

MISSOURI

DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION



CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE GRANT

A 3D ribbon graphic with a blue, red, and grey section on the left and a green section on the right. The year '2020' is printed in black on the green section.

2020

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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 2018 legislative session that would affect Missouri's eligibility for the CAPTA state grant.

**DESCRIBE ANY SIGNIFICANT CHANGES FROM THE STATE'S PREVIOUSLY
APPROVED CAPTA PLAN IN HOW THE STATE PROPOSES TO USE FUNDS TO
SUPPORT THE 14 PROGRAM AREAS IN 106(a) OF CAPTA**

No significant changes were made to the state's previously approved CAPTA plan in how the state proposes to use funds.

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 CAPTA state grant, alone or in combination with other federal 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) Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response
- (5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect
- (6) Developing, strengthening, and facilitating training
- (7) Improving the skills, qualifications, and availability of individuals providing services to children, families, and supervisors
- (8) Developing and facilitating training protocols for individuals mandated to report child abuse and neglect
- (10) Developing and delivering information to improve public education relating to the role and responsibilities of CPS, including the use of differential response

- (12) Supporting and enhancing interagency collaboration between the child protection system and the juvenile system
- (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

Department of Social Services Initiatives

The Department of Social Services (DSS) has identified several areas to address, one of which is to redesign the child welfare system in Missouri. In 2018, the Missouri Children’s Division engaged in a department-wide effort to implement strategies to reduce the overall number of unconcluded Child Abuse/Neglect (CA/N) reports, specifically investigations, in each region of the state. A series of regional strategies were put into place in January, February, and March 2018. All levels of staff, including staff from Central Office, participated in the task of drastically reducing the number of overdue CA/Ns. Throughout 2018 and into 2019, there was a continued effort by Central Office to support each region’s efforts to safely eliminate and maintain a low number of overdue reports. Field support was provided by Central Office, which included reviewing CA/N reports, modeling practice with staff, training of staff, and continued assistance completing overdue reports. This effort has allowed Central Office to have first-hand insight on practice throughout the state, which has led to further discussions on how the investigative process can be strengthened through policy and training.

The Theory of Constraints (TOC) Improvement Model was introduced to help assist management teams, and field workers prioritize their workloads for better outcomes. TOC focuses on system improvement through critical thinking, evidence-based practices, and data analysis. All investigative staff and supervisory units were expected to establish work in progress boards and weekly huddles to prioritize daily work. and to remove bottlenecks and barriers commonly associated with slowing the completion of CA/N reports. The implementation of the TOC and the development of improved workload management, have been significant strategies used to reduce the number of overdue CA/N reports across the state, and to improve workflow.

A second DSS initiative is to streamline and strengthen the investigative process. The Children’s Division is responsible for leading this initiative. The goal of this initiative is to manage high call volume by safely reducing the number of child abuse and neglect reports screened in, and to conduct quality investigations/assessments by a skilled workforce. When resources are effectively targeted to families most in need of Children’s Division intervention, staff will have greater ability to complete quality CA/N reports. The following activities were identified for 2019: develop investigation-specific training(s); implement Signs of Safety at the Child Abuse/Neglect Hotline Unit; create computer system changes to streamline data entry, and review child abuse/neglect reports quarterly.

Child Abuse/Neglect Review Board (CANRB)

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 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 Fatality Review Panel (CFRP)

In CY 2014, Missouri's state-level Child Fatality Review Panel (CFRP) began a case review process for fatalities which occurred as a result of child abuse or neglect, in response to the Commission to Eliminate Child Abuse and Neglect Fatalities' recommendation for states to conduct a five-year retrospective review of child fatalities. The sub-committee met at least monthly in 2018 to complete the case reviews. The case review team consists of a wide representation of professions, including child welfare, prosecutors, child advocates, medical, law enforcement, child abuse and neglect prevention, and public health. The case review team focused on identifying areas in which various systems could have intervened to prevent the fatality in an effort to make recommendations for policy and legislative change in the realm of child welfare.

The report was completed in March 2019. Some of the recommendations that the sub-committee reported out were as follows:

- Create a culture of safe sleep by requiring all hospitals to engage in safe sleep practices and model a safe sleep environment.
- Educate the public about what safe sleep looks like and how to access safe sleep resources as needed.
- Improve the investigation of child deaths by having a full investigation by law enforcement on all sleep-related deaths and mandate the use of the Missouri Department of Social Services Death Scene Investigation Checklist for all child deaths. It was also recommended that law enforcement agencies be required to receive training in investigating child death.
- Children's Division to assess all unexplained child deaths, including those that are sleep related.
- Improve the provision of resources to high risk and/or high needs families.
- Educate citizens of Missouri on how to prevent or address scenarios that increase the risk for child death.
- Increase and improve interagency collaboration in cases involving suspected child maltreatment.

- Improve mandated reporters' ability to recognize and respond to suspected child maltreatment.
- Increase the functionality of county and state Child Fatality Review Panels.

This subcommittee will continue to meet in 2019 to conduct further reviews of CA/N related fatality cases from 2015 and also to support improvements and change based on recommendations from the 2019 report. Fatalities from 2015 were selected to allow time for prosecution to be finalized, if applicable.

CHILD ABUSE/NEGLECT HOTLINE UNIT (CANHU)

CALL MANAGEMENT SYSTEM TECHNOLOGY

During the last four years, the CA/N hotline has primarily used Call Management System (CMS) technology to provide real-time call data and management reports. This technology has allowed management the opportunity to adjust work schedules for optimal coverage. In 2018, a new Workforce Management System (WFM) was purchased to assist with collecting data on call trends, staffing patterns, and overall staff performance. The percentage of calls answered has remained in the 80-90% range during 2014-2017, but there has been an increase in busy signals/messages each year. The incremental increase in busy signals/messages over the last four years went from an average of 3,965 each month in 2014 to 6,862 each month in 2017 and is attributed primarily to (1) staff turnover and (2) a statutory change in August 2013 that required each mandated reporter to make a separate hotline call on each incident of abuse/neglect. Previously a "designated" mandated reporter at a school, or another facility was allowed to make one call for all mandated reporters with knowledge of the incident at that agency. This change has resulted in multiple calls about the same incident.

While total call volume in 2016 increased significantly (6,400 additional calls), the percentage of answered calls remained the same at 86% and the average number of busy signals per month increased by only 114. For a portion of 2016 and all of 2017, the call data was obtained from a combination of Call Management System phone reports for the Jefferson City office and Cisco phone reports for out-based offices in Jackson and Boone counties. Additionally, for 2017, it is noted that if online reports are included in the percent of calls answered (accepted), the percent answered (accepted) increases from 82% to 87%.

In January 2018, the Cisco phone system was installed for all hotline locations. This phone system has many advantages including: a single technology platform, a queue size which increased from 12 to 50, and no maximum hold times, which has decreased the number of 'busy signals' experienced by reporters. The addition of a 'hold my place' feature was also added in January 2018 for non-emergent mandated reports. The queue was also divided into three sections: Emergency Reports, Non-Emergent Permissive Reporters, and Non-Emergent Mandated Reporters. These enhancements have allowed for triaging calls more effectively.

Online Reporting

Due to continued challenges to with handling 800# call volume, an online reporting option called Online System for Child Abuse/Neglect Reporting (OSCR) was implemented in November of

2016 allowing mandated reporters to file reports for non-emergency situations. During the initial phase, online reporting was well-received by Missouri mandated reporters as a convenient way to make timely reports. The online option took 980 calls out of the 800# queue during the first six weeks of operation in November/December 2016. Throughout 2018, the Children's Division promoted online reporting through social media, outreach at professional conferences, and GovDelivery messaging to mandated reporter groups resulting in 21,457 online reports in FY18. The OSCR implementation has been a timesaver since online reports can be processed in half the time as phone reports, which frees up hotline staff to take more calls.

Mobility Project

Hotline workers are sometimes required to take time away from answering incoming 800# calls to read entire emergency reports and provide prior history to on-call field staff during evenings, weekends, and holidays. During 2015, on-call field investigators were issued iPads enabling many of them to access hotline reports after-hours via their iPads. During 2016, a statewide group of "mobility mentors" was created to coach field staff in the effective use of their iPads. These mentors are available to reinforce on-call investigators' acceptance of hotline reports after-hours via their iPads. With each additional mobility resource, the goal is for after-hours call-out procedures to be streamlined to allow hotline staff to focus entirely on answering hotline calls.

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

Child Advocacy Centers (CAC)

A significant portion of CAPTA state grant funding was used in combination with Children's Justice Act funds to support Missouri's Child Advocacy Centers (CAC) which improved the processes by which Missouri responds to cases of child abuse and neglect, particularly child sexual abuse or exploitation. CACs are a safe and neutral place where children can go to receive specialized forensic, medical, and therapeutic services necessary to investigate and respond to the effects of physical, sexual, emotional, and psychological trauma caused by abuse. CACs are child-friendly environments where law enforcement, prosecutors, and CD investigators can work together to explore abuse allegations in a manner sensitive to the needs of young victims and their families. The CACs bring together highly trained forensic interviewers and child advocates with multidisciplinary team investigators. This limits trauma to the child and facilitates a more effective investigation. CACs also provide access to full forensic medical examinations by specially trained medical professionals and access to mental health services.

Child Advocacy Centers in Missouri are regionally located and provide services to all of Missouri's counties. Missouri has 15 regional assessment centers with the main offices located in St. Louis (three locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Festus, Wentzville, Cape Girardeau, Doniphan, Columbia, Parkville, Osage Beach, and Branson. Satellite offices are also located in Union, Nevada, Pierce City, Butler, St. Robert,

Farmington, and Hannibal. In total, CAC services are provided in 22 fully accredited locations around the state.

All CACs in Missouri are accredited by the National Children's Alliance. CACs go through an extensive accreditation process which requires they meet ten areas of criteria for providing services. All CACs are reaccredited every five years. Beginning in January 2017, Missouri's CACs must meet revised standards established by the National Children's Alliance. The new standards require stronger demonstration of the victim advocacy, mental health, medical response, and case review areas of accreditation.

According to data collected by Missouri KidsFirst, Missouri's CACs conducted 8,282 forensic interviews in SFY18, compared to 7,663 interviews in SFY17. CACs provided mental health services to 5,919 children in SFY18.

Missouri KidsFirst works with all the CACs coordinating public policy advocacy, providing support, training and technical assistance to each of the regional centers in the state. Missouri KidsFirst has a Board of Directors made up of leaders from across the State representing a diverse variety of backgrounds. The Board of Directors was developed to promote and support the financial viability of the Missouri Network of Child Advocacy Centers. The Directors of Missouri's 15 regional CACs make up the Missouri Network of Child Advocacy Centers, a program of Missouri KidsFirst which serves as an advisory board.

In the past two decades, Missouri KidsFirst has successfully expanded its work from advocating for CACs to building a child abuse prevention network throughout Missouri. Missouri KidsFirst serves as the state chapter of both the National Children's Alliance and Prevent Child Abuse America. Rooted in the belief that all adults are responsible for the safety and protection of children, the mission of Missouri KidsFirst is to empower adults to protect children from abuse. If children are to be kept safe, adults need to have the knowledge, skills, and understanding required to act on behalf of children who are abused. This work falls into roughly three broad categories: education, advocacy, and prevention.

Missouri KidsFirst empowers adults by providing education. Through professional development for nurses, prosecutors, teachers, clergy and many others who dedicate some portion of their working lives to children and families, Missouri KidsFirst seeks to ensure professional communities understand best practices for helping children victimized by abuse. Missouri KidsFirst also facilitates communication among professionals who must work together to ensure the safety and welfare of Missouri's children.

Often, empowering adults to protect children means changing the systems developed to protect them and help families. As best practices evolve, so must policies. To continue best practices, Missouri KidsFirst helped push for and led Missouri's Task Force on the Prevention of Child Sexual Abuse to continue working on implementing recommendations of the task force through legislative advocacy. They also advocate for securing funding for Child Advocacy Centers (CAC) throughout the state.

Missouri KidsFirst coordinates the Missouri Stewards of Children Facilitators Network. This

network provides sexual abuse prevention education by utilizing the Darkness to Light's Stewards of Children curriculum. They also organize an annual Pinwheels for Prevention event every April during Child Abuse Prevention month.

Increase Judicial Engagement

Juvenile Courts and Child Welfare Meetings (Supreme Court)

The Children's Division recognizes that child welfare is a multi-disciplinary practice, and best outcomes are achieved through effective collaboration with court partners. To that end, the Children's Division has joined with the Office of the State Courts Administrator (OSCA) to form the Partnership for Child Safety and Wellbeing (PCSW).

Over the last year, the statewide PCSW has continued to convene on a regular basis. The group's priorities for the year ahead include 1) planning and executing another set of regional court convenings to include a greater number of participants (up to ten) from each site, and 2) individualizing follow-up and support with specific circuits to coach and support court partnerships.

Regional Court Convenings

A series of regional convenings were held in the fall of 2018. The teams consisted of the judge, juvenile officer, Guardian ad-Litem (GAL), Children's Division staff, and contracted foster care staff. At each court convening, participants were provided a binder/ toolkit which included information about roles and responsibilities and information about the Family First Act. The convenings introduced the expectation that each circuit would begin or renew multidisciplinary court partnership efforts. Each team was given data for its circuit and was asked to discuss the trends and possible strategies for improvement. The circuits were also encouraged to meet regularly to continue to improve practice. Feedback from the convenings was largely positive. Responses to court convening follow-up surveys showed that at least 60% of circuits had held or scheduled their first court partnership meeting as of early December 2018.

Court Technical Assistance (TA) Teams

While these state-level meetings were useful, the group agreed that more collaboration was needed on the local level. The PCSW decided to design and implement court technical assistance teams in each of Missouri's 46 circuits. Each team will be led by a local judge and consist of representatives from the Children's Division, the juvenile office, the GAL, and Parent's Counsel Bar. The Court Technical Assistance Teams will meet every month to review data, review trends, discuss common barriers seen across cases, and foster an overall culture of learning and continuous quality improvement. These teams are still under development.

Staff from the Children's Division are available to provide continued support and regular data dissemination as a basis for each monthly discussion. A "TA Request Form" has been developed and shared with all 46 circuits. This form can be used to request data, best practice resources, specific training, in-person support/ facilitation, and other services. The Children's

Division's data team has begun producing quarterly reports for all 46 circuits, to be used as conversation starters at court partnership meetings.

Jurist-in-Residence (JIR) Work

In addition to the regional convenings, the Children's Division has also worked closely with OSCA and Casey Family Programs to assist with the launch of the Jurist-in-Residence program. The Jurist-in-Residence program pairs a retired judge (Judge James Welsh) with current members of the juvenile bench for mentoring and problem-solving support. Just as youth in foster care often take advice most readily from their peers, and parents involved in the court system will readily turn to other system-involved parents for support, judges too will frequently contact other judges for guidance about best practices and decision-making. The Jurist-in-Residence is contracted with OSCA to begin work in at least three counties; although the Children's Division is not a party to the contract, the Children's Division provides ongoing consultation and collaboration to ensure its efficacy.

- Missouri's Jurist-in-Residence, James Welsh, convened a very helpful meeting of Circuit 7 stakeholders on January 14, 2019. Circuit 7 is one of the selected JIR sites; Judge Davis and her team seemed interested and invested in deepening their court partnership work. Primary topics included improving transportation supports for parents to attend services and visitation and improving clarity around the Signs of Safety mapping process.
- Similarly, on January 30, 2019, Judge Welsh led a JIR meeting in Pemiscot County. The conversation focused on the lack of resources in this area of the state (especially for substance use treatment), a desire to expand the availability of foster homes (for older youth in particular), and exploration of establishing a CASA program in this region.
- On January 17, 2019, the Children's Division was informed that one of the JIR sites would be Cole County. Additionally, the JIR is exploring starting a site in the 9th Circuit. The 9th Circuit has high rates of youth in residential care and, like many places, training may be needed on the topic of the upcoming FFPSA requirements for residential placement.

Judicial Engagement Team (JET)

Collaboration between courts and child welfare agencies, along with other community stakeholders, has long been recognized as a requirement for the protection and well-being of children. The Children's Division has worked closely with Casey Family Programs Judicial Engagement Teams (JET) in Kansas City and Springfield, Missouri. JET is a tenured and highly experienced team that assists courts in using data to inform what needs to be done to achieve the best outcomes for children. These groups have addressed concerns such as Termination of Parental Rights case backlogs and reducing the number of youth placed in congregate care settings. JET is currently exploring launching a third site in the St. Louis area.

Child Welfare Opportunities for Law students

The Children's Division is very enthusiastic about improving child welfare practice across the state by building stronger partnerships with Missouri's law schools. In January 2019, the Children's Division convened a group consisting of universities. Several promising ideas were

generated, and the next steps were identified, including interest in summer internships, year-long fellowships, and semesters-in-practice.

Staff Competency in Court

Legal Aspects training continues to be offered a minimum of six times per year, with additional classes scheduled upon the request of specific circuits. The Legal Aspects trainer collaborates with the local jurisdiction requesting specific training and encourages and supports co-training with the juvenile office attorneys. They encourage the participation of court personnel along with Children's Division staff if such an environment is conducive to learning and strengthens partnership and understanding.

Other Activities

- On February 27-28, 2019, Dr. Jerry Milner from the Administration on Children, Youth, and Families visited Missouri. The visit included a special event for Missouri juvenile judges in Springfield (Greene County). The event showcased effective judicial leadership techniques to foster multidisciplinary collaboration and lower the number of youth in residential placement. Dr. Milner shared his vision around the important role that judges can play in prevention and safe reduction of the foster care population.

Crisis Intervention Team (CIT)

The Missouri Crisis Intervention Team (CIT) Council is an organization whose primary purpose is to facilitate understanding, development, and implementation of CIT programs throughout Missouri. It also targets neighborhoods to promote and support more effective interactions among law enforcement, mental health care professionals, individuals with behavioral health issues, their families and communities, and also to reduce the stigma sometimes associated with behavioral health conditions. CIT focuses on de-escalation strategies and redirecting the individual from the criminal justice system to the mental health care system. In turn, the mental health care system assumes "custody" of the individual, and provides directed and non-restrictive accessibility to a full range of health care and social service options.

The mission of the Missouri CIT Council is to deliver positive law enforcement crisis intervention services to people with behavioral health issues in the area by:

1. Providing cooperative community partnerships of law enforcement, mental health service professionals, individuals in a behavioral health crisis, and families.
2. Coordinating and enhancing services to people with behavioral health conditions and/or substance use problems through law enforcement based Crisis Intervention Teams.
3. Providing leadership to facilitate CIT programs and playing an integral role in the design of training for the CIT officers, and

4. Supporting success and continuing improvement of CIT.

Missouri CIT currently has 74 counties that have established CIT sites, and 25 counties have CIT expansion sites. Expansion and recruiting is on-going. The CIT Council continues to evaluate training around self-care and the support of peers for first responders. A Central Office Program Development Specialist attends quarterly meetings. Many field offices participate in their local CIT site meetings.

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

Family-Centered Services (FCS) Ongoing Training

The state CAPTA grant will continue to support the Training, Consultation, & Family Meeting Activity Services contract available to the 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.

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 to enhance 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.

Home Visiting

Home Visiting is an in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home support for at-risk families.

The Home Visiting Program is a voluntary program providing assistance to eligible parents whose family income does not exceed 185% of the federal poverty level, and are currently pregnant or have a child under the age of three years. The program provides parents various opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and education, parenting skill development, and school readiness. The Home Visiting Program also provides parents with hands-on training and educational support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. As the child(ren) age out of the Home Visiting Program, they are referred to Head Start or another early learning program to maintain continuity of educational services for the family.

The Home Visiting Program is located in 11 regions across the state with eight Partnership Agreements and 11 Competitive Contracts providing Home Visiting Services. In SYF18, there

were a total of 1,880 unduplicated families and 2,208 children age birth to three years old served.

Home Visiting contractors and partnerships currently utilize either an evidence-based or promising approach model focusing on the areas of child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness. Home Visiting contractors and partnerships are required to serve 70% of those families involved with the Children's Division, ensuring that preventing and reducing the risk of child abuse and neglect is the highest priority.

(4) Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response

Differential Response

Missouri has a two-track system when classifying child abuse and neglect reports.

Family assessment and services is an approach by the Children's Division, which will provide for a prompt assessment of a child who has been reported to the Children's Division as a victim of abuse or neglect by a person responsible for that child's care, custody, or control. An assessment of that child's family, including the risk of abuse and neglect and, if necessary, the provision of community-based services to reduce the risk and support the family, will also be conducted.

An investigation is the collection of physical and verbal evidence to determine if a child has been abused or neglected. Law Enforcement is required to be notified.

Differential Response Assessments are assessments that have been determined by the family, worker, and supervisor as needing more intensive work with the family. These are traditionally the assessments that go beyond the 45-day completion requirement. The purpose of determining an assessment a Differential Response Assessment is to provide the family with the needed resources, support, and services to further promote safety and well-being within the family unit during the assessment period.

Differential Response Assessments require consultation between the worker and a supervisor that the family is in need of services that will continue past the 45-day completion requirement. These consultations shall be prior to the 45-day completion requirement. Conversations should include what services the family needs, how Children's Division can support the family, and resources that can be provided. Supervisor consults should be more frequent in a Differential Response Assessment to continually assess the family throughout the reporting period. The supervisor consultation between the worker, and the supervisor that an assessment is going to be track changed to a Differential Response Assessment shall occur and be documented by the 45th day.

Worker Expectations:

Workers are expected to thoroughly document the ongoing assessment of the family, safety, risk, services provided, and case consultations in FACES. Workers may use a running narrative to complete the assessment. Supervisor discretion is used to determine the number of home visits and collateral contacts that are needed for each Differential Response Assessment. The number should be based on the needs of the family. This may be one home visit per week or just weekly contact with the family through in-person, phone, collateral, or other types of contacts. Collateral contacts should be meaningful to the family's situation. Proper releases are to be used, and workers shall tell parents that someone will be contacting collaterals to obtain additional information as needed.

*Suggested tools could include:

- My Safety House (CD-216)
- Three Houses Tool (CD-217)
- Case Mapping Tool (CD-218)
- Fairy Tool (CD-227)
- Wizard Tool (CD-228)
- Timelines
- Genogram
- Eco-Map
- Culturagram
- Web-based resources

Differential Response Assessments shall be completed within 90 days of the original report date. If more intense services are needed within the 45-day timeframe or thereafter, the case should be referred to Family Centered Services as soon as the need is identified.

Signs of Safety

In partnership with Casey Family Programs, Missouri began implementing the Signs of Safety child protection practice model in 2014. Signs of Safety was initially developed in Western Australia, and its practice has spread to many jurisdictions across the United States and throughout the world. This model centers around three core principles: working relationships, fostering a stance of inquiry, and landing grand aspirations in everyday practice. Work within Signs of Safety focuses on identifying the worries, what's working well, and what needs to happen within a family to create and maintain safety for the child. There is a strong focus on family engagement and building partnerships with families as the keys to successful intervention.

Jackson County was selected as the pilot site to begin using this practice model throughout all program lines. Implementation of practice began in June 2015. In CY16, Signs of Safety hubs were identified in the other four regions of the state to begin implementation. In CY17, Signs of Safety was implemented statewide. The Children's Division continued to partner with Safe Generations in CY18 to assist in the implementation and in building internal capacity to fully integrate and maintain this model statewide. In CY19, the focus will be to 1) Continue to develop

meaningful measures to track outcomes; 2) Enhance documentation, particularly around family engagement; 3) Align and organize policy, and 4) Increase model integration.

Each region met with Safe Generations to plan 2019 support services. Support services for 2019 include:

Practice Leader Development Program (PLDP): Half-day leadership development workshops are specifically designed for leaders who want to build on their skills from the Advanced Practice Workshop, and push their learning and leadership to the next level. Each regional implementation wave selects its small group of 15-20 participants who are each dedicated to growing their practice and then spreading and growing the practice of those around them and throughout their 'wave' geography. The same group of 15-20 participants commits to meet in-person approximately every six weeks for a half day of intensive, small-group learning over two years. Everyone is expected to complete homework between sessions and keep a learning journal to record and share reflections throughout the program.

Whole Systems Learning Case: Agency-specific learning cases are an essential element of whole-system implementation. The learning case process involves a cross-section of agency staff together with a Signs of Safety consultant acting as an advisor, meeting regularly through the life of a current open case. The group learns together in real time about the use and application of Signs of Safety in practice, while at the same time also learning about the organizational barriers and opportunities to the whole-system implementation within the agency.

Power of Partnership Course (PoP): Each course consists of twelve facilitated small-group sessions over a year, which also includes a facilitator development program. The PoP is intended to give participants the same information/curriculum as the Advanced Training five day session.

Manager/Leadership Workshop: This workshop will provide training to middle managers, some of whom did not receive the initial two-day overview. This workshop is also intended to provide skills for middle managers and will focus on applying the Signs of Safety principles, skills, and disciplines through the lens of leadership.

Investigations Safety Planning: Each session will focus on immediate safety planning in a way that creates a foundation for long-term safety planning. The audience will be staff who complete investigations and assessments.

Senior Practice Leader Development: This workshop will prepare practice and implementation leads to oversee practice development and implementation throughout Missouri. The workshop will also connect front-line practice with statewide implementation, equip the practice leaders to deal with challenges/opportunities across the state, and work statewide to lead teams and people through implementation.

CANHU Leadership/Supervisor Workshop: This workshop equips leaders with the skills and knowledge they need to progress CANHU Signs of Safety Practice beyond information gathering and to build consistency in analysis, judgment, and decision-making.

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

Public Consulting Group Evaluation

Due to the unsustainability of the hotline analog phone system and the ongoing challenge of reducing abandoned calls and busy signals, the Department of Social Services (DSS) awarded a contract to Public Consulting Group (PCG) in May 2017 for a comprehensive evaluation of CA/N Hotline technology and overall operations. PCG independently assessed the technology system needs with supporting workforce technology for out-based offices and the main call center office in Jefferson City. The primary goal was to operate on a uniform digital phone platform. PCG conducted site visits in June at the Jefferson City and Jackson County offices. After completing a comprehensive review of intake protocols, staffing levels, supervision, training, call data, and phone systems, in October PCG issued the following recommendations: (1) increase staffing levels to handle call volume and meet standard service levels (2) increase training (3) reduce the number of peer record reviews (4) employ strategies to minimize “shrinkage” (5) revise intake protocol to reduce duplication (6) implement a single digital telephone platform throughout the call center; expand call queue functionality; utilize dashboard, callback, and chat features (7) expand operations outside of Jefferson City (8) expand online reporting (9) explore the viability of speech analytics (10) continue refining and revising FACES.

Based on the PCG recommendations, implementation began in October 2017 and extended into 2019. Staffing was immediately increased by the addition of an out-based unit in Greene County with a supervisor hired and trained in October 2017, and four workers hired and trained in November. As of December 2018, Greene County had one supervisor and five hotline workers. The Jackson County out-based unit was expanded in early 2018 to add a supervisor and four additional workers. In December 2018, Jackson County had one supervisor and eight hotline workers. In Jefferson City, an additional trainer and specialist were hired effective March 2018 to expand training, review peer record procedures, develop strategies to minimize shrinkage, support the new workforce reports, and to provide support to out-based staff. In December 2018, the hotline was provided three additional worker allocations to be filled in 2019. Plans were already in place to publicize and expand online reporting throughout 2017, and a workgroup was already underway to review intake protocols including FACES refinements. Intentional efforts to publicize and expand online reporting continued in 2018, and additional plans are being made for 2019. Cisco Unified Contact Center Enterprise was selected as the new phone platform to meet the recommendations with implementation starting in January 2018. The Cisco technology was already in place in the out-based offices, but further enhancements were put in place throughout 2018 for both Jefferson City and out-based offices to meet PCG recommendations.

Enhancement recommendations to the intake system (FACES) were also made in 2018 that support the recommendation to streamline the intake screening process. These enhancements will reduce the number of ‘pathways’ that a hotline worker must complete and reduce duplication. These enhancements should be implemented in 2019. In November 2018, all hotline staff was trained to utilize Signs of Safety, which is part of the Children’s Division

Practice Model. The use of Signs of Safety will provide a fuller kit of information for the field staff to use when engaging with a family.

Improvements to the SAQWIS System (FACES)

Efforts began in March 2017 to make updates and improvements to the FACES system to streamline work productivity better and make it more user-friendly for employees. Meetings included the Children's Division policy specialists, the Children's Division FACES specialists, and contracted agencies and occurred through 2017 and 2018. The implementation of the improvements went live for use in May 2018, and additional changes were made in September 2018. The enhancements included the following:

Juvenile Assessments

Changes were made in FACES to treat Juvenile reports like Family Assessments, in accordance with the statutory requirement to use a family assessment and services approach when responding to reports of children with problem sexual behaviors. Key changes include:

1. A Juvenile Assessment (JA) report track was created.
2. The conclusion timeframe for Juvenile Assessments was extended to 90 days.
3. Two new roles were added: Alleged Child Initiator (ACI Child) and Alleged Child Initiator Parent (ACI Parent).
4. ACI Household Address assists CANHU in alerting Juvenile Assessments to the county in which the ACI Parent resides.
5. The case name will display as the primary ACI Parent.
6. The Family Assessment Disposition Notification Letter (CS-21a) will generate for the ACI Parent(s).
7. The Family Centered Service (FCS) Assessment Status will look at whether the ACI family will receive services. If the victim family needs services, and they are not the same as the ACI family, the FCS case must be opened through case intake.
8. A new CA/N condition in CANHU screening protocols was created specifically to Juvenile Assessments: Any child under the age of 14, not acting in the capacity of care, custody or control, engaging in sexual or sexualized behavior with another child(ren). These acts include but are not limited to, acts that are age or developmentally inappropriate and involve force or threats of the use of force, are intrusive, are unwelcomed, result in physical injury or cause emotional trauma to the victim child, or are coercive or manipulative.

Differential Response (DR) Assessments

Changes were made in FACES to allow for DR Assessments. Key changes include:

1. A Differential Response (DR) Assessment report track was created.
2. The ability to track change to a DR Assessment on the Response Priority/Track Assignment Override screen.
3. The conclusion timeframe for DR Assessments was extended to ninety (90 days).

New Assessment Determinations

Changes have been made to the conclusion page and the overall determination field for assessments. This includes Differential Response (DR) Assessments and Juvenile Assessments. The new assessment conclusions are as follows:

- Agency Responded No Concerns Found
- Agency Responded Concerns Addressed
- Agency Responded Services Provided
- Agency Responded Refer to FCS
- Family Uncooperative Child Safe
- Family Declined Child Safe
- Homeschooling
- Inappropriate Report
- Located Out-of-State
- Unable to Locate

Track Assignment

For the new response tracks, supervisors and above will be able to change the track assignment as follows:

- Juvenile Assessment to Investigation when it is determined that the ACI had care, custody, and control of the victim child and an investigation response is appropriate.
- Family Assessments to Investigations, DR Assessments or Juvenile Assessments.
- DR Assessments to Investigations or Juvenile Assessments.

Combined Calls

A new function has been added to FACES to allow for reports to be combined into a single report through a new Combined Call screen. When multiple reports are received on a family that cannot be duplicated because they involve new allegations, staff will be able to use this function to reduce the number of open reports. Key changes include:

- Only supervisors and above may combine reports.
- The primary call number is the lowest (oldest) call number.
- Calls cannot be combined if the primary call number has a Case Management function associated with it.
- As long as the primary call number has not been concluded and approved, reports can be combined with it.

Classification/Resubmission Change

Supervisors can request a Classification Change on a CA/N report to a Non-Caretaker (N) or Preventive Services (P) referral. Requests for track changing after the first 72 hours must be completed by the FACES Help Desk. Requests within the first 72 hours may be made by contacting CANHU for re-submission. Supervisors are also able to change from an N to a P referral and vice-versa.

(6) Developing, Strengthening, and Facilitating Training

An array of training courses is provided in the areas of intake, assessment, screening, and investigation of child abuse or neglect. New staff completes 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.

For additional information about Program Area 6 and additional collaborative efforts, refer to Current Workforce Demographics (page 28).

Legal Aspects Training

This two and one-half day training provides participants with the basics on federal constitutional laws involving the rights of parents, children, perpetrators, and the state, and how these rights impact (1) the CA/N hotline investigative process, (2) placing a person's name on the Central Registry and (3) making recommendations for the removal of children from the home. This training also includes the statutory definitions of abuse and neglect and the preponderance of evidence (POE) standard necessary to substantiate a hotline investigation. The legal training portion concludes with a section on evidence and making presentations to the CANRB from a legal perspective. The Critical Thinking portion of the training is specifically tailored to help investigators and supervisors at key decision-making points in the investigative process: gathering information, evaluating evidence and deciding whether or not to substantiate by the preponderance of the evidence standard. All levels of staff take this training, and some repeat it every few years.

Employee Learning Center (ELC)

The Employee Learning Center (ELC) is the online portal for professional development. In the center, employees can locate learning options and course calendars, view transcripts, and register for classes. The ELC gives employees a convenient place to review learning activities, assessments, and training compliance requirements. The ELC also allows employees to have access to online courses that they may complete on their own. There are several required trainings that employees must do regularly, such as employee safety, and they can access these through the ELC at their convenience.

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

Signs of Safety

Implement Signs of Safety

In partnership with Casey Family Programs, Missouri began implementation of the Signs of Safety child protection practice model in 2014. The Children's Division has partnered with Safe Generations to assist in the implementation and in building internal capacity to integrate and maintain this model statewide fully.

All frontline staff has been trained in the two-day worker overview Signs of Safety training. The Children's Division has built the internal capacity to provide this training to new staff, with a plan for CY19 to continue increasing the number of internal training catalysts.

For additional information about Program Area 7 and additional collaborative efforts, refer to Program Area 4 (page 14) Signs of Safety

(8) Developing and Facilitating Training Protocols for Individuals Mandated to Report Child Abuse and Neglect

Online Mandated Reporter Training

The Missouri Task Force for the Prevention of Sexual Abuse has developed free online training for mandated reporters. All mandated reporters are strongly encouraged to complete this training course.

<http://protectmokids.com/>

The training consists of four lessons that can be completed at the participant's own pace:

Lesson 1: Introduction & Legal Requirements of Mandated Reporters

Lesson 2: Indicators of Child Abuse and Neglect

Lesson 3: Plan for Responding to Suspicion, Discovery or Disclosure of Child Abuse and Neglect

Lesson 4: Effectively Reporting Child Abuse and Neglect

The training also has pre- and post-tests. While participants must earn a score of 80% or better on the post-test for successful completion, the test can be retaken to achieve this goal. Participants who score 80% or greater on the post-test have completed the training and may earn 0.5 Continuing Education Units (CEUs).

(10) Developing and Delivering Information to Improve Public Education Relating to the Role and Responsibilities of CPS

Online Mandated Reporter Training

For additional information about Program Area 10 and additional collaborative efforts, refer to Program Area 8 (page 20) Online Mandated Reporter Training.

Care Portal

For additional information about Program Area 10 and additional collaborative efforts, refer to Program Area 13 (page 22) Care Portal.

(12) Supporting and Enhancing Interagency Collaboration Between the Child Protection System and the Juvenile Justice System

Crossover Youth Initiative

In 2012, Missouri was selected to participate in the Crossover Youth Initiative at Georgetown University's Center for Juvenile Justice Reform. Crossover youth are youth who have experienced maltreatment and engaged in delinquency and have any level of contact with either the dependency (child welfare) or delinquency (juvenile justice) systems. These youth have a unique set of risks and challenges and typically require a full array of services, and the leadership within Missouri's youth-serving agencies are committed to improving both the experiences and outcomes for these youth.

System-level goals include the establishment of a Missouri Crossover Youth Policy Team to drive the initiative forward. Team members from several youth-serving agencies have become champions of the cause, including representation from the Missouri Supreme Court, Division of Youth Services, Children's Division, Office of the State Courts Administrator, and Department of Mental Health. This team facilitates concrete support in the form of funding to support a state level coordinator position within the Children's Division, beginning in July 2014. Resources were provided to contract with local focus group facilitators in model sites, provide trauma training, conduct research, collect and report data, provide technical assistance to communities, as well as to develop, implement, and support sustainable best practices throughout systems involving crossover youth. The State Policy Team provided consultation in the formulation of the Juvenile Officer Standards to include best practices for Crossover Youth. Additionally, a workgroup with representation from core youth service agencies has been commissioned to develop an implementation toolkit for best practices to roll out statewide, including policy and practice guidance aligned among agencies to coordinate in serving Crossover Youth.

There are several outcomes expected through both the local and system-wide changes that include a reduction in foster youth who formally crossover to delinquency and increased collaboration among youth-serving agencies. Additionally, there is an expectation of a safe reduction in out of home care, a reduction in the use of congregate care, a reduction in disproportionate minority representation, and improved transitions into adulthood.

The Georgetown Center for Juvenile Justice Reform training, consultation, and technical support are also provided as a result of a Memorandum of Understanding between the Department of Social Services and the Office of the State Courts Administrator.

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

School Violence Hotline

CAPTA funds will be used in combination with other funding sources to support the School Violence Hotline following the loss of a funding stream that has long maintained its operation.

The School Violence Hotline is a centralized reporting and referral service that promotes the timely sharing of critical information between youth, families, school personnel, and law enforcement to improve outcomes for youth and promote a safe school environment. The program provides an anonymous means to report school violence. Information is gathered from reporters and entered into a centralized database. The information is immediately forwarded to the appropriate law enforcement agency and school.

CarePortal

Several counties in Missouri are now part of the national CarePortal Network. The Children's Division uncovers the needs of children and families and CarePortal makes local churches aware, giving them a real-time opportunity to respond and catalyzing a connection between church and government to the benefit of children and families.

CarePortal Tier 1 brings the physical need identified by the Children's Division. These needs include physical goods such as a household appliance, cars, rent assistance, clothing, or items to care for infants all with the end goal of supporting and preserving families. The Children's Division staff submits requests to the electronic CarePortal application and CarePortal staff funnel those requests via e-mail to sponsor churches asking for the need to be met.

CarePortal Tier 2 adds the relational component of the church members partnering with the state to provide services such as mentoring, tutoring, or transportation; needs identified by an ongoing caseworker with families.

Active Tier 1 Circuits in Missouri: 5, 6, 7, 11, 12, 15, 16, 17, 19, 20, 21, 22, 32, 33, and 46

Active Tier 2 Circuit: 16 and 32-Cape Girardeau

Future Circuits for Care Portal Tier 1 in the next 6-12 months: 43-Clinton County

Partner Churches: 231

Outcomes: 5,616 Children Served

Improve a child's wellbeing: 995 children

Strengthen a biological family: 1631 children

Support youth aging out of foster care: 61 children

Preserve:

Help prevent a child from entering care: 898 children

Help preserve foster/kinship placement: 895 children

Help preserve an adoptive placement: 30 children

Unite:

Help reunify a biological family: 895 children

Help place a child in foster/kinship care: 186

Help unite a child with an adoptive family: 9 children

Impacts: \$2,218,066 million dollars in cost savings to the state.

Support:

Improve a child's wellbeing: \$154,235
Strengthen a biological family: \$232,238
Support youth aging out of foster care: \$23,581

Preserve:

Help prevent a child from entering care: \$585,722
Help preserve foster/kinship placement: \$614,075
Help preserve an adoptive placement: \$15,422

Unite:

Help reunify a biological family: \$561,981
Help place a child in foster/kinship care: \$25,198
Help unite a child with an adoptive family: \$5,614

No financial investment from government funds such as the Global Orphan Project and the CarePortal is fully funded by private funders and churches.

Impacts on families include maintaining stability and providing supports within the child's family home, often avoiding removal to foster care. Support provided to relative placements to allow children to reside in familiar surroundings with people with whom they have an existing relationship and support of the relative/kin placements results in fewer placements for children and more rapid time to permanency through reunification or adoption/guardianship.

The Children's Division staff experience a sense of team with the Global Orphan Project thru the work of the CarePortal affiliated churches in assisting with resources for families, which leads to job satisfaction.

Also, refer to Program Area 2 (page 7) Increase Judicial Engagement and Crisis Intervention Teams

UPDATE ON SERVICES TO SUBSTANCE-EXPOSED NEWBORNS
SECTIONS 106(b)(2)(B)(ii) and (iii)

At this time, Missouri Revised Statute Section 191.737.1 states:

Notwithstanding the physician-patient privilege, any physician or health care provider may refer to the children's division families in which children may have been exposed to a controlled substance listed in section [195.017](#), schedules I, II and III, or alcohol as evidenced by:

1. Medical documentation of signs and symptoms consistent with controlled substances or alcohol exposure in the child at birth; or
2. Results of a confirmed toxicology test for controlled substances performed at birth on the mother or the child; and

3. A written assessment made or approved by a physician, health care provider, or by the children's division which documents the child as being at risk of abuse or neglect.
4. Nothing in this section shall preclude a physician or other mandated reporter from reporting abuse or neglect of a child as required pursuant to the provisions of section [210.115](#).
5. Any physician or health care provider complying with the provisions of this section, in good faith, shall have immunity from any civil liability that might otherwise result by reason of such actions.
6. Referral and associated documentation provided for in this section shall be confidential and shall not be used in any criminal prosecution.

To comply with the requirements of the Comprehensive Addiction and Recovery Act of 2016 (CARA), the State of Missouri has taken the following steps:

The Comprehensive Addiction and Recovery Act (CARA) requires statewide laws, policies, and procedures requiring healthcare providers involved in the delivery, or care of infants born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder to notify state child protective services for the occurrence of such conditions of infants. The State of Missouri has proposed legislation that was passed by the legislature in 2019, and the bill is awaiting the Governor's signature. Once signed into law, the legislation will become effective on August 23, 2019. Senate Bill 514 states:

Notwithstanding the physician-patient privilege, any physician or health care provider shall refer to the children's division families in which infants are born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder as evidenced by:

1. Medical documentation of signs and symptoms consistent with controlled substances or alcohol exposure in the child at birth; or
2. Results of a confirmed toxicology test for controlled substances performed at birth on the mother or the child.
3. Nothing in this section shall preclude a physician or other mandated reporter from reporting abuse or neglect of a child as required pursuant to the provisions of section 210.115.
4. Any physician or health care provider complying with the provisions of this section, in good faith shall have immunity from any civil liability that might otherwise result by reason of such actions.
5. Referral and associated documentation provided for in this section shall be confidential and shall not be used in any criminal prosecution.

As mandated reporters, physicians and various other health care providers utilize the Missouri Child Abuse/Neglect Hotline when reporting children born exhibiting signs and symptoms of drug or alcohol exposure, or when positive toxicology test results for controlled substances are received on the mother or child. Physicians or other medical personnel may also request

through the Child Abuse/Neglect Hotline a home assessment when having serious reservations about releasing an infant from the hospital to a potentially dangerous situation.

Newborn Crisis Assessments are initially assigned an emergency response time of three hours in which staff must assure the child's immediate safety. Depending on the situation, assuring safety may require immediate face to face contact or may consist of phone contact with the reporter or hospital to confirm the child is safe and to discuss the plan for discharge. If the child's immediate safety is not in question, staff may change the priority response time to 24 hours if approved by a supervisory staff member. During the initial assessment of the family, an assessment tool may be used to gauge the family's plans and abilities to care for the infant upon release. If the child has not yet been released home from the hospital, the assessment includes a recommendation as to whether the infant should be released from the hospital with the mother, father, or another familial caretaker.

After safety is assured, staff begin the full assessment process with the family and those in their safety network, including health care providers, community resources, and familial supports. If during the initial assessment of the family, medical personnel or staff identify an infant born being affected by substance use, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder, a Plan of Safe Care shall be developed with the family. A Plan of Safe Care should address the health and substance use treatment needs of the infant and affected family or caregiver. The plan should be developed with input from the parents or other caregivers as well as any collaborating professional partners and agencies involved in caring for the infant and family. Staff should observe and assess the needs of each member of the family. The Plan of Safe Care should be accurately reflected in the documentation. A Plan of Safe Care should be inclusive of the following:

- Parents' or infants' treatment needs
- Other identified needs that are not determined to be immediate safety concerns
- Involvement of systems outside of child welfare
- The plan that can continue beyond the child welfare assessment if a case is not opened for further services.

The Children's Division currently captures the number of infants identified under 106(b)(2)(B)(ii). In SFY18, there were 5,638 such reports. Of those, 416 infants were categorized as "drug-exposed." The system also captures the number of reports where a referral for services is needed. Additions to the Children's Division's policy manual includes more guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). Changes have been made to the State's SACWIS system to reflect if a Plan of Safe Care was developed and if services were referred. The three data reporting criteria are as follows:

- Number of infants identified under the law
- Number of such infants for whom a Plan of Safe Care was developed

- Number of such infants for whom a referral was made for appropriate services including services for the affected family or caregiver.

If after the assessment period it is determined the family would benefit from continued services, a Family Centered Services case is opened with the family to develop an individualized plan to meet the family’s specific needs, including support from other community agencies. A referral to the juvenile court recommending protective custody and out-of-home placement can be made at any point during the assessment process or provision of services if the Children’s Division can no longer ensure the child’s safety.

Missouri’s home visiting contract was recently revised to place more emphasis on families also served by the Children’s Division. Home visiting is an in-home service designed to assist with the prevention of children entering alternative care by offering additional in-home support for at-risk families.

For additional information, refer to Program Area 3 (page 19)-Home Visiting.

**AMENDMENTS TO CAPTA MADE BY P.L. 114-22,
THE JUSTICE FOR VICTIMS OF TRAFFICKING ACT OF 2015
SECTIONS 103(9)(a) AND (10) OF THE TRAFFICKING VICTIMS PROTECTION ACT**

Missouri Revised Statute Section 566.223 authorized the Missouri Department of Public Safety to establish procedures for identifying victims of trafficking defined under sections 566.200 to 566.223. The statute provides *“As soon as possible after a first encounter with a person who reasonably appears to a law enforcement agency to be a victim of trafficking as defined in Section 566.200, that agency or office shall notify the Department of Social Services and juvenile justice authorities, where applicable, that the person may be a victim of trafficking, in order that such agencies may determine whether the person may be eligible for state or federal services, programs, or assistance.”* The Department of Social Services may then coordinate with relevant state, federal, and local agencies to evaluate appropriate services for victims of trafficking. Such services may include but are not limited to case management, temporary emergency housing, health care, mental health counseling, alcohol and drug addiction screening and treatment, language interpretation and translation services, English language instruction, job training, and placement assistance. Missouri’s definition of sexual abuse currently ensures that victims of sex trafficking are considered victims of sexual abuse.

Human Trafficking

The 2017 legislative session brought enhancements to the statutory definitions of abuse and neglect that better enable the Children’s Division to identify child victims of trafficking:

- Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child’s care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. Victims of abuse shall also include any victims of sex

trafficking or severe forms of trafficking as those terms are defined in 22 U.S.C. 78 Section 7102(9)-(10).

- Neglect: A failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child's well-being. Victims of neglect shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22 U.S.C. 78 Section 7102(9)-(10).
- Care, custody, and control: Those responsible for the care, custody, and control of the child includes, but is not limited to:
 - The parents or legal guardians of the child;
 - Other members of the child's household;
 - Those exercising supervision over a child for any part of a twenty-four hour day;
 - Any person who has access to the child based on the relationship to the parents of the child or members of the child's household or the family; or
 - Any person who takes control of the child by deception, force, or coercion.

As a result of these definition changes, a new child abuse, and neglect screening criteria was implemented at the Child Abuse and Neglect Hotline Unit (CANHU):

Child(ren) of any age that was forcefully or willingly involved in any sexual act in exchange for anything of value, such as money, drugs, shelter, food, or clothes. This includes situations in which a third party profits from the child's sex act. This also includes cases in which the child's basic needs are met in exchange for a sexual act and situations in which the child's parent/caregiver allows, permits, or encourages a child to engage in a commercial sex act. Examples include pornography, prostitution, stripping, and survival sex.

A new reporter description code of Child Sex Trafficking (HT) was added to FACES, and the existing reporter description code of Prostitution (A8) was discontinued. The addition of this new HT code provides the ability for staff to make findings specific to child sex trafficking.

Program Development Specialist Kara Wilcox-Bauer is an appointed member of the Missouri Supreme Court's Combatting Human Trafficking and Domestic Violence Commission. The Commission is currently working on finalizing recommendations to the Supreme Court to improve the judicial response to these issues.

To comply with the Preventing Sex Trafficking and Strengthening Families Act, the Children's Division has contracted with Cornerstones of Care to provide initial training on Human Trafficking to all Children's Division and contracted staff. The objectives of this training include being able to define and recognize the scope of human trafficking, being able to identify indicators and people at high risk, identifying resources for potential victims, and learning preventative strategies. Cornerstones of Care continues to provide this training on an as-needed basis for new staff and any employee that has not yet received human trafficking training.

To expand on the Introduction to Human Trafficking training, the Children's Division is currently in the process of establishing an expert partner and developing an advanced Human Trafficking training curriculum for the Children's Division staff, as well as foster/relative providers and residential providers. This advanced training will further strengthen skills in the areas of identifying, assessing, and engaging child trafficking victims. To directly align with the implementation of the advanced Human Trafficking training, the Children's Division will also be updating the Children's Division policy to guide the Children's Division staff, as well as contracted staff, on how to respond to potential victims of child trafficking victims.

The Children's Division staff will continue to expand their awareness of and response to concerns of human trafficking by developing local protocols within multi-disciplinary teams, collaborating with federal law enforcement agencies for assistance in investigating cases of suspected trafficking, participating in various local human trafficking task forces, and developing local procedures to address youth who run away from foster care.

The Children's Division is also partnering with the Missouri State Highway Patrol and the Texas Department of Public Safety to provide Interdiction for the Protection of Children Training statewide.

JUVENILE JUSTICE TRANSFERS

Fourteen youth exited the Children's Division custody during CY18 with a commitment to the Division of Youth Services within 60 days of the Children's Division custody end date.

[Source: DSS Research, Job: SS.VEITVXA.JCL.CD(CAPTADYS)]

CURRENT WORKFORCE DEMOGRAPHICS

A Children's Service Worker I is the entry-level child protective service professional position. A Children's Service Worker I who completes a 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. Qualifications for Children's Services Worker I include a Bachelor's or higher level degree from an accredited college or university in Social Work/Human Services, Social Welfare, Psychology, Sociology, Elementary Education, Early Childhood Education, Secondary Education, Special Education, Counseling, Marriage and Family Therapy, Family and Child Development, Criminal Justice, Juvenile Justice, or a comparable human services related degrees with a minimum of 30 earned semester hours or 45 earned quarter hours in one or a combination of the above fields, and possession of a valid vehicle operator's license.

A Children's Service Worker II has the opportunity for advancement to positions of Children's Service Worker III, Children's Service Supervisor, or Children's Service Specialist. Promotional opportunities to Supervisor and Specialist positions are based on vacancy and a competitive interview process. Promotion to a Children's Service Worker III involves an application process with review and approval decision by the applicant's management team and Human Resources. Qualifications for a Children's Service Worker II include 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, Social Welfare, Psychology, Sociology, Elementary Education, Early Childhood Education, Secondary Education, Special Education, Counseling, Marriage and Family Therapy, Family and Child Development, Criminal Justice, Juvenile Justice, or comparable human services related degrees with a minimum of 30 earned semester hours or 45 earned quarter hours in one or a combination of the above fields. Qualifications for a Children's Service Worker III, also include one or more years of professional experience with a public or private agency in the delivery of protective children's services, including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family-centered services; juvenile treatment/rehabilitation; or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license. (A Master's degree from an accredited college or university in the specified fields may substitute for the required education and experience.)

A Children's Service Worker III performs senior-level professional social service work in the application of direct social service work methods with, or on behalf of, children and families in instances of abuse, neglect, or exploitation. Advancement opportunities include Children's Service Worker IV, Children's Service Supervisor, or Children's Service Specialist. Promotion to Supervisor and Specialist positions are based on vacancy and a competitive interview process. Advancement to the position of Children's Service Worker IV requires the applicant to meet specified competencies and annual performance ratings. Qualifications for a Children's Service Worker III include two or more years of experience as a Children's Service Worker 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, Social Welfare, Psychology, Sociology, Elementary Education, Early Childhood Education, Secondary Education, Special Education, Counseling, Marriage and Family Therapy, Family and Child Development, Criminal Justice, Juvenile Justice, or comparable human services related degrees with a minimum of 30 earned semester hours or 45 earned quarter hours in one or a combination of the above fields. Qualifications also include three or more years of professional experience with a public or private agency in the delivery of protective children's services including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family-centered services; juvenile treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license. (A Master's degree from an accredited college or university in the specified fields may substitute for the required education and one year of the required experience.)

A Children's Service Worker IV performs specialized professional social service work, providing targeted and specialized case management with, or on behalf of, children and families in program areas of Investigations/Assessments, Family-Centered Services, and Out-of-Home Care. A Children's Service Worker IV has the opportunity for lateral transfer to Children's Service Supervisor or Specialist contingent on vacancy, performance history, and competitive interview. Additionally, a Children's Service Worker IV has advancement opportunities to the position of Program Manager, Program Development Specialist, or Circuit Manager based on vacancy, performance history, and a competitive interview process. One or more years of

experience as a Children's Service Worker III, Children's Service Supervisor, or Children's Service Specialist with the Missouri Uniform Classification and Pay System, or a Bachelor's degree from an accredited college or university in Social Work/ Human Services, Social Welfare, Psychology, Sociology, Elementary Education, Early Childhood Education, Secondary Education, Special Education, Counseling, Marriage and Family Therapy, Family and Child Development, Criminal Justice, Juvenile Justice, or comparable human services related degrees with a minimum of 30 earned semester hours or 45 earned quarter hours in one or a combination of the above fields. Qualifications also include five or more years of professional experience with a public or private agency in the delivery of protective children's services including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family-centered services; juvenile treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license. (A Master's degree from an accredited college or university in the specified fields may substitute for the required education and one year of the required experience.)

Upon initial employment with the Children's Division, a Children's Service Worker must complete an array of training courses within the first year and annually after that to prepare him/her for working with children and families.

The Children's Division restructured the Professional Development and Training Unit from centralized structure to a regional structure. Each region identified local training teams consisting of managers, trainers, and specialists. The regional training teams developed a new training structure that met their local training needs and incorporated on-the-job training into their training structure.

The following describes how the initial/pre-service regional training curriculum addresses issues of safety, permanency, and wellbeing.

Jackson County

Jackson County operates a five-week combination of classroom/field experience training program. New employees begin Child Welfare Practice Training within two weeks of employment. New workers attend formal classroom training for two days every week for five weeks. When not in classroom training, the employee and their supervisors use a "Training Passport" that consists of field experiences, group activities, and field trips to enhance their classroom learning. After the first two weeks of training, Jackson County separates and provides specialized training to new employees along program lines of case management or investigation/assessments. Jackson County Training Region provides a total of 96 hours of on-the-job training and 69.5 hours of classroom training. The Field Support Manager supervising the regional professional development team has oversight responsibility to be sure all new hires receive training timely. Jackson County workers become case carrying after the pre-service training is complete.

Jackson County regional training structure currently consists of:

- 13.5 hours of Philosophy and Skills classroom training
This skill-based curriculum will introduce the participant to the agency's mission and principals; code of ethics, strengths-based practice, Five Domains of Wellbeing, cultural competency, and a variety of family assessment tools.
- 24 hours of On-The-Job Training
- 14 hours of Philosophy and Skills classroom training
This skill-based curriculum will introduce participants to critical thinking skills and provide participants the opportunity to practice the use of these skills. Participants will be introduced to Signs of Safety and have the opportunity to practice using this model; participants will learn skills used to work within a team, how to further assess for safety, and how to apply these skills to their fieldwork. Participants will learn the basics of report writing and court testimony. Participants will begin to practice obtaining records and maintaining confidentiality.
- 24 hours of On-The-Job Training
- 14 hours of Child Abuse and Neglect or Case Management classroom training
Case Management: This skill-based curriculum strengthens critical thinking skills and applies them to case management. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge of the Signs of Safety and permanency planning. Participants will be introduced to writing summaries, accurate documentation, and court reporting investigations.
Investigations: This skill-based curriculum will strengthen critical thinking skills and apply them to CA/N investigations. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge of Signs of Safety. Participants will be introduced to conclusion writing, factual documentation, and court report writing.
- 24 hours of On-The-Job Training
- 14 hours of Child Abuse and Neglect or Case Management classroom training (including 6.5 hours of automated case management training)
Case Management: This skill-based curriculum will strengthen critical thinking skills and apply them to case management. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge of Signs of Safety and permanency planning. Participants will be introduced to writing summaries, factual documentation, and court reports. Participants will also receive individual hands-on experience in entering, updating, and inquiry of the Children's Division programs.
Investigations: This skill-based curriculum will strengthen critical thinking skills and apply them to CA/N investigations. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge of Signs of Safety. Participants will be introduced to conclusion writing, factual documentation, and court report writing. Participants will also receive individual hands-on experience in entering, updating, and inquiry of the Children's Division programs.
- 24 hours of On-The-Job Training
- 14 hours of Reinforcement and Evaluation training
Case Management: In this skill based curriculum staff will display satisfactory casework interviewing abilities, identify the proper steps in a permanency planning process,

display knowledge of the principles of the normal development of children, display an awareness of and sensitivity to typical reactions of families and individuals to severe environment and interpersonal stress, gather information, and individually complete a map or maps using Signs of Safety.

Investigations: In this skill based curriculum staff will display satisfactory casework interviewing skills, identify the proper steps in a case planning process, display knowledge of the principles of the normal development of children, display an awareness of and the sensitivity to typical reactions of families and individuals to severe environment and interpersonal stress, gather information and individually complete a map or maps using Signs of Safety.

Northern Region

The Northern Region ensures that each staff member begins the learning process on their first day of hire. They are assigned an “On the Job” Training (OJT) specialist on that day. They meet with their specialist immediately and are given a chronological list of their assignments. These assignments include required training, a timeline of assignments, and any assistance needed to complete assignments. The first training requirements are New Employee Orientation, Workplace Safety, and Child Welfare Practice Training (CWPT).

A new worker is required to shadow identified field experiences and have daily discussions, as well as submit field observation to the OJT specialist. They are not allowed to be assigned their caseloads until the completion of the first phases of training and CWPT. Assignments and trainings are tracked and submitted to the Northern Region Training Manager who reviews their completion and ongoing progress. This progress is documented the first year during three training meetings held with the participant, OJT specialist, mentor, and supervisor. After that, their progress is documented through supervisory conferences and annual evaluations. Training requirements and training plans are kept in their personnel files.

If a supervisor determines that the worker is not progressing sufficiently on the key concepts, the supervisor can fill out an individual request to have a trainer spend “one on one” time with the worker to mentor, teach, and model the area of need. The trainer then documents the specific tasks assigned to the worker, discusses the progress made, and provides recommendations for future work. This helps to ensure that the learning has transitioned from training to the field.

“On the Job, New Worker Training” is 120 hours of on-the-job training, which includes structured discussions, activities and shadowing experiences with new staff starting on their hire date. They are required to have a minimum of 80 hours before they attend the three weeks of Child Welfare Practice Training classroom training. They are assigned an individual mentor to work with them to complete assigned tasks. On the job, attention continues throughout their first year of employment. Training is provided by a team of 16 OJT specialists assigned throughout the Northern Region. All new hires are required to participate in the training based in their own offices.

There is a gradual assignment of work duties given to the new employee as the employee participates in classroom CWPT and exhibits comfort and competency during OJT. Through each phase of new hire training, more responsibility is given.

The Northern Region training structure currently consists of:

- 80 hours of On-The-Job New Worker Training before the start of classroom training
- 18 hours of CWPT Northern Region Class 1
- 20 hours of On-The-Job New Worker Training
- 24 hours of CWPT Northern Region Class 2
- 20 hours of On-The-Job New Worker Training
- 34 hours of CWPT Northern Region Class 3

Phase 1:

Trainees can attend and co-facilitate visits and meetings (with their mentor) and conduct visits and meetings (with mentor or alone when deemed appropriate by the supervisor or specialist), enter narratives, assist in developing and writing court reports and referrals, gather information, and any other investigative or case management responsibilities after related modules are completed and if scheduled on trainees OJT week. All OJT case-management work/activities should be reviewed by the mentor and should not take precedence over CWPT attendance.

Phase 2:

Trainees can attend and co-facilitate visits and meetings (with their mentor) and conduct visits and meetings (with mentor or alone when deemed appropriate by the supervisor or specialist), enter narratives, assist in developing and writing court reports and referrals, gather information, and any other investigative or case management responsibilities after related modules are completed and if scheduled on trainees OJT week. Trainees must seek supervisory/specialist consultation before: conducting visits or meetings on their own, modification to any safety plan, identification of safety plan participants, and writing final court reports.

Mentors determine if a worker is ready to assume investigative or co-case management responsibilities for one case. After five days of field training experience with the first case, the supervisor may determine if a worker is prepared to assume investigative or co-case management responsibilities for a second (2nd) case. The supervisor is responsible for determining if and when the trainee can increase to a co-managed caseload not to exceed four cases total until CWPT is complete. The supervisor will assign the trainee as a secondary worker to the assigned case managers.

Phase 3:

Trainees can attend and co-facilitate visits and meetings (with their mentor) and conduct visits and meetings (with mentor or alone when deemed appropriate by the supervisor or specialist), enter narratives; assist in developing and writing court reports and referrals, gather information,

and any other investigative or case management responsibilities after related modules are completed and if scheduled on trainees' OJT week.

The supervisor is responsible for determining if and when the trainee can increase to a co-managed caseload not to exceed four cases total until CWPT is complete. The supervisor will assign trainee as a secondary worker to the assigned case managers.

Phase 4:

The supervisor should determine if a worker is sufficiently prepared to assume solo case-management responsibilities following completion of CWPT training at an assignment rate the worker is successfully capable of managing with continued close support, guidance, and monitoring of investigative or case management activities by the supervisor.

The supervisor can determine if a worker is sufficiently prepared to participate in the on-call rotation following completion of CWPT training. This should occur if the worker has shown successful understanding of assuring safety and the process by which to do so and only if the worker has had the opportunity to shadow and observe each type of hotline contact. The supervisor must also determine the worker capable of managing a hotline independently.

Southwest Region

In the Southwest Region, a new class of CWPT starts every eight weeks. Staff is hired one to two weeks before they begin CWPT. The Circuit Managers or office designee enroll new hires in training. Tracking of the overall process and participation is done by the clerical support for the regional professional development team and the Regional Training Manager.

New caseloads begin to be assigned once CWPT, and the worker's OJT are completed. Caseloads are gradually built up to full capacity. Caseloads are assigned earlier when every other option has been exhausted, and monitoring and support are provided by supervisors and OJT specialist. If staff competency is demonstrated, a full caseload assignment at one year is generally expected.

Currently, the Southwest Training Region is providing the following training structure:

- 40 hours of Field Experience before beginning formal training.
- 32 hours of Philosophy and Foundations of Family Centered Skills classroom training.
- 40 hours of Field Experience
- 32 hours of Child Abuse/Neglect Classroom training
- 40 hours of Field Experience
- 32 hours of Case Management classroom training
- 40 hours of Field Experience

Southeast Region

The Southeast Region also developed a combination of on-the-job training with classroom curriculum, called Southeast CWPT Basic Skills Training. In the Southeast Region, the expected timeframe in which a newly hired staff should start training is within two weeks of hire.

However, some newly hired employees' start dates fall directly at the start of a new training cycle, and others have to wait for the next training cycle to begin. Preferably, one to two weeks before Basic Skills training, the worker will meet with a member of the professional development team to determine which On-the-Job Coaching (OJC) activities will be completed first.

While a worker is participating in Basic Skills classroom training and OJC activities, the coaches or specialist will determine when the worker is ready to assume co-case management responsibilities, beginning with one case. After five days of field training experience with the first case, the supervisor may determine if a worker is prepared to assume co-case management responsibilities for a second case. After a worker has had five days of field training experience with the first case, the supervisor will determine worker readiness for the assumption of additional case management responsibilities and assign new co-managed cases incrementally based upon a worker's progress. The worker's co-managed caseload may not exceed four cases until Basic Skills Training is complete.

The Southeast Region is providing the following training structure:

- Class 1: Foundation & Beginning Communication Skills, 35 hours
- Class 2: Interviewing Skills & Safety/Risk/Evidentiary Evaluations, 35 hours
- Class 3: Family Dynamics & Working with the Family System, 35 hours
- Class 4: SE Systems, 11 hours

St. Louis Region

The St. Louis Region offers "Keys to Success," Child Welfare Practice Training for new employees. A new session of classes is offered every two months, allowing newly hired staff to start class within four weeks of being hired, coupled with beginning on the job orientation within the first two weeks, before the start of class.

New caseloads begin to be assigned once CWPT, and the worker's OJT are completed. Caseloads are gradually built up to full capacity.

St. Louis Child Welfare Practice Training "Keys to Success" consist of:

- 20.5 hours of CWPT - Keys To Success Class 1: Introduction to the Children's Division Philosophy & Practice
- 6.75 hours of Keys to Success: OJT Orientation
- 20.5 hours of CWPT - Keys To Success Class 2 CA/N
- 20.25 hours of Keys To Success - OJT CA/N
- 20.5 hours of CWPT - Keys To success Class 3 Family Centered Services (FCS)
- 20.25 hours of Keys To Success - OJT FCS
- 20.5 hours of CWPT - Keys To Success Class 4 Foster Care, Out of Home Care (FCOOHC)
- 7 hours of CWPT - Keys To Success CA/N Enrichment Part 1
- 7 hours of CWPT - Keys To Success CA/N Enrichment Part 2
- 20.25 hours of Keys to Success: OJT Alternative Care (AC)

- 7 hours of Systems Keys To Success - CA/N
- 7 hours of System Keys To Success - FCS
- 7 hours of System Keys To Success - AC

Additional training for workers is as follows:

Required Training Course - Workers	Hours	Required by
Legal Aspects for Investigations**	15	Following the completion of CWPT
Legal Aspects for Family-Centered Services, Alternative Care, Adoption	15	Following the completion of CWPT
RSMo Chapter 210 qualifying in-service*	20	Annually
Domestic Violence**	8	Within the first year
NCTSN Child Welfare Trauma Toolkit	12	Within six months of hire
Introduction to Human Trafficking*	6	Following the completion of CWPT
<p>* 210.180. Each employee of the Children's Division who is responsible for the investigation or family assessment of reports of suspected child abuse or neglect shall receive not less than 40 hours of pre-service 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 20 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. Requirements include, one or more years of experience as a Children's Service Worker III, Children's Service Worker IV, or Children's Service Specialist with the Missouri Uniform Classification and Pay System, or three or more years of experience as a Children's Service Worker I or II with the Missouri Uniform Classification and Pay System. Qualifications also include a Bachelor's degree from an accredited college or university in Social Work/Human Services, Social Welfare, Psychology, Sociology, Elementary Education, Early Childhood Education, Secondary Education, Special Education, Counseling, Marriage and Family Therapy, Family and Child Development, Criminal Justice, Juvenile Justice, or comparable human services related degrees with a minimum of 30 earned semester hours or 45 earned quarter hours in one or a combination of the above fields; and, five or more years of professional experience with a public or private agency in the delivery of protective children's services including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family-centered services; juvenile treatment/rehabilitation; or providing in-home family crisis intervention services, of which at least one year must have been at a supervisory level and possession of a valid vehicle operator's license. (A Master's degree from an accredited college or university in the specified fields may substitute for the required education and one year of the required general [i.e., non-supervisory] experience.)

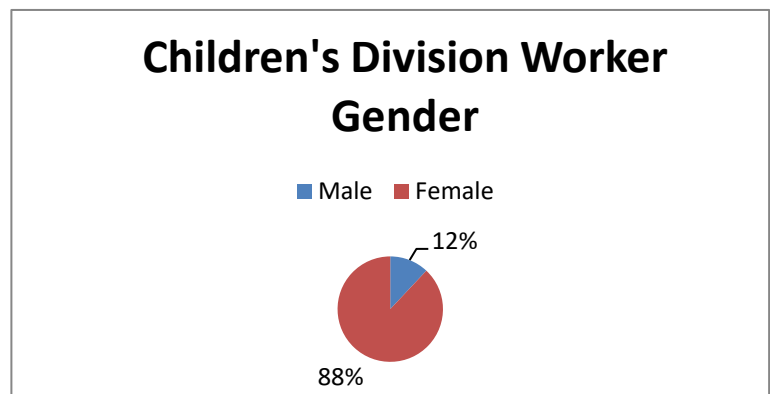
The Management Training Rule (MTR)(RSMo 36.510, 1 CSR20-6.010) prescribes training guidelines and standards for persons in supervisory, managerial, and executive positions in a state agency. The MTR requires supervisors to complete a minimum of 40 hours training within their first year in the position. After that, 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
DSS Leadership Orientation	40	Within the first year
The Heart of Coaching	19	Within the first year
Signs of Safety Advanced Supervisor Training-Part 1	18	Within the first year
Signs of Safety Advanced Supervisor Training-Part 2	12	Within the first year

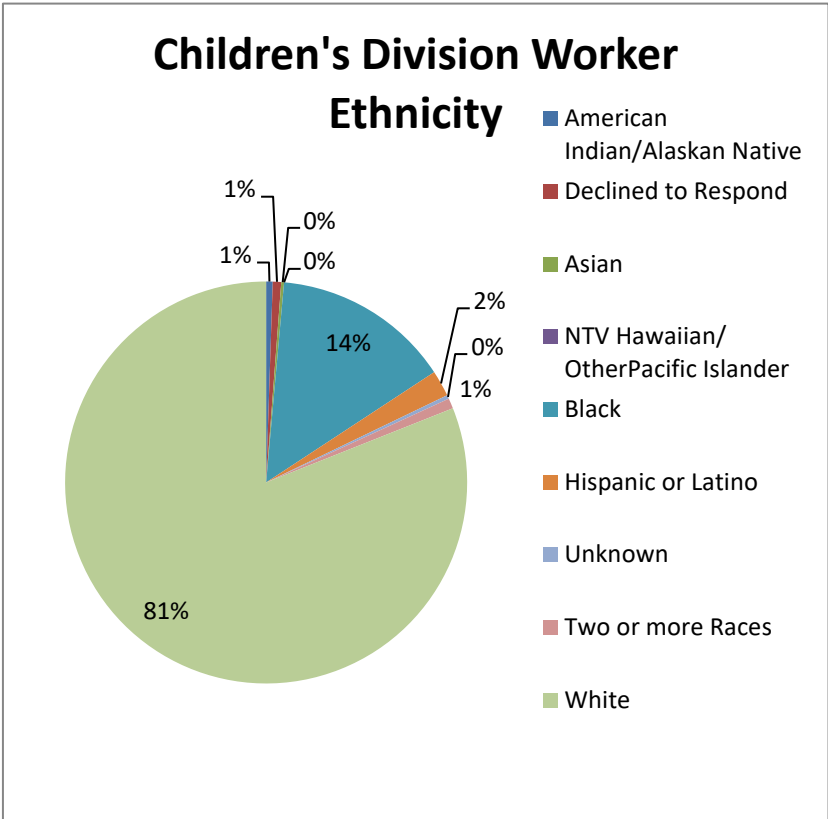
Caseload requirements are determined by the Council of Accreditation Standards (COA). Per COA Standard Public Agency-Child Protective Services (PA-CPS) 14.05, investigators are to have no more than 12 investigations at one time, including no more than eight new investigations per month, unless administrative issues such as temporary loss of staff or complexity of the cases are reflected. Per COA Standard Public Agency-Family Foster Care and Kinship Care (PA-FKC), foster and kinship workers are to not have more than 15 children in foster care or kinship care, and no more than eight children in treatment foster care. There are circumstances under which caseloads may exceed these limits. For example, caseload size may vary depending upon the volume of administrative case functions (e.g., entering notes, filing, etc.) assigned to the worker. Caseloads may also be higher when agencies are faced with temporary staff vacancies. The supervisor to worker ratio is 1:8, although most supervisors have less than that amount.

Children’s Division Worker and Children’s Service Supervisor demographics:

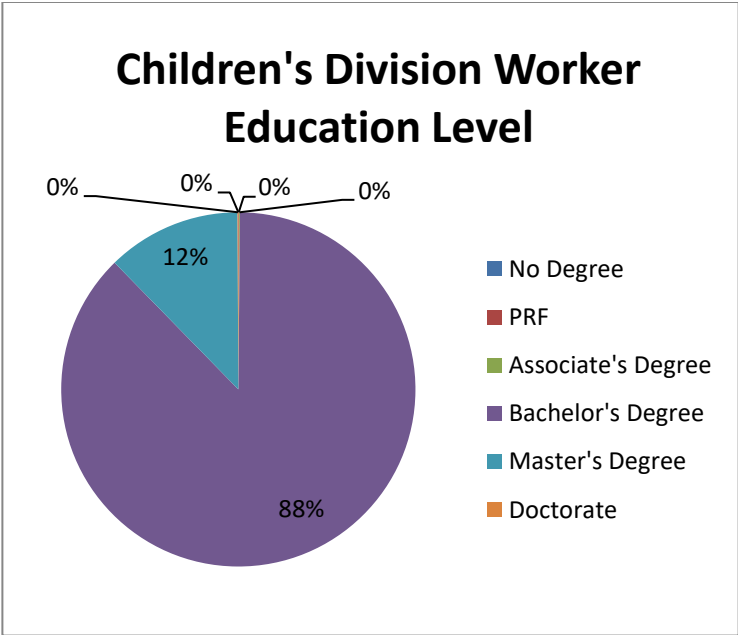
Gender	
Male	156
Female	1157
Total	1313



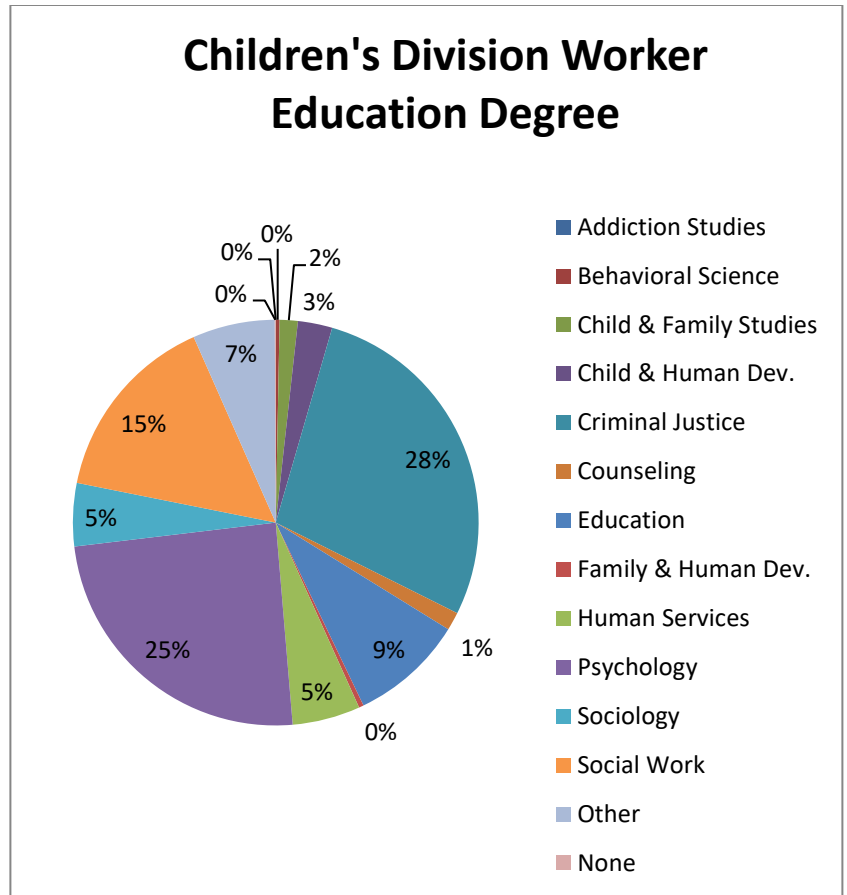
CD Worker Race/Ethnicity	
American Indian/Alaskan Native	6
Declined to Respond	7
Asian	4
NTV Hawaiian/ Other Pacific Islander	1
Black	181
Hispanic or Latino	27
Unknown	5
Two or More Races	15
White	1067
Total	1313



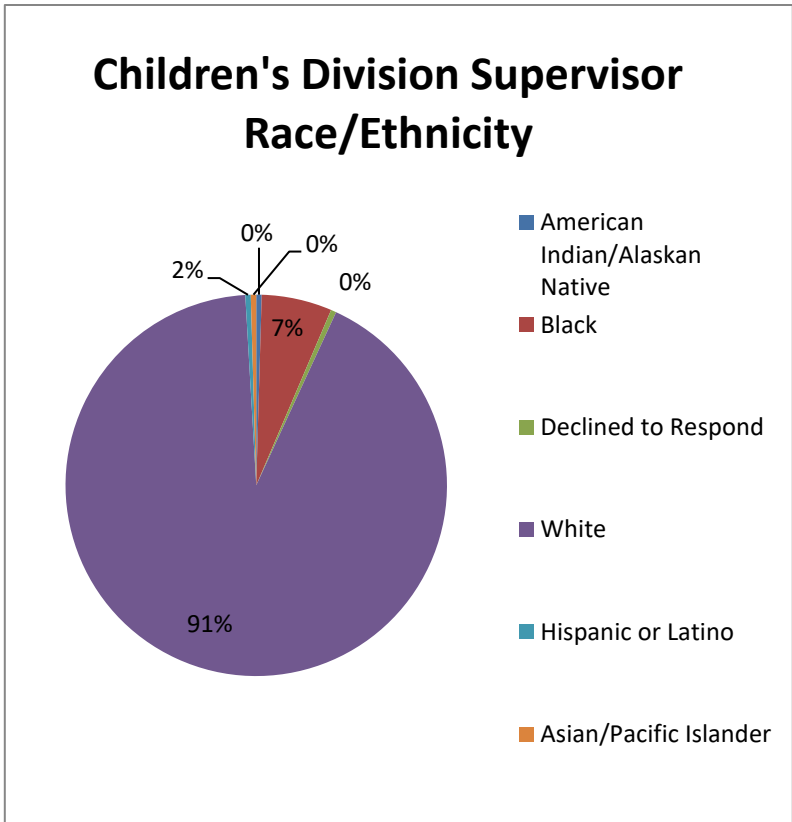
Children's Division Worker Education Level	
No Degree	1
Associate's Degree	0
PRF	0
Bachelor's Degree	1159
Master's Degree	151
Doctorate	2
Total	1313



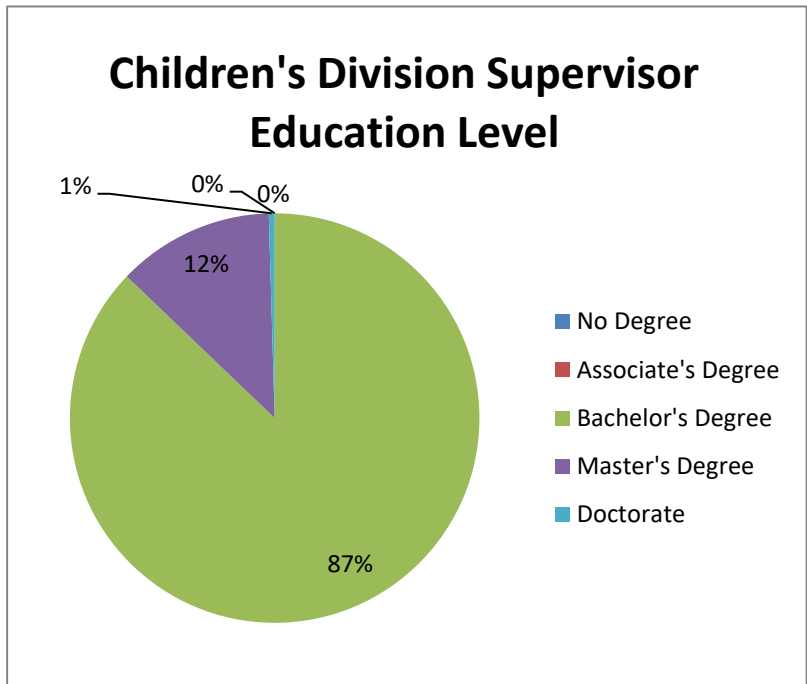
Children's Division Worker Education Degree	
Addiction Studies	0
Behavioral Science	4
Child & Family Studies	19
Child & Human Dev.	36
Criminal Justice	366
Counseling	19
Education	119
Family & Human Dev.	5
Human Services	71
Psychology	321
Sociology	66
Social Work	200
Other	86
None	1
Total	1313



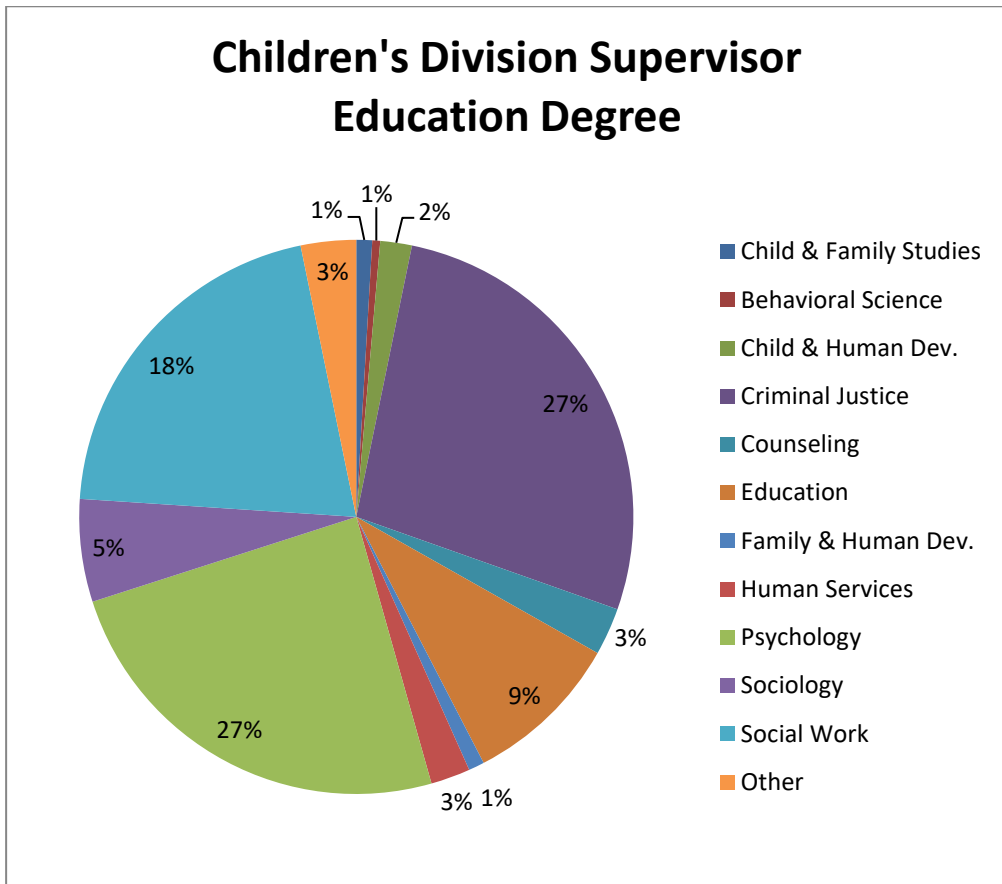
Children's Division Supervisor Race / Ethnicity	
American Indian/Alaskan Native	1
Declined to Respond	0
Black	16
Hispanic or Latino	4
White	214
Asian/Pacific Islander	1
Total	236



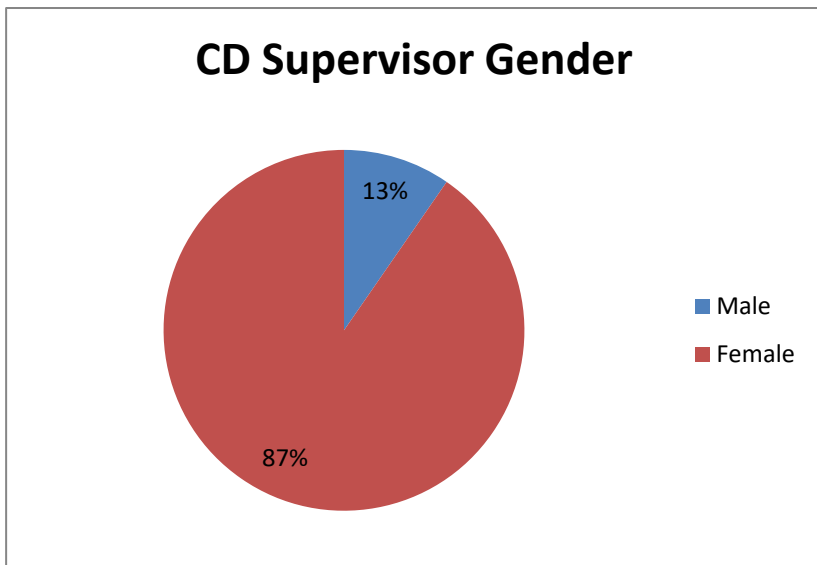
Children's Division Supervisor Education Level	
No Degree	0
Associate's Degree	0
Bachelor's Degree	206
Master's Degree	29
Doctorate	1
Total	236



Children's Division Supervisor Education Degree	
Child & Family Studies	2
Child & Human Dev.	4
Criminal Justice	63
Behavioral Science	2
Counseling	6
Education	22
Family & Human Dev.	2
Human Services	8
Psychology	65
Sociology	12
Social Work	43
Other	7
Total	236



Children's Division Supervisor Gender	
Male	30
Female	206
Total	236



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 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.

The CFRP Annual Report is released each December with the data and findings for the previous calendar year. The 2017 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://www.dss.mo.gov/stat/mcfrp.htm>.

ATTACHMENT C

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

The Child Abuse and 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 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 60 days.

The alleged perpetrator can seek administrative review if:

- He or she submits a request for an Administrative Review no later than 60 days from the date he or she received the CA/N Disposition Form Letter for Parents, Non-Custodial Parents, and Alleged Perpetrators (CS-21); or
- He or she submits a request for an Administrative Review within 60 days from the resolution of pending criminal charges.

The administrative review process begins with a local review by the Circuit Manager or designee. If the Children’s Division’s preliminary finding is upheld, the case is referred to the CANRB, and if upheld again, may proceed from there to a De Novo Judicial Review at the Circuit Court. If the alleged perpetrator files a timely request, the Children’s Division cannot list the alleged perpetrator’s name in the Central Registry unless the finding is upheld by the CANRB.

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 ensure timely reviews. Currently, there are six boards, each meeting monthly. Three boards meet in Jefferson City, and the other three boards are considered regional boards that meet in St. Louis, Kansas City, and Springfield. The Springfield board was convened in December 2017.

Each board conducts approximately eight-ten administrative reviews each month. The boards decide by majority vote to either uphold or reverse the Children’s 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 Children’s 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 except the alleged victim and the reporter. The court may sustain or reverse the decision.

See attached report.

ATTACHMENT D

STATE RESPONSE TO CITIZEN REVIEW PANEL ANNUAL REPORT RECOMMENDATIONS

Children's Justice Act (CJA) Task Force

The CJA Task Force, based on quarterly critical event reviews of cases involving child fatality, near fatality, and serious physical injury, provided the Children's Division with the following recommendations:

(A) Recommendation: The CJA Critical Events Committee recommended that in cases where multiple allegations of abuse or neglect have been reported, and parents have reported homeschooling; that the Children's Division requests the parent or caretaker to provide documentation to support that homeschooling is occurring. Examples of supporting documentation include tests, schedules, homework, or calendar of events.

(A) State Response: Under current Missouri Statute §167.042 RSMo., the parent, legal guardian, or another person responsible for the care, custody, and control of a child, may indicate they are providing for their child(ren)'s educational needs through homeschooling. Verification may be obtained in many ways, including, but not limited to:

- Requesting the parent/caretaker to show the Children's Service Worker a copy of their homeschooling records
- Confirming whether or not the child(ren)'s names appear with the recorder of deeds or chief school officer in the county where the child legally resides under §167.042 RSMo.
- Asking when, where, and how homeschooling takes place within the family system

The Children's Division does not have the legal authority to compel a family to produce homeschooling records. However, if the family willingly provides homeschooling records, the Children's Service Worker may review the records to see if they are maintained in compliance with §167.031 RSMo.

The Children's Division is currently revising their policy manual to reflect that an investigator may ask for proof of homeschooling including a record of their homeschooling documentation. If during the assessment period staff cannot verify homeschooling is occurring, they will send a Compulsory Attendance Notification Letter to the superintendent or designee of the school district in which the child(ren) reside informing them that homeschooling cannot be verified. For those cases in which the investigator has decided by a preponderance of the evidence that educational neglect exists, a Compulsory Attendance Notification Letter will be sent to the superintendent or designee of the school district in which the child(ren) reside.

(B) Recommendation: After reviewing critical event cases concerning drug use by pregnant women, specifically opioids, the Task Force felt that substance affected infants and mothers needed a better support system and safety network of family and service providers.

(B) State Response: Due to the 2016 passage of the Comprehensive Addiction and Recovery Act (CARA), the Children's Division has made changes to the way infants identified as being affected by substance use/abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, or Fetal Alcohol Syndrome Disorder are provided services. New manual additions also include items to consider when assessing a family that has been identified as having a child with substance abuse exposure.

If during the initial assessment of the family, staff identifies an infant born being affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, or a Fetal Alcohol Spectrum Disorder, a Plan of Safe Care shall be developed with the family. A Plan of Safe Care should address the health and substance use treatment needs of the infant and affected family or caregiver. The plan should be developed with input from the parents or other caregivers as well as any collaborating professional partners and agencies involved in caring for the infant and family. Staff should observe and assess the needs of each member of the family. The Plan of Safe Care should be distinctly reflected in the documentation of the record.

A Plan of Safe Care should be inclusive of the following:

- Parents' or infant's treatment needs
- Other identified needs that are not determined to be immediate safety concerns
- Involvement of systems outside of child welfare
- A plan that can continue beyond the child welfare assessment if a case is not opened for further services

The Children's Division continues to educate staff, and community collaborators on Safe Care Plans, and how working together enables us to better serve parents and their infants.

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: To combat sleep-related infant deaths, several departments and organizations came together to make up the Missouri Safe Sleep Coalition. The primary goal is to combine knowledge and resources to ensure consistent, statewide safe sleep education is provided to the citizens of Missouri. The Missouri Safe Sleep Coalition consists of members from the Department of Social Services, Department of Health and Senior Services, Children's Trust Fund, Infant Loss Resources, Office of Child Advocate, Children's Mercy Hospital, Generate Health St. Louis, Saint Francis Healthcare System, Nurses for Newborns, and SSM Health. The coalition meets every quarter and discusses current safe sleep initiatives and ongoing efforts to support safe sleep education and practices. As a result of this commitment, future projects and resources currently in progress consist of the development of a statewide safe sleep strategic plan involving expert input from the National Institute for Children's Health Quality, the creation of a safe sleep educational brochure to be consistently distributed to the public, and a safe sleep interactive training to be used by many different departments for training direct service providers, and the general public. With a strategic plan in place, the Missouri Safe Sleep Coalition will continue to focus effort on identified statewide goals to reach safe sleep outcomes that will benefit the citizens of Missouri safe sleep related outcomes.

Child Abuse/Neglect Review Board (CANRB)

Recommendations were submitted to the Children's Division by all six CANRB panels based on case reviews held during CY18. Though each panel functions independently and submitted recommendations individually, shared, recommendations were noted about the quality and content of case record submissions to the panel and procedural considerations.

(A) Recommendation: To ensure the Children's Division workers are prepared for the CANRB Hearing, workers need to prepare before the hearing and have a general knowledge of the process beforehand.

(A) State Response: To orient and assist workers in more completely preparing for a CANRB hearing, the Children's Division decided to direct completion of a mock CANRB hearing video. The full hearing was conducted using the Children's Division staff, and members of several of the CANRB boards participated as panel members. The mock hearing was recorded and, by May 2019, was ready to be incorporated as part of the workers' training plans. Additional guidance to support the video observation will be provided to the workers.

(B) Recommendation: Include all child advocacy center (CAC), police and school reports, as well as color photographs and video if available.

(B) State Response: In all investigative cases, the staff is expected to include any reports and evidence received that are related to the investigation. In some instances, the CAC only gives a summary of the forensic interview and does not provide the Children's Division with a full report. Videos are not always available. Because of the nature of investigations, the staff is encouraged to have a law enforcement officer, juvenile officer, or medical practitioner take the photographs. The Children's Division tries to ensure photographs are taken whenever relevant. The Children's Division plans on meeting with our CAC partners to help ensure consistency across the state in areas of reports, testimony, videos, and photographs. Circuits are encouraged to meet with their local multi-disciplinary teams to discuss ways to ensure that the Children's Division has all necessary evidence to present to the CANRB.

(C) Recommendation: Grant more continuances to alleged perpetrators to allow them to be prepared or present at each CANRB.

(C) State Response: Letters are sent to the alleged perpetrator well in advance stating when and where their hearing is to take place. They are given the option to come in person, but if they choose or cannot do so, they

have the right to either participate by phone or not participate at all. The letters are sent six to eight months in advance to the alleged perpetrators to ensure they have plenty of time to prepare, plan, and hire an attorney if they choose to do so. The alleged perpetrators are also sent a reminder letter approximately five weeks from the review date. Continuances are based on a case-by-case basis and with enough time in advance to replace the hearing on the docket. Per 13 CSR 35-31.025, “the Children’s Division should restrict the number of continuances to ensure timely reviews and if a continuance is granted it must be for good cause.”

(D) Recommendation: The State of Missouri developed a tiered central registry that will allow alleged perpetrators with lesser offenses to be removed after a designated period.

(D) State Response: The Central Registry is a closed registry for the State of Missouri. Agencies with access to the Central Registry can screen prospective volunteers, employees, and foster parents for substantiated CA/N history. The Central Registry currently retains and reports perpetrator information indefinitely. The Children’s Division is exploring options to allow perpetrators of lesser offense (e.g., Educational Neglect vs. Sexual Abuse) to have an opportunity to be removed from the Central Registry after meeting specific requirements. Any change in retention or development of a tiered registry would require a statutory change.

(E) Recommendation: Through conversations with the CANRB and review of their recommendations, there seemed to be a need for a better way to communicate CANRB expectations, facts, and basic information about the CANRB process to the general public.

(E) State Response: A FAQ page is in development to address process, procedures, and general questions regarding CANRB. This will be developed for the general public and available on the Department of Social Services internet website. The location of the website will be noted on the initial and reminder letter sent to an alleged perpetrator.

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