

MISSOURI

DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION



CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE GRANT

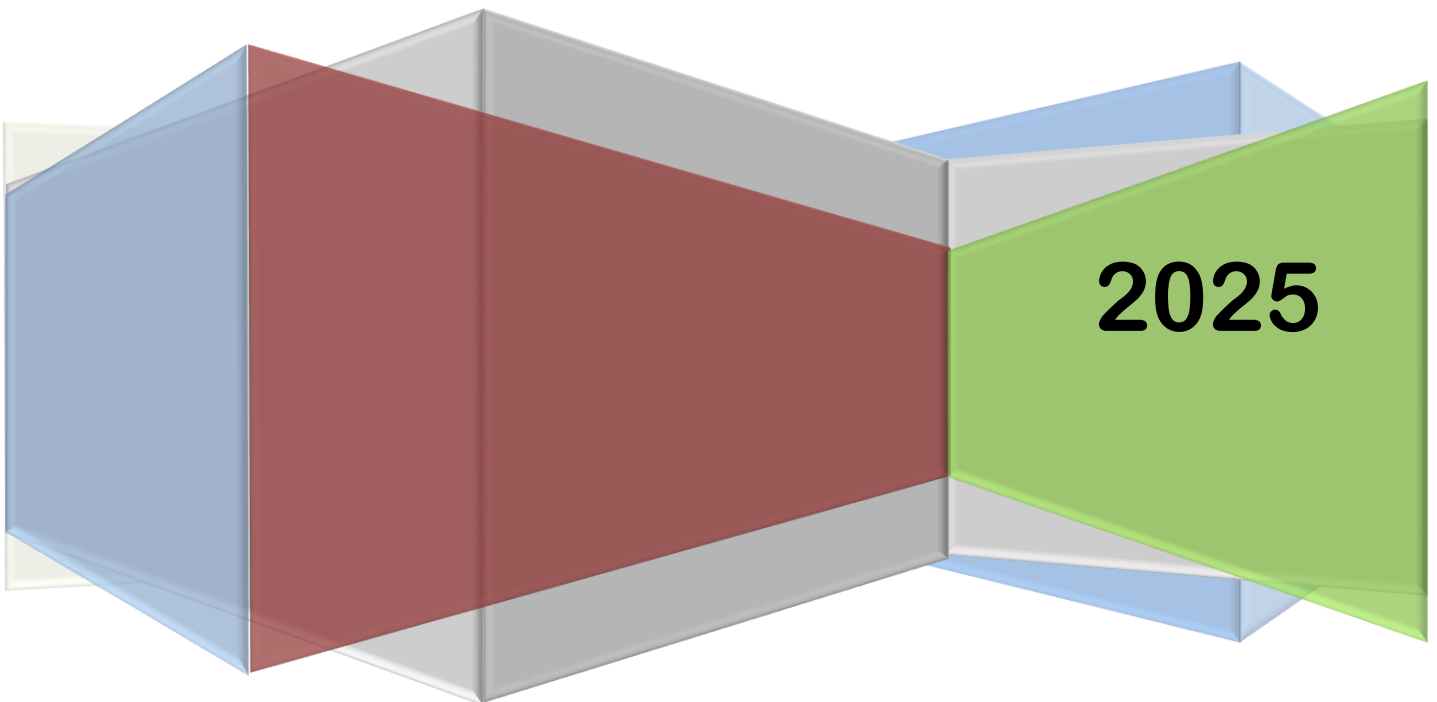


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**CHANGES TO STATE LAW OR REGULATIONS THAT COULD AFFECT THE
STATE'S ELIGIBILITY FOR THE CAPTA STATE GRANT
SECTION 106(b)(1)(C)(i)**

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 2023 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 have been 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 State's CAPTA 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.
- (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

Central Consult Unit (CCU)

CCU is an internal call center which is utilized by investigative staff when the children are determined to be safe according to the Structured Decision Making Safety Assessment. For many years, the Children's Division has required a 72-hour Chief Investigator consultation on all reports of child abuse/neglect. The purpose of this supervisory consultation is to ensure frontline staff respond appropriately, assess safety accurately, and to provide guidance on next steps in the investigation/assessment. With the implementation of CCU, this timeframe was extended to seven days for safe cases only. When frontline staff respond to a report of child abuse/neglect and assess the children to be safe, they may call CCU to complete a thorough case consultation. CCU utilizes one consistent consultation model for all safe cases statewide. If at the end of the consultation CCU agrees with the safe SDM Safety Assessment outcome, CCU documents a summary of frontline staff's contacts in FACES and concludes the report. If CCU determines any further action needs to be taken prior to approving case closure, CCU issues a Need More Information (NMI) and documents those items. Once frontline staff complete the NMI, they notify CCU. CCU then reviews the new information and concludes the report at that time if appropriate. If CCU disagrees with the assessment of the worker that the child is safe, CCU staff immediately follow up with the local supervisor to alert them that more attention is needed to assure child safety. CCU provides an unprecedented opportunity for statewide consistency in practice. While the incoming volume of child abuse/neglect reports has not changed, consistent utilization of CCU has demonstrated a significant reduction in the amount of child abuse/neglect reports assigned to frontline staff at any given moment. This allows more focus, particularly for the frontline supervisor, on unsafe children.

In January 2024, CCU eligibility criteria were changed to allow staff to use CCU without having completed any data entry into FACES. The requirement that the report not be a grey or a complex case was lifted; however, it must still be a clearly safe case. Frontline staff should always work with their direct supervisor when children are unsafe or the worker is not sure. Communication about cases that were being referred back to the local office for conclusion or cases that need more information was streamlined to provide more clarity and direction for the frontline.

National Partnership on Child Safety (NPCS)

In an effort to grow in identification of trends around critical events, the Missouri Children's Division is part of the National Partnership for Child Safety (NPCS). In 2018, child welfare leaders in 15 jurisdictions formed the National Partnership for Child Safety (NPCS), a quality improvement collaborative to improve child safety and reduce child maltreatment fatalities through the use of safety science. The Children's Division shares the same goal of NPCS of strengthening families and promoting innovations in child protections and joined the collaborative during FY2021.

The Children's Division has entered into a data use agreement with the Michigan Public Health Institute, in order to be able to share critical event data with NPCS and also obtain data from other child protection system jurisdictions and how they are addressing critical event trends in their areas. Missouri has begun utilizing REDCAP to enter critical event review and SSIT (Safe Systems Improvement Tool) data.

Specialized Child Abuse and Neglect Training

The Children's Division has set aside \$650,607 of American Rescue Plan Act funding to develop and provide investigative skills training to staff. The Children's Division has partnered with the University of Missouri St. Louis (UMSL) to develop several simulation lab trainings. The Children's Division has contracted with UMSL to develop a simulation around child fatalities. The Children's Division partnered with two Child Advocacy Centers (CACs) to develop e-learning on cursory interviewing and the process of disclosure. The Children's Division is also in the process of developing a Request for Proposal (RFP) for advanced domestic violence training. The Children's Division is working with the Metropolitan Organization to Counter Sexual Assault (MOCSA) to develop updated guidelines for the Child Abuse and Neglect Hotline Unit (CANHU) to utilize when screening reports of children with problem sexual behavior. MOCSA is also developing training for frontline staff on child sexual behaviors to better assist staff in conducting Juvenile Assessments. This funding is also being utilized for staff to attend to various community sponsored learning opportunities.

Child Abuse/Neglect Review Board (CANRB)

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.

When the alleged perpetrator disagrees with the preliminary finding of child abuse or neglect by a Preponderance of Evidence (POE), he or she may appeal and has two avenues to seek an

independent review of the Division's decision. The alleged perpetrator must choose one or the other avenue of review, but cannot choose both. The methods of review are:

- Direct Judicial Review: The alleged perpetrator can choose to waive his or her right to the Administrative Review process and proceed directly to Judicial Review by filing a petition in Circuit Court within 30 days of the date that he or she received notification of the preliminary POE finding. If this method is selected, the perpetrator's name goes on the Central Registry once the petition is filed; or
- Administrative Review: The alleged perpetrator may request an administrative review. To request an administrative review, the alleged perpetrator shall submit a written request for review within 60 days of the date they received notification of the preliminary POE finding.

If criminal charges remain pending during the 60-day window to request and administrative appeal-or are filed before the CANRB hearing occurs-the alleged perpetrator may choose to waive administrative review until 60 days after the resolution of the criminal charges as described below:

1. Request an administrative review within 60 days of the date they received notification of the preliminary POE finding. If the alleged perpetrator chooses to proceed, the Children's Division POE finding(s) will remain in preliminary status pending appeal and the alleged perpetrator will not be placed on the Central Registry until the Child Abuse and Neglect Review Board (CANRB) renders their decision. If the CANRB upholds the preliminary finding(s), the perpetrator's name will go on the Central Registry at that time.
2. The alleged perpetrator may waive administrative review within 60 days of receiving the CS-21 and *instead* request an administrative review within 60 days of the court's final disposition or dismissal of the criminal charges. If the alleged perpetrator chooses to wait until the resolution of their criminal charges, the Children's Division's preliminary finding(s) will become final 60 days upon receiving the Investigation Disposition Notification Letter (CS-21) and at that time the alleged perpetrator will be placed on the Central Registry unless and until the CANRB reverses the POE finding(s).

If the alleged perpetrator requests and is eligible for an administrative review, a Child Abuse and Neglect Review Board (CANRB) hearing is scheduled. The CANRB is a panel of up to 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. Each board conducts approximately eight to 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 alleged perpetrator, and any witnesses, that the Board deems relevant. The alleged perpetrator may be

represented by an attorney, but witnesses are not subpoenaed, and cross-examination is not permitted. If the CANRB upholds the Division's decision, Section 210.152 RSMo allows the perpetrator to seek judicial review in the circuit court of residence within 60 days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses except for the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

Child Fatality Review Panel (CFRP)

The Missouri Department of Social Services State Technical Assistance Team (STAT) houses the Missouri Child Fatality Review Program (CFRP). CFRP has a State Panel to provide oversight and assistance in the development of plans, preventative strategies and recommendations for the Department of Social Services and other child safety practitioners in the State of Missouri. The CFRP State Panel is comprised of representatives from the same professional disciplines that are statutorily mandated for each of the county panels: Prosecuting or circuit attorney, coroner or medical examiner, law enforcement, Children's Division, public health services, juvenile court, emergency medical services, and other optional members from the child protection community.

The CFRP State Panel reviews preliminary data gathered by the CFRP via local panels and facilitates conversations around data trends. In 2023, the CFRP State Panel identified concerns relating to child fatalities related to fentanyl exposure. There was a significant increase in child fatalities as a result of fentanyl exposures reported in the 2022 Child Fatality Review Program Annual report released at the end of 2023. Representatives from the CFRP State Panel met with leadership from the Missouri Department of Social Services and the Missouri Children's Division to discuss this issue.

The Department of Social Services requested a subcommittee of the CFRP State Panel conduct an in-depth case review of the fentanyl related child fatalities from 2022. The subcommittee reviewed cases and identified trends from January 2024-to April 2024. The final report was published April 2024 and included recommendations for all system partners.

The CFRP State Panel is working to elevate the prevention work of the local panels. The CFRP State Panel has plans to partner with the Saint Louis Regional CFRP Prevention group to move prevention items into action items. The Saint Louis Regional CFRP Prevention group has worked on prevention related to fentanyl exposures and fatalities as well as firearm related fatalities to include public roundtable discussions and resource sharing.

Child Abuse/Neglect Hotline Unit (CANHU)

Missouri statute requires the Children's Division (CD) to operate a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). The Child Abuse and Neglect Hotline Unit (CANHU) serves as a gatekeeper and first responder for all child abuse and neglect reports. At the hotline unit, all calls are screened, assessed and classified by Associate/Social Service Specialists, who meet the same job qualifications as CD field investigators. Below is a call chart for FY19 – FY23:

Fiscal Year	Total Calls	Admin. Functions*	Remaining Calls	Classified CA/N	Classified Non-CA/N Referral	Documented Calls
2019	153,155	19,762	133,393	54% (72,418)	18% (23,943)	28% (37,032)
2020	142,791	17,597	125,194	51% (64,231)	23% (28,236)	26% (32,727)
2021	144,080	15,279	128,801	50% (64,817)	30% (37,806)	20% (26,178)
2022	147,654	14,038	133,616	54% (71,322)	24% (32,474)	22% (29,820)
2023	153,003	13,264	139,739	54% (76,267)	21% (29,036)	25% (34,436)

Source: FACES Report for FY19-FY23

*Administrative Functions are defined as:

- Requests for prior checks from medical examiners/coroners on child fatalities
- County call-outs after hours
- Questions about CA/N
- Request for a county office number
- Request for follow-up on a report the caller made previously
- Request for another state's hotline number
- Call transfers (from one county to another)

Child Abuse and Neglect Call Management System Technology:

Genesys Cloud has been the phone system for CANHU since 2021. Genesys Cloud integrates the phone system, call management system, chat function, call recording system, collaborative review evaluation, and work force management. This system allows all programs to be accessed through a Single Sign-On feature, allowing team members to only utilize one screen for the program. Mandated Reporters in Queue 3 are also provided a callback option that includes the ability to leave an extension. This improvement has been very helpful to ensure team members are able to effectively reach the reporter during a callback.

Online Reporting:

The Child Abuse and Neglect Hotline Unit currently has 1-5 team members per shift designated to handle submitted OSCRs. This determination is based on forecasted coverage needs and ensures information is processed in a timely manner. The use of online reporting has increased from 35% in FY 2021 to 48% in FY 2023. The implementation of OSCR has been a timesaver to reporters and CANHU team members because online reports can be processed in half the time as phone reports.

Fiscal Year	Total Hotlines	OSCR Originated	Percent of OSCRs	CANHU Originated	Percent of CANHU
2019	153,155	38,191	24.9%	114,964	75.1%

2020	142,791	32,900	23%	109,891	77%
2021	144,080	49,699	35%	94,381	65%
2022	147,654	64,816	44%	82,838	56%
2023	153,003	73,805	48%	79,198	52%

Source: FACES Report for FY19-FY23

Staff Turnover and Retention/Recruitment: Several factors impacting turnover at the hotline include the stress of high call volume, lack of variety in work assignments, and a non-traditional work schedule (evening/midnight/weekend/holiday shifts). Primarily, hotline staff leave to take positions with another agency or transfer to a Children’s Division field office in order to work directly with children and families. Hotline staff are dedicated to statewide CA/N intake and are not required to assume investigative responsibilities.

As part of the Governor’s Office & Operational Excellence Call Center Initiative that began in April of 2022, CANHU has been participating in a telework pilot. Children’s Service Workers who are meeting established performance requirements are eligible to work from home 4 days a week. As part of the pilot, supervisors are allowed to work from home one day a week.

Since 2016, CANHU has worked to expand office locations across the state in an attempt to increase our candidate pool. We have increased the number of team members working outside of the three main offices in Jefferson City, Kansas City and Springfield. We currently have team members located in Warren, Miller, Pulaski, Callaway, Johnson, Boone, St Louis, Scotland, and Stone counties.

CANHU continues to utilize a Trauma/Morale initiative to help with morale and turnover with the unit. CANHU has continued to use Decompression groups to give team members time to talk with coworkers about challenges in taking calls or other topics determined by the group. In FY20, CANHU implemented a team member Spotlight. Due to work from home and CANHU team members spread across the state, this is used to help staff learn about fellow team members at CANHU. In FY24, CANHU recreated the Spotlight with different questions to provide more information about team members. In an attempt to build morale, CANHU also implemented seasonal and holiday trivia. The CANHU “House Cup” game was implemented to encourage and promote good work.

Process Improvement:

In FY24, as part of CANHU’s involvement in the Governor’s Office & Operational Excellence Call Center Initiative, we were selected to work with consulting contract agency, Andrew Reise, to assess CANHU’s systems and processes. Andrew Reise has provided recommendations, based on industry best practice, and a future state roadmap to assist in executing action items. CANHU has already begun work on improving the employee experience by conducting employee focus groups. Feedback provided has helped gain better insight into the worker

experience and drive efforts for improvement. CANHU will continue to utilize focus groups in the future.

CANHU has worked to improve the online reporting system by utilizing survey results from mandated reporters who have used the online reporting tool. These results will help drive change and make improvements in the future. CANHU utilizes collaborative call reviews to assist in quality assurance. Andrew Reise consultants reviewed the process and assisted in calibrating the tool used. In the future, we hope to enhance our existing Workforce Management data, processes and tools.

Andrew Reise is not only working to assist CANHU. They are assisting in implementing best practices for all state call centers. This includes providing recommendations on Organizational Key Results and Key Performance Indicators for all state of Missouri call centers. Through their work with CANHU, they will also assist in recommending dashboards that meet industry best practice.

Andrew Reise reviewed the end-to-end staffing process, including the hiring process, onboarding and career paths. They will make recommendations to help increase recruitment and retention and help create reporting to identify trends in hiring and turnover.

CANHU has also worked with Andrew Reise and Genesys Cloud to better understand available Genesys Cloud functionality. Andrew Reise will provide recommendations on system features that will benefit CANHU's efficiency, caller experience and worker experience. These recommendations will be in line with industry best practice.

CANHU will continue to work with Andrew Reise through FY24 and implement recommendations that will improve the caller experience, worker experience and CANHU as a whole.

Child Abuse and Neglect Hotline Unit (CANHU) Fatality Review Team

The Child Abuse and Neglect Hotline Unit (CANHU) Fatality Review Team was created to ensure consistent and accurate screening of all fatalities. This group consists of supervisory team members who review all CA/N and Non-CA/N fatalities that are reported each day. At least two team members are assigned to review each case. Information is gathered, documented, and reviewed to determine trends in cause of death and accuracy in call classification. This group also reviews CA/N and Non-CA/N fatalities to determine if sufficient information was provided by the reporter to appropriately classify the information. This process began due to a lack of information provided in Online System for Child Abuse and Neglect Reporting (OSCR) originated reports and referrals. In instances where insufficient information is provided, CANHU has worked with the State Technical Assistance Team (STAT) to reach out to mandated reporters in hopes of obtaining all necessary information.

During review, members of the CANHU fatality review team also determine if sufficient detail was obtained and if the call was correctly classified. If it is determined that the call does not contain sufficient detail, attempts are made to contact the reporter for additional information. If the call was incorrectly coded or classified, the team member will make appropriate changes. The call number and concern are forwarded to the team member's supervisor so that a coaching conversation can occur and sufficient information is obtained during intake in the future.

Child Death Team members reporting a child fatality can request prior history checks from the hotline. Team members review documentation to ensure a prior history check is completed. This ensures all necessary Children's Division history is provided to the Child Death Team member who may be involved in the fatality investigation. CANHU created a bank of additional follow-up questions that can be utilized by CANHU staff when screening fatality calls.

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

Child Assessment Centers

Child assessment centers (established Section 210.001 RSMo), more commonly referred to in the field as child advocacy centers (CACs), are safe and child-focused places that provide forensic interviews, victim advocacy, evidence-based mental health services, child abuse case management and sexual and physical abuse forensic medical examinations (*Note: Medical services may not be offered onsite at some CACs, but rather through partnerships with trained local medical providers*) as part of a multidisciplinary response to child abuse allegations.

Forensic interviews, a professional service provided by CACs, promote case integrity by eliciting information about a child's experience in a developmentally appropriate, emotionally-supportive, and non-leading manner. Throughout the investigation, and in some cases beyond, CAC victim advocacy services help families to navigate the legal response to child abuse allegations and to access critical resources that help families heal from, and prevent subsequent, abuse. In addition to its direct services, CACs help coordinate the efforts of the professionals responsible for the various aspects of a child maltreatment case, known as the multidisciplinary team (MDT), by providing a space for the MDT to share case information and considerations for the child's best interest. The MDT typically consists of law enforcement, prosecutors, Children's Division investigators, CAC staff, and may also include mental health, medical, and other professionals invested in child well-being. The MDT model, facilitated by the CAC, further benefits the child and case by minimizing the number of times that a child must recount their experience, thus mitigating additional trauma to the child and duplication of efforts. In 2022, Missouri CACs provided services to a total of over 9,300 children.

There are 15 regional child advocacy centers in Missouri that provide services to all 114 counties, and St. Louis City, through 28 unique sites. The primary regional centers are located in St. Louis (three locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton,

Festus, Wentzville, Cape Girardeau, Poplar Bluff, Columbia, Parkville, Osage Beach, and Branson West. Satellite offices are located in Union, Farmington, Doniphan, Kennett, West Plains, Nevada, Pierce City, Butler, St. Robert, Hannibal and New Madrid.

All 15 regional CACs in Missouri are accredited by the National Children's Alliance. To obtain accreditation, CACs must demonstrate compliance with ten standards governing the quality of a CAC's environment, services, and operations. These standards address forensic interviewing, victim advocacy, child safety and protection/child-focused environment, multidisciplinary team functioning, case review and coordination, mental health services, medical evaluation, case tracking, organizational capacity, and diversity, equity and access. To maintain accreditation, CACs must demonstrate compliance with these standards every five years.

Missouri Network Against Child Abuse (formerly known as Missouri KidsFirst) is the Missouri chapter of the National Children's Alliance and the statewide coalition of child advocacy centers. As such, Missouri Network Against Child Abuse (MO-NACA) provides various types of services to Missouri CACs, including public policy advocacy, direct service training, administrative support, technical assistance, and coordination of statewide efforts. The directors of Missouri's 15 regional CACs serve as an advisory board to MO-NACA and meet regularly with the chapter to discuss CAC needs, practices, and field trends/dynamics. In addition to its services for child advocacy centers, MO-NACA is the statewide coordinator of the SAFE-CARE Network-the state's network of medical providers trained in the response to child abuse, serves as the Missouri chapter of Prevent Child Abuse America and coordinates the state network of training facilitators for the evidence-supported child sexual abuse prevention training for adults, Stewards of Children.

Increase Judicial Engagement

Partnership for Child Safety and Well-Being

The purpose of the Partnership for Child Safety and Well-being (PCSW) is to bring together a multi-disciplinary team including the judiciary, juvenile office, child welfare agencies, advocates, and stakeholders to build effective and respectful working relationships that ensure children are safe, healthy, and thriving.

The PCSW is chaired by Missouri Supreme Court Judge Robin Ransom and facilitated by the Office of the State Courts Administrator (OSCA).

The Children's Division is represented by the Director, Deputy Director of Permanency, state level manager of foster care services and court engagement, and the Division of Legal Services. OSCA is represented by State Courts Administrator Kathy Lloyd and Program Administrator Kim Abbott. Additional members include: Judge Stacey Lett (17th Circuit), Chief JO Linda Meyer (5th Circuit); Court Administrator Bev Newman (16th Circuit), and Judge Robin Sage (retired) with Casey Family Programs, and topical guests as needed.

In 2022, the PCSW met five (5) times: March, July, September, October and December. The priorities of the group included 1) meeting the residential requirements related to Independent Assessments and the development of Qualified Residential Treatment Programs (QRTP); 2) improving initial case assessment activities; 3) updating judicial education materials; and 4) creating better practices for law enforcement investigations of juveniles.

Leadership changes in OSCA and Children's Division occurred at the end of 2022. The State Court Administrator, Supreme Court Judge and Director of Children's Division made arrangements for new leaders to join the PCSW.

In 2023, the PCSW met six (6) times: March, April, May, August, October and December. The priorities of the group included (1) supporting the CD Director's plan for rebuilding and reforming the agency; (2) supporting the JO/Court priorities related to detention standards, JO performance standards, data monitoring, and risk/needs assessment; and (3) holding regional summits to strengthen relationships and practice. The regional summits were a highlight of the year with four sites hosting summits, attended by multiple jurisdictions, in September. The agenda included:

- Focus on Prevention – Keeping Families Together
- Giving Voice to Those with Lived Experience (State Youth Advisory Board)
- CFSR/PIP
- Legal Sufficiency and Permanency Strategies
- Sequential Intercept Mapping Overview
- Working as a Team to Produce Results
- Data Review, Problem Solving and Team Planning

In 2024, the PCSW continues to meet regularly and to work on ongoing goals from the prior year as well as how to use Title IV-E to increase quality legal representation for parents.

Multi-Disciplinary Team Training

Missouri Network Against Child Abuse (MO-NACA, formerly known as Missouri KidsFirst), with funding from the Children's Justice Act, is coordinating a multi-year Multi-Disciplinary Team (MDT) Enhancement Initiative to improve the investigation of child abuse by working with multidisciplinary team (MDT) members and stakeholders to implement structures, activities and processes that facilitate effective team functioning statewide through a multi-year strategic plan. The long-term vision for the project is that all MDTs have the resources they need to effectively serve children and families across the state.

To develop the initiative, MO-NACA gathered data to inform the strategic plan. This included listening sessions with over 30 MDT stakeholders, an MDT Assessment that was completed by over 300 MDT members, focus groups and a follow up survey to generate key learnings to inform the strategic plan. A full report from the MDT Assessment survey along with key findings was published in January 2023 and was used to inform the final strategic plan, which was completed in the spring of 2023.

The Multidisciplinary Team Assessment included 45 items addressing team functioning. The mean Overall Score of Team Functioning for all respondents on the Assessment was 3.78 out of 5.0, equating to a perception that their teams were functioning at a moderate to high level. Findings from the MDT Assessment survey by category suggest moderate to high functioning of Missouri MDTs in collaboration, team membership, engagement, and exhibition of the skills needed for effective teamwork. Findings suggest high functioning of the teams in appropriate processes. Further exploration of the factors that support this level of teamwork was prioritized, as these means are lower in every subscale, except for appropriate processes, when compared to an identical MDT Assessment Survey conducted in 2016.

To explore these facets of teamwork and complete the strategic planning phase of the MDT Enhancement Initiative, MO-NACA developed a 10-year vision and associated strategic plan. The strategic planning process revealed that engagement was high among MDT members, but training is not as extensive as it could be, especially for new MDT members. Differences in priorities, such as a function of work role, was a constant challenge for MDT members as well. In some instances, it was unclear if participants expected the same outcomes from the MDT process. The outcomes of the discovery process are detailed in a multi-year strategic plan which includes a 10- and 5-year vision for the MDT Enhancement Initiative, as well as measurable 12-month goals that will drive the first full year of this initiative and address the specific priorities identified through the planning process: Building a Training Ecosystem; MDT Team-Building; and Creating a robust Facilitator Toolbox to cultivate the role of the MDT Facilitator at child advocacy centers (CACs).

In 2024, MO-NACA is in the first full year of implementing the strategic plan of the MDT Enhancement Initiative. Year One prioritizes cultivating the role of the MDT Facilitator at CACs, providing professional support for a training ecosystem and piloting team-building activities to create alignment and role clarity among MDT members. There are four (4) pilot Child Advocacy Centers that are currently piloting the initiative in seven Missouri counties: Ozark Foothills Child Advocacy Center (Ripley County), Kids' Harbor CAC (Camden and Pulaski Counties), North Central Missouri CAC (Livingston and Sullivan Counties) and SEMO-NASV (Cape Girardeau and Mississippi Counties).

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

Family-Centered Services (FCS) Ongoing Trainings

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

Consultation services offered under this contract may include face-to-face consultation, facilitation, technical assistance, mentoring, modeling, skill building, and coaching to staff

regarding specific families and/or general family practice, either in individual or group session formats. The trainings could include skill based hands-on training, assistance with case specific needs, prevention practice models and frameworks, as well as general theory and practice enhancements.

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

The Children's Division has also expanded the use of this funding to support staff's compliance with Section 210.180, RSMo which requires each employee who is responsible for the investigation or family assessment of reports of suspected child abuse or neglect to receive twenty hours annually of in-service training on the identification and treatment of child abuse and neglect.

Safe Sleep Kits

The state CAPTA grant will allow regions to order safe sleep supplies from Cribs for Kids. These supplies are then provided to families on Newborn Crisis Assessments and other families that the Children's Division comes in contact with. Supplies include items such as crib sheets, safe sleep books, and sleep sacks.

(4) Enhancing the general child protective system by developing, improving, and implementing

The Structured Decision Making (SDM) Safety Assessment

Missouri revised statute 210.145.2(2) required the Children's Division Director and the Office of State Courts Administrator to develop a joint Safety Assessment tool by end of 2021, with implementation before January 1, 2022. The Children's Division partnered with Evident Change to develop a Structured Decision-Making® (SDM) Safety Assessment and the new SDM Safety Assessment was implemented statewide on December 30, 2021. Program Development Specialist central office staff held in-person workshops across the state in 2023 to enhance the field's knowledge and skill in correctly using the SDM Safety Assessment tool. That work will continue into 2024. Work is also being completed through program improvement planning to increase the timely completion of the tool in FACES. Workers must complete and enter the Safety Assessment within 72 hours for all reports of abuse and neglect, to be considered as part of the structured decision-making process.

The SDM Safety Assessment tool assists staff in assessing whether a child is likely to be in imminent danger of serious harm that may require protective intervention. The SDM Safety assessment is required for all Investigations, Assessments, Newborn Crisis Assessments, and Out of Home Investigations (OHI) reports. The SDM Safety Assessment tool is not required for Non-caretaker Referrals, Preventative Service Referrals, and Juvenile Assessments. The SDM Safety Assessment is required to be completed on all victim and non-victim children within 72 hours.

The SDM Safety Assessment defines the following:

- Caregiver: An adult, parent, or guardian in the household who provides care and supervision for the child.
- Family: Parents, adults fulfilling the parental role, guardians, children, and others related by ancestry, adoption, or marriage; or as defined by the family itself.
- Household: All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship with a parent in the household (e.g. boyfriend or girlfriend) but may not physically live in the home or a relative where the legal parent allows the relative authority in parenting and child caregiving decisions.

Types of SDM Safety Assessments

There are three types of SDM Safety Assessments:

- Initial—Every Investigation, Assessment, Newborn Crisis Assessment or OHI report should have at least one initial safety assessment, completed during the first face-to-face contact with at least one child victim in the household where there are allegations. However, if there are allegations in two households within a single report, there may be two initial safety assessments.
- Reassessment--A reassessment of any additional as well as any secondary households. The frequency of safety reassessments. There may be a review/update of the safety assessment if the safety of all children was unverified during the initial safety assessment/contact.
- Closing—When the initial safety assessment was determined to be “Unsafe” or “Safe with Plan”, a review/update safety assessment must be completed prior to closing as a case should not be closed if safety threats are still present in a household.

SDM Safety Assessment Decision Outcomes

There are three outcomes of the SDM Safety Assessment:

1. Safe—No safety threats were identified and there are no children likely to be in imminent danger of serious harm and no safety intervention is needed.
2. Safe with Plan—One or more safety threats are present but based on an assessment of protective capacities, an Immediate Safety Intervention Plan and/or Temporary Alternative Placement Agreement (TAPA) can be used to control the threat.
3. Unsafe—One or more safety threats are present. An Immediate Safety Intervention Plan or TAPA were considered but would have been insufficient to control the threat(s). Protective custody must be requested. Staff will submit a copy of the “Unsafe” SDM Safety Assessment with the Juvenile Office Referral.

Completing the SDM Safety Assessment

For a new Child Abuse/Neglect Report, the SDM Safety Assessment is completed following the initial face-to-face contact with all child victim(s). The safety assessment should be entered into FACES within seventy-two (72) hours of the report date.

Staff should attempt to see all children (victim and non-victim) per policy timeframes as well as interview the parents within 72 hours of the report being alerted. If all victim and non-victim children are not present upon initial contact and verification of safety, staff must complete a safety reassessment when the other children have been seen and verification of safety has been completed.

The SDM Safety Assessment is completed on households. If a child's parents do not live together, the child may be considered a member of two (2) households. If the alleged perpetrator is not a member of the child's household, but there is a failure to protect allegation on the child's caregiver, complete a safety assessment for the child's caregiver's household.

Workers should always be on the alert to changes in the family, new dynamics, the interaction of multiple threats of danger and other "red flags" that indicate that the threat to the safety of a child is no longer manageable. If such safety threats occur, a new safety assessment should be completed.

Structured Decision-Making (SDM) Family Risk Assessment (CD-14e)

The purpose of the Family Risk Assessment is for the worker and supervisor to gain a better understanding of the demographics and history of the family to assist in informing the worker of potential risks and areas that might warrant further services. Some questions are clearly objective, while others appear subjective and will warrant further discussion between the worker and supervisor to determine what best fits the situation of the family. The investigator will complete the Family Risk Assessment in FACES prior to the closing of the case. The Family Risk Assessment should assist the supervisor and investigator in the collection and analysis of information to determine what key factors are present that increase the likelihood of future abuse or neglect to a child.

The purpose of the Family Risk Assessment is for the worker and supervisor to gain a better understanding of the demographics and history of the family to assist in informing the worker of potential risks and areas that might warrant further services. Some questions are clearly objective, while others appear subjective and will warrant further discussion between the worker and the staff member, they consult the report with to determine what best fits the situation of the family. The Family Risk Assessment is completed in FACES prior to the closing of the case. The Family Risk Assessment should assist staff in the collection and analysis of information to determine what key factors are present that increase the likelihood of future abuse or neglect to a child and whether further intervention may be warranted.

The Family Risk Assessment identifies families, which have low, moderate, high, or very high risks of future abuse or neglect. By completing the risk assessment, the worker obtains an

objective appraisal of the likelihood that a family will abuse or neglect their children in the next 18 to 24 months.

The Family Risk Assessment Tool (CD14-E) must be completed in FACES as part of the case record. The score calculated from completing the Family Risk Assessment Tool should assist in determining risk to the child and not solely used in decision making on whether to open a case. Children's Division is currently working with Evident Change to enhance the Risk Assessment tool to lead to the utilization of a SDM validated process to assess risk to a family and drive prevention practice.

Differential Response

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

An Assessment track provides for a prompt assessment of a child who has been reported to the Division as a victim of abuse or neglect and their caregivers. The approach evaluates the risk of abuse and neglect and, if appropriate, provides community-based services to reduce risk and to help support families.

An Investigation track is utilized when there is a need to collect physical and verbal evidence to determine if a child has been abused or neglected. Law Enforcement is required to be notified. If the Children's Division makes a determination that a child has been abused or neglected, the alleged perpetrator is placed on the Central Registry once they have been provided full due process. The Central Registry is utilized for background screenings for certain disciplines that involve working with children.

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

Please refer to Program Area One for information on the Child Abuse and Neglect call management system.

Tableau Technology

Tableau is a data visualization software package that has allowed Children's Division Quality Assurance System staff to convert raw data into easily understandable visuals. Using this platform, the Children's Division is able to create data dashboards that contain many related data sets in one easy to view format. This format makes it easy for staff and stakeholders to view and evaluate information around child abuse and neglect reports, alternative care case management, and family-centered services case management.

In 2023 Tableau was being used to track trends across CAN Measures such as Timely Initial Safety Contact and Overdue Reports by Region. A new Tableau CAN Dashboard named the CAN Weekly Status Report was developed in 2024. The CAN Weekly Status Report Dashboard is being used to track trends across CAN Measures such as Overdue Reports,

Average Days to Close Reports, Reports Closed, Reports Closed by CCU. Tableau also shows the number of Tableau show this data as Statewide and Local by Region. Additional CAN Measures are planned in 2024 (based off of CCWIS 2024 data priorities) to visualize Timely Initial Contact and Safety Assessments.

For Family-Centered Services, Tableau dashboards visualizes trends such as worker visits with children, worker visits with parents, number of cases opened, length of time cases remain open, TAPAs, and custody diversions. It allows management to drill down to the county level to compare multiple factors to assist in further evaluation and decision making.

Dashboards are located on the intranet in which management and staff have access to. The dashboards are updated on a weekly and monthly basis.

Development of new Comprehensive Child Welfare Information System (CCWIS)

The focus of the new Comprehensive Child Welfare Information System (CCWIS) is to have an electronic database that integrates new technology to allow staff to perform the fundamental services for the children and families we serve. The CCWIS will allow staff to document and track information starting at Intake (CANHU) through the life of the case to permanency. The CCWIS will also allow for the documentation regarding development and maintaining of resource providers.

Recent Improvements to the Current CCWIS System (FACES)

- Changes to Combined Calls to prevent Narrative Loss and Role Conflicts. A Prevention Unit for Cole County on Office Detail has been added;
- Changes were made to allow for certain zip codes in the St. Louis metro region to be assigned out to surrounding regions to assist with staffing issues;
- A fix was made to OSCR to prevent special characters so that it would not cause issues with intake into FACES;
- A box was added on the conclusion screen that acts like the CCU box for the Regional Consult Unit to utilize. This box will be used when regional staff are doing consultations similar to how CCU does consultations;
- Currently working on System Change Requests for the following:
 - Adding Print Paper Alert Y/N checkbox on the Office Detail screen. Then the county can decide if they want to receive paper alerts or not;
 - Out of Home Investigations disposition letter wording changes.

An array of training courses are 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 the Current Workforce Demographics section of this report.

Legal Aspects Training

The Legal Aspects Training program includes foundational and program-line specific virtual trainings, in-person supervisory trainings, and a number of online e-learning resources for Missouri child welfare workers. The Legal Aspects program offers the following classes:

- Legal Aspects Foundations – half-day course covering the legal foundations of child welfare work;
- Legal Aspects of Investigations – eight-hour course covering the specific legal aspects of investigations;
- Legal Aspects of Foster Care and Adoption – eight-hour course covering the specific legal aspects of alternative care cases;
- Legal Aspects TPR 101 – three-hour course covering the legal specifics of termination of parental rights cases;
- Legal Aspects of Investigations for Supervisors – two-day in-person course focusing on the legal issues confronting investigations Supervisors;
- Legal Aspects of Foster Care and Adoption for Supervisors – two-day in-person course focusing on the legal issues confronting alternative care Supervisors;
- Legal Aspects 360 for Circuit Managers – two-day virtual training overviewing the legal considerations for the investigation and alternative care program lines; and
- Legal Aspects Lunch and Learns – the Legal Aspects team offers once-monthly lunch and learn opportunities for child welfare workers. Topics covered during these training opportunities have included: court room testimony and preparation, placement preferences, licensing, diligent search, newborn crisis assessments, voluntary termination of parental rights, involuntary termination of parental rights, conclusion writing, elements of abuse and neglect, guardianship and conservatorship, and other legal topics.

The LA Foundations class provides participants with the basics of federal constitutional law involving the rights of parents, children, alleged perpetrators and the state. The investigations focused classes explore how these rights impact the CA/N hotline investigative process, the Central Registry and making requests for protective custody of children. The foster care and adoption classes and TPR class explore constitutional rights of parents and children in the context of permanency planning. The foster care and adoption focused trainings also explore federal and state statutes and regulations affecting the placement and permanency of children. Each class incorporates critical thinking principles to help workers gather, analyze, and apply facts to the legal framework of child welfare practice. In addition to classes, Legal Aspects has

developed online educational resources for workers on topics including, but not limited to: Fair Hearings, Adult Guardianship, Abuse and Neglect, Constitutional Law and ICWA.

Worker Safety Training

Staff focus groups identified the need for a comprehensive training package on how to be safe as a practitioner. Safety begins with adequate awareness of the trauma a family or child may have experienced and the use of language and conversation that are trauma sensitive. Workers need to have further development in de-escalation skills and environmental awareness. By giving staff the adequate skills needed to do their job safely they can then have their primary need for safety met and be able to focus on the family and children's needs.

Working with the Department of Social Services Human Resources, a revised worker safety curriculum was implemented that focuses on de-escalation skills and environmental awareness. Staff are required to take this class every three years. This class was recently revised to include possible safety scenarios for the workers to problem solve.

The Department of Social Services is working on exploring further safety training for staff. A team that is reviewing other options for training and will be making further recommendations.

Domestic Violence Training

Children's Division has begun developing a request for proposal around domestic violence/intimate partner violence training for agency staff, resource providers and older youth who are in care. Children's Division will be seeking a contractor to provide curriculum that would be provided in a one day, in person training for staff. The training for resource providers and older youth in care would be presented in an online format. The request anticipates the contractor will provide an evidence-supported model that works to bring a clear understanding of how Domestic Violence can affect the overall dynamics of the families, including a prevention component for the Division's older youth population.

The Children's Division has partnered with Evident Change to implement Team Decision Making (TDM). Evident Change will be providing specialized training to all TDM Facilitators on best practices in handling concerns for domestic violence/intimate partner violence during Team Decision Making meetings. The training is two days and will be made available multiple times over the next three years.

Cursory Interview Training

The Children's Division collaborated with the Child Advocacy Center of Northeast Missouri to develop a training for staff on cursory interview training. The training is available for all staff through the Employee Learning Center (ELC). This is a 30-minute e-Learning is to help staff:

- Familiarize staff with the history of Child Advocacy Centers (CAC) and why they are needed;
- Present the Multi-Disciplinary Team (MDT) Model;

- Question children the right way to gain reliable information and how to reduce trauma to children and families;
- Affectively take cursory statements of children;
- Work through scenarios to practice skills learned.

How to Talk to Children from Investigations to Alternative Care

The Children’s Division collaborated with the Child Protection Center in Kansas City to develop a training for staff on how to talk with children from the time of an investigation through placement in alternative care. This is a thirty (30) minute e-learning that addresses the way children communicate, a narrative stance, open-ended questions, leading questions, and disclosures. The training is available for all staff through the Employee Learning Center (ELC).

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 on-line courses that they may complete on their own. There are several required trainings that employees must do on a regular basis, such as employee safety, which they can access these through the ELC at their convenience.

In July 2024, a new learning management system will be released for all staff. This new system will include updated dashboard pages and easier access to required classes. The supervisors will also have a dashboard for their staff and will be able to oversee training requirements.

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

Staff Recruitment and Retention

As part of the recruitment and retention efforts, the following strategies have continued alongside implementation of new efforts:

- Create and maintain a presence in the community
 - Collaborate with colleges/universities throughout the State of Missouri.
 - Collaborate with local community service organizations throughout the State of Missouri.
 - Build a footprint and brand on social media. The State of Missouri continues to utilize MO Careers as their hiring platform. In 2023-2024, Children’s Division

increased notification of open positions through LinkedIn and Indeed. Our presence has continued to increase on FACEBOOK, Instagram, and Twitter and has advertised recruitment and retention activities utilizing these platforms. Further, the Division has continued to implement utilization of QR codes to expedite user access to employment and educational/informational opportunities.

- Recruitment and Retention has begun to collaborate with the Prevention Team and the Resource Team on community engagement activities. As recruitment and community services, engagement, and education often overlap, we are attempting to maximize our resources to provide the best outcome for our agency and the clients we serve.
- Fill vacancies
 - The Division and Department has identified the need to focus on optimizing our staff on-boarding process to enhance our new employee's experience. The Department has stressed the importance of this improvement and has added this as a departmental placemat initiative for 2024. The on-boarding work group has identified areas of opportunity from pre-boarding through the first year and are in the process of making enhancement recommendations for this portion of our business process.
 - Identify ways to reduce the time to fill vacancies. This is an ongoing and fluid effort. In February of 2024, the Children's Division filled positions within 45 days of posting 75% of the time with an overall average of 35 days to fill. Since February of 2022, the Children's Division has successfully averaged under 45 days to fill a position other than in December of 2023, which averaged 48 days to fill. Strategies implemented included: offering same day interviews and recommendations; Human Resources offering availability several days per week to process recommendations; offices offering more frequent and interview options to applicants; retention staff offering personal assistance in scheduling and submitting recommendations to areas in need. Time to fill is identified as an area in need of improvement and is currently being evaluated by the on-boarding work group.
 - The Children's Division expanded acceptable degree types to all degrees in 2019 and continues to accept all degree types. The minimum qualification is an undergraduate degree from an accredited college or university. A degree in in Social Work or comparable human service field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis.
 - In August of 2023, the Division expanded entry level hiring qualifications to include:

- Applicants with a high school diploma or high school equivalent and four or more years of professional experience with a public or private agency in the delivery of protective services, including casework/case management in: investigation of abuse or neglect; coordination of foster care, adoptions, and family centered services; treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license **OR**
 - A Bachelor's degree from an accredited college or university, preferably a degree in Social Work or comparable human services field. (Substitutions allowed).
 - A combination of earned credit hours from an accredited college or university in the preferred fields such as social work, family and child development, special education, psychology, sociology, or related behavioral sciences and experience described may substitute for the stated qualifications. Thirty (30) credit hours are equivalent to 1 year of experience. Professional experience as described must be of a substantial period of time (over 50% of time).
 - The Division has continued utilization of limited virtual interviews with a scaled down version of the Staying Power! Selection toolkit. Updating interview process and questions has been identified as an area with an opportunity for enhancement to increase the effectiveness of on boarding. This has been assigned to the newly formed on boarding work group.
 - Interview modifications of Staying Power! included scaled down interview questions and an optional written portion.
 - Hiring events have continued for regions based on need. Events are staggered across the state and if there is an increased area of need, scheduling at least two events within a thirty-day time period may be necessary.
 - Advertising for employment openings is occurring on radio stations, Facebook, Indeed.com, Instagram, Twitter, ZipRecruiter, Handshake, colleges, and universities that have private career center hiring platforms, local community calendars, employment center offices, and through news outlet media platforms.
 - Using the applicant tracking system, emails are sent to recent applicants who were not hired encouraging them to reapply for openings in their area or to contact the Human Resources team if the applicant feels this decision was made in error.
 - During hiring events, applicants that are not recommended are met with to address other employment opportunities with the State and, when appropriate, are directly referred to other Division's recruitment representatives.
- Enhance the support of the workforce

- Staying Power! Supervisor's Guide to Retention continues to be utilized. (This is an area identified as an opportunity for growth. The on-boarding work group is currently evaluating the Division's on-boarding process).
- Exit interviews are completed and information is reviewed to guide implementation of retention activities.
- The Social Services Assistant position continues to be utilized as a support for case managers. Social Services Assistant duties include supervising/monitoring children during supervised visits, aiding with documentation, assisting in obtaining information.
- The Division utilizes paid and unpaid internship positions to create opportunities for recruitment, community education, and workforce support. Interns shadow staff in their daily work and support staff much like a social services assistant would in their daily duties.
- Staff working overtime in critical needs areas (staffed under 70%) and any staff assisting in those areas have the opportunity to be paid for their overtime monthly. This is based on budgetary availability.
- In March of 2023, all employees were given an 8.7% pay increase.
- In January of 2023, a work group began assessing all on boarding activities from resignation of the previous worker through the new employee's first year. Increasing staff retention in the first 90 days and first year has become a focus of this work group, the Division, and the Department of Social Services.
- Incentive opportunities
 - Continue offering IV-E Masters in Social Work. There are 15 full time staff enrolled in this part time education program throughout the State of Missouri.
 - The Division continues to investigate viability of implementing a Bachelor's program to aid in recruiting new employees and to develop Case Aids into Associate Social Services Workers. The Social Work Advisory Group has created a sub-committee to aid in this assessment.

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

Online Mandated Reporter Training

The Missouri Network Against Child Abuse (MO-NACA, formerly known as Missouri KidsFirst) has developed a 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 successfully completed the training.

Training is approved for 2 clock/course hours by the Missouri Professional Development System (MOPD) for childcare providers, the Missouri Peace Officer Standards and Training (POST) for law enforcement and the Missouri Association of Social Workers continuing education. The training is also mobile friendly. The training was completely mobile integrated and fully accessible with audio/visual needs in 2023.

(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 - Online Mandated Reporter Training.

CarePortal

For additional information about Program Area 10 and additional collaborative efforts, refer to Program Area 13 - CarePortal.

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

CarePortal

Children's Division strives to meet the needs of children and their families to keep children safe. One way in which Children's Division has worked to meet the needs of children and families is through collaboration with CarePortal. CarePortal assists with meeting physical needs of

children and families by providing resources to bring stability to the child's environment. CarePortal is connected to churches and the church engagement component of the organization provides the additional opportunity to address needs across the child welfare spectrum, including relational needs (e.g., supporting children and families in time to build relationships together) and building networks to find individuals who may be available to provide natural supports.

Thirty-one (31) counties in Missouri are a part of the CarePortal Network, with expansion efforts occurring in several other counties. The Children's Division submits a de-identified request, including information free from names or addresses to CarePortal to assist in connecting families to resources. CarePortal notifies local churches and community members of the need, giving the local community a real-time opportunity to respond and catalyze a connection between church and government to the benefit of children and families. CarePortal has helped to connect children and families with resources in their community outside of government involvement to meet the current needs of the family. CarePortal provides access, training and support to child-serving agencies and churches, so that the children and families they both serve can benefit in many ways. Partnership assists to keep children safe by providing concrete goods, services (such as professional services like exterminator, financial services, home repair) and support to families to prevent removals and strengthen families; assist relative, foster, and adoptive families; and assist youth aging out of care. In addition, the partnership helps children achieve timely and sustained permanency by supporting caseworkers; supporting families to prevent removals and in reunification efforts; and supporting relative, foster and adoptive families. Providing relational and community support and providing goods and services can improve well-being for children and families. CarePortal also aims to reduce or avoid costs to child-serving agencies by providing goods, services and support to children, families and youth aging out of care; helping to prevent children from entering or re-entering foster care; helping children to reach sustained permanency more quickly.

The first county in Missouri became active with CarePortal in 2015. CarePortal maintains a live impact report on their website. To date, 30,157 children have been served in Missouri with 21,980 children referred by DSS. Specific areas of impact for categorization of the request include help improving a child's wellbeing; strengthening a biological family; supporting a youth aging out of foster care; preventing a child from entering care; preserving foster/kinship (relative) placement; preserving an adoptive placement; reunifying a biological family help place a child in foster/kinship (relative) care and making an adoptive placement.

Impacts to families include maintaining stability and providing supports within the child's family home, reducing the risks of removal to foster care. Support provided to relative placements to allow children to reside in familiar surroundings relationship results in fewer placements for children and more rapid time to permanency through reunification or adoption/guardianship.

In addition to the number of children identified in the live impact report on their website, CarePortal also reflects the economic impact to the state, with a current economic impact identified as \$9,020,843 total. Their total economic impact is identified as the total volunteer

hours and tangible resources that were provided through CarePortal to meet the critical needs of children and families in Missouri, as well as the avoided public spending cost for foster care services and interventions.

In 2023, General Revenue funds were included in the State Fiscal Year 2024 budget by the Legislature and approved by the Governor. The purpose of funding is to continue support of existing locations with CarePortal and to support expansion of CarePortal in Missouri.

CASA Clubhouse

CASA of Southwest Missouri (CASA) in collaboration with Community Partnership of the Ozarks was granted \$150,000 of ARPA funding to offer children in foster care a safe and welcoming environment, innovative services, and enhanced programming within the CASA Clubhouse.

CASA collaborates with partners in the Greene, Christian, and Taney County communities to support children in foster care, including but not limited to Children's Division, Juvenile Office, and other case management entities. Services include rooms for supervised family visitation, child welfare meetings, and flexible activity spaces.

CASA also partners with area businesses to facilitate life-skills building and educational events, such as cooking and financial literacy classes. The goal of CASA is to support 100% of those in foster care in the service area by the year 2030. There are not yet enough CASA volunteers for every child, but with the incorporation of the Clubhouse, a wider opportunity to serve these children in a unique way will be possible. CASA works closely with each community partner to ensure the safety of the children served is of the utmost importance, and any use of the Clubhouse will fall in line with state and federal guidelines regarding the child welfare system.

CASA collaborates with local stakeholders to leverage their network connections and strengthen existing partnerships, as well as identify new partnerships, to better provide a safe and appropriate location for children either entering or already having an existing case. The Clubhouse is a space that ensures safety and confidentiality, but also provides a variety of activities catered to children of all ages.

The following is a list of ways the Clubhouse facilitates support to the local child welfare system and children in foster care in southwest Missouri:

- CASA volunteers visiting with their assigned child/children
- Supervised visits between the parent/s and child/children with a parent aid
- Unsupervised visits for parents and their children, when approved by the Judge
- Family Support Team Meetings
- Private meeting and visitation rooms
- CASA Connection Events (Carnivals, Movie nights, and Cooking classes)

- Life Skills Classes (Financial Literacy, Resume Building, Tutoring, Cooking, Laundry)
- Kid's Closet Access (New items for children to pick out something special for a birthday, holiday, etc.)
- Staff Clubhouse for extended hours to allow after hours/weekend visits to occur
- Partner with Children Division to bring children initially entering foster care awaiting foster home placement

Foster Youth to Independence Tenant Protection Vouchers

In 2019, Children's Division began collaboration with the Department of Mental Health, Public Housing Authorities (PHA), and the Continuum of Care/Balance of State to procure the Foster Youth to Independence (FYI) Tenant Protection Vouchers released by the U.S. Department of Housing and Urban Development (HUD). These housing vouchers are designed specifically for youth ages 18-24 who have exited foster care after the age of 16 or are preparing to exit care to independence and are facing homelessness. Applications for each Public Housing Authority require a Memorandum of Understanding (MOU) and a protocol plan between the Public Housing Authority, Public Child Welfare Agency, and Supportive Service Agency. As of March 13, 2024, sixteen MOU's inclusive of 55 counties and six cities have been fully executed. Information on these services has been placed on the Children's Division intranet and shared via GovDelivery to all staff. A brochure was added to the exit packet for youth leaving care. Missouri Children's Division participates in calls throughout the year with HUD leadership, Youth Homelessness Demonstration Program, and Administration for Children and Families leadership regarding this project. To date:

- In FY24 over 50 new FYI Housing Voucher requests have been received by Children's Division for verification. The applications were approved and sent to the service providers and PHAs to provide the FYI Housing Voucher to these youth to help youth find housing stability.
- Pending HUD approval, MOU has been submitted for Jasper County PHA to provide FYI Housing Vouchers in 4 additional counties.

Change & Innovation Agency (C!A)

The Children's Division is utilizing some of its ARPA funds to contract with Change & Innovation Agency (C!A) to redesign several processes. Work with C!A began with the development of the Central Consult Unit (CCU) and its implementation and training support. C!A is also assisting with the management of the St. Louis region to redesign processes and structures to help meet child welfare outcomes. Other redesign efforts include work in foster care licensing and ICPC functions. The work with C!A is in an effort to streamline processes and remove bottlenecks to help the agency meet workload demands that exceed staff resources to meet them.

Also refer to Program Area 2 - Increase Judicial Engagement.

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

To be in compliance with the requirements of Comprehensive Addiction and Recovery Act of 2016 (CARA) the State of Missouri passed legislation in 2019. The legislation went into effect on August 28, 2019. At this time, Missouri Revised Statute Section 191.737.1 states:

1. 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 a written assessment, made or approved by a physician, health care provider, or by the children's division, that documents the child as being at risk of abuse or neglect and either:

(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.

2. 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 ensure the child's immediate safety. Depending on the situation, ensuring 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, a Newborn Crisis 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 other familial caretaker. When needed Plans of Safe Care are documented on the NCAT. Then Central Consult Unit (CCU) also ensures that Plans of Safe Care are completed when required during all supervisor consultations on Newborn Crisis Assessments, which has facilitated an increase in awareness and compliance with CARA requirements.

After safety is ensured, 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 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
 - Plan that is able to 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 FY2022, there were 6,416 such reports. Of those, 3,136 infants were categorized as "drug exposed". The system also captures the number of reports where a referral for services is needed. Additions to the Division's policy manual include more guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). The State's case management system reflects 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, at the conclusion of the assessment period, it is determined the family would benefit from continued services, a Family-Centered Services case may be opened with the family to develop an individualized plan to meet the family's specific needs, including supports from other community agencies. A referral to the juvenile court recommending protective custody and out-of-home placement is 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.

Children's Division policy requires a conversation on every Newborn Crisis Assessment about home visiting services offered by the Missouri Department of Elementary and Secondary Education as well as in every program line in which a family may meet eligibility requirements. Home Visiting is a voluntary in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home support and education to eligible at-risk families with children under the age of three and/or prenatal women.

In addition to the requirement of the Home Visiting referral, the following requirements are in policy:

- Requirement for a medical provider collateral contact, outside of the reporter, preferably with the assigned pediatrician, as well as the mother's obstetrician in situations where there is a concern for substance use.
- Collaboration with assigned medical and service providers to discuss the need and development of a Plan of Safe Care, with examples of situations requiring a Plan of Safe Care and what a plan should include.
- Closing supervisory consult, in addition to a 72-hour supervisory consult, to ensure all services and needs have been addressed.

Children's Division developed a Newborn Crisis Assessment Best Practice training. The training was available to all staff and provided in every region of the State. The training focused on how to assess the entire family, how to have conversations with caregivers about substance use, and developing a Plan of Safe Care when needed. The training is now incorporated into the Child Welfare Practice Training (CWPT) that all new employees receive.

Children's Division participates in bi-monthly Show-Me Extension for Community Healthcare Outcomes (Show-Me ECHO) meetings through the Missouri Telehealth Network. Show-Me ECHO uses videoconferencing to connect interdisciplinary teams of experts with primary care clinicians and other professionals. The teams collaborate in interactive case-based learning to develop advanced skills and best practices. Children's Division is currently a HUB member on the Mothers, Infants and Neonatal Abstinence Syndrome (NAS) ECHO team. The focus of this team is improving outcomes for mothers and infants affected by substance use disorder, especially opioids. The desired outcomes of the meetings were updated March 2024. The ECHO team of experts and specialists, participants will:

- Effectively evaluate validated screening tools to screen for perinatal substance use disorder among pregnant and postpartum people.
- Describe the components and advantages of the Eat, Sleep, Console model of assessment for substance exposed infants as well as opportunities for overcoming barriers to implementation.
- Outline the major principles pertaining to initiation of Medication for Opioid Use Disorder or Medication Assisted Therapies (MOUD/MAT) for people with OUD and identify appropriate resources for referral as needed for medication management as well as for community based behavioral health services.
- Identify barriers to the distribution of Naloxone in a clinical setting and identify opportunities to overcome these.
- Describe components of a Family Care Plan for people with SUD and those who offer Recovery and Behavioral Health services for people with SUD.
- Evaluate resources for offering education for providers and nursing staff regarding SUD, respectful and equitable care, and the Eat, Sleep, Console model.

Children’s Division is currently in the process of partnering with Missouri Institute for Mental Health (MIMH) to provide a series of training around substance use for staff to equip child welfare workers with essential knowledge on substance use disorders, enhancing their ability to support parents and families navigating the child welfare system due to parental substance use. The trainings will focus on emerging drug trends, how to engage parents about substance use, harm reduction safety planning with parents actively using, identification of substances, behaviors, what to look for and what to do if there are concerns, guidance on long-term supports and how to keep children safe when they return home. MIMH has hired two CD-specific training consultants to help customize and deliver the training content to the CD audience.

**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, emergency

temporary 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 and neglect.

Human Trafficking

The 2017 and 2019 legislative sessions 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.
- 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. 7102.
- 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 adult person who has access to the child based on 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.
 - School personnel, contractors, and volunteers, if the relationship with the child was established through the school or through school-related activities, even if the alleged abuse or neglect occurred outside of school hours or off school grounds.

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

Child(ren) of any age has forcefully or willingly been involved in any type of sexual act in exchange for anything of value, such as money, drugs, shelter, food, or clothes. This includes situations in which a third-party profit from the child's sex act. This also includes situations 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 reporter description code of Child Sex Trafficking (HT) code was added to FACES and the prior reporter description code of Prostitution was discontinued. The addition of this HT code provides the ability for staff to make findings specific to child sex trafficking.

Children's Division utilized content provided by an expert partner through a Notice of Funding Opportunity to develop an Advanced Human Trafficking Training curriculum for Children's Division staff. This advanced training helps strengthen skills in the areas of identifying, assessing, and engaging child trafficking victims. Children's Division policy requires the utilization of a comprehensive assessment to assist in the identification of child victims of human trafficking. Children's Division staff will utilize the Human Trafficking Assessment Tool in the following circumstances:

- Within 24 hours for victim(s) and non-victim(s) listed on a CA/N report with allegations of human trafficking;
- Within 24 hours of a child/youth in state custody returning from being on the run, missing, or abducted;
- Within 24 hours of contact with an unaccompanied youth;
- Within 24 hours for any child/youth that is involved with Children's Division through a CA/N report, Family-Centered Services (FCS) case, or Alternative Care (AC) case in which there is a suspicion of human trafficking, history of human trafficking, and/or new concerns of human trafficking;
- Within 72 hours for children/youth that are involved with Children's Division through a CA/N report, FCS case, or AC case in which it is learned that there is a known history of running away from home/placement;
- When a child's circumstances change, or new information is learned about the child/youth which warrants the usage of a more comprehensive screening of human trafficking; or
- Immediately when imminent safety concerns are present in which there are immediate concerns for a child/youth being trafficked.

The Central Consult Unit (CCU) has focused on ensuring that staff are completing the Human Trafficking Assessment Tool when the above criteria are present. This has helped increase awareness and compliance in completing the tool.

Children's Division Training Unit also developed an enhanced Introduction to Human Trafficking training, separated into four pathways intended for administrative staff, field staff, supervisory staff, and caregivers.

- Introduction to Human Trafficking- All Children's Division staff and all staff in case carrying contracted offices (anyone that sits in an office that could have contact with a child) are required to complete the Introduction to Human Trafficking training. The introduction trainings are all web based and should be completed within 90 days of employment. Current staff that have not completed the training should complete it within 90 days of this memo. Frontline staff will complete Intro to Human Trafficking for Case Managers (CD000704). Specialist, supervisors, and managers will complete Intro to Human Trafficking for Supervisors (CD000705).

- Assessing For Human Trafficking (CD000702)- All case carrying CDW's, supervisors, specialists, all case carrying contractors and supervisors are required to complete the web based Assessing for Human Trafficking training within 90 days of employment. Current staff that have not completed the training should complete it within 90 days of this memo. This training teaches staff how to complete the CD-288 with the youth.
- Advanced Human Trafficking (CD000320)- All case carrying CDWs, supervisors, specialist, all case carrying contractors and supervisors are required to complete the 2 day WebEx Advanced Human Trafficking training within 6 months of employment. Current staff that have not taken this class should complete within 6 months of this memo.

Senate Bill 775, signed into law by Governor Mike Parson on June 30, 2022, established the Statewide Council on Sex Trafficking and Sexual Exploitation of Children.

Section 210.1505 RSMo. directs the council to collect data relating to sex trafficking of children and to develop best practices regarding the response to sex trafficking of children. The statute directs the Department of Social Services to provide administrative support to the council. The statute directs the council to submit a report to the Governor and General Assembly on or before Dec. 31, 2023, at which time the council will expire. The report is to include recommendations for priority needs and actions, including statutory or regulatory changes relating to the response to sex trafficking and sexual exploitation of children and services for child victims.

Section 210.1505, RSMo also states that the Missouri Statewide Council on Sex Trafficking and Sexual Exploitation of Children shall:

- Collect and analyze data relating to sex trafficking and sexual exploitation of children, including the number of reports made to the Department of Social Services Children's Division under Section 210.115, any information obtained from phone calls to the national sex trafficking hotline, the number of reports made to law enforcement, arrests, prosecution rates, and any other data important for any recommendations of the council. State departments and council members shall provide relevant data as requested by the council to fulfill the council's duties.
- Collect feedback from stakeholders, practitioners, and leadership throughout the state in order to develop best practices and procedures regarding the response to sex trafficking and sexual exploitation of children, including identification and assessment of victims; response and treatment coordination and collaboration across systems; trauma-informed, culturally competent victim-centered services; training for professionals in all systems; and investigating and prosecuting perpetrators.

As a result of recommendations from the Statewide Council on Sex Trafficking and Sexual Exploitation of Children, the Children's Division formed the Sex Trafficking Prevention Unit in January of 2024. The new unit is currently working to reduce the number of youth missing from care by assisting with recovery efforts and providing oversight, as well as developing run prevention strategies. These strategies will increase the ability to identify youth at risk of a run episode and intervene through the use of youth-driven support meetings and safety planning. In local areas with high rates of human trafficking, the unit will assist with the ongoing development of multi-disciplinary response protocols and meetings.

In addition, the unit will be assisting with the development of the Family First Prevention Services Act (FFPSA) distinction criteria for residential facilities specific to youth who been exploited or trafficked and will assist with the development of human trafficking standards for all residential facilities contracted to provide services to youth in care.

Finally, the Sex Trafficking Prevention unit is working to improve data standards regarding missing youth, youth identified as high risk of a run episode, and youth in care who are at risk of trafficking and who have experienced human trafficking.

The Missouri Statewide Council on Sex Trafficking and Sexual Exploitation of Children first assembled on September 19, 2022. There is currently pending legislation reauthorizing and expanding this Statewide Council.

Children's Division staff 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 has partnered 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

Twenty-one (21) youth exited Children's Division custody during CY23 with a commitment to the Division of Youth Services within sixty (60) days of the Children's Division custody end date.

[Source: DSS Research - JIRA RDA-5006 SS.WEBE4WN.JCL(CAPTADYS)]

AMERICAN RESCUE PLAN ACT FUNDING

The planned expenditures for the supplemental appropriations that Missouri received through the American Rescue Plan Act is as follows. Dollar amounts are approximate.

Children's Division has an RFP in process for \$278,000 of ARPA funding for the development and facilitation of training regarding human trafficking and missing youth. There will be three components of this training, each designated for a specific audience: youth in the care and custody of Children's Division, resource parents, and frontline staff. This training will improve Children's Division and resource parents' ability to identify youth at risk of going missing and intervene to prevent sexual exploitation and human trafficking. The training will also improve Children's Division's efforts to safely recover youth missing from care, especially when human trafficking is known or suspected.

An additional \$650,607 has been allocated to specialized investigative skills training, as described in Program Area 6, Developing, Strengthening, and Facilitating Training.

An additional \$929,438 has been allocated to administrative costs. This has been utilized to fund the CASA Club House as described in Program Area 13, Supporting and Enhancing Interagency Collaboration Among Public Health Agencies, Agencies in the CPS System, and Agencies Carrying out Private Community-Based Programs.

The state has experienced no barriers or challenges to access or use of these funds.

CURRENT WORKFORCE DEMOGRAPHICS

Positions within the Department of Social Services were re-structured on July 1, 2020.

An **Associate Social Services Specialist** is the entry-level child protective service professional position. An **Associate Social Services Specialist** who successfully completes their one-year probationary term automatically advances to a **Social Services Specialist** 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 **Social Services Specialist**. Qualifications include a Bachelor's or higher level degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis.

Qualifications for a **Social Services Specialist** include a Bachelor's degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis; and, 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; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license.

A combination of graduate education from an accredited college or university in the preferred fields and experience described may substitute for the stated qualifications.

A **Social Services Specialist** has the opportunity for advancement within the same classification through an application process with review and approval decision by the applicant's management team and Human Resources. Promotional opportunities to Social Services Unit Supervisor or Senior Social Services Specialist are also available. Promotional opportunities to Supervisor and Specialist positions are based on vacancy and a competitive interview process.

In order to advance within the **Social Services Specialist** classification, qualifications must include a Bachelor's degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's

degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis; and,

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 combination of graduate education from an accredited college or university in the preferred fields and experience described may substitute for the stated qualifications.

A **Senior Social Services Specialist** 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 **Senior Social Services Specialist** has the opportunity for advancement within the job classification or promotion to Social Services Unit Supervisor contingent on vacancy, performance history, and competitive interview. Additionally, a **Senior Social Services Specialist** has advancement opportunities to the position of Social Services Administrator based on vacancy, performance history, and a competitive interview process.

One or more years of experience as a **Social Services Specialist**, Social Services Unit Supervisor, or Senior Social Services Specialist with the Missouri Uniform Classification and Pay System.

A Bachelor's degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis; 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; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license.

A combination of graduate education from an accredited college or university in the preferred fields and experience described may substitute for the stated qualifications.

Successful completion of required certification and training as provided by the Missouri Department of Social Services, Children's Division is required within 12 months of employee's date of hire.

Associate/Social Services Specialist Initial Training

Professional Development begins when an employee starts employment with The Children's Division. The first year of a new employee's professional development is comprised of formal,

classroom training combined with on-the-job training. The Professional Development team recently rewrote Child Welfare Practice Training. Formal training is completed by the Professional Development team and ends at nine months with a capstone type project for the worker. On-the-job training is being provided by the regions.

Child Welfare Practice Training (CWPT)

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

The CWPT coursework structure during the first 9 months of CWPT is as follows:

New Employees were enrolled in a five-week classroom curriculum until July 2023. Then a new CWPT was started which new employees train for nine months on different subjects.

The new employees are required to complete the following classes:

- CWPT Phase One- This starts as three weeks of CWPT. This training is a facilitated training (virtual and in person) which focuses on the skills needed to perform the job. The first week covers general topics through e learnings and short activities. The first day includes a short simulation of a child interview which introduces them to problem-based learning. Day two is a day of e-learnings which covers bias, communication, and trauma. Investigators complete e-learnings on how to read reports and an overview of what happens with reports. Family Centered Services staff complete an e-learning on an overview of their program line. Day three for investigators includes e-learnings on interview skills, contact requirements and how to involve families. Family Centered Services staff complete e-learnings on court involvement. Day four for investigators includes e-learnings on Multi-Disciplinary Teams and how to collect evidence. There is a discussion for both program lines on genograms and how to use them to find information about fathers, placement options and supports. Day five is free so staff can shadow others in the field.

For investigators, week two starts with a three day in-person class. The first day is an overview of an investigation from start to the point of conclusion. Day two is a half day class on abuse and a half day class on neglect. Day three is a full day of interviewing. The fourth day of the week includes a one on one where the participant is filmed in a scenario in which they need to get into the door and let the parent know their rights. They debrief the experience in the afternoon. There are several e learnings that also need completing including SDM safety assessment, when and why court is involved and navigating TAPAs.

For Family Centered Services, week two starts with three half day virtual classes. This is an overview of how Family Centered Services start and how to work with Temporary Alternative Placement Agreements (TAPA). There are e-learnings on navigating TAPAs, Family Support Team Meetings, worker visits and the SDM safety assessment. There is

a discussion about time management. The fourth day includes a one on one where the participant is filmed in a scenario in which they need to discuss TAPA requirements and the reason the TAPA was put in place.

For Investigations, week three starts with a two-day virtual class. The first day is a class on using the SDM safety assessment. Day two is a half day on court and JO referrals. The second half of the day is on the process of child removal. Day three is an investigation simulation which includes a virtual house walk through and interviewing parents. Day four includes a recorded scenario where they practice interviewing the perpetrator and assessing safety. The last e- learning is on making and writing report conclusions.

For Family Centered Services, week three starts with a two day in-person class which demonstrates what happens when children come into foster care. On Day three, the workers complete an e learning on how to prepare for court. Day four includes a recorded scenario where they practice talking to a parent who has a court involved case.

- CWPT Phase Two- Investigators complete e-learnings on how to organize their work, what it looks like to use the Central Consult Unit (CCU), how to case consult with their supervisor and how to assess risk. Workers then attend a two day in-person class on further interviewing and how to write a conclusion. They also attend a two-hour virtual learning circle on organization.

Family Centered Services staff complete e-learnings on how to organize their work and child development. Workers attend a two day in-person class on how to assess and plan with families. They also complete a half day virtual class about conflict management. Workers then attend a one-on-one session with the trainer to discuss how to manage transfer cases.

- CWPT Phase Three- Investigators complete an e-learning about Newborn Crisis Assessments. Then they attend a one-day virtual class on how to assess a family when a report comes in for a child under the age of one. Workers complete an e learning on Child Development.

Family Centered Services staff complete a simulation in which they assess how the parent is doing and decide whether to change the plan. This simulation includes a virtual walk through of a house and interviews with the parent.

- CWPT Phase Four- Investigators attend a one-day virtual class on Juvenile Assessments. There is a focus on interviewing alleged child initiators (ACI) and what is healthy sexual development versus what is not healthy sexual development.

Family Centered Services staff complete a one-day virtual class on Long Term Safety Plans.

- Legal Aspects- Workers attend a half day class on Legal Aspects Foundations. This class focuses on how the constitution and state law effects the job. Then they take a one-day virtual class on LA Investigations for Investigators and LA Family Centered Services for FCS workers.
- CWPT Phase Five- Investigators attend a variety of learning circles on subjects like safety vs. risk, court testimony, how to create timelines, how to close a case and safety planning.
- CWPT Capstone Project- Investigators use one of their own cases that had a safety assessment outcome of safe with a plan or unsafe safety assessment outcome to show how they came to their decision. Family Centered Services staff attend a class with family scenario. In small groups, the workers determine the steps that they need to complete to close the case. The groups will make presentations on their decisions.

Foster care case management contractors are made aware of the Child Welfare Practice Training (CWPT) classroom schedule. Per the foster care case management contract, the contractor may choose to send staff to the Children's Division training or provide the training themselves or through a pre-approved contracted training vendor. When contractors take CWPT with Children's Division, this is tracked through the ELC. When contractors are trained through their own CWPT classes, it is tracked by the training agency. These records are available when requested by Children's Division. Currently, the contractors track the number of individuals that have attended their own CWPT, how many have completed and if they completed on time. This information is sent quarterly to Children's Division.

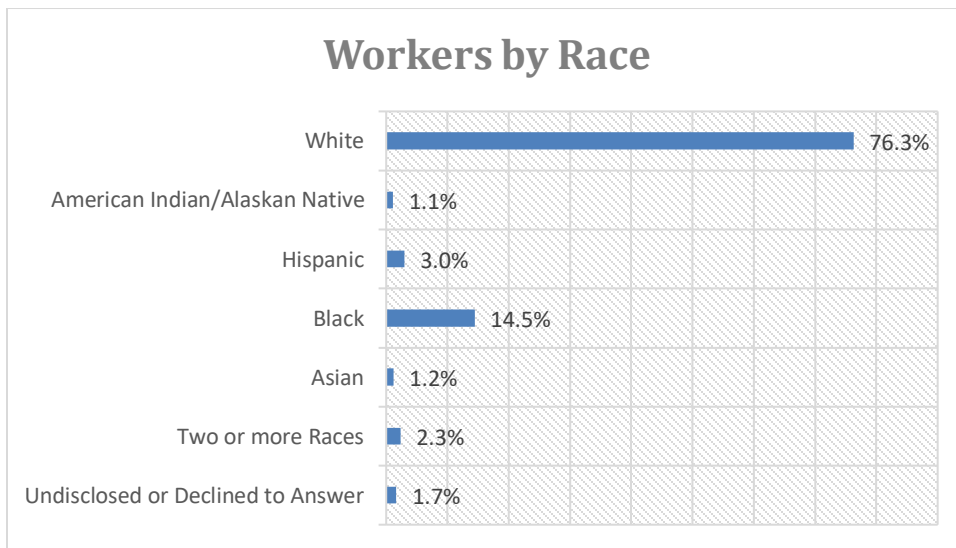
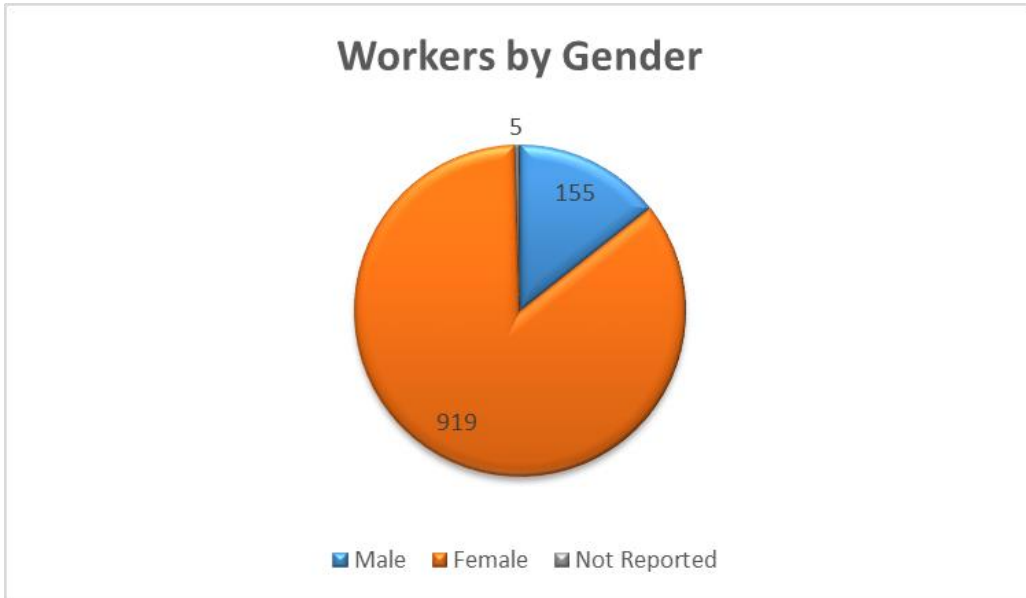
Child Abuse and Neglect Hotline Unit (CANHU)

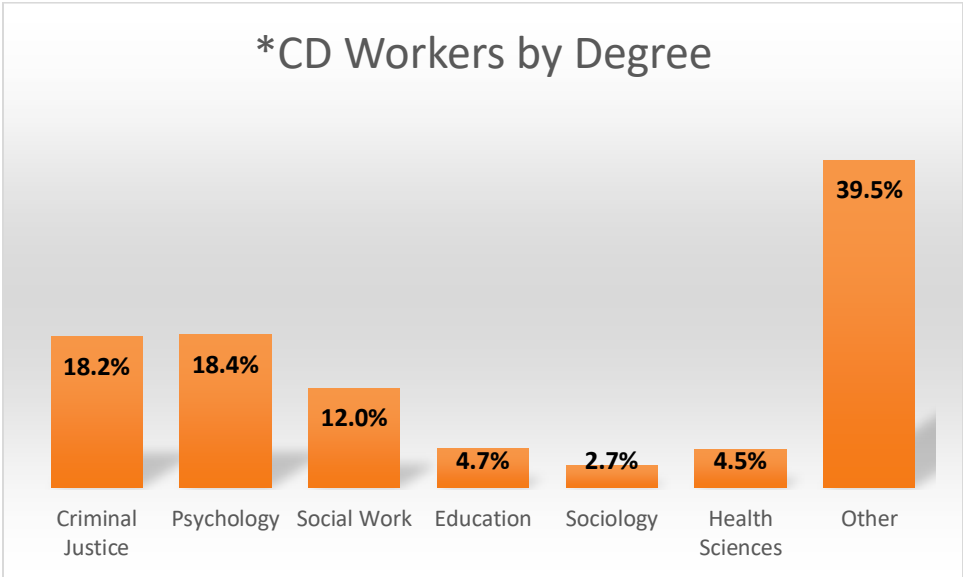
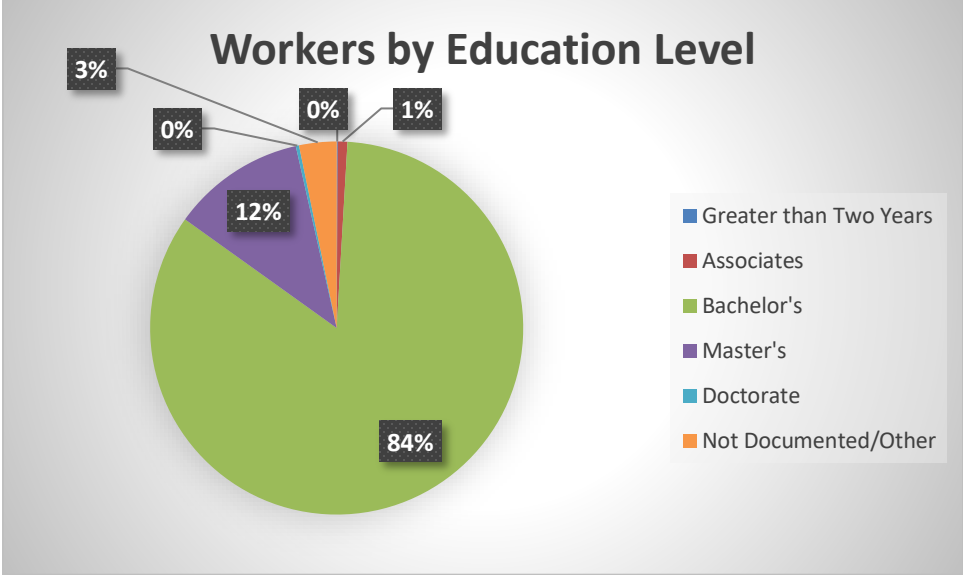
CANHU offers four weeks of training for new employees. A new session is determined when new staff are hired. The classes can be very small (one to two employees) or can be larger. Staff start training in the classroom and then the training is moved to the floor. After the training is completed, employees are assessed to see if additional one-on-one training is needed before the employee is allowed to take calls. The calls are monitored in several ways after the employee leaves training. Calls may be listened to live or on a recorded option. The employees also need to have manager approval for a determined amount of time between trainers and supervisors before their training is considered complete.

Hotline training consists of:

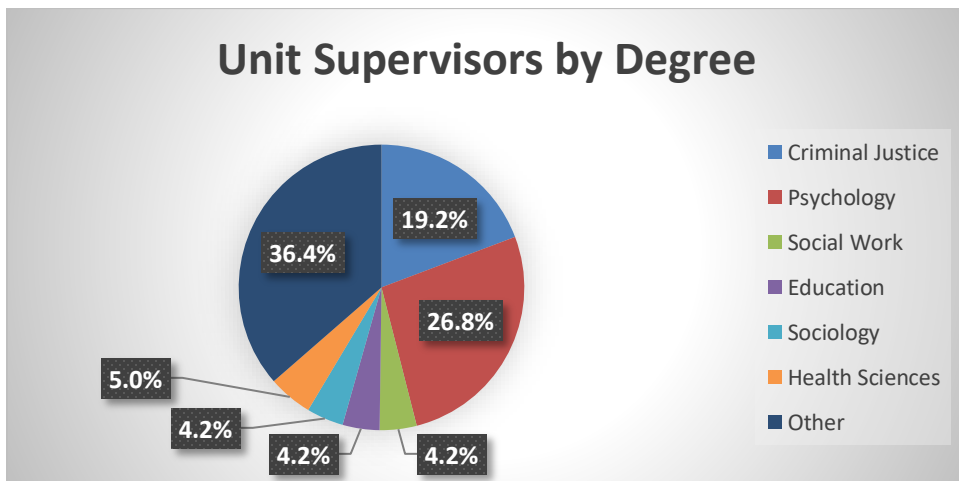
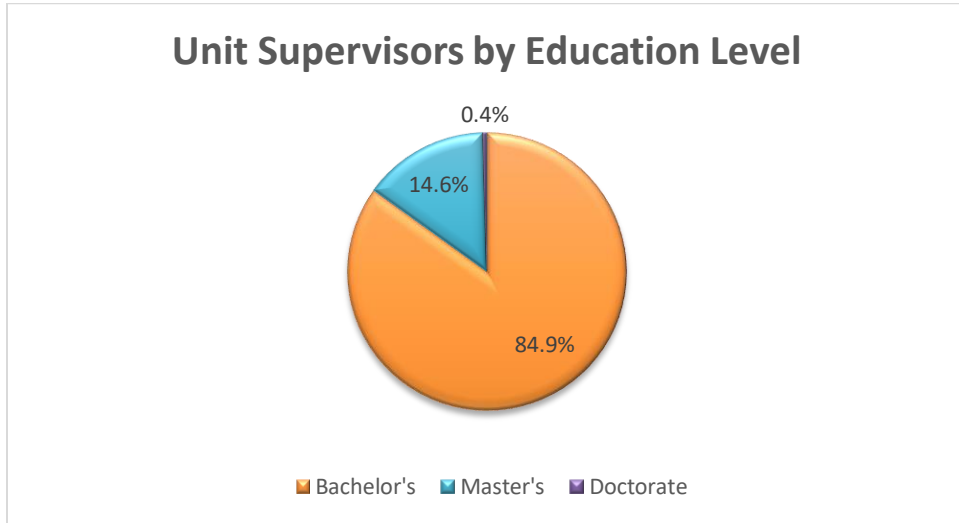
- Week one- policy/procedure/philosophy- 40 hours
- Week two- Referrals and Call procedure- 40 hours
- Week three- Assessments and taking calls- 40 hours
- Week four- Investigations and taking calls- 40 hours

Children’s Division Social Services Specialist Demographics:

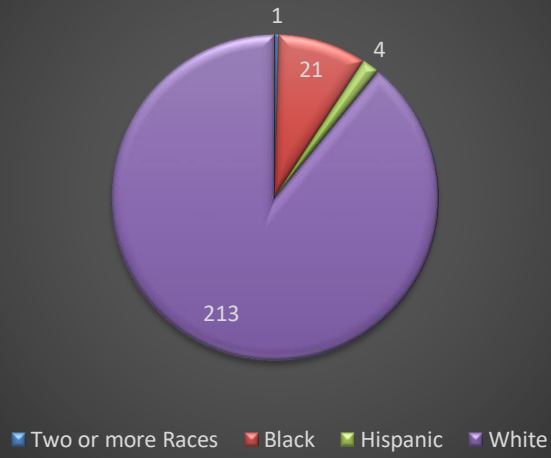




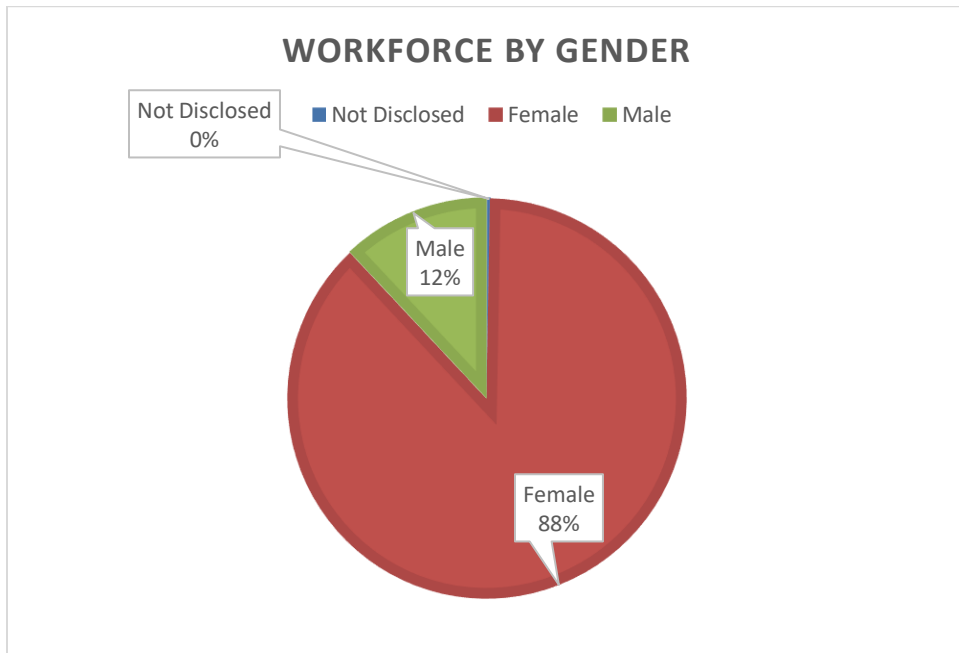
Children's Division Social Services Unit Supervisor Demographics:



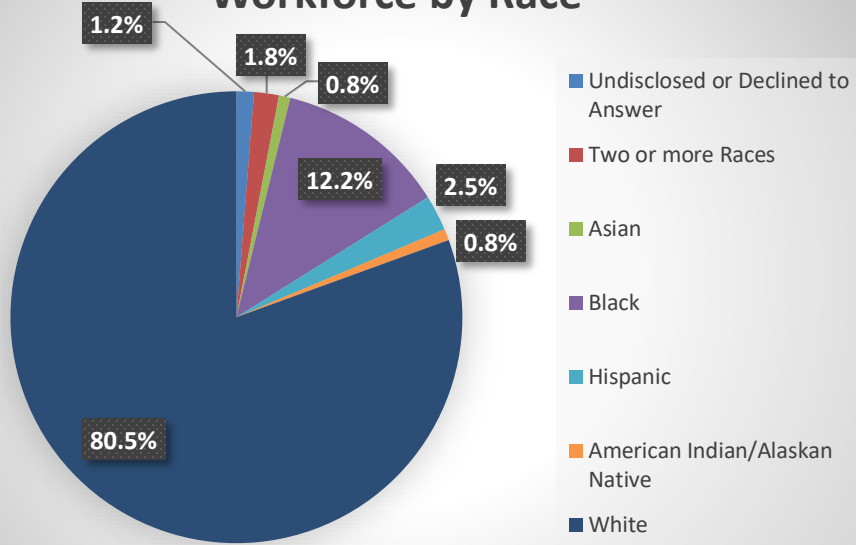
Unit Supervisors by Race



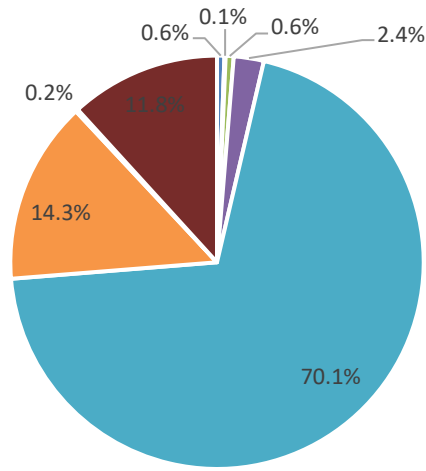
Demographics for all Children's Division Employees:



Workforce by Race

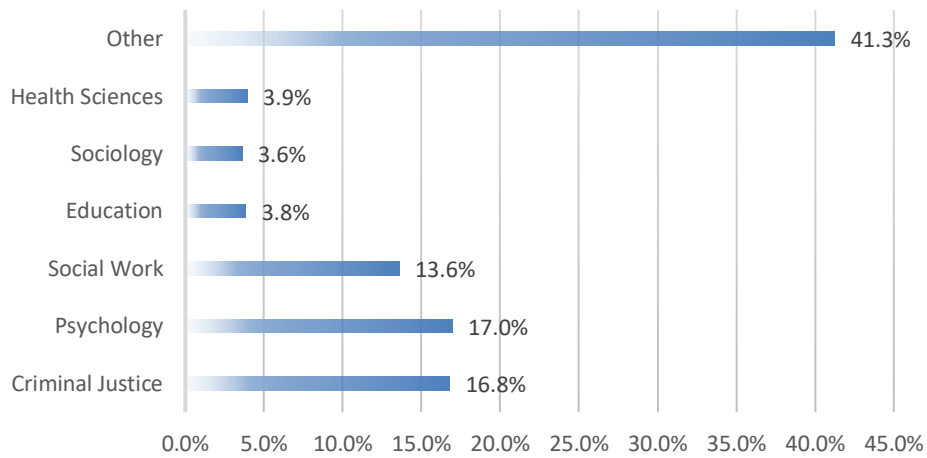


Workforce by Education Level



- Less than Two Years
- Two Years
- > 2 Years
- Associates
- Bachelor's
- Master's
- Doctorate
- Not Documented/Other

*WORKFORCE BY DEGREE



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
Eliminating Child Abuse and Neglect Fatalities in Missouri

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 multi-disciplinary 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, multi-disciplinary 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 2022 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, CD notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator’s right to seek administrative review within sixty days.

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 provided Children's Division with the following recommendations:

(A) Recommendation: Over the several two years, the Task Force has recommended that high-functioning multi-disciplinary teams (MDT) be enhanced throughout the State of Missouri. The Task Force recognizes that successful investigation and prosecution of child abuse is a multi-pronged process. Many disciplines must work together to ensure reports of child abuse are adequately investigated, prosecuted, and services are provided to families.

(A) State Response: The Task Force will continue to fund a multi-year MDT Enhancement Project with the Missouri Network Against Child Abuse (MO-NACA), formerly Missouri KidsFirst, which is intended to build more highly functioning MDTs across the state that in turn will assist in the investigation and prosecution of child abuse and neglect. The enhancement initiatives will likely lead to cases being referred and completed in a timelier manner as well as fewer cases falling through the cracks with teams working together more cohesively throughout the life of the case.

After a strategic planning phase that included various disciplines for input, the multi-year strategic plan which spans a 5-year and 10-year vision with 12-month priorities was developed. One of the 10-year goals is to have all of Missouri have dedicated and properly resourced MDT Facilitators. The pilot sites' role is to tend to the relationships of the MDT which is also required for accreditation with the CACs. They are already making huge strides on this goal. In addition, they have started to build out some of the 12-month priorities include the training ecosystem, team building opportunities, and the facilitator toolbox.

(B) Recommendation: Child Protector is a Missouri-developed free app in the Apple and Google Play (currently not functioning) stores that uses animation, real images, decision-trees and professional narration to improve the multidisciplinary evaluation of cases of possible serious physical abuse. The Task Force approved to fund upgrades to the Child Protector App to improve the investigative, administrative, and judicial handling of cases of child physical abuse, as well as child fatalities, in a manner that reduces trauma to the child and family, by adding new content to the existing Child Protector App. The Task Force feels that due to such an increase of new staff across all disciplines, more awareness to the app would be beneficial.

(B) State Response: Once upgrades have been completed on the Child Protector App, the Children's Division would like to partner with the Task Force to engage public awareness campaign for the MDT to showcase the app and its use. This will include various social media sites and possible training for staff. There is also opportunities for the Child Protector App team to provide training and presentations to the MDTs across Missouri. Once the upgrades have been completed, a more formal plan for implementation will be developed.

Child Fatality Review Program (CFRP)

Child Fatality Review Panel (CFRP)

The Missouri Department of Social Services State Technical Assistance Team (STAT) houses the Missouri Child Fatality Review Program (CFRP). CFRP has a State Panel to provide oversight and assistance in the development of plans, preventative strategies and recommendations for the Department of Social Services and other child safety practitioners in the State of Missouri. The CFRP State Panel is comprised of representatives from the same professional disciplines that are statutorily mandated for each of the county panels: Prosecuting or circuit attorney, coroner or medical examiner, law enforcement, Children's Division, public health services, juvenile court, emergency medical services, and other optional members from the child protection community.

The CFRP State Panel reviews preliminary data gathered by the CFRP via local panels and facilitates conversations around data trends. In 2023, the CFRP State Panel identified concerns relating to child fatalities related to fentanyl exposure. There was a significant increase in child fatalities as a result of fentanyl exposures reported in the 2022 Child Fatality Review Program Annual report released at the end of 2023. Representatives from the CFRP State Panel met with leadership from the Missouri Department of Social Services and the Missouri Children's Division to discuss this issue.

The Department of Social Services requested a subcommittee of the CFRP State Panel conduct an in-depth case review of the fentanyl related child fatalities from 2022. The subcommittee reviewed cases and identified trends from January 2024-to April 2024. The final report was published May 2024 and included recommendations for all system partners.

The CFRP State Panel is working to elevate the prevention work of the local panels. The CFRP State Panel has plans to partner with the Saint Louis Regional CFRP Prevention group to move prevention items into action items. The Saint Louis Regional CFRP Prevention group has worked on prevention related to fentanyl exposures and fatalities as well as firearm related fatalities to include public roundtable discussions and resource sharing.

Panel Recommendations

(A) Recommendation: St. Charles CFR Panel recommends a two pronged approach to help save children from poisoning. First, substance abuse programs aimed at educating children on the dangers of using drugs. Secondly, harsher punishments for parents and caregivers who provide children with drugs

(A) State Response: CD published Practice Alert 24-IA-02 to ensure all CD team members are aware to ask drug testing providers to test for the specific drugs the team wants to be tested for. There are certain drugs, such as fentanyl, that are not always on a drug testing panel even when that drug panel tests for opiates. Getting this information out to CD team members will help with the identification of parents and caregivers using fentanyl.

(B) Recommendation. St Charles County CFR Panel recommends adding information about the importance of stopping swaddling when the baby starts moving around to the unsafe sleep education already being presented to parents.

(B) State Response CD issued CD Memo23-13 to inform staff of an update to policy regarding Safe Sleep and Home Visiting discussion on all Child Abuse/Neglect (CA/N) reports, Newborn Crisis Assessments (NCA), Family Centered Service (FCS) cases, and Alternative Care (AC) cases. In addition, Advanced Safe Sleep training is now available on the Employee Learning Center (ELC). This training includes information on when to stop swaddling.

Child Abuse/Neglect Review Board (CANRB)

Child Abuse and Neglect Review Board (CANRB) Recommendations to Improve

Children's Division's Investigative Policy and Practices

2023 CANRB Report

Recommendations as compiled by Boards A-F regarding case files

- Please include pictures if any were taken
- There is still some room for improvement with records/documentation from CD: example medical records, CAC interviews and police reports.

Children's Division Response:

Staff should include all relevant investigative reports and evidence in the possession of the Division. In some instances, the CAC only gives a brief summary of the forensic interview and does not provide Children's Division with a full report. Staff may take photographs of children when a parent or legal guardian of the child provides consent to the taking of the photograph. Staff should take the photograph(s) in the presence of the parent or legal guardian. If a parent or legal guardian refuses or is unable to provide consent, only law enforcement or medical personnel may take photographs. Staff may also take scene photographs, such as household conditions, when a law enforcement officer is not present during the interview. Staff must also obtain consent of the parent or legal guardian of the child to take scene photographs. The Division is exploring how to update current procedures of documenting and uploading colored photos to provide the best quality documentation for board members. The legislature approved funding for Children's Division to replace the current FACES system. A new system will offer an improved and simplified way to upload documents and photographs into the report.

Frontline child welfare training has been revised to better equip staff with the investigative skills they need to complete thorough and professional reports. Funding opportunities are being explored to develop more advanced specialized investigative skills training.

The Administrative Review Team does ensure that all videos are viewable prior to uploading them to Box. However, the board member must have an appropriate application/software program to be able to view videos. Board members may be privy to information contained within the investigative record that the alleged perpetrator and/or their attorney are not privy. Alleged perpetrators must go through the Document Management Unit to ensure that they only receive information from their record to which they are legally privy. The State of Missouri has security access protocols that must be followed for individuals to have access to Box. It would not be practical to provide and remove access to Box for alleged perpetrators and/or their attorneys. The Administrative Review Team currently uploads documentation and evidence on behalf of the alleged perpetrator and/or their attorney.

Recommendations as compiled by Boards A-F regarding CD Presentation at CANRB

- Investigators should be presenting
- Better consistent CANRB training for CD – presentations are often disorganized and not done well. Some do not understand CANRB.
- Facilitators for CANRB do a great job
- We would like for CD to turn on their cameras if they are participating via WebEx.
- CD staff need to be more prepared in their presentations.

Children's Division Response:

Supervisors are encouraged to participate in the in the review hearings alongside less seasoned investigators.

Investigators who transition to a different position within the Children's Division are encouraged to present at CANRB. If a prior investigator is employed by another agency, they cannot participate on behalf of the Children's Division due to confidentiality.

A CANRB presentation template has been developed for Children's Division staff to promote consistency among presentations and to prevent merely reading from the investigative record. All CD Staff are encouraged to use their cameras when participating via WebEx.

Recommendations as compiled by Boards A-F regarding Investigation

- Make sure they talk to everyone mentioned in the report
- Move beyond the he said she said stage
- Workers should only be doing a cursory interview or none before a forensic interview.
- The majority of the time when our board reverses it is due to a lack of preponderance of evidence, such as a lack of collaterals, photos, or use of the MDT team to share and collaborate information. There are times where there is mention of photos taken by other MDT team members, or other MDT involvement yet those records and findings are not included for review. Cases seem to be concluded prior to full investigation and without engagement of collaterals who could provide more information and context to the allegations.
- CD investigations would benefit from more workers with less of a caseload and more training on the various aspects of investigation and working a case from beginning to end. Many workers express during the hearing that they don't know what to do or they haven't ever done this before. We are often hearing cases from investigators who were not part of the case due to turnover within the agency. This makes it challenging for the board to ask questions and get meaningful answers that aid decision making.
- Resolve Juvenile perpetrator issues in statute does CD have authority to investigate juveniles and can a juvenile be put on registry for life – too much confusion and disagreement about this.

- Report writing to include corresponding evidence and external resources (such as police reports, forensic interviews and exams)

Children’s Division Response:

The Children’s Division recognizes the need to further train staff in interviewing the appropriate collaterals and witnesses in an investigation to assist in gathering all information and evidence that would be relevant to the outcome of the investigation. This is also the responsibility of the supervisor to discuss any appropriate collateral and witness contacts in case consultation. Our new policy around interviewing household members is as follows: In order to conduct a thorough Investigation, Family Assessment, or Juvenile Assessment, staff must interview all adults who are considered part of the child(ren)’s household. Per the Structured Decision Making Safety Assessment’s definition of household, staff must assess all persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship with a parent in the household (boyfriend or girlfriend) but may not physically live in the home or a relative where the legal parent allows the relative authority in parenting and child caregiving decisions. Staff must assess whether any member of the victim child’s household poses any safety threats to the child(ren), and to ascertain their knowledge of the reported concerns.

The Children’s Division will continue to emphasize that workers can ask witnesses and collaterals, such as the CACs, to attend the CANRB hearing to provide relevant information regarding the finding of the report. It is the Children’s Division’s decision as to who to invite as a witness. Any witness must be able to provide relevant information that is not already available for the board to review.

The Children’s Division enhanced policy around juvenile alleged perpetrators in 2022. There is currently no statutory prohibition on placing juveniles on the Central Registry. Per policy, staff are not allowed to make findings against juveniles without regional office approval and in recent years, these reports are also reviewed by Central Office administration and the Division of Legal Services prior to approving a preponderance of evidence finding against a juvenile. The Children’s Division would support legislative reform around lifetime placement and juvenile placement on the Central Registry

Recommendations as compiled by Boards A-F regarding Board Composition

- If a tie in the CANRB vote = Overturned
- The raw numbers do not give enough meaningful insights into trends for us to give valuable feedback to improve the process. Having trends that come in through the year on the individual cases that were reversed would be helpful. Curious to know if there are trends within certain boards. Efforts to explore and decrease board-to-board variability are appreciated and should be continued. Knowing the background of experience and disciplines represented on the boards would also be informative.
- Feel that moving back to in person meetings would allow for better and more uniform participation of committee members. Virtual also does not allow appellants to be seen and heard in the same way that an in-person meeting does.

- Consider complexity of cases and number of participants in scheduling CANRB's
 - a. Could we schedule just 9AM and 1PM cases?
 - b. Has the backlog been caught up yet?
 - c. Could you schedule a few extra boards monthly/yearly to help with backlog?
- Could we be told how many cases we uphold go to trial De Novo at the verdict is?
- Are the boards hearing local cases? We would appreciate hearing these cases as well and assist with our local community.
- We have noticed the discrepancies between the different boards in their findings and compositions.
 - a. Are the boards members appropriated correctly with a diverse background and members?
 - b. Are the board members expirations being extended?
 - c. Are there additional training/refreshers courses for members who need or desire this?
- At least once a year, maybe twice that the board meet in person (maybe during the CAPTA session) to assist with the teams feeling comfortable with one another and form connections which in turn will assist in decision making for cases.

Children's Division Response:

There were no appointments to the CANRB this year. It is unknown when other appointments will take place.

The Division is always recruiting new CANRB members from various professions and diverse backgrounds. It is unknown if Boards and Commissions are in the process of or plan to extend board members expiration date.

The recommendation for refresher training after an appointment has expired will be shared with Legal Aspects training staff for consideration.

The Division has made the decision that all CANRB hearings that are presently being conducted virtually, will remain virtual. All boards that are currently meeting in-person board may be held virtually at any time due to weather or other extenuating circumstances. The transition to virtual board meetings has increased alleged perpetrators access and participation in hearings due to the ease of joining remotely.

A maximum of 5 cases are scheduled in both the morning and afternoon. Cases are scheduled on the next available date to ensure that hearings are held in a timely manner. Not all boards are able to hear local cases.

The backlog is making progress as we have triaged all of them to determine which ones can be court adjudicated. We are in the process of doing case reviews on remaining backlog cases to determine whether they should be upheld and sent to CANRB. The option to possibly add more hearing dates will be explored.

Recommendations as compiled by Boards A-F regarding Tiered Registry

- Our biggest recommendation as a board has always been, and continues to be, that the people put on the registry are categorized in a way that would not keep everyone on there for life. There should be a tiered system that allows certain offenses the right to request to be removed from the registry after a certain number of years. The CAN registry greatly affects people's lives, as it should, but someone who is on it for a minor drug offense with their kids in the home and someone who raped a child should not face the same lifetime fate of being on the registry.

Children's Division Response:

The Children's Division would support legislation to implement these recommendations.

Recommendations as compiled by Boards A-F regarding Public Education

- What it means to be on the registry explained better
- Testifying – we believe there used to be a hearing video that was used, but do not know whether there is training on testifying now.
- Retention and recruitment for CD staff
- Is there a plan on providing support in case trauma for workers?

Children's Division Response:

When a Preponderance of the Evidence is found, the alleged perpetrator is made aware of the finding by certified letter. Information regarding the appeals process is included in the Investigation Disposition Notification Letter (CS-21). Correspondences issued to alleged perpetrators have been revised to provide more simplified information.

If an alleged perpetrator has questions, he/she can contact the local Children's Division office or the CANRB Liaison directly. If an alleged perpetrator chooses to hire an attorney, it is the responsibility of the attorney to understand policy and procedure in representing their client during the CANRB process. There are facilitators at each Board to explain the hearing process prior to each hearing. A future endeavor includes looking at developing a webpage to support the CANRB process.

Recruitment and retention efforts include collaborating with colleges, using social media for recruitment, and reducing the time to fill vacancies. Initiatives such as optimizing onboarding processes, expanding hiring qualifications, and utilizing hiring blitzes and various advertising channels. Strategies to enhance workforce support include utilizing resources like the Staying Power! Supervisor's Guide to Retention and conducting exit interviews to inform retention activities.

Children's Division Legal Aspects Team has released a training video that explains the CANRB process. Staff has access to this video through the ELC.

Governor Parson supported pay raises for all state employees in 2023 with some additional salary increases for the Children's Division. There have been demonstrable improvements in staffing as a result.

Children's Division staff are encouraged to participate in trauma-informed training on an annual basis. All Missouri State Employees have access to an EAP program that provides free and confidential mental health treatment for any trauma our staff may face.

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