurity or birth defects.
- For infants who die suddenly and unexpectedly, a full autopsy, thorough investigation, social and medical review have allowed for more accurate determinations of cause of death, but for some, the cause still remains unknown. These deaths are classified as Sudden Infant Death Syndrome (SIDS). The number of SIDS deaths in Missouri has decreased from 121 in 1992, to 69 in 2002, to only nine in 2012. To reduce risk, continued public education and awareness concerning safe sleep practices for infants is needed. Of the nine SIDS deaths, only one child was known to have been sleeping alone on its back, in a crib.
- Cancer (26%), congenital anomalies (21%) cardiac conditions (10%) and neurological disorders (18%) were the leading natural causes of death for children one year of age and older.

Injury Fatalities

Of the 866 child fatalities reported to the CFRP in 2012, 271 (31%) were due to injury, of which 170 (63%) were unintentional. The two leading causes were vehicular crashes (68 deaths) and unintentional suffocation (63 deaths).

- Of the 86 total intentional and unintentional suffocation deaths, 63 (73%) were diagnosed as unintentional suffocation, and 57 (90%) of those were infants. Thirty eight (67%) were related to the infant sharing the same sleep surface with another person.
- Of the 72 unintentional motor vehicle-related child fatalities involving child restraint issues - 17 were unrestrained, one child restraint was improperly used and seventeen had unknown restraint use.
- Other leading causes of unintentional injury deaths were drowning, fire/burn, poisoning and firearm.
 - Twelve children drowned, of which six were under age four. Five children drowned in swimming pools, four were in open water locations. None were wearing personal flotation devices. Of the others, one drowned in a bucket, one in a toilet and one due to a medical feeding equipment mishap.
 - Fire/burn injuries resulted in the deaths of nine children, of which two were under five years of age. All nine deaths involved residential structure fires, none of the structures were known to have smoke detectors.

- Seven children died of unintentional poisoning, with six being 15 years of age and over. Six died from prescription and over-the-counter products, and one died from carbon monoxide poisoning.
- Five children died of unintentional firearm injuries, of which one was under five years of age. One child was injured during a hunting accident and the other four were reported to be playing with the gun when it went off. Four of the five unintentional firearm deaths involved a handgun and one involved a shotgun.
- Twenty-two Missouri children were victims of homicide by non-caretakers.
 - Seventeen were related to youth violence by various causes. Of those, 10 victims were directly involved in harmful behaviors and activities which put them at risk. Intentional firearm injuries accounted for 18 of the 22 non-caretaker homicide fatalities.
- Suicide (intentional self-inflicted injury) was the cause of death of 20 children, age ranging from 12 to 17. The forms of suicide were suffocation/strangulation (10 deaths), firearms (eight deaths) and poisoning (two deaths).

In 2012, 16 children died of injuries whose manner (intentional or unintentional) could not be determined.

Fatal Child Abuse and Neglect (CAN)

Eighty-six child deaths involved fatal child abuse and neglect (CAN) by inflicted physical injury and/or grossly negligent treatment by a parent or caretaker, regardless of motive or intent.

- Homicide by caretaker/guardian was the manner of 43 child abuse deaths.
- The remaining 43 child neglect deaths were initially listed as an unintentional, natural, non-caretaker homicide or undetermined manner of death, but the CFRP panels believed that gross negligence by a parent or caretaker contributed to child's death.
- Thirty-six (36%) of the total 86 CAN deaths were children under one year of age, 30 (35%) children were ages one to four.
- The four leading causes of total 86 CAN fatalities were 19 deaths from firearms, 18 deaths from suffocation/strangulation, 14 deaths from vehicular crashes (impairment and lack of appropriate restraint) and 10 deaths from abusive head trauma.

ATTACHMENT C

CHILD ABUSE AND NEGLECT REVIEW BOARD (CANRB) CITIZEN REVIEW PANEL ANNUAL REPORT

The Child Abuse/Neglect Review Board (CANRB) provides an independent administrative review of child abuse/neglect determinations when the alleged perpetrator disagrees with the "Preponderance of Evidence" finding of the Children's Division. At the conclusion of each investigation, the Children's Division investigator notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator's right to seek administrative review within sixty days. If an administrative review is requested, the case is reviewed at the local level if the determination is upheld, the case is assigned to a CANRB for review.

The CANRB is a panel of nine private citizens from professions specified in Section 210.153 RSMo (<http://www.moga.mo.gov/statutes/c200-299/2100000153.htm>). Each panel member is appointed by the Governor and confirmed by the Senate. The Children's Division may establish more than one CANRB panel to assure timely reviews. Currently, there are five boards. Three boards meet monthly in Jefferson City, one board meets monthly in St. Louis, and the fifth board meets monthly in Kansas City.

Each board conducts approximately eight administrative reviews each month. The boards decide by majority vote to either uphold or reverse the Division's findings. During the CANRB review, the board hears testimony from the Children's Division, the child's representative (if he/she chooses to participate), and the alleged perpetrator. The alleged perpetrator may be represented by an attorney, but witnesses are not subpoenaed and cross examination is not permitted. If the CANRB upholds the Division's decision, Section 210.152 RSMo allows the alleged perpetrator to seek judicial review in the circuit court of residence within sixty days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses with the exception of the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

The Board's report is attached with a summary of CANRB outcomes outlined below. CANRB recommendations and state responses are documented in ATTACHMENT D.

During 2013, the five CANRB panels completed reviews on 406 cases and upheld 269 (66%).

Total number of requests for review received	435*
Total number of reviews held	406
Total number of cases withdrawn	2
Total number of cases court adjudicated	4
Total number of cases reversed administratively	1

*Not all requests are heard within the same calendar year.

OUTCOME OF REVIEWS

	BOARD 1	BOARD 2	BOARD 3	BOARD 4	BOARD 5	TOTAL
UPHELD	46	70	60	41	52	269
REVERSED	38	12	22	37	28	137
TOTAL	84	82	82	78	80	406

ALLEGED PERPETRATOR PARTICIPATION

	UPHELD	REVERSED	TOTAL
ATTEND	71	81	152
TELECONFERENCE	72	46	118
NO PARTICIPATION	126	10	136
TOTAL	269	137	406

REVIEWS BY REGION

	UPHELD	REVERSED	TOTAL
SOUTHERN REGION	128	47	175
NORTHERN REGION	85	43	128
JACKSON COUNTY	18	6	24
ST. LOUIS CITY	6	10	16
ST. LOUIS COUNTY	19	15	34
OHI	13	16	29
TOTAL	269	137	406

REVIEWS BY CATEGORY OF ABUSE/NEGLECT

	UPHELD	REVERSED	TOTAL
SEXUAL ABUSE	97	31	128
PHYSICAL ABUSE	76	54	130
NEGLECT	109	53	162
EMOTIONAL ABUSE	7	4	11
EDUCATIONAL NEGLECT	1	2	3
MEDICAL NEGLECT	8	5	13
TOTAL	*298	*149	*447

*There were 35 incidents with 2 categories and 3 incidents with 3 categories.

CLIENT ATTENDS, CD TELECONFERENCES

Upheld	Reversed	Total
29	40	*68

*On one incident, the board upheld a finding and reversed a finding.

REVIEWS WITH PARTICIPATION ON BEHALF OF THE CHILD

Upheld	Reversed	Total
49	14	63

CHILD PARTICIPATION

	Upheld	Reversed	Total
Parent	37	14	51
Child	14	3	17
Case Worker	2	0	2
Other (grandparent, attorney, LCSW, sibling, counselor, aunt, friend)	11	2	13

In some cases, there is more than one participant on behalf of the child.

CHILD'S METHOD OF PARTICIPATION

	Upheld	Reversed	Total
Attend	34	14	48
Teleconference	28	3	31
In Writing	13	3	16

Some participants on the child's behalf participate in multiple ways (i.e., by attendance and in writing).

ATTACHMENT D

STATE RESPONSE TO CITIZEN REVIEW PANEL ANNUAL REPORT RECOMMENDATIONS

Children's Justice Act (CJA) Task Force

(A) Recommendation: The CJA Task Force submitted a number of recommendations:

A. Activities to Improve the Investigative, Administrative, and Judicial Handling of Cases of Child Abuse and Neglect:

1. Children's Division should continue efforts to address worker turnover to maintain adequate staffing, manageable caseloads, and to improve the investigative response.
2. Children's Division should continue to work on addressing timely completion of investigations.
3. Consideration should be made to ensure all child sexual abuse victims be referred for a therapeutic evaluation to assist the child in gaining mental/emotional recovery if needed.
4. Observation of indicators of drug use/abuse should be a factor when considering the safety and well-being of children. Policy and/or training may need to be adjusted to reflect a priority on consideration of this issue during abuse/neglect investigations.
5. Children's Division should focus efforts on providing more comprehensive training to staff and multi-disciplinary team members related to the investigation of child abuse and neglect, including trauma informed training as it relates to reducing trauma to child victims as they endure the investigative process.
6. Children's Division and CJA funding should support training for all multi-disciplinary team members in various areas related to the investigative process including, but not limited to: multi-disciplinary team training, forensic interview training, trauma informed training, identification of child abuse and neglect, and mechanisms of injury.
7. Children's Division should focus efforts to secure funding for additional training, most specifically for Children's Division staff, law enforcement, forensic interviewers, and others working with children through the investigative process.
8. When young (semi-verbal or non-verbal) children are the subject of the abuse allegation, investigators should, at a minimum, be required to make collateral contacts with: a close neighbor, a child care provider (if there is one), at least two close relatives who do not live in the same home, and a health care practitioner who treats the child.
9. Children with physical evidence as reported by the caller should be seen within 24 hours of the call in order to collect and document evidence.
10. Hotline investigation visits should be unannounced.

B. Steps to Establish Experimental, Model, or Demonstration Programs

Each member of the full Task Force was presented with and reviewed a copy of a video, “**First Responder Video – “Child Maltreatment and the First Responder”**” produced by the North Carolina Justice Academy. The Task Force found this video to be an innovative approach to assist first responders and to improve the criminal investigative process. The Task Force recommended:

1. Support the development of training for first responders.
2. The Children’s Division will work in conjunction with the Missouri State Technical Assistance Team (STAT) to make this information available throughout the Missouri law enforcement community.
3. The Children’s Division will distribute the video to members of the State Child Fatality Review Panel for use in their respective jurisdictions.

C. Activities to Reform State Laws, Ordinances, Regulations, Procedures or Protocols

1. Amend the state statute which requires Children’s Division to complete their investigation within 30 calendar days.
2. Policy and/or statute should be reviewed to determine whether an exception should be made in the hotline process to assure accountability for youth who remain in the state’s custody beyond their 18th birthday.
3. Missouri law currently prohibits a child in the custody of the court from being placed into the home of someone who has been convicted of specific child abuse crimes. However, it does not prohibit citizens from allowing their children to be placed at imminent risk of harm when they ‘knowingly’ place (or reside with) a child in the home of someone who has been convicted of the crime of child abuse. Research should be done to investigate whether or not other states have laws which address the risks parents place children in when they knowingly allow a convicted child abuser to have unfettered access to their child.
4. Children’s Division staff should receive additional training on the proper completion and usage of risk and safety assessments.
5. Investigate the use of standardized interview protocols in child abuse investigations nation-wide.

(A) State Response: Many of the Task Force’s recommendations were based on a single case review as opposed to a holistic consideration. Several recommendations made are satisfied through existing agency policy; the Division will meet with the Task Force to review these recommendations and related policies. The Division will discuss with the Task Force the remaining recommendations so the Division can target those the Task Force deems a priority.

Child Fatality Review Program (CFRP)

(A) Recommendation: Unintentional Suffocation - Information about unintentional suffocation/strangulation hazards to young children, including unsafe and safe sleep practices, should be widely disseminated.

(A) State Response: Children's Division is researching safe sleep brochures to provide to all families served by the Division. The brochure will provide parents safe sleep information and encourage them to provide a safe sleeping environment for infants. Local offices will be asked to place brochures and/or posters in the office lobby and frequented locations in the community. Staff possess varying degrees of education and experience; therefore, the Division will research video or other educational material to post on the Children's Division intranet webpage to heighten staff's awareness of safe sleep practices and ability to recognize potential safety hazards.

(B) Recommendation: Preventing Abusive Head Trauma – (1) Expand training on recognition and reporting of child abuse and neglect; (2) Support development and training for multidisciplinary teams to investigate child abuse.

(B) State Response: The Division is committed to educating stakeholders and mandated reporters on the identification of child abuse and neglect and how the investigation or assessment process is done. Local CD offices and Central Office staff provide mandated reporter training upon request and support community agencies and schools using the Division's mandated reporter training curriculum to educate participants. The Children's Division supports and encourages training and professional development for staff and multidisciplinary teams in the investigation of child abuse/neglect reports. The Division is currently co-training with Missouri Office of Prosecution Services a one-day training course on moderate and serious child abuse investigations for multidisciplinary members. The Division will continue efforts to develop, support and/or provide necessary training opportunities for staff, multidisciplinary teams and mandated reporters.

(C) Recommendation: Suicide Prevention – (1) Seek early treatment for children with behavioral problems, possible mental disorders (particularly depression and impulse-control disorders) and substance abuse problems; (2) Encourage health insurance plans to cover mental health and substance abuse on the level physical illnesses are covered.

(C) State Response: Children's Division provides for staff an 8-hour training course entitled *Mental Health First Aid*. This course is designed to teach non-clinically trained individuals how to give first aid to persons experiencing a mental health crisis situation and/or who are in the early stages of a mental health disorder. More specifically, participants learn: the signs and symptoms of the most common mental health problems; when and where to get help for individuals and what type of help has been shown effective; and how to respond to crisis

situations including suicidal behaviors, drug overdoses, and acute stress reactions to recent trauma. Staff are educated on mental health treatment resources available in their respective areas and routinely make service/treatment referrals for children and families when indicated.

Child Abuse/Neglect Review Board (CANRB)

Recommendations were submitted to the Division by all five CANRB panels based on case reviews held during CY13. Though each panel functions independently and submitted recommendations individually, shared recommendations were noted with regard to quality and content of case record submissions to the panel, case presentation by staff, and procedural considerations.

(A) Recommendation: Children's Division staff who completed the child abuse/neglect investigation should participate in the review, either in person or by videoconference, so questions posed by the panel can be answered satisfactorily. A standardized outline for staff is recommended to facilitate consistent and thorough presentations considering each party is only permitted twenty minutes.

(A) State Response: The Children's Division worker, and his/her supervisor, is encouraged to participate in CANRB hearings in person. Some regions or sub-regions of the state require in-person participation by staff. When distance or time constraints inhibit a worker's in-person participation, staff and supervisors are expected to participate in the review via teleconference. The Board's recommendation to utilize videoconferencing in lieu of teleconferencing has merit and will be explored as a means to offer increased engagement in the process. Videoconferencing equipment is not widely available to all county offices and cyber security considerations must be analyzed in the interest of confidentiality, but the Division is supportive of this recommendation to improve participation in the CANRB process. Many areas of the state use a suggested outline to prepare for the review. A practice reminder will be communicated to staff in response to this recommendation.

(B) Recommendation: Case record copies provided to the panel for an impending hearing should be of good quality and legible. Records should contain photos (color preferred), medical records, and police reports if they were part of the investigation or referenced within the investigation summary. Staff need to be reminded to use quotation marks in their writing only when they represent a true and accurate quote from an individual interviewed. Criminal history reports should not be contained in the board's copy of the record.

(B) State Response: Children's Division supports the need for board members to have complete and legible records for review prior to scheduled hearings. In response to these recommendations, a good practice reminder will be posted on the Children's Division intranet webpage to outline the boards' specific recommendations above and to direct staff to review

Tips for Presenting a Case to CANRB located in the [Child Welfare Manual, Section 2 Chapter 4 Subsection 5 Sub-Subsection 2.](#)

(C) Recommendation: Staff should be educated on how to determine what, if any, criminal charges are pending against the appellant so this can be accurately answered during the hearing.

(C) State Response: Children's Division will include this recommendation and general instructions on the intranet webpage as a good practice reminder.

(D) Recommendation: Attorneys representing alleged perpetrators should have access to the same investigation reports/materials as the CANRB.

(D) State Response: The Children's Division disagrees with this recommendation for two reasons. First, Missouri law authorizes individuals who may be the subject of a substantiated hotline to have access to a redacted version of the Children's Division's information and findings. State law specifically requires the Division to redact information that would identify the hotline reporter or would place a person's life or safety in danger if the information is released. In addition, there are a number of other federal laws that prohibit the Division from disclosing to the subject under certain conditions. Second, CANRB hearings are not contested evidentiary hearings but an opportunity for the subject of a report to present his or her concerns to a neutral decision maker in an informal setting. The Missouri Supreme Court has specifically held constitutional due process does not require a full evidentiary hearing with an opportunity for discovery at the CANRB level. The Court held that formal discovery is not constitutionally required because the subject of the report has the opportunity for a full trial *de novo* with discovery at the Circuit Court level if the CANRB affirms the Division's decision. See *Jamison v. State, Dept. of Social Services, Div. of Family Services*, 218 S.W.3d 399 (Mo. 2007).

(E) Recommendation: All prior substantiated reports of abuse/neglect for the family and/or alleged perpetrator should be made available to the Board. Children's Division staff should come to hearings prepared to provide any and all Children's Division history on the victim child(ren), parent(s), and alleged perpetrator(s).

(E) State Response: Policy requires staff, upon receipt of a child abuse/neglect report, review the family's and alleged perpetrator's child abuse/neglect history to weigh its relevance to the current report. If staff documented in the case record that a prior report(s) helped illustrate a pattern of behavior which was considered in and was relevant to the Division's determination of child abuse or neglect in the report before the CANRB, staff should be prepared to answer questions about this history. A good practice reminder will be posted on the Children's Division intranet webpage to outline the boards' specific recommendation above and to direct staff to review *Tips for Presenting a Case to CANRB* located in the [Child Welfare Manual, Section 2 Chapter 4 Subsection 5 Sub-Subsection 2.](#)

(F) Recommendation: Clients would benefit from being provided an information sheet at the conclusion of the hearing to outline what can be expected next and when. The Board also recommends CD staff be extended an invitation to provide individual panels with feedback that may help improve the process.

(F) State Response: Once all presentations for a hearing have concluded, the CANRB chairperson informs all parties the CANRB will review and discuss all relevant materials and testimony and render a decision. The CANRB chairperson shall then submit a written decision to the CANRB liaison on the date of the review, who will then send a written decision to all parties within five (5) working days of the CANRB decision. The recommendation to provide this information in written form to parties presenting for the review will be considered by the CAN Workgroup. The Board's recommendation that staff have the ability to provide feedback about the CANRB process is noted. The Division has a Continuous Quality Improvement (CQI) process in which all staff evaluate the effectiveness of services provided to participants by the Children's Division. Recommendations for improvement are reviewed at various levels of the process for possible solutions and remedies.

ATTACHMENT E

MISSOURI JOB DESCRIPTION AND MINIMUM QUALIFICATIONS (CHILDREN'S SERVICE WORKER I)

Definition

- This is entry-level professional social service work in the Children's Division of the Department of Social Services providing protective services on behalf of children and families in instances of abuse, neglect, or exploitation.
- This description may not include all of the duties, knowledge, skills, or abilities associated with this classification.

Examples of Work

- Records initial and ongoing case activity and prepares all required reports.
- Refers families and children, when necessary, to other community resources or higher level staff.
- Evaluates children's needs and eligibility for social services through personal and collateral interviews.
- Assists individuals in utilizing available agency and community resources.
- Delivers and/or coordinates protective services involving neglected, abused, or exploited children, foster care, parent services, and/or adoption.
- Cooperates with other agencies in serving children and families.
- Assists families to attain and maintain their stability through appropriate casework and home management or referral for more skilled counseling treatment.
- Provides services which promote healthful child development.
- Answers child abuse hotline, takes initial reports, and relays information.
- Performs studies of proposed foster and adoptive homes.
- Investigates, as directed, reports of neglect, abuse, or exploitation of children.
- Serves as the primary case manager when families are served by more than one departmental resource.
- Receives referrals from juvenile courts, Family Support Division staff, or other professional or private individuals in the community for protection and care of neglected, abused, or exploited children.

- Provides and/or coordinates services to parents, who neglect, abuse, or exploit their children, to help change behavior or methods of child care.
- Conducts studies and provides treatment services as ordered by a court or after referral by agency staff.
- Evaluates the necessity for and facilitates placement of children from their home into temporary foster care when neglect, abuse, or exploitation situations make this necessary.
- Provides and/or coordinates, as directed, supervision and visitation to children in foster, adoptive, relative or family care, or other placements.
- Provides consultation to foster parents and casework services to biological parents.
- Provides and/or coordinates casework services to parents to assist them in their personal adjustment and planning for their child.
- Interacts with law enforcement and juvenile officers, other public officials, and community organizations regarding family and children issues.
- Attends court hearings and meetings related to assigned casework.
- Maintains liaison with volunteers at the county level in coordinating the operation of a volunteer program.
- Performs work under close supervision, from a Children's Service Supervisor or higher level, as part of a training process to develop understanding and skill within the framework of agency rules, regulations, and procedures.
- Performs other related work as assigned.

Knowledge, Skills, and Abilities (KSAs)

- Introductory knowledge of state and federal laws and regulations pertaining to social service programs.
- Introductory knowledge of the principles and methods of social casework.
- Introductory knowledge of individual and group behavior.
- Introductory knowledge of the principles and methods of interviewing.
- Introductory knowledge of the general provisions, objectives, and philosophy in child welfare programs.
- Introductory knowledge of current social, economic, and community health problems.

- Introductory knowledge of court procedures as they apply to the provision of children's services.
- Introductory knowledge of community resources used in the provision of social services.
- Introductory knowledge of the cultural and socioeconomic characteristics for the service population.
- Ability to plan and organize time effectively.
- Ability to work in a variety of situations and all types of community environments.
- Ability to satisfactorily complete an agency training course, in the protective service areas, to which the employee is assigned.
- Ability to interact with and complete assignments in a manner sensitive to the service population's cultural and socioeconomic characteristics.
- Ability to provide protective services to child welfare clients following established rules and procedures.
- Ability to work effectively with employees, applicants, recipients, and the general public.
- Ability to exercise good judgment in evaluating situations and making decisions.
- Ability to interpret laws and regulations.
- Ability to communicate effectively.

Special Requirement

- Possession of a valid vehicle operator's license.

Experience and Education

(The following requirements will determine merit system eligibility, experience and education ratings, and may be used to evaluate applicants for Missouri Uniform Classification and Pay System positions not requiring selection from merit registers.)

- A Bachelor's or higher level degree from an accredited college or university in Social Work/Human Services, Psychology, Sociology, Psychiatric Nursing, Education, Counseling, Marriage and Family Therapy, Family and Child Development, Criminal Justice, Juvenile Justice, or Human Services related fields (e.g., child welfare, mental health, substance abuse, and developmental disabilities).

ATTACHMENT F

MISSOURI JOB DESCRIPTION AND MINIMUM QUALIFICATIONS (CHILDREN'S SERVICE WORKER II)

Definition

- This is professional social service work in the Children's Division of the Department of Social Services in the application of direct social work methods with, or on behalf of, children and families in instances of abuse, neglect, or exploitation.
- This description may not include all of the duties, knowledge, skills, or abilities associated with this classification.

Examples of Work

- Evaluates children's needs and eligibility for social services through personal and collateral interviews.
- Assists individuals in utilizing available agency and community resources.
- Delivers and/or coordinates protective services involving neglected, abused, or exploited children, foster care, parent services, and/or adoptions.
- Delivers and/or coordinates services in the child's home or in an alternative placement.
- Cooperates with other agencies in serving children and families.
- Assists families to attain and maintain their stability through appropriate casework and home management or referral for more skilled counseling treatment.
- Provides services which promote healthful child development.
- Answers child abuse hotline, takes initial reports, and relays information.
- Performs studies of proposed foster and adoptive homes.
- Investigates reports of neglect, abuse, or exploitation of children.
- Remains available during non-office hours to handle emergency foster care placements.
- Serves as the primary case manager when families are served by more than one departmental resource.
- Maintains liaison with volunteers at the county level in coordinating the operation of a volunteer program.

- Receives referrals from juvenile courts, Family Support Division staff, or other professional or private individuals in the community for protection and care of neglected, abused, or exploited children.
- Conducts counseling sessions with and/or coordinates services to parents or individuals who have a variety of psychological and/or behavioral problems including substance abuse, self-destructive behavior, or neglect, abuse, and/or exploitation of children.
- Conducts studies and provides treatment services ordered by a court or after referral by agency staff.
- Evaluates the necessity for placement of children away from their natural home.
- Evaluates the necessity for and facilitates placement of children from their home into temporary foster care when neglect, abuse, or exploitation situations make this necessary.
- Provides and/or coordinates skilled supervision and visitation to children in foster, adoptive, relative or family care, or other placements.
- Provides consultation to foster parents, and provides advanced continuous casework services to the biological parents in an effort to return the child to the family home.
- Interacts with law enforcement and juvenile officers, other public officials, and community organizations regarding family and children issues.
- Attends court hearings and meetings related to assigned casework.
- Maintains case records and completes all required reports.
- Provides skilled casework services to parents to assist them in their personal adjustment and planning for their child.
- Exercises significant independence and initiative in the performance of responsibilities; receives general administrative direction.
- Performs other related work as assigned.

Knowledge, Skills, and Abilities (KSAs)

- Intermediate knowledge of state and federal laws and regulations pertaining to social service programs.
- Intermediate knowledge of the principles and methods of social casework.

- Intermediate knowledge of individual and group behavior.
- Intermediate knowledge of the principles and methods of interviewing.
- Intermediate knowledge of the general provisions, objectives, and philosophy of child welfare programs.
- Intermediate knowledge of current social, economic, and community health problems.
- Intermediate knowledge of court procedures as they apply to the provision of children's services.
- Intermediate knowledge of community resources used in the provision of social services.
- Intermediate knowledge of the cultural and socioeconomic characteristics for the service population.
- Ability to plan and organize time effectively.
- Ability to work in a variety of situations and all types of community environments.
- Ability to satisfactorily complete an agency training course in the protective service areas to which the employee is assigned.
- Ability to interact with and complete assignments in a manner sensitive to the service population's cultural and socioeconomic characteristics.
- Ability to provide advanced protective services to child welfare clients with a minimum of supervision following established rules and procedures.
- Ability to apply principles and methods of social casework to the area of child welfare.
- Ability to work effectively with employees, applicants, recipients, other agencies, and the general public.
- Ability to exercise good judgment in evaluating situations and making decisions.
- Ability to interpret laws and regulations.
- Ability to communicate effectively.

Special Requirement

- Possession of a valid vehicle operator's license.

Experience and Education

(The following requirements will determine merit system eligibility, experience and education ratings, and may be used to evaluate applicants for Missouri Uniform Classification and Pay System positions not requiring selection from merit registers.)

- One or more years of experience as a Children's Service Worker I with the Missouri Uniform Classification and Pay System.

OR

- A Bachelor's degree from an accredited college or university in Social Work/Human Services, Psychology, Sociology, Psychiatric Nursing, Education, Counseling, Marriage and Family Therapy, Family and Child Development, Criminal Justice, Juvenile Justice, or Human Services related fields (e.g., child welfare, mental health, substance abuse, and developmental disabilities); and,
- One or more years of professional experience in the delivery of protective children's services (investigation of abuse or neglect of children, child foster care, adoptions, family centered services, and intensive in-home services) in a public or private agency.

OR

- A Master's degree from an accredited college or university in Social Work/Human Services, Psychology, Sociology, Psychiatric Nursing, Education, Counseling, Marriage and Family Therapy, Family and Child Development, Criminal Justice, Juvenile Justice, or Human Services related fields (e.g., child welfare, mental health, substance abuse, and developmental disabilities) .

ATTACHMENT G

MISSOURI JOB DESCRIPTION AND MINIMUM QUALIFICATIONS (CHILDREN'S SERVICE SUPERVISOR)

Definition

- This is professional supervisory social service work involving the direction of a group of workers in the Children's Division of the Department of Social Services.
- This description may not include all of the duties, knowledge, skills, or abilities associated with this classification.

Examples of Work

- Directs and participates in the delivery of social services in such areas as adoption, child abuse and neglect, protective services, intensive services, foster care, and related areas.
- Provides individual and group clinical supervision to Children's Service Workers within an assigned unit or geographical area in the provision of casework services to families, children, and parents.
- Assists children's service program managers or other managers in training assigned staff on Division policies, procedures, standards, and goals; participates in management planning and program revision.
- Receives referrals from juvenile courts, abuse/neglect hot line, Family Support Division staff, or other professional or private individuals in the community for protection and care of neglected, abused, or exploited children.
- Reviews case records of assigned staff in order to ensure that work is performed and services are delivered in accordance with agency guidelines and policy.
- Provides suggestions to supervisors for developing procedures to implement the children's services programs.
- Conducts detailed case studies; prepares evaluations of social, economic, and environmental factors; and makes recommendations to staff regarding treatment and placement plans.
- Performs diagnostic and assessment services to assist staff in the development and implementation of treatment, placement, and service plans.

- Provides specialized treatment services to neglected, abused, or exploited children.
- Interacts with law enforcement and juvenile officers, other public officials, and community organizations regarding family and children issues.
- Attends court hearings and meetings related to assigned casework.
- Provides periodic reports on standards of practice, progress, and development of assigned staff.
- Assists other children's service supervisors or other managers in the orientation of new employees in children's services.
- Assigns and directs the work of staff, participates in selection, makes recommendations for disciplinary actions and/or grievance resolutions, and conducts periodic evaluations of staff performance.
- Assumes responsibility for the preparation and completion of community reports.
- Receives in-service orientations in the areas of division policies, processes, and programs.
- Assumes responsibility for the quality and quantity of services provided by assigned staff to families, children, and parents.
- Supervises or assists in the supervision of a volunteer program in an urban or metropolitan county.
- Exercises independence and initiative in the performance of responsibilities; receives direction from a designated manager.
- Performs other related work as assigned.

Knowledge, Skills, and Abilities (KSAs)

- Comprehensive knowledge of the provisions of state and federal laws and regulations pertaining to social service programs.
- Comprehensive knowledge of individual and group behavior.
- Comprehensive knowledge of the principles and methods of social casework.
- Comprehensive knowledge of the principles and methods of interviewing.
- Comprehensive knowledge of the general provision, objectives, and philosophy of child welfare programs.

- Comprehensive knowledge of court procedures as they apply to the provision of children's services.
- Comprehensive knowledge of the relationship between social, economic, and community health problems and the dysfunctional family.
- Comprehensive knowledge in the area of child abuse and neglect prevention and treatment.
- Comprehensive knowledge of developmental disabilities, behavioral disorders, and learning disabilities.
- Comprehensive knowledge of basic supervisory principles and techniques.
- Comprehensive knowledge of professional literature in the field of children's services.
- Comprehensive knowledge of community resources used in the provision of social services.
- Comprehensive knowledge and understanding of the cultural and socioeconomic characteristics for the service population.
- Ability to interact with and complete assignments in a manner sensitive to the service population's cultural and socioeconomic characteristics.
- Ability to develop policies and procedures for the unit and in work flow management.
- Ability to plan, assign, coordinate, and evaluate the work of social service personnel and instruct them in work performance.
- Ability to apply knowledge of principles and methods of social casework in the area of services to families, children, and parents.
- Ability to work effectively with employees, applicants, recipients, other agencies, and the general public.
- Ability to communicate effectively.
- Ability to interpret laws and regulations.
- Ability to plan and organize time effectively.

Experience and Education

(The following requirements will determine merit system eligibility, experience and education ratings, and may be used to evaluate applicants for Missouri Uniform Classification and Pay System positions not requiring selection from merit registers. When practical and possible, the

Division of Personnel will accept substitution of experience and education on a year-for-year basis.)

- Two or more years of professional experience as a Children's Service Worker I and/or II with the Missouri Uniform Classification and Pay System.

OR

- A Bachelor's degree from an accredited college or university in Social Work/Human Services, Psychology, Sociology, Psychiatric Nursing, Education, Counseling, Marriage and Family Therapy, Family and Child Development, Criminal Justice, Juvenile Justice, or Human Services related fields (e.g., child welfare, mental health, substance abuse, and developmental disabilities); and,
- Two or more years of professional experience in the delivery of protective children's services (investigation of abuse or neglect of children, child foster care, adoptions, family centered services, and intensive in-home services) in a public or private agency.
 - *(24 earned graduate credit hours from an accredited college or university in the specified areas may substitute for a maximum of one year of the required experience.)*

OR

- A Master's degree from an accredited college or university in Social Work/Human Services, Psychology, Sociology, Psychiatric Nursing, Education, Counseling, Marriage and Family Therapy, Family and Child Development, Criminal Justice, Juvenile Justice, or Human Services related fields (e.g., child welfare, mental health, substance abuse, and developmental disabilities); and,
- One or more years of professional experience in the delivery of protective children's services (investigation of abuse or neglect of children, child foster care, adoptions, family centered services, and intensive in-home services) in a public or private agency.

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