

MISSOURI

DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION



CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE GRANT

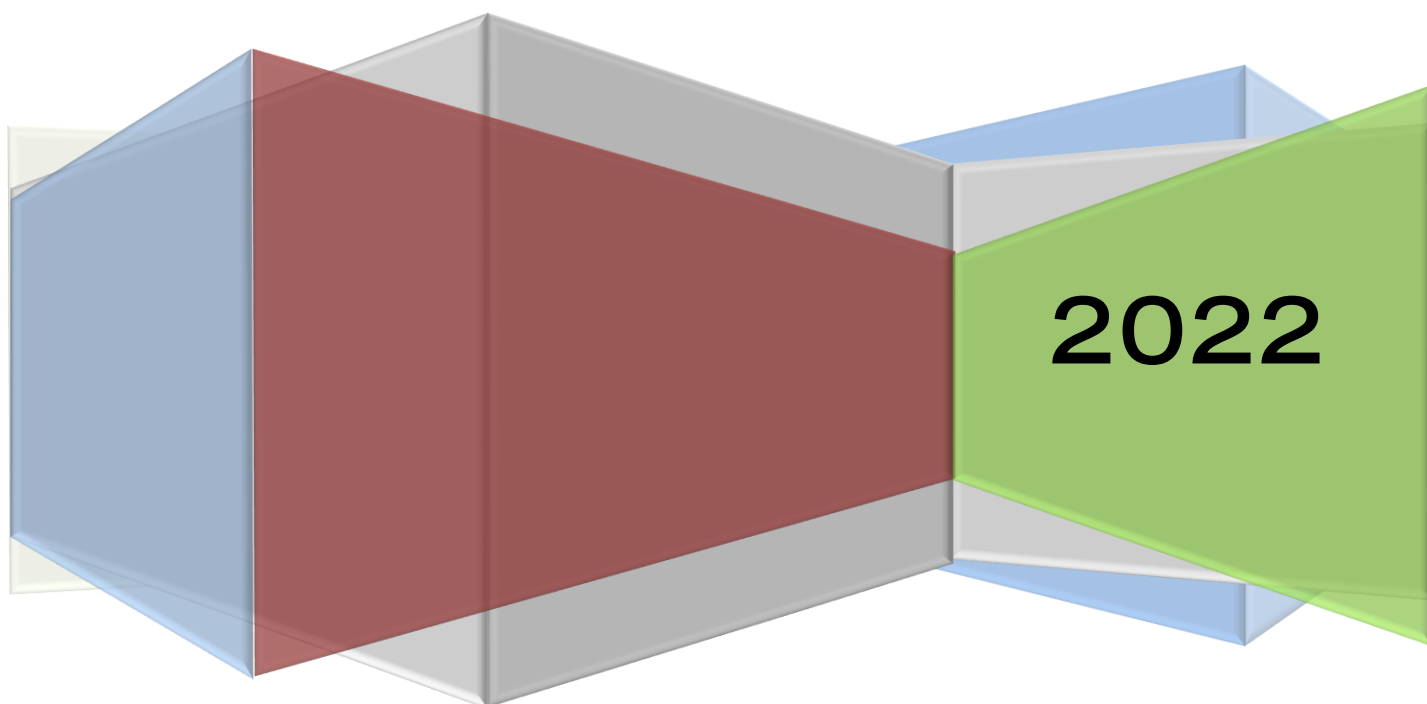


Table of Contents

Changes to State Law or Regulations that Could Affect the State’s Eligibility for the CAPTA State Grant	3
Annual Summary of Activities, Training and Services.....	3
Update on Services to Substance-Exposed Newborns	33
Amendments to CAPTA made by P.L. 114-22, The Justice for Victims of Trafficking Act of 2015	35
Juvenile Justice Transfers.....	37
Current Workforce Demographics	37
Citizen Review Panels	51
State Responses to Citizen Review Panels.....	56
Contact Information.....	60

**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 2020 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.
- (12) Supporting and enhancing interagency collaboration between the child protection system and the juvenile system.
- (13) Supporting and enhancing interagency collaboration among public health agencies, agencies in the CPS system, and agencies carrying out private community-based programs.

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

Department of Social Services Initiatives

Children's Division (CD) formed a workgroup in calendar year 2020 to examine the Missouri (MO) Practice Model. The group was made up of a diverse group of Children's Division staff who were tasked with taking the relevant elements from the practice model and constructing a model that makes sense for Missouri and can be effectively and efficiently implemented.

The vision for the Missouri Model is take the best, most valuable aspects from the practice model and integrate into one Missouri Model that best ensures safety and well-being for children. The structure below highlights the ideals for the Missouri Model:

- Five Domains of Wellbeing: how we see our families;
- Signs of Safety: how we engage and communicate with our families;
- Framework for Safety: how we articulate safety to our courts and partners; and
- An SDM assessment that measures risk and safety and can transition throughout the life of a case.

The workgroup divided into program area sub-groups in order to take a closer look at components of the existing model and pull out the valuable pieces by program area to be implemented in the Missouri Model.

During the investigation/assessment process the Children's Services Worker in consultation with the Children's Services Supervisor complete the Structured Decision-Making (SDM) Family Risk Assessment Tool at the 72 hour case consultation. The SDM Family Risk Assessment is intended for the worker and supervisor to gain a better understanding of the family's characteristics and informs the worker of potential risk factors and areas that might warrant further services. The Risk Assessment is based on research on cases with substantiated abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent substantiated abuse and neglect. The tool does not predict recurrence, but simply assesses whether a family is more or less likely to have another incident without intervention by CD. The Risk Assessment tool is composed of two indices: the neglect assessment index and the abuse assessment index. This tool helps define risk for the family through an initial risk level

of low, moderate, high, and very high, based upon a score for each assessment item derived from the worker's observation of the characteristics described.

If, from the investigation/assessment process, Family-Centered Services (FCS) case opening occurs, the initial time frame for when the worker must meet with the family will be determined based upon the initial risk level. Face-to-face contact by the CD worker should occur in the family's home. The additional contacts may be met by a contracted in-home service provider who is working with the family as part of the family's case plan or by a virtual visit.

The Family-Centered Services Missouri (MO) Model sub-group created a proposal for the FCS MO Model which included using the Generalist Intervention Model to guide the work done with families with open FCS cases. The Generalist Intervention Model helps workers spot potential stressors to families so that staff can work with them to plan and implement prevention strategies and interventions that will support families in changing unwanted behavior. The Generalist Intervention Model provides six stages to guide the work with families. The stages are: engagement, assessment, planning, intervention, evaluation, termination/follow up.

The FCS Assessment and Social Services Plan is currently being piloted in several circuits throughout the state. It will be utilized for conversations with the family and their safety network to develop the plan that will enable the family to achieve and maintain the safety goal(s) for their child(ren). The focus of this should be on how people will be living differently to help keep the children safe now and in the future, even after the prevention case with CD is closed. A safety network should be involved in the creation, implementation and monitoring of this document. As the FCS Assessment and Social Services Plan is utilized, it must be constantly evaluated, monitored, and adjusted as necessary. Families should be given opportunities to incrementally demonstrate how they are using their plan as the case progresses.

Ongoing monitoring will also occur through supervisory case consultations. The Family Risk Reassessment will be completed every 90 days between the worker and supervisor during a supervisory case consultation. The Family Risk Reassessment is a tool utilized to reevaluate the familial risk level based upon observations during the 90 days for new allegations of abuse or neglect, difficulties with identified areas of concern, and progress on the case plan. The risk level identified from the Family Risk Reassessment tool will continue to guide the minimum number of monthly face-to-face visits the worker must make with the child(ren) and family. As safety concerns are mitigated, the scores and subsequent risk level should decrease. The FCS Assessment and Social Services Plan will also be reassessed during the same 90 day intervals to ensure appropriate depiction of the case plan and progress.

The 2018 Family First Prevention Services Act (FFPSA) blends seamlessly into FCS services occurring within CD to better serve family and children. The proposed tools through the FCS MO Model includes FFPSA eligibility and prevention efforts. CD staff will make the informed decision as to a referral for FCS case opening, eligibility determination as to a candidate for foster care, and which evidence based service provision would be the most beneficial for the family. Existing safety and risk assessment procedures will be utilized to fully assess the family

and to determine the appropriate prevention service provision to alleviate the identified concerns through a FCS Family First Prevention Services Case.

To ensure stability across program areas a crosswalk was completed on all of FCS and AC tools for the MO Model. Revisions were made to align the tools to be consistent throughout the life of a case. To further enhance consistency the FCS and AC MO Model groups are piloting the tools.

The FCS MO Model pilot includes six (6) circuits and began February 1, 2021 and will run through May 31, 2021. An evaluation, case reviews, and pilot site recommendations will be completed during the pilot period. Updates will be made to policy, forms, and training during the summer of 2021. Learning and training opportunities will be available to staff prior to the full implementation of the FCS MO Model. The anticipated roll out of the new FCS MO Model for the entire state will be in October 2021. This will align with the Family First FCS Prevention Implementation.

House Bill 1414 was passed and signed into law on August 28, 2020 which modifies several provisions related to child protection as described below.

Missouri revised statute 210.145.2(2) requires the Children's Division Director and the Office of State Courts Administrator to develop a joint safety assessment tool by end of 2020, with implementation before January 1, 2022. This jointly developed safety assessment tool will replace the risk assessment currently in use. Workers must complete the risk assessment within 72 hours for all reports of abuse and neglect, to be considered as part of the structured decision-making process. The Children's Division has partnered with Evident Change to develop a Structured Decision-Making® (SDM) safety assessment. A survey was sent out in January of 2021 and 378 staff completed a web-based survey regarding their own perceptions of their ability to equitably complete assessments for children and families across different races/ethnicity, socioeconomic status, and sexual orientation. Staff perceptions were valuable to identify focus areas for the new SDM® policy and practice. Focus groups began in March 2021 and will continue throughout 2021 to assist in developing a comprehensive tool.

Temporary Alternative Placement Agreements (TAPAs) redefine diversions or safety plans that place children out of the home. The law allows the Division to create and enter into TAPAs as legally binding, voluntary, time-limited agreements with parents/legal guardians to provide a temporary, out of home placement for a child when the parent/guardian is temporarily unable to care for the child and the child is not otherwise in imminent danger of death, serious bodily injury or sexual abuse. TAPAs must be in writing and can last up to 90 days but may be extended if referred to the Juvenile Officer (JO). The Children's Division supervises implementation of the TAPA, and is required to report information to the JO so that the JO can determine independently whether to take action even though a TAPA may have been created. A Team Decision Making (TDM) meeting must be held within ten days and monthly thereafter, and a Family Centered Services case must be opened with the family. A worker is required to have at least two visits per month with the child, including one in the placement home and also one

visit with the parent from whom the child was diverted. There must be behaviorally specific requirements for the parents included in the TAPA. The TAPA is considered voluntary and the parent(s) may request termination of the TAPA at any time. If such time that a TAPA is requested to be terminated or has been found to be unsuccessful, the Children's Division shall make a referral to the JO if the TAPA cannot be negotiated. Updates to policy and the regulation have been drafted and are moving through the approval process at this time.

Child Abuse/Neglect Review Board (CANRB)

Missouri has an established process in place for alleged perpetrators seeking Administrative Review of a child abuse/neglect preliminary finding of substantiation by a preponderance of the evidence (POE) by the Children's Division (CD). The alleged perpetrator may initiate an Administrative Review of the finding by requesting a local review by the Circuit Manager or designee. If CD's preliminary finding is upheld at the local level, the case is referred to the CANRB. The CANRB is an independent panel of nine private citizens from varying professions that are appointed by the Governor and confirmed by the Senate. If the alleged perpetrator does not agree with the board's decision, he/she may seek a de novo review before the Circuit Court. The alleged perpetrator may elect to bypass the local and CANRB administrative review and make a direct request for a De Novo review in Circuit Court. CAPTA grant funding continues to support the work of the CANRB.

Revised regulations have been filed which will necessitate changes to the CANRB process upon approval. The local Administrative Review will be discontinued and cases will be directly heard by CANRB. The alleged perpetrator will also have the option to proceed to CANRB even if criminal charges are pending.

Child Fatality Review Panel (CFRP)

The Missouri Department of Social Services State Technical Assistance Team (STAT) oversees the Missouri Child Fatality Review Panel (CFRP). Following the release of recommendations by the National Commission to Eliminate Child Abuse and Neglect Fatalities, the CFRP developed a subcommittee to review records of child fatalities that the local CFRP identified as child abuse or neglect. The Missouri Children's Division participates on this subcommittee as well as public and private agency partners, including law enforcement, Missouri Department of Health and Senior Services, Missouri Children's Trust Fund, Missouri Office of Child Advocate, the Missouri Office of Prosecution Services, law enforcement, medical providers, and other community providers (e.g., domestic violence, mental health.)

The Child Fatality Review Panel subcommittee has reviewed case records associated with child fatalities, where the local CFRP attributed the death to child abuse or neglect. The subcommittee has reviewed all child fatality cases classified by local Child Fatality Review Panels as child abuse and neglect related deaths for 2014. Based on their review, the CFRP subcommittee developed strategies and recommendations to prevent child maltreatment fatalities, including:

- creating a culture of safe sleep;

- improving law enforcement's and the Children's Division's response to child deaths;
- improving the provision of resources to high risk or high need families;
- educating citizens of Missouri on how to prevent or address scenarios that increase the risk for a child death;
- increasing and improving interagency collaboration in cases with suspected child maltreatment; and
- improving mandated reporters' ability to recognize and respond to suspected child maltreatment.

This subcommittee continued to meet throughout 2020 and into 2021. The subcommittee has also completed comprehensive reviews of all child abuse and neglect related deaths for 2015. The information gathered from these reviews was used to inform additional recommendations in the most recent report published in April, 2021. The committee will continue to focus efforts on developing strategies to prevent child fatalities related to abuse or neglect.

Child Abuse/Neglect Hotline Unit (CANHU)

Missouri statute charges 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 SFY18 – SFY20:

Fiscal Year	Total Calls	Admin. Functions*	Remaining Calls	Classified CA/N	Classified Non-CA/N Referral	Documented Calls
2018	154,924	15,898	139,026	59% (82,438)	17% (23, 804)	24% (32,784)
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)

Source: FACES Report for FY18-FY20

*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)

In FY20, there was a significant decrease in total calls, due to the COVID-19 pandemic. The percentage of CA/N decreased to 51% in FY20. Additionally, there was an increase of non-CA/N referrals sent and a decrease of documented calls. Two notable temporary changes in call classification were implemented during FY 20, impacting this change.

Temporary COVID-19 Non-CA/N Referrals

On March 27th, 2020, CANHU implemented a temporary non-CA/N referral due to the COVID-19 pandemic. Calls that did not rise to the level of a report but contained concerns for children with decreased visibility in their communities, and were at significant risk of abuse or neglect, due to their vulnerabilities, parent's protective capacity or extensive history with Children's Division, were classified as a non-CA/N referral. Additionally, concerns for a family not able to meet basic needs of children due to a lack of available resources, as a result of COVID-19, were classified as a non-CA/N referral.

Due to changes in the 2020-2021 school year, as a result of COVID-19, CANHU also implemented a temporary non-CA/N referral to address excessive absences in various school settings.

Child Abuse and Neglect Call Management System Technology

In 2018, all CANHU locations moved away from an analog phone system and began utilizing Cisco Worldwide Technology. This system provided CANHU with some of the necessary tools needed to begin addressing barriers in answering all calls. One of the biggest being the Cisco Finesse System. By utilizing this system, CANHU was able to expand its queuing system from one queue to three. This change provided a larger queue size that holds more people at one time. An enhanced system also allows callers to go through a series of prompts that sorts them into a specific queue, based on their answers. Queue One is designated for child reporters and emergencies. Queue Two holds permissive callers with a non-emergency situation. Queue Three is utilized by mandated reporters calling in non-emergency information. A call-back feature was added to this queue. This allows a mandated reporter to hang up and hold their place in line. When it is their turn, they are automatically called back and able to begin their report at that time. By utilizing three queues, hotline workers are able to handle calls in order of emergency or non-emergency, as self-identified by the caller. This system was a major contributor to the extreme decline in busy signals given from FY17 (6862 average per month) to FY18 (899 total).

In 2019, the Child Abuse and Neglect Hotline successfully gave zero busy signals to callers. This is due, in part, to the Cisco System. By utilizing workforce management, CANHU was able to offer alternate shifts to team members. This aided in filling in coverage gaps that have historically been difficult to fill. Schedule flexibility also aided in attempting to address retention issues. Another major factor in this accomplishment was an increase in online reporting (OSCR).

In FY20, a fourth queue was added for mandated reporters who are calling to report a fatality or near-fatal incident. This queue is handled by more seasoned staff, who have additional training in screening fatalities. The Child Abuse and Neglect Hotline continued to successfully give zero busy signals to callers. While the number of calls accepted significantly decreased in FY20, the percentage answered increased from 71.90% in FY19 to 76.66% in FY20.

In March of 2020, CANHU began looking at alternative platforms to replace Cisco technology and Teliopiti/Calabrio. In October 2020, CANHU began working with Genesys Cloud to create a call center on their platform. Team members began testing the new call center in December 2020. In January of 2021, CANHU successfully changed to Genesys Cloud phone system. Genesys Cloud integrates the phone system, call management system, chat function, call recording system, collaborative review evaluation, and work force management.

Year	Total Calls Accepted in FACES	Percent Answered Based on Calls Offered to Hotline Workers	Avg # Busy Signals/ Messages
2018	156,831	71.40%	899
2019	153,155	71.90%	0
2020	142,791	76.66%	0

% Source: CUIR Report for CY18-CY20. *#'s do not equal 100% due to calls classified as "short calls" in which the caller disconnects within 5 seconds.

Online Reporting: Due to continued challenges to handle 800# call volume, an online reporting option called OSCR (Online System for Child Abuse/Neglect Reporting) was implemented on 11/21/16 for mandated reporters to file reports for non-emergency situations. During the initial phase, online reporting was well-received by Missouri mandated reporters as a convenient way to make timely reports. The online option took 980 calls out of the 800# queue during the six weeks of initial operation in November/December 2016. Throughout 2017, the Children's Division promoted online reporting through social media, outreach at professional conferences, and GovDelivery messaging to mandated reporter groups resulting in 16,309 online reports in CY 2017. 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. This allows hotline staff to take more calls.

Beginning in 2018, members of the hotline worked to educate mandated reporters on the OSCR system. This is accomplished via social media and in-person presentations. In 2019, mandated reporters were given the ability to begin reporting emergency situations online. Prior to this, only non-emergencies were accepted. CANHU currently has at least one team member per shift designated to handle submitted OSCRS. This ensures information is processed in a timely manner. At the end of 2019, mandated reporters were also given the option to save up to 5 incomplete online reports for 72 hours. This allows them to gather any necessary information prior to submitting. The use of online reporting increased from 13.8% in 2018 to 24.9% in 2019. In FY20, there was a decrease in OSCRs to 23%. A major contributor of this is likely the

decrease in visibility of children in their communities and by mandated reporters due to the COVID-19 pandemic.

Fiscal Year	Total Hotlines	OSCR Originated	Percent of OSCRs	CANHU Originated	Percent of CANHU
2017	145,325	16,309	11.2%	129,016	88.8%
2018	154,924	21,457	13.8%	133,467	86.2%
2019	153,155	38,191	24.9%	114,964	75.1%
2020	142,791	32,900	23%	109,891	77%

Source: FACES Report for FY17-FY20

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.

Over the past few years several retention/recruitment steps have been taken. From 2013-2019, temporary hourly staff with previous hotline experience were hired/retained to fill coverage gaps while newly hired staff gained experience and speed in taking calls. In 2020, CANHU began hiring hourly employees with no previous CANHU experience, allowing for a larger pool of applicants. In 2014, the career ladder was implemented, and in 2017 ten hotline workers had been retained after their promotion from Children's Service Worker II to Children's Service Worker III. In 2018, a Children's Service Specialist position was introduced. This position works to collect, read and interpret data collected by our FACES and phone systems. This specialist also utilizes Work Force Management. This tool helps forecast needed staffing for peak call times. In 2019, CANHU received 2 allocations for Children's Service Worker IV's and a Program Manager.

In August 2016, an out-basing plan was implemented, designed to forward overflow 800# calls from the centralized hotline in Jefferson City to designated field offices. For the first time since 1975, hotline staff began taking calls outside of Jefferson City. Out-basing has allowed CD field staff to transfer to hotline positions at their current work location for the first time and has provided a larger pool of candidates to fill hotline vacancies. By utilizing Cisco technology, hotline team members can be set up in any location that utilizes a Cisco Phone. As of December 2017, seven hotline workers were out-based in Jackson, Boone, and Greene Counties. The first out-based supervisor was hired from Greene County in October 2017, and in November four workers from the southwest area of the state transferred to the Greene County hotline unit. In 2018, the Jackson County out-base unit also expanded.

In 2019, CANHU implemented a work from home option for more seasoned staff. Each team member worked two days from home processing OSCRs. In the last quarter of 2019, staff completed a telework form to work from home. During 2019, six team members worked from home with their own state-issued computer and soft phone. There was an additional six team members who acquired soft phone access. Soft phones are software-based phones and mimic a desk phone. These team members worked from home with a shared laptop.

At this time, there are 11 team members in Kansas City. There are currently seven team members in the Greene County office. There are three team members in St. Louis and one team member in Kirksville. There is one team member who works in both the Boone County office and main office in Jefferson City. All other team members are based in Jefferson City. In March 2020, CANHU transitioned to full-time work from home for roughly 90% of the team, due to the COVID-19 pandemic. CANHU is in the process of acquiring laptops for all team members.

In 2019, CANHU started a Trauma/Morale initiative to help with morale and turnover with the unit. CANHU has started Lunch and Learn sessions and recently started Decompression Groups. Lunch and Learn sessions bring team members together to talk about different topics pertaining to child welfare. This time can also be utilized to discuss new Practice Points/Alerts that have been implemented. CANHU has recently began utilizing Decompression groups to give team members time to talk with coworkers about challenges in taking calls or other topics determined by the group. CANHU is working towards having an Emotional Support Animal in the unit to help with secondary trauma. 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 an attempt to build morale, CANHU also implemented Trivia Tuesday. The CANHU “House Cup” game was implemented to encourage and promote good work. At this time, CANHU is looking for trainings to help with secondary trauma.

Child Abuse and Neglect Hotline Unit Oversight

CANHU team members are currently using Collaborative Call Review to assure quality. This process consists of a team members and his/her supervisor listening to a recording of a team member’s call. Each person evaluates the call for quality and accuracy in call classification. Once the evaluation is complete, they come together to discuss what went well in the call, any worries and what needs to happen or ways to improve in the future.

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

Child Advocacy Centers (CAC)

A significant portion of CAPTA grant funding was used in combination with Children’s Justice Act funds to support Missouri’s Child Advocacy Centers (CAC) which improve the processes by which Missouri responds to cases of child abuse and neglect, particularly child sexual abuse or exploitation. CACs are a safe and neutral place where children can go to receive specialized

forensic, medical, and therapeutic services necessary to investigate and respond to the effects of physical, sexual, emotional, and psychological trauma caused by abuse. CACs are child-friendly environments where law enforcement, prosecutors, and CD investigators can work together to explore abuse allegations in a manner sensitive to the needs of young victims and their families. The CACs bring together highly trained forensic interviewers and child advocates with multidisciplinary team investigators. This limits trauma to the child and facilitates a more effective investigation. CACs also provide access to full forensic medical examinations by specially trained medical professionals and access to mental health services.

Child Advocacy Centers in Missouri are regionally located and provide services to all of Missouri's counties. Missouri has 15 regional assessment centers with the main offices located in St. Louis (three locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Festus, Wentzville, Cape Girardeau, Doniphan, Columbia, Parkville, Osage Beach, and Branson. Satellite offices are also located in Union, Nevada, Pierce City, Butler, St. Robert, Farmington, and Hannibal. In total, CAC services are provided in 26 fully accredited locations around the state.

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

According to data collected by Missouri KidsFirst, Missouri's CACs provided services to approximately 40% of children involved in a child maltreatment investigation, for a total of 9,169 children served in 2020.

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

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

Missouri KidsFirst empowers adults by providing education. Through professional development

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

Often, empowering adults to protect children means changing the systems developed to protect them and help families. As best practices evolve, so must policies. This is why Missouri KidsFirst helped push for and lead Missouri's Task Force on the Prevention of Child Sexual Abuse and continues to work on implementing recommendations of the task force through legislative advocacy. They also advocate to secure funding for Child Advocacy Centers (CACs) throughout our state.

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

Increase Judicial Engagement

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

Over the last year, the statewide PCSW has continued to convene on a monthly basis in a virtual format due to the COVID-19 pandemic. Much of the work of the PCSW has focused on maintaining system collaboration in these unique and challenging times.

The priorities of the group had to shift over the last year due to the inability to have circuits meet together in an in-person format. There is still conversation and planning around holding another round of regional convenings to include a greater number of participants from each site when it is safe to do so. Planning and conversation around an educational conference for juvenile court judges and commissioners has also continued. There continues to be ongoing support for court technical assistance (TA) teams with the Court Engagement Coordinator meeting with circuits and providing support and training as needed.

A great deal of work has been done by the sub-group working on addressing legal representation for parents and children through Title IV-E funding. It was decided a pilot project would be implemented for interested jurisdictions around this process. A process and supporting documents were created and approved by the PCSW group. Informational sessions were held for interested circuits and the pilot program is set to begin for those circuits on or about April 1, 2021.

Leadership Conference

On November 7-8, 2019, the PCSW hosted a leadership conference for all juvenile officers and circuit managers from each of the 46 circuits. The conference, titled “Leading Together”, provided an opportunity for the juvenile officer and circuit manager from each circuit to come together in order to collaborate around child welfare concerns. Juvenile Officers and Circuit Managers participated in leadership training, best practice discussions and identification of goals moving forward. Each team was given data for its circuit, and was asked to discuss the trends and possible strategies for improvement. The circuits were also encouraged to meet regularly to continue to discuss strategies for improvement.

The Court Engagement Coordinator has continued to check in with Technical Assistance (TA) sites around encouraging these teams to continue to meet to work on goals even if done in a virtual format.

Juvenile Court Judges/Commissioners Educational Conference

On April 17, 2020, the PCSW was scheduled to host juvenile court judges and commissioners to provide training specific to several areas of concerns. The training was to include education with regard to the American Bar Association’s Judge’s Guide to Safety and Framework for Safety, crossover youth initiatives, family first initiatives and legislative updates. This training has been postponed due the national pandemic outbreak of COVID-19 and is still in the process of being rescheduled.

Regional Court Convenings

A series of regional convenings were held in the fall of 2018. The teams consisted of the judge, juvenile officer, Guardian Ad-Litem (GAL), Children’s Division staff and contracted foster care case managers. At each court convening, participants were provided a binder/ toolkit which included information about roles and responsibilities, and information about the Family First Act. The convenings introduced the expectation that each circuit would begin or renew multidisciplinary court partnership efforts.

It was hoped that a second series of regional convenings would be held in the summer of 2020 but these had to be cancelled due to the COVID-19 pandemic and the belief from the group that this work is best completed when it is safe to meet in person. The convenings will include additional participation from local stakeholders, to include up to ten (10) members of the multidisciplinary team and are in the process of being rescheduled for the fall of 2021.

Court Technical Assistance (TA) Teams

Staff from the Children’s Division and OSCA continue to provide support and regular data dissemination as a basis for each monthly discussion held between the juvenile officer and circuit manager. The Children’s Division’s data team continues producing quarterly reports for all 46 circuits, to be used as conversation starters, at court partnership meetings. Multiple trainings have been held within the circuits as requested. Several circuits have partnered to obtain training specific to legally sufficient referrals to the juvenile officer by the Children’s Division when a request is made to remove a child from the home. Technical assistance has also been provided to assist circuits in electronic filing of documents by the Children’s Division.

The Court Engagement Coordinator began work in March 2020 supporting technical assistance (TA) work around the state. Five additional sites were selected in the fall of 2020 to provide targeted work around permanency issues, specifically length of time to reunification and guardianship. The Court Engagement Coordinator meets with these circuits regularly to troubleshoot issues related to courts and to look at streamlining Children's Division's own internal policy and practices to better facilitate permanency. The Court Engagement Coordinator has also assisted these sites in the utilization of Division of Legal Services and Permanency Attorneys to help work towards permanency goals.

The Court Engagement Coordinator continues to provide TA to individual circuits on a case-by-case basis providing support, training or linking with resources as appropriate.

Jurist-in-Residence (JIR) Work

In addition to the regional convenings, Children's Division has also worked closely with OSCA and Casey Family Programs to assist with the Jurist-in-Residence program. The Jurist-in-Residence program pairs a retired judge (Judge James Welsh) with current members of the juvenile bench for mentoring and problem-solving support. Just as a youth in foster care often take advice most readily from their peers, and parents involved in the court system will readily turn to other system-involved parents for support, judges too will frequently contact other judges for guidance about best practices and decision-making. The Jurist-in Residence is contracted with OSCA and exists in the 7th, 9th, 19th and 34th judicial circuits.

The Jurist-in-Residence gives monthly updates to the PCSW on his work with circuits. The Court Engagement Coordinator has attended some of his virtual meetings with circuits in order to assist in any needed collaboration with Children's Division.

The JIR work has also been impacted by the COVID-19 pandemic in that some circuits have found difficulty in meeting together in a virtual format regularly with the additional challenges added to Children's Division and court staff in these unique times.

Judicial Engagement Team (JET)

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

Staff Competency in Court

The Children's Division's Legal Aspects Trainers have created and completed a Legal Aspects 360 that all circuit managers participated in during January 2021 to refresh their knowledge of legal aspects in both investigations and alternative care. The legal aspects trainers have

identified the need for training of courtroom skills for all circuits in the state. The first round of trainings was scheduled for April 2020, however these were postponed due to the COVID-19 pandemic and staff changes in the Legal Training team. The Legal Aspects trainers will collaborate with the local jurisdiction's attorneys and court personnel along with Children's Division staff.

Other Activities

Children's Division's Data Team continues to produce quarterly data reports for all 46 circuits (to be used as a conversation starter at court partnership meetings). The information provided to circuits includes; number of children in alternative care, number of children in relative placement, the number of children exiting care, the number of children entering care, the number of children re-entering care and the number of children reaching permanency within a specific timeframe.

Multi-Disciplinary Team Training

This training was developed by The Task Force on Child Sexual Abuse Prevention and was based on a statewide survey sent to multi-disciplinary team members (MDTs) to assess their level of functioning. Several of Missouri's MDTs described themselves as "dysfunctional". Based on this self-assessment, an eight (8) hour training was developed called, "The Basics of MDTs". It is a certified eight (8) hour training that also offers CEUs, POST credit, 210 credit for the Children's Division, and other free credit hours for professionals. Those who attend the training include the Children's Division, attorneys, juvenile officers, judges, guardians ad litem, and other community members. The purpose is to bring everyone that would be involved in the local MDT together to address strengths and challenges within their group. The training focuses on the "big picture". The training is set up for group work and to enhance communication within the group. Different topics include:

- Completion of the MDT Assessment Tool
- The Child Advocacy Center Model
- Statutory Compliance
- Case Processing (This is a popular group activity that highlights strengths and weaknesses and how to mitigate weaknesses)
- Identification of Abuse and Neglect (It was found that some LE agencies had very little experience with investigating abuse and neglect. (The team will examine different agencies' definitions and burdens of proof, as well as their goals and objectives.)
- Cursory Statements and Referrals to CACs
- Dynamics of Coercive Control
- MDT Protocol and Functioning as a Team (Group work. Uses case scenarios to create ideas for functioning as a MDT. Participants discuss pros and cons of removing children from their home)
- How to Conduct Case Reviews and ways to improve.

This training was planned for expansion in 2020 to include Train the Trainer for professionals across the state to assist in strengthening MDTs. The session, which had been originally intended for April 2020, has been postponed to September 2021 in hopes that the COVID-19 pandemic will be alleviated by then. The next meeting of the MDT Workgroup will continue planning for the MDT Train the Trainer session and discuss future projects of the MDT Workgroup.

(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, and coaching to staff regarding specific families and/or general family practice, either in individual or group session formats.

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

Home Visiting

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

The Home Visiting Program is a voluntary program providing assistance to eligible parents whose family income does not exceed 185% of the federal poverty level and are currently pregnant or have a child under the age of three (3) years. The program provides parents various opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and education, parenting skill development, and school readiness. The Home Visiting Program also provides parents with hands-on training and educational support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. As the child(ren) age out of the Home Visiting Program, the child(ren) and family are referred to Parents as Teachers or another early learning program to maintain continuity of educational services for the family.

The Home Visiting program is currently located in 11 regions across the state through an extension of the FY21 competitive contract, as the awards of the FY22 contract are pending. It is the intent for Home Visiting services to extend statewide through the FY22 awards. In SYF

20, there were a total of 1,788 unduplicated families and 2,124 unduplicated children age birth to three years old served.

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

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

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

In 2019, the Task Force on Child Safety was developed by the Missouri Department of Social Services. This group met throughout the spring and summer of 2019. This Task Force was comprised of stakeholders representing law enforcement, prosecuting attorneys, juvenile officers, Office of State Court Administrator (OSCA), State Technical Assistance Team (STAT), Office of the Child Advocate (OCA) and the Children's Division. The primary charge of the group was to address concerns and recommendations related to the Children's Division's practice. The Task Force released a report in September of 2019. The Task Force identified three significant areas for improvement:

- Training
- Investigations and Multi-Disciplinary Teams
- Safety Plans

The Task Force found that Missouri was not using additional risk assessment tools in addition to the Signs of Safety Practice Model. They recommended that the Children's Division re-integrate the Structured Decision-Making Family Risk Assessment Tool (14E) into practice until which time a different risk assessment tool was identified or created. The risk assessment identifies families, which have low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their children in the next 18 to 24 months. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and are more often involved in serious abuse or neglect incidents.

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 Chief Investigator must also complete the Family Risk Assessment Tool (CD-14E) with the investigator at the 72 hour supervisor consult. The Family Risk Assessment Tool 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.

Things to consider when discussing and completing the Family Risk Assessment Tool in relation to the current report:

- How does the family's past history relate to the current report?
- What services have been previously provided to the family?
- Were the services successful in reducing safety concerns?
- How do the biological and developmental ages of the children affect their ability to protect themselves?
- Does the parent/caretaker(s) exhibit protective capacities consistent with the child(ren)'s needs?
- Is there a history of mental health or substance abuse needs within the family?
- Is mental health or substance abuse a current concern within the family? Is there a history of domestic violence within the family?
- Is there a current concern for domestic violence within the family?
- What was the parent/caretaker(s) response to the current report?
- The Family Risk Assessment Tool is a guide to assist staff to make more informed safety decisions about the extent of safety planning that may be required to enhance child safety and decrease risk to children. The Family Risk Assessment Tool (CD14-E) must be completed in FACES as part of the case record by the supervisor. The score calculated from completing the Family Risk Assessment Tool should assist in determining safety and risk to the child and not solely used in decision making on whether to open a case.

Differential Response

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

An Assessment track will provide for a prompt assessment of a child who has been reported to the Division as a victim of abuse or neglect and such children's families. The approach evaluates risk of abuse and neglect and, if appropriate, provides community based services to reduce risk and support families.

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

Differential Response Assessments are assessments that have been determined by the family, worker, and supervisor as needing more intensive work with the family. These are traditionally the assessments that go beyond the 45 day completion requirement. The purpose of determining an assessment a Differential Response Assessment is to provide the family with

the needed resources, support, and services to further promote safety and well-being within the family unit during the assessment period.

Differential Response Assessments require consultations between caseworkers and supervisors to evaluate whether families will need services that will exceed 45 days. These consultations should occur before exceeding the 45-day completion requirement.

Conversations should determine what services the family needs; how Children's Division can support the family; and resources that could be provided. Supervisor consults should be more frequent in a Differential Response Assessment to continually assess the family throughout the report period. The supervisor consult between the worker and the supervisor that an assessment is going to be track changed to a Differential Response Assessment shall occur and be documented by the 45th day.

Worker Expectations:

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

*Suggested tools could include:

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

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

Signs of Safety®

In partnership with Casey Family Programs, Missouri began implementation of the Signs of Safety child protection practice model in 2014. Signs of Safety was initially developed in

Western Australia, and its practice has spread to many jurisdictions across America and throughout the world. This model centers around three core principles: working relationships, fostering a stance of inquiry, and landing grand aspirations in everyday practice. Work within Signs of Safety focuses on identifying the worries, what's working well, and what needs to happen within a family to create and maintain safety for the child. There is a strong focus on family engagement and building partnerships with families as the key to successful intervention.

Jackson County was selected as the initial pilot sight to begin using this practice model throughout all program lines. Implementation began in June 2015. In CY16, a Signs of Safety hub was identified in the other four regions of the state to begin implementation. In CY17, Signs of Safety was implemented statewide.

In February 2020, Memo CD20-10 was issued and provides supervisors with a “Bank of Questions” resource that allows for more in-depth case consultations and enhances critical thinking by turning questions into conversations using the Signs of Safety framework. The Children’s Division recognizes the importance and critical nature of front-line supervision to successful outcomes for children and families. Supervision is a key component to effective work and supervisors are instrumental in helping team members understand and incorporate the integrated practice model into their work with children and families. The “Bank of Questions” resource is designed to help supervisors coach their team to be able to gather crucial information, synthesize that information, and to guide people through a change process.

To enhance family engagement and to promote and amplify Signs of Safety practice, Memo CD20-09 was released in February 2020. The memo outlines two webinars that are now available to staff. The goals related to the webinars are:

- To strengthen the quality and quantity of interaction between practitioners and children who are being served through FCS or Foster Care; and
- Improve parent engagement through full implementation of the CD Practice Model.

In June 2020, as a follow up to the webinars Memo CD20-26 provided staff with additional learning opportunities through facilitated Learning Circles. Learning Circles are facilitated discussions used to ensure transfer of learning occurs around quality worker/child visitation and parent engagement as a follow up to the webinars. The Visits with Children Learning Circle conversation focused on how utilizing the Signs of Safety tools allow team members the opportunity to elicit information from children in a thorough and thoughtful way. The guided discussion for the Parent Engagement Learning Circle concentrated on the importance of parent engagement and using Signs of Safety tools with parents during visits.

Memo CD20-41 was issued in September 2020 and offered staff with an additional learning opportunity to enhance practice related to risk and safety assessments and the Signs of Safety framework. The goal related to the Risk and Safety Assessments Learning Circle was to increase knowledge and competencies to accurately document how child risk and safety were assessed and how the service needs of children and parents were identified and addressed based on safety concerns.

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

Child Abuse and Neglect Call Management System Technology

In 2018, all Child Abuse and Neglect Hotline Unit (CANHU) locations moved away from an analog phone system and began utilizing Cisco Worldwide Technology. This system provided CANHU with some of the necessary tools needed to begin addressing barriers in answering all calls. One of the most impactful tools is the Cisco Finesse System. By utilizing this system, CANHU was able to expand its queuing system from one queue to three. This change provided a larger queue size that holds more people at one time. An enhanced system also allows callers to go through a series of prompts that sorts them into a specific queue, based on their answers. Queue One is designated for child reporters and emergencies. Queue Two holds permissive callers with a non-emergency situation. Queue Three is utilized by mandated reporters calling in non-emergency information. A call-back feature was added to this queue. This allows a mandated reporter to hang up and hold their place in line. When it is their turn, they are automatically called back and able to begin their report at that time. By utilizing three queues, hotline workers are able to handle calls in order of emergency or non-emergency, as self-identified by the caller. This system was a major contributor to the extreme decline in busy signals given from FY17 (6862 average per month) to FY18 (899 total).

In 2019, the Child Abuse and Neglect Hotline successfully gave zero busy signals to callers. This is due, in part, to the Cisco System. By utilizing workforce management, CANHU was able to offer alternate shifts to team members. This aided in filling in coverage gaps that have historically been difficult to fill.

In FY20, a fourth queue was added for mandated reporters who are calling to report a fatality or near-fatal incident. This queue is handled by more seasoned staff, who have additional training in screening fatalities. The Child Abuse and Neglect Hotline continued to successfully give zero busy signals to callers.

In March of 2020, CANHU began looking at alternative platforms to replace Cisco technology and Teliopiti/Calabrio. In October 2020, CANHU began working with Genesys Cloud to create a call center on their platform. Team members began testing the new call center in December 2020. In January of 2021, CANHU successfully changed to Genesys Cloud phone system. Genesys Cloud integrates the phone system, call management system, chat function, call recording system, collaborative review evaluation, and work force management.

Tableau Technology

Tableau is a data visualization software package that has allowed Children's Division Quality Assurance Unit 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.

Tableau is now being used to track trends across CAN Measures such as Timely Initial Contact and Overdue Reports by Region. It is also used to visualize the Workforce Capacity in relation to the number of Incoming CAN reports monthly as well as overdue reports Statewide to identify geographical areas that may need additional support measures. It allows management to drill down to circuit level details that compare multiple factors that assist in further evaluation and decision making.

Dashboards are provided to management staff on a weekly and monthly basis.

Improvements to the CCWIS System (FACES)

Changes to the Roles and Demographics screen utilized by Child Abuse and Neglect Hotline Unit staff:

- For all roles except those of children, the following questions were added:
 - Active member of US military?
 - Occupation
 - Member of Militia?
- Check boxes and opportunities for written comments were included

Juvenile Office Referral:

- Two new screens were added to the Investigation/Assessment Home Page allowing the user to:
 - Document information related to a voluntary diversion placement of a child out of the home
 - Document information related to a referral to the Juvenile Office regarding requests to remove a child from the home
- The Report Management page has two new options for viewing and printing reports related to diversion placements and Juvenile Office referrals.
- A new functional area was added to the Call/Case Prior History Search screen which displays all diversion placements and Juvenile Office referrals for the individual inquiry.

COVID-19 Check Box:

- A check box was added to the Contact Communication Log screen and displays under the Purpose selection box.
- The check box displays for Actual Communications only if the contact date is after the COVID-19 check box implementation date.

An array of training courses is provided in the areas of intake, assessment, screening, and investigation of child abuse or neglect. New staff completes Child Welfare Practice Training (CWPT) as soon as possible after their hire date. All program lines, including child abuse/neglect investigations and assessments, are covered in CWPT.

For additional information about Program Area 6 and additional collaborative efforts, refer to Current Workforce Demographics (page 37).

Legal Aspects Training

The Legal Aspects Training program includes a number of online e-learning that serve as prerequisites for the two-day legal aspects trainings. The following courses are the two-day legal aspects trainings offered by the legal aspects team:

- Legal Aspects of Investigations,
- Legal Aspects of Foster Care and Adoption,
- Legal Aspects of Investigations for Supervisors,
- Legal Aspects of Foster Care and Adoption for Supervisors, and
- Legal Aspects 360 for Circuit Managers.

All classes have been offered virtually since April 2020. Each 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 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.

Worker Safety Training

A need for a comprehensive training package on how to be safe as a practitioner was expressed through staff focus groups. 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. It is believed that 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. Staff are required to take this class every three years.

Employee Learning Center (ELC)

The Employee Learning Center (ELC) is the online portal for professional development. In the center, employees can locate learning options and course calendars, view transcripts and

register for classes. The ELC gives employees a convenient place to review learning activities, assessments, and training compliance requirements. The ELC also allows employees to have access to 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, and they can access these through the ELC at their convenience.

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

Signs of Safety®

Implement Signs of Safety

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

Jackson County was selected as the initial pilot sight to begin using this practice model throughout all program lines. Implementation began in June 2015. In CY16, a Signs of Safety hub was identified in the other four regions of the state to begin implementation. In CY17, Signs of Safety was implemented statewide.

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
 - Developed a best practice recruitment and retention guide to be used at the micro level.
 - Collaborate with colleges/universities throughout the State of Missouri.
 - Build a footprint and brand on social media. The State of Missouri implemented a new hiring platform on MO Careers. As part of this launch, there has been an increased presence on FACEBOOK, Twitter, and LinkedIn.
- Fill vacancies
 - Identify ways to reduce the time to fill vacancies. This is an ongoing effort and with the new hiring platform to expedite the hiring process with a goal of 45 days.
 - The Children's Division expanded acceptable degree types to all degrees in 2019 and continues to accept all degree types. The minimum qualification is a degree 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.

- Modifications to staff selection for 2020 included the use of virtual interviews with a scaled down version of the Staying Power! Selection toolkit.
 - Interview modifications included the traditional interview questions and an optional written portion.
- Enhance the support of the workforce
 - Piloted Staying Power! Supervisors Guide to Retention
 - Roll out Staying Power! Supervisors Guide to Retention
 - Training and ongoing coaching of The Heart of Coaching. Training continues to be offered by Human Resource Center for new supervisors/leadership
- Incentive opportunities
 - Continue offering IV-E Masters in Social Work. There are 22 full time staff enrolled in this part time education program throughout the State of Missouri.

For additional information about Program Area 7 and additional collaborative efforts, refer to Program Area 4 (page 21) Signs of Safety®.

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

Online Mandated Reporter Training

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

<http://protectmokids.com/>

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

- Lesson 1: Introduction & Legal Requirements of Mandated Reporters
- Lesson 2: Indicators of Child Abuse and Neglect
- Lesson 3: Plan for Responding to Suspicion, Discovery or Disclosure of Child Abuse and Neglect
- Lesson 4: Effectively Reporting Child Abuse and Neglect

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

Recognizing and Responding to Abuse during COVID-19 Crisis

As the COVID-19 pandemic spread across the state, reports to the Missouri Department of Social Service's Child Abuse and Neglect Hotline declined dramatically. When children stay at home, they are isolated from those places where adults often look out for their safety and well-being including schools, child care facilities, places of worship and other public areas. Missouri KidsFirst, the state's network of Child Advocacy Centers, developed resources designed to educate adults on how to recognize and respond to child abuse and neglect. The resources are for the general public, essential workers serving families in grocery stores and pharmacies and delivering goods to homes, and school professionals who are mandated reporters but are working with children virtually or non-traditional ways. They outline signs that a child is unsafe and how to make a report of suspected abuse and neglect to the state hotline. All resources can be accessed here: <https://www.missourikidsfirst.org/protecting-children-from-abuse-during-the-covid-crisis/>

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

Online Mandated Reporter Training

For additional information about Program Area 10 and additional collaborative efforts, refer to Program Area 8 (page 27) Online Mandated Reporter Training.

Care Portal

For additional information about Program Area 10 and additional collaborative efforts, refer to Program Area 13 (page 30) Care Portal.

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

Crossover Youth Initiative

Crossover youth are defined as any youth who have experienced abuse or neglect and engaged in delinquency and have had any level of contact with either the dependency (child welfare) or delinquency (juvenile justice) systems. These youth have a unique set of risks and challenges and typically require a more intense array of services, and the leadership within Missouri's youth-serving agencies is committed to improving both the experiences and outcomes for these youth.

The Crossover State Policy Team was formed in 2013 and includes executive leadership from several youth service agencies including the Missouri Supreme Court, Office of the State Courts Administrator, Children's Division, Division of Youth Services, Department of Mental Health, and a Circuit Chief Juvenile Officer. Through an ongoing partnership with the Center for Juvenile

Justice Reform, this team led the initiative to pilot the Crossover Youth Practice Model in four Judicial Circuits, encompassing nine counties and provide technical assistance to two additional Judicial Circuits seeking to improve their practice with this population. This team also developed a shared framework to including the following guiding principles for system change and case level practice related to Crossover Youth:

1. Developmentally Appropriate Interventions as a Stepping Stone to Wellbeing
2. Trauma Informed
3. Evidence/Science Informed
4. Data Driven
5. Equitable at the Individual and System Level
6. Collective Responsibility

Progress in 2020 and 2021: Building on the work of Missouri's Crossover Youth State Policy Team, experiences of pilot projects, and ongoing assessment of field practice/outcomes over the last seven years, a workgroup comprised of core youth-serving agencies partnered with the Center for Juvenile Justice Reform to begin creating the Missouri Crossover Youth Toolkit. The workgroup brought together central office, regional leadership and field staff from juvenile justice, child welfare, and mental/behavioral health to contribute to the development of the Toolkit.

The Toolkit is being designed as a complete best practice guide for child welfare and juvenile justice professionals working with Crossover Youth. It includes the shared framework for approaching crossover work, steps to implement system changes, a field guide for coordinated case management and resources for cross training and enhancing front line practice. The State Policy Team also coordinated to pull aggregate data from multiple systems to assess the prevalence of Crossover Youth in Missouri. These reports are provided on a quarterly basis. A Prevention Workgroup was developed to design and implement a prevention pilot and began meeting in 2019.

System-level goals include the following:

1. Ongoing operation of the Crossover Youth State Policy Team to drive the initiative forward through setting vision and providing oversight of implementation of the Toolkit.
2. Completion and roll out of the Crossover Youth Implementation Toolkit to provide training to state and circuit level leadership within juvenile justice, child welfare and mental/behavioral health on the Toolkit's purpose, content, and utility. This will include access to the System Self-Assessment which will empower circuit level teams to identify system strengths and areas where practice change should begin and a complete field guide to implement best practices for Crossover Youth.
3. Create and implement sustainability plan to ensure ongoing efforts toward best practice. This includes ongoing technical assistance from a multi-agency team, enhancing aggregate data reports to include indicators specific to desired outcomes,

annual completion of system self-assessment by circuit level leadership to track progress, and providing progress updates and ongoing training throughout the juvenile justice and child welfare systems.

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

Additionally, the Georgetown Center for Juvenile Justice Reform (CJJR) training, consultation, and technical support is provided as a result of a Memorandum of Understanding between the Department of Social Services and the Office of the State Courts Administrator (OSCA).

Challenges: Children's Division lost the position designated to Crossover Youth due to budget cuts in July 2020 and the Court Engagement Coordinator began to oversee this work. Children's Division and OSCA through the Partnership for Safety and Well-Being discussed the importance of this work and the need to provide more supports than Children's Division was able to provide in the past year. It was decided that beginning March 2021 the Crossover Youth Statewide Team would be housed under OSCA as a subgroup of the Juvenile Court Improvement Project (JCIP). It is believed this transition will allow this important work to continue to be supported in a multi-system way allowing for maximum collaboration.

Georgetown Center for Juvenile Justice Reform (CJJR), Children's Division Deputy Director, and Children's Division Court Engagement Coordinator hosted a training for the Missouri Juvenile Justice Association conference in the fall of 2020 to provide information regarding the development and roll-out of the Toolkit. The Statewide Implementation Team continues to meet under the direction of OSCA to finalize policy updates and Toolkit roll out anticipated in the spring of 2021.

(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.

There are 24 counties in Missouri that are a part of the CarePortal Network. The Children's Division submits a de-identified request, only including non-confidential 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, 10,784 children have been served in Missouri thus far. Further specified impact identifies the following:

Support

- Improve a child's wellbeing: 1,929 children
- Strengthen a biological family: 3,447 children
- Support youth aging out of foster care: 83 children

Preserve

- Help prevent a child from entering care: 1,117 children
- Help preserve foster/kinship (relative) placement: 1,469 children
- Help preserve an adoptive placement: 71 children

Unite

- Help reunify a biological family: 1,547 children
- Help place a child in foster/kinship (relative) care: 421 children
- Help unit a child with an adoptive family: 14 children

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

CarePortal is funded by private funders and churches.

Foster Youth to Independence Tenant Protection Vouchers

In 2019, Children's Division began collaboration with the Department of Mental Health, Public Housing Authorities, and the Continuum of Care/Balance of State to procure the Foster Youth to Independence Tenant Protection Vouchers released by the U.S. Department of Housing and Urban Development. 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 Memorandums of Understanding (MOU) and a protocol plan between the Public Housing Authority, Continuum of Care/Balance of State, Public Child Welfare Agency, and Supportive Service Agency. As of April 2021, ten MOU's inclusive of 32 counties and five cities have been fully executed. Children's Division is actively engaged in implementing five additional agreements with Public Housing Authorities throughout the state. Information on these services has been placed on the Children's Division intranet and shared via Gov Delivery to all staff. A brochure was added to the exit packet for youth leaving care, and policy will be revised in SFY21.

Governor's Committee to End Homelessness

The Children's Division maintains a representative on this committee. A new policy was introduced in May 2020 for Children's Division staff to access the Coordinated Entry System (CES) for certain cases where families and older youth are homeless or where housing instability is a barrier to permanency. The CES is Missouri's primary resource to connect people to housing services by providing access points across the state with the primary goal of providing services, no matter where or how people present. This resource allows staff to connect youth and families to Missouri's array of housing services with one referral to an access point. During SFY 21, meetings were held virtually every other month with members across the state holding various roles within their agencies. Meeting topics included the review of legislation changes regarding qualified minors to receive one free copy of their birth record, the review of the Missouri CDC COVID-19 vaccine to ensure shelter staff and residents are a priority, and the modification of the annual point in time count of homeless youth and adults. Information was shared regarding the maximum benefits per household for child care to attend virtual school, shelter numbers from across the state, and warming shelters availability.

Also refer to Program Area 2 (page 14) 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:

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

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

As mandated reporters, physicians and various other health care providers utilize the Missouri Child Abuse/Neglect Hotline when reporting children born exhibiting signs and symptoms of drug or alcohol exposure, or when positive toxicology test results for controlled substances are received on the mother or child. Physicians or other medical personnel may also request through the Child Abuse/Neglect Hotline a home assessment when having serious reservations about releasing an infant from the hospital to a potentially dangerous situation.

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

After safety is assured, staff begin the full assessment process with the family and those in their safety network, including health care providers, community resources and familial supports. If during the initial assessment of the family, medical personnel or staff identify an infant born being affected by substance use, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder, a Plan of Safe Care shall be developed with the family. A Plan of Safe Care should address the health and substance use treatment needs of the infant and affected family or caregiver. The plan should be developed with input from the parents or other caregivers as well as any collaborating professional partners and agencies involved in caring for the infant and family. Staff should observe and assess the needs of each member of the family. The Plan of Safe Care should be accurately reflected in 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 SFY2020, there were 6,552 such reports. Of those, 296 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). Changes have been made to the State's SACWIS system to reflect if a Plan of Safe Care was developed and if services were referred. The three data reporting criteria are as follows:

- Number of infants identified under the law
- Number of such infants for whom a Plan of Safe Care was developed
- Number of such infants for whom a referral was made for appropriate services including services for the affected family or caregiver.

If at the conclusion of the assessment period it is determined the family would benefit from continued services, a Family Centered Services case is opened with the family to develop an individualized plan to meet the family's specific needs, including 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 was recently updated to require a conversation around a referral for DSS Home Visiting for every family that comes to the attention of Children's Division through a Newborn Crisis Assessment. 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 revisions were introduced 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.
- To allow sufficient time for follow up medical care and assignment of a pediatrician, NCAs will not be concluded any earlier than 20 days from the time of being screened in by CANHU.
- 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.
- Addition of a closing supervisory consult, in addition to a 72 hour supervisory consult, to ensure all services and needs have been addressed.

For additional information, refer to Program Area 3 (page 18) Home Visiting.

<p style="text-align: center;">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</p>

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.

Human Trafficking

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

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

As a result of these definition changes, 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 profits 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 new reporter description code of Child Sex Trafficking code was added to FACES and the existing reporter description code of Prostitution was discontinued. The addition of this new code provides the ability for staff to make findings specific to child sex trafficking.

Children's Division is currently in the process of finalizing content provided by an expert partner through a Notice of Funding Opportunity to develop an Advanced Human Trafficking Training curriculum for CD staff. This advanced training will further strengthen skills in the areas of identifying, assessing, and engaging child trafficking victims. To directly align with the implementation of the Advanced Human Trafficking training, Children's Division will also be updating CD policy and requiring the utilization of a comprehensive assessment to assist in the identification of child victims of human trafficking.

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

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 also 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

Eighteen (18) youth exited Children's Division custody during CY20 with a commitment to the Division of Youth Services within sixty (60) days of the Children's Division custody end date.

[Source: DSS Research, Job: SS.EHRH5Y7.JCL(CAPTADYS)]

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

In FY21, the Professional Development and Training unit became centralized to provide consistent messaging in training across the state. The trainers provide training to team members throughout the state. On the Job training continues to be the responsibility of the regions and follows a structured lay-out which gives regions the ability to add activities that are specific to their community. The agency supports a "blended learning" approach, utilizing classroom, on-the-job field instruction, as well as on-line/self-instruction "eLearning" training which supports and supplements the classroom training and on-the-job training.

New Employees are enrolled in a ten week on-the job and classroom curriculum (Child Welfare Practice Training). On-the-job training is provided as pre-work and post-work to the classroom. The On-the-job training will start before the classroom component begins. Often there is homework before class to assist in the understanding of key concepts. Then there are activities after the class has completed to help the new employee apply concepts learned in the classroom to the field. The new employee is required to complete the following classes:

OJT Foundations- this on-the-job training starts the first week of training. It provides pre-work activities involving philosophy, understanding the laws guiding the Children's Division and becoming familiar with policy and procedures. The employee also completes a self-evaluation according to Child Welfare Practice Training competencies. The post-work activities include further exploration of the Code of Ethics, understanding the components of culture, practicing engagement skills, and asking questions using a purposeful questioning approach from Signs of Safety. Post work activities also provide an introduction to child development and assessing protective capacities and child vulnerabilities in the field.

14 hours of training credit

CWPT Foundations- This competency based curriculum is the second week of training. It includes an overview of the agency and the legal basis for the agency's work. During all topics, participants practice and hone their critical thinking skills. The content includes evaluation of participants' values and beliefs and how they align with the agency. The agency's mandate around child safety is introduced to participants. Included in the curriculum is a discussion around the NASW Code of Ethics. Participants are introduced to the Framework for Safety concepts of threats, child vulnerabilities, and parental protective capacities.

20 hours of training credit

OJT Practice Model- This on- the-job training starts during the third week of training. The pre-work activities include exploring how children's experiences and trauma affect their behavior, how one's own culture and values affects how to engage with families, an introduction to Signs of Safety and learning child development stages. The post-work activities include awareness of bias, demonstrating an understanding of trade-offs from Five Domains of Wellbeing, applying

Signs of Safety learned in the practice model classes, identifying trauma in the field, and shadowing team decision making meetings.

16 hours of training credit

CWPT Practice Model I- This classroom experience is provided during the third week of training. It introduces the key concepts and elements of a wellbeing orientation including the Five Domains of Wellbeing and the concept of tradeoffs, as a foundational framework and approach for working with families and colleagues. The course provides an increased understanding of the primary drivers of behaviors, decisions, and choices. Included is a skills practice around identifying and listening for challenges and tradeoffs in the Five Domains of Wellbeing in one's own life and the lives of those we work with. The third day of the class introduces trauma and its effects on the families served, as well as secondary trauma and its effects on frontline staff.

18 hours of training credit.

CWPT Practice Model II- This classroom experience is provided during the fourth week of training. This course introduces participants to the Signs of Safety practice. Participants learn the building blocks of the practice, which includes using a mapping tool to ask intentional questions and guide conversation and creating Family Risk Assessment Maps to assess family functioning in the areas of harm/danger, strengths/existing safety, and safety goals. Participants learn more about immediate safety assessment and interventions, and the use of the safety network to help keep children safe. Participants also learn how to engage with children, create a "words and pictures" to provide children with explanations of their experiences, and develop long term safety plans with families.

18 hours of training credit.

OJT Child Abuse and Neglect- This on-the-job training starts during the fifth week of training. The pre-work activities include learning about state and federal laws regarding investigations, mandated reporter training, training on safe sleep, shadowing an investigation and an introduction to court. The post-work activities include additional shadowing of investigations, the use of timelines, knowing how and when to use the Child Advocacy Centers, completion of diligent searches and the referral process for developmental assessments. It also includes an e-learning on understanding protective custody.

16 hours of training credit

CWPT Child Abuse and Neglect- This classroom experience is provided during the sixth week of training. This competency based training introduces participants to the statutory mandate to receive and respond to child abuse and neglect reports. Participants learn state law, agency policy, and rules and regulations that govern this program area. Participants practice interviewing skills as well as assessing and responding to threats of safety. Participants learn how to engage family court and other multi-disciplinary teams that assist in the response to investigations and assessments. Participants also become familiar with making a conclusion, notifications, and the appeal process.

25 hours of training credit.

CWPT Team Decision Making- This classroom experience is provided during the seventh week of training. The Team Decision Making CWPT classroom training supports and builds upon the On-the-Job training staff receive prior to and after the classroom experience. Participants are trained on identifying the key elements of the TDM process. The content includes discussions about the important roles of parents, caregivers, youth, extended family and community partners. Training content also provides for an understanding of how the TDM process can meet the child/youth's need for safety, permanence and well-being.

4 hours of training credit

CWPT CAN Systems- This classroom experience is provided during the seventh week of training. CAN Systems provides instruction and practice opportunities in the FACES screens that would most frequently need to be completed over the course of a Child Abuse or Neglect report. Workers also have the opportunity to familiarize themselves with the purpose of the information that is required. Workers accept a practice hotline report and enter information into the system from beginning to closure.

4 hours of training credit

OJT Intro to Case Management I (FCS/Prevention)- This on-the-job training starts in the seventh week of training. Pre-work activities include becoming familiar with community resources, filling out releases, making referrals to court, court preparedness, and helping parents work on child development skills. Post-work activities include understanding the role of team meetings and how teams work, shadowing the beginning of the case and the tools used for assessment, shadowing the end of a case and testing the safety plan, use of safety network meetings, conflict resolution, testifying, and use of appreciative inquiry with families.

12.5 hours of training credit.

CWPT FCS/Prevention- This classroom experience is provided during the eighth week of training. This competency based curriculum introduces new team members to case management with an intact family. Participants study the Generalist Intervention Process and the activities needed to engage, assess, plan, intervene, evaluate, and terminate through the life of a case. Participants look at creating immediate safety interventions as well as plan and create long-term safety.

20 hours of training credit

CWPT Case Management Systems I- This classroom experience is provided in the ninth week of training. Case Management Systems I provides instruction and practice opportunities in FACES screens that would most often need to be completed over the course of a Family-Centered Service case. Staff members open a practice case and enter information into the system from opening to closing.

4 hours of training credit

OJT Intro to Case Management II- This on-the-job training starts in the ninth week of training. Pre-work activities include information on Multi-Ethnic Placement Act, training on Indian Child Welfare Act, training on permanency planning/concurrent planning (Adoption and Safe Families Act), information on foster care and rights, how to facilitate meetings, shadowing court hearings, understanding relative and other placements, older youth, and shadowing of worker visits for children, parents and placements. Post-work activities include information on Interstate Compact for the Placement of Children, demonstrating 24 hour home visits, demonstrating meeting facilitation, use of timelines, understanding child behaviors, writing court reports, and referring for subsidies. The self-evaluation on Child Welfare Practice Training competencies from week one is completed again by the worker and their supervisor, with the intended goal of scoring higher at this point in the training.

23 hours of training credit

CWPT Alternative Care- This classroom experience is provided during the tenth week of training. This competency-based curriculum provides participants with the knowledge of the impact of out-of-home placement on children and families. Participants explore the family-centered out-of-home care process which includes: Adoption and Safe Families Act (ASFA), reasonable efforts, permanency goals, developing and utilizing permanency planning, and an understanding of permanency time frames. Participants discuss placement planning and selecting a home for a child, including planning for Older Youth in placement. Specific attention is placed on facilitating family support team meetings, court testimony, and ongoing responsibilities of staff including the continuous work of ensuring the safety and well-being for those children/youth who are in the care and custody of the agency.

20 hours of training credit

CWPT Case Management Systems II- This classroom experience is provided during the tenth week of training. Case Management Systems II provides instruction and practice opportunities in FACES screens that would most often need to be completed over the course of an Alternative Care case. Staff members open a practice case and enter information into the system from opening to closing.

4 hours of training credit

Hotline Unit

The Hotline Unit offers four weeks of training for new employees. A new session is determined when new staff are hired to the hotline. 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 a section of 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, signs of safety- 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

Additional training for workers is as follows:

Course Name	Hours	Type of Course	Recommended Time Frame	How Often
PERSONAL HEALTH & SAFETY TRAINING	1	online	within 30 days of hire	once
CODE OF ETHICS CODE OF ETHICS - SELF INSTRUCTION	1	online	within 30 days of hire	every year
INAPPROPRIATE COMPUTER ACCESS	1	online	within 30 days of hire	once
SOCIAL NETWORKING	1	online	within 30 days of hire	once
INTRODUCTION TO HUMAN TRAFFICKING	6	in class	within one year of hire	once
CHANGES TO CASE RECORD MAINTENANCE & ACCESS	1	online	within 30 days of hire	once
INFORMED CONSENT	1	online	within 30 days of hire	Once
ACTIVE SHOOTER & BOMB THREAT	1	online	within 30 days of hire	every 3 yrs
CQI IN ACTION	1	online	within 30 days of hire	every 3 yrs
PSYCHOTROPIC MEDICATION MANAGEMENT - UPDATE 2019	1	online	within 30 days of hire	once
NON-PHARMACOLOGICAL INTERVENTIONS	1	online	within 30 days of hire	once
PERSONALLY IDENTIFIABLE INFO & HIPAA PROTECTED HEALTH INFO	1	online	within 30 days of hire	once
WORKPLACE SAFETY	8	in class	within 90 days of hire	every 3 yrs
CIVIL RIGHTS & DIVERSITY FOR NON-SUPERVISORS	8	in class	within one year of hire	every 3 yrs
LEAVE TRACK DEMO- EMPLOYEE	1	online	within 30 days of hire	once
DRUG FREE WORKPLACE ACT	1	online	within 30 days of hire	once
NEW EMPLOYEE HIPAA TRAINING	1	online	within 30 days of hire	once
EMPLOYEE HANDBOOK	1	online	within 30 days of hire	once
HIPAA & CONFIDENTIALITY LAW	1	online	within 30 days of hire	once
OPIOID CRISIS AWARENESS RESPONSE	1	online	within 30 days of hire	yearly
THE HEART OF COACHING FOR TEAM MEMBERS	14	in class	within one year of hire	once
Engage 2.0 Team Member Accelerated Coaching Training	0.32	online	within 30 days of hire	once
AFCARS DATA ACCURACTY TRAINING	1	online	Within 90 days of hire	yearly
CHILD WELFARE TRAUMA TRAINING TOOLKIT	12	in class	between 6 and 12 months	once
LEGAL ASPECTS INVESTIGATIONS	14	Virtual/ instructor led	Between 6 and 12 months	every 3 yrs
RSMo CHAPTER 210 QUALIFYING IN-SERVICE	20	in class/ online	yearly	ongoing
DOMESTIC VIOLENCE	6	online	within one year of hire	once
SAFE-CARE TRIAGE, MEDICAL EXPERTISE & STANDARD OF CARE	1	online	within 90 days of hire	once
SAFE SLEEP PRACTICES- PART 1	1	online	within 30 days of hire	once
SIGNS OF SUICIDE TRUSTED ADULT	1	online	within 90 days of hire	once

WORKPLACE SAFETY	8	in class	within 90 days of hire	every 3 yrs
*210.180. Division employees to be trained – Each employee of the division who is responsible for the investigation or family assessment of reports of suspected child abuse or neglect shall receive not less than forty hours of preservice training on the identification and treatment of child abuse and neglect. In addition to such preservice training such employee shall also receive not less than twenty hours of in-service training each year on the subject of the identification and treatment of child abuse and neglect. Such annual training shall include at least four hours of medical forensics relating to child abuse and neglect as approved by the SAFE CARE network described in section 334.950.				

A Social Services Unit Supervisor has promotional opportunity to the position of Social Services Administrator. Promotional opportunities are available based on vacancy and a competitive interview process. One or more years of experience as a Social Services Specialist or a Senior Social Services Specialist with the Missouri Uniform Classification and Pay System. OR Three or more years of experience as an Associate Social Services Specialist with the Missouri Uniform Classification and Pay System OR 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.)

Leadership Development Rule

The new Leadership Development Rule (LDR) prescribes standards regarding mandatory training for employees in leadership positions within all state agencies. These standards provide a framework for developing and maintaining leadership effectiveness consistent with the mission and needs of each agency. Eight key areas are established for leaders, which includes all supervisors and managers, to focus on when completing professional development activities. The LDR requires that leaders complete a minimum of 52 hours (an average of at least one hour per week). For new leaders, there will be a specific learning development track identified. While leaders should begin a focus on completing an average of one hour of training each week, formal tracking will begin on July 1, 2020.

Training specific to Social Services Unit Supervisor include:

Course Name	Hours	Type of Course	Recommended Time Frame	How Often
EFFECTIVE DISCIPLINE	6	Virtual/ Instructor led	within 6 months of hire	once
CIVIL RIGHTS AND DIVERSITY FOR SUPERVISORS	6	Virtual/ Instructor led	within 6 months of hire	every 3yrs

FMLA	3	Virtual/ Instructor led	within 6 months of hire	once
ADA	3	Virtual/ Instructor led	within 6 months of hire	once
THE HEART OF COACHING LESSON 1- INTRODUCTION	1	online	within 6 months of hire	once
THE HEART OF COACHING LESSON 2- CHAPTER 3	1	online	within 6 months of hire	once
THE HEART OF COACHING LESSON 3- CHAPTER 4	1	online	within 6 months of hire	once
THE HEART OF COACHING LESSON 4- CHAPTER 5	1	online	within 6 months of hire	once
THE HEART OF COACHING LESSON 5- CHAPTER 6	1	online	within 6 months of hire	once
THE HEART OF COACHING WORKSHOP	14	Virtual/ Instructor Led	within 6 months of hire	once
ENGAGE 2.0 OVERVIEW	2	Virtual/ Instructor Led	within 2 months of hire	Once
MO Careers Overview and Hiring	2	Virtual/ Instructor Led	within 6 months of hire	Once
New Manager Foundations	1	online	within 2 months of hire	once
Ken Blanchard on Servant Leadership	0.5	online	within 2 months of hire	once
Hiring, Managing, and Separating from Employees	1.75	online	within 2 months of hire	once
Managing a Diverse Team	1.25	online	within 2 months of hire	once
Leading Productive Meetings	1	online	within 6 months of hire	once
Succeeding in a New Role by Managing Up	0.3	online	within 6 months of hire	once
Building Trust	1	online	within 6 months of hire	once
Project Management Simplified	1.75	online	within 6 months of hire	once
Leadership Development Rule	52		annually	ongoing

In addition to the requirements noted above to be completed by all supervisors upon hire, the following trainings are required for supervisors of investigative staff:

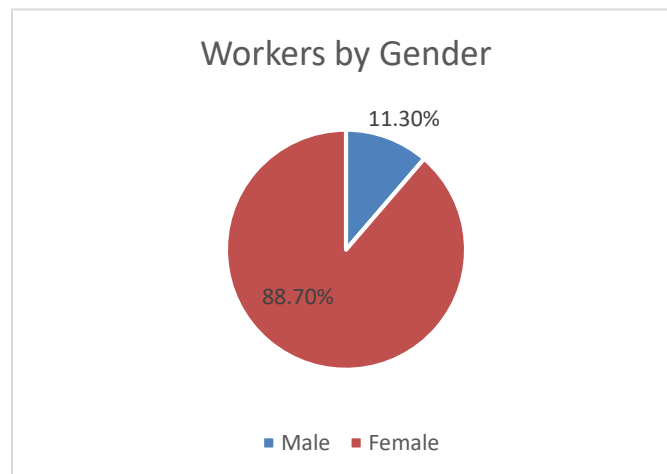
Course Name	Hours	Type of Course	Recommended Time Frame	How Often
LEGAL ASPECTS INVESTIGATIONS	14	Virtual/ instructor led	Between 6 & 12 months	Every 3 years
AFCARS DATA ACCURACY TRAINING	1	online	Within 90 days of hire	yearly
DOMESTIC VIOLENCE	6	online	within one year of hire	once
SAFE-CARE TRIAGE, MEDICAL EXPERTISE & STANDARD OF CARE	1	online	within 90 days of hire	once
SAFE SLEEP PRACTICES- PART 1	1	online	within 30 days of hire	once
WORKER PARENT VISITS WEBINAR	1	Online	Within 90 days of hire	Once
WORKER CHILD VISITS WEBINAR	1	Online	Within 90 days of hire	Once
SIGNS OF SUICIDE TRUSTED ADULT	1	online	within 90 days of hire	once

Caseload Standards

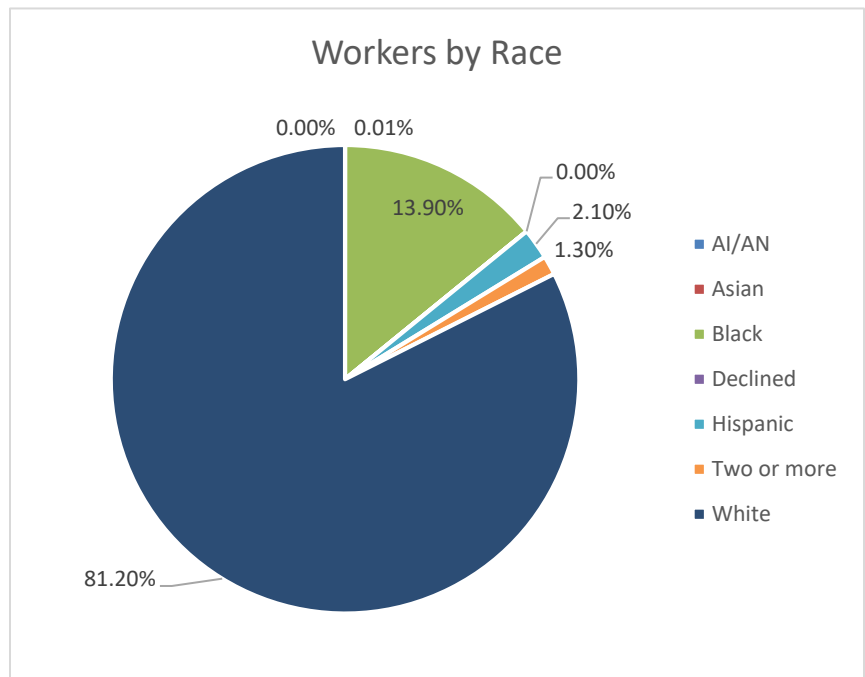
Caseload requirements are determined by Council of Accreditation Standards (COA). Per COA Standard Public Agency-Child Family Services (PA-CFS 33.12), Case complexity can take into account: intensity of child and family needs, size of the family, and the goal of the case.

Generally, caseloads should not exceed: 12 active investigations at a time, including no more than 8 new investigations per month; 15-17 families receiving ongoing in-home services; 12-15 children in out-of-home care, and their families; 8 children in treatment foster care, and their families; and 12-25 families when arranging adoptions or guardianships. When workers manage a blend of case types, caseloads should be weighted and adjusted accordingly. For example, a worker conducting 4 active investigations would not simultaneously be responsible for more than 10-11 families receiving ongoing in-home services, and a worker for both children in out-of-home care and intact families would have no more than 15 total families with no more than 10 children in out-of-home care. Caseloads may be higher when agencies are faced with temporary staff vacancies. New personnel should not carry independent caseloads prior to the completion of training.

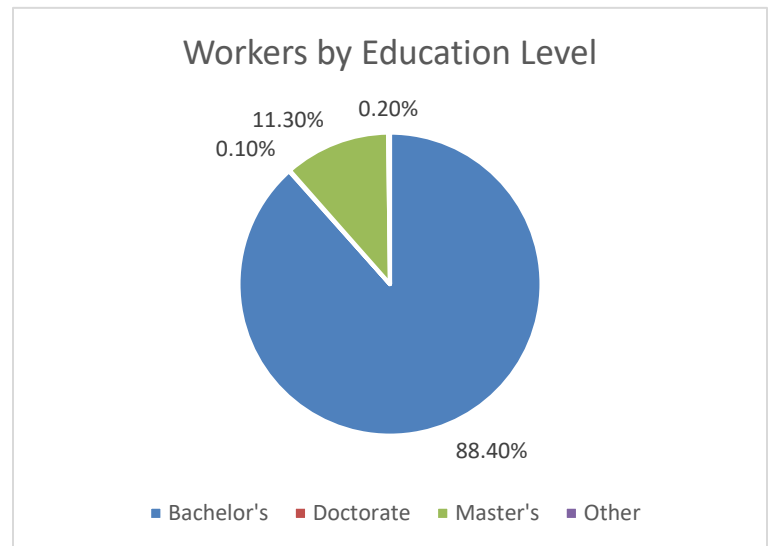
Children's Division Social Services Specialist Demographics:



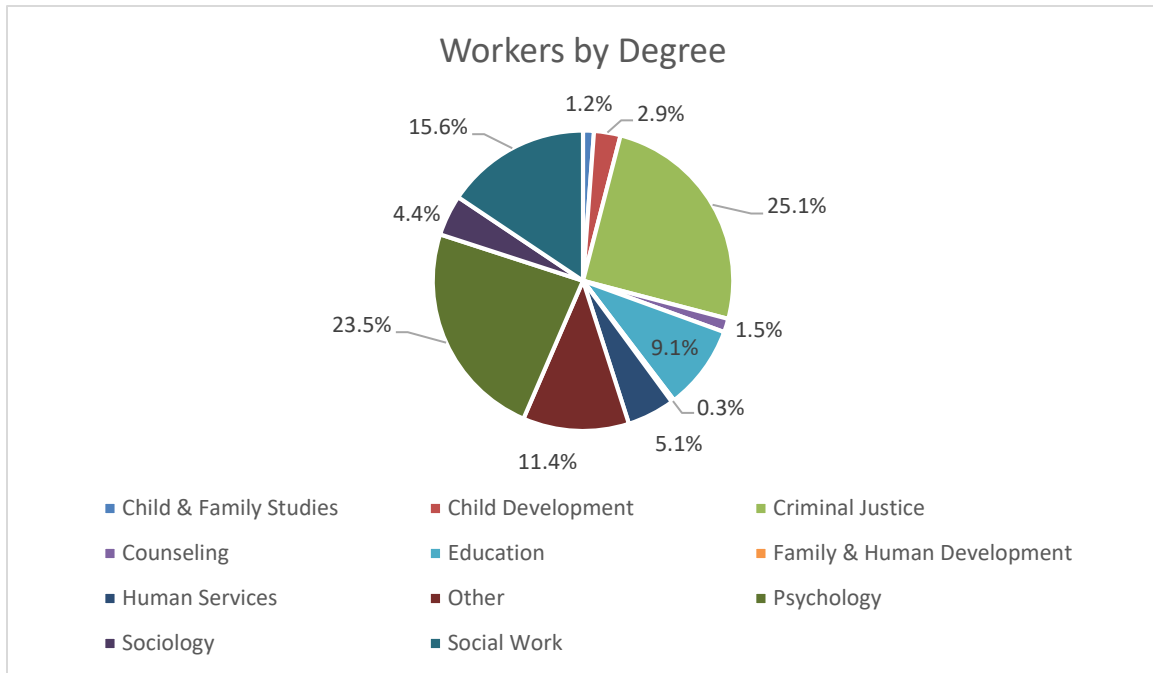
CD Worker Race/Ethnicity	
American Indian/Alaskan Native	4
Asian	7
Black	171
Declined to Respond	5
Hispanic or Latino	26
Two or more Races	17
White	997



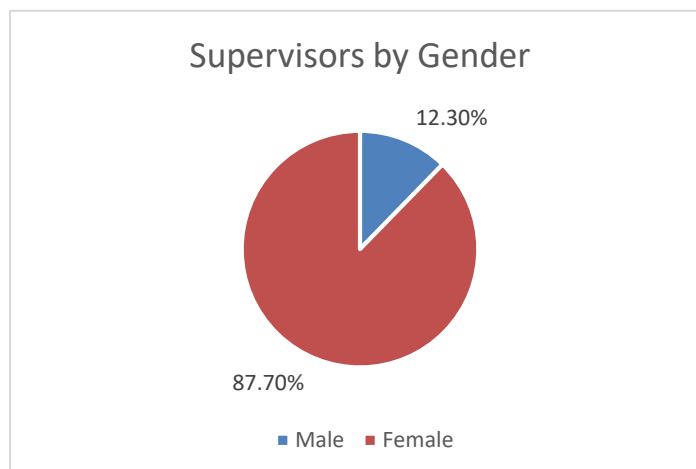
Workers by Education Level	
Bachelor's Degree	1206
Doctorate Degree	2
Master's Degree	154
Other	3



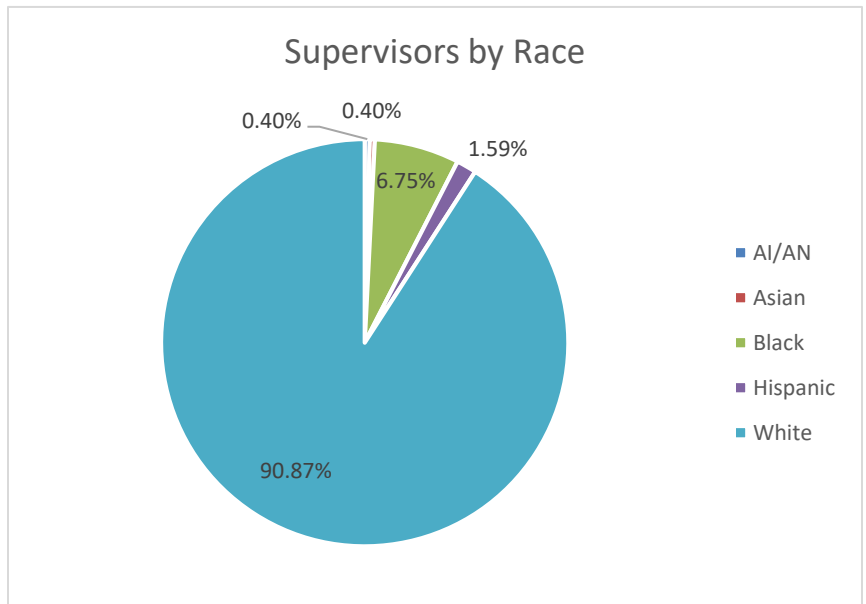
CD Worker Education Degree			
Child & Family Studies	16	Human Services	70
Child Development	39	Other	156
Criminal Justice	342	Psychology	321
Counseling	20	Sociology	60
Education	124	Social Work	213
Family & Human Development	4		



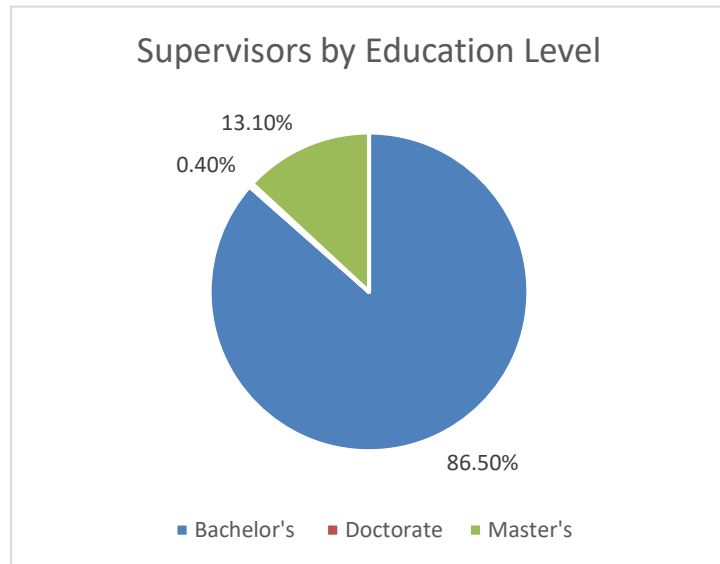
Children's Division Social Services Unit Supervisor Demographics:



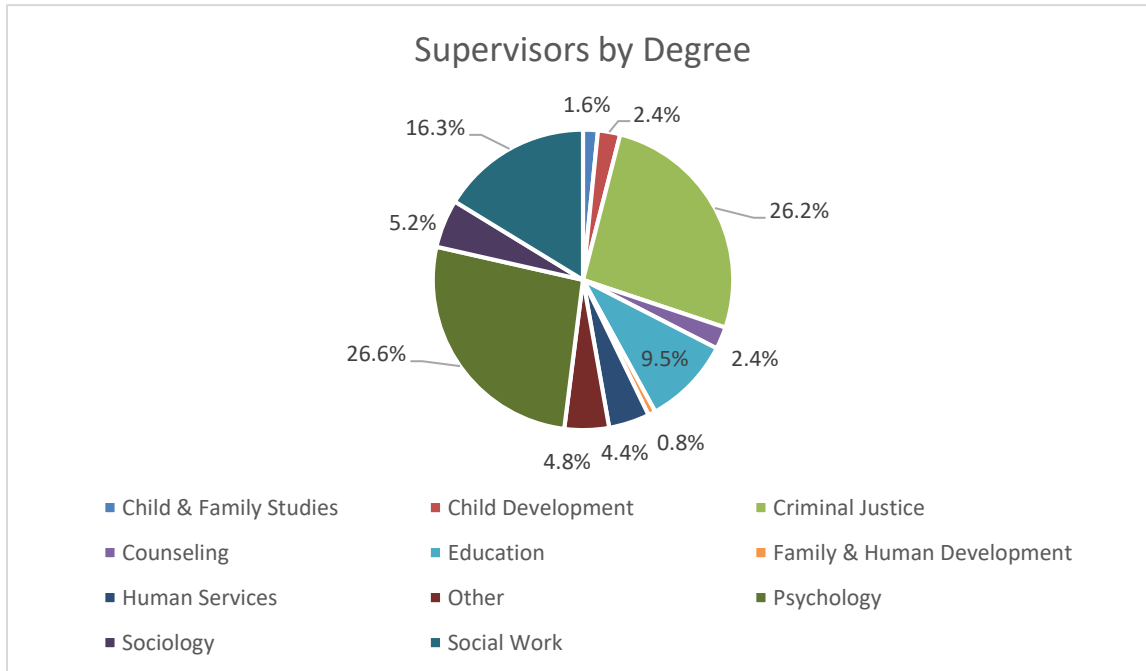
Supervisor Race/Ethnicity	
American Indian/Alaskan Native	1
Asian	1
Black	17
Hispanic or Latino	4
White	229



Supervisor Education Level	
Bachelor's Degree	218
Doctorate Degree	1
Master's Degree	33



Supervisor Education Degree			
Child & Family Studies	4	Human Services	11
Child Development	6	Other	12
Criminal Justice	66	Psychology	67
Counseling	6	Sociology	13
Education	24	Social Work	41
Family & Human Development	2		



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

The CJA Task Force’s annual report is attached.

ATTACHMENT B

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

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

The CFRP Annual Report is released each December with the data and findings for the previous calendar year. The 2019 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>.

You may also go to <https://dss.mo.gov/re/cfrar.htm> to view the CFRP report dated April 2021 called "Eliminating Child Abuse and Neglect Fatalities in Missouri". This report is a result of the CFRB sub-committee conducting a case review process of fatalities which occurred as a result of child abuse or neglect in CY2015 in response to the Commission to Eliminate Child Abuse and Neglect Fatalities' recommendation for states to conduct a five-year retrospective review of child fatalities.

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.

The alleged perpetrator can seek administrative review if:

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

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

The CANRB is a panel of nine private citizens from professions specified in Section 210.153 RSMo (<http://www.moga.mo.gov/statutes/c200-299/2100000153.htm>). Each panel member is appointed by the Governor and confirmed by the Senate. The Children's Division may establish more than one CANRB panel to ensure timely reviews. Currently, there are six boards, each meeting monthly. Three boards meet in Jefferson City, and the other three boards are considered regional boards that meet in St. Louis, Kansas City, and Springfield. The Springfield board was convened in December 2017.

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

See attached report.

ATTACHMENT D

STATE RESPONSE TO CITIZEN REVIEW PANEL ANNUAL REPORT RECOMMENDATIONS

Children's Justice Act (CJA) Task Force

The CJA Task Force, through review of cases as well as needs brought forth through a multi-disciplinary survey in June 2020 regarding needs of the state, include the following recommendations and tasks:

(A) Recommendation: Improve Mandated Reporting of Child Abuse and Neglect

(A)State Response: Due to the drop in reports of abuse and neglect in Missouri in March 2020, the concern arose that children who would usually be seen in a school or other public setting, were not being seen due to the COVID-19 pandemic. The CJA Task Force, with the support of the Department of Social Services Children's Division, funded a grant to Missouri KidsFirst for their #Essential4Kids Campaign on social media.

#Essential4Kids is a campaign designed to educate *all* adults on how to recognize and respond to child abuse and neglect during the COVID-19 crisis. The title was pulled from the term our nation regularly heard during the pandemic as employees and individuals were declared "essential." The campaign wanted to emphasize that all adults are essential for the safety of children. The #Essential4Kids campaign urged all adults: family members, neighbors, essential workers serving families in grocery stores and pharmacies and delivering goods to homes, and school professionals who are still working with children virtually, to be aware of their responsibility to protect children.

Partnership was critical to distribute the #Essential4Kids message statewide. Missouri KidsFirst engaged relevant state agencies who pushed the information out locally, including all those represented on the CJA Task Force, Department of Social Services, child advocacy centers, law enforcement, juvenile officers, Children's Trust Fund and Office of Child Advocate. The campaign also targeted education professionals, and the Missouri school board association, school counselors, teachers and more were all supporters. To reach essential workers and others, unions and neighborhood associations were contacted as well.

Missouri KidsFirst received a grant for funding from Missouri's Children's Justice Act Task Force (CJA) to continue the campaign through November of 2020. With support from CJA, Missouri KidsFirst revised (graphics, content) all of the campaign materials to be more professional, comprehensive and to reach a wider audience. CJA also supported paid advertising to expand the reach of the information. The campaign remained popular, with social media content, videos and resources being shared and accessed by thousands of people across Missouri.

(B) RECOMMENDATION: The Task Force recognizes that successful investigation and prosecution of child abuse is a multi-pronged process. The Task Force sought to collaborate

with the Missouri Office of Prosecuting Attorneys (MOPS) to expand and improve multidisciplinary team training across the state. The purpose of the program is to improve the investigation and handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner that reduces additional trauma to the child. Specifically, this program will seek to improve the work of multidisciplinary teams in the state by developing a group of individuals who can provide local training and assistance to these teams.

(B) STATE RESPONSE: The Task Force, with the support of the Children's Division and statewide MDTs, supported a MOPS grant request for MDT training. The training includes a module on Mandated Reporting and also a section that introduces the Missouri CJA Task Force grant funded Child Protector App. The Child Protector App is introduced to trainees when educating team members on determining what happened to a child regarding abuse and neglect and how the app can be of assistance to them.

Given the far reaching efforts this training could provide for MDTs across the state and the alignment with the Task Force's goals, the Task Force wanted to further collaborate with MOPS on the Prevention of Sexual Abuse to expand this training. MOPS submitted a grant request for scholarships for individuals who would like to obtain MDT Train the Trainer education at the MOPS conference in the Fall of 2021. This would allow participants to become additional trainers, educated in the curriculum, who could then assist in the provision of the training to reach more audiences throughout the state. Scholarship recipients would be required to use the training to do at least one training in their area.

Child Fatality Review Program (CFRP)

(A) Recommendation: The CFRP sub-committee that completed a review of child fatalities in 2015 and wrote the 2021 report Eliminating Child Abuse and Neglect Fatalities in Missouri made the recommendation to create a culture of Safe Sleep.

(A) State Response: In an effort to combat sleep related infant deaths, several departments and organizations came together to make up the Missouri (MO) Safe Sleep Coalition with a goal of combining knowledge and resources to ensure consistent, statewide safe sleep education to the citizens of Missouri. The MO Safe Sleep Coalition consists of members from the Department of Social Services, Department of Health and Senior Services, Children's Trust Fund, Infant Loss Resources, Office of Child Advocate, Children's Mercy Hospital, Generate Health St. Louis, Saint Francis Healthcare System, Nurses for Newborns, and SSM Health. The coalition continued to meet on a quarterly basis in 2020 and 2021 to discuss current safe sleep initiatives and ongoing efforts to support safe sleep education and practices. The Coalition developed a strategic plan and it was approved in 2019. The focus of the Coalition moving forward is on identifying specific action steps within the strategic plan and to begin putting those action steps into practice in order to meet their overall goal, which is creating a safe sleeping environment for infants and to reduce the number of infant fatalities related to an unsafe sleep environment. As such, the Missouri Safe Sleep Coalition has developed the Safe Sleep Part 1 training for all CD staff, as well as other direct service providers and the general public. This training is a required training for all Children's Division frontline staff and supervisors. The Coalition will continue to produce Part 2 of the Safe Sleep training, which will serve as an advanced safe sleep education specifically for direct service providers.

The Coalition has also pooled their resources and have developed a Safe Sleep Website. This website will pull all safe sleep resources that each Coalition member agency has available. It is anticipated that this Safe Sleep Website will be live summer of 2021.

(B) Recommendation: The CFRP sub-committee made the recommendation to improve provision of resources to high-risk and/ or high needs families.

(B) State Response: Newborns and infants are the most vulnerable population served due to their basic welfare being dependent on others. In some instances, a physician or healthcare provider may be hesitant to release an infant from the hospital due to concerns of parental drug use or other potentially dangerous household conditions. A Newborn Crisis Assessment is generated because of concerns that have been reported by the physician or healthcare provider when assessing the home and family functioning. A physician or healthcare provider may also make a non-drug related referral when concerned about releasing a newborn from the hospital. Non-drug involved referrals will be accepted until the child is one year of age.

In September 2020, Children's Division re-introduced the Newborn Crisis Assessment Tool (NCAT). The NCAT is to be used to assess the circumstances surrounding the newborn and to document the response by the Children's Division to any needs and services.

The following are now required to complete a Newborn Crisis Assessment:

- The NCAT is to be completed on every Newborn Crisis Assessment received.
- The NCAT is located on E-Forms and after completion shall be uploaded into OnBase.
- Initial contact with the child and family, home visits, collateral contacts, phone correspondence, and any additional contacts shall be documented in the Contact Communication section in FACES.
- The worker must document that the child(ren) was verified as "SAFE" in the contact.
- To reduce redundant work, staff should summarize the assessment of the family in the contact but do not repeat what has already been entered into the NCAT.
- The SOS Mapping Tool (CD-218) may be utilized by the worker to assist developing the Plan of Safe Care with the family.
- The Plan of Safe Care shall be documented on the NCAT.
- On the Conclusion Screen, summarize the assessment of the newborn and family in the Actions Taken Summary Section. The Actions Taken Summary may mirror the Other Observations, Concerns or Recommendations section on the NCAT.

Additionally, as a result of a Children's Division internal in-depth review of concluded Newborn Crisis Assessments (NCA) and with an associated critical incident within one year of conclusion, areas of need were identified resulting in changes to the NCA process.

Changes to the NCA policy and process, effective May 2021, include:

- Requirement for a medical provider collateral contact, preferably the assigned Pediatrician and Obstetrician/Gynecologist, to be contacted prior to concluding the NCA;
- NCA to remain open for at least twenty days from the time the NCA was screened in by CANHU;
- Additional policy guidance around Plans of Safe Care and when/how to do them;
- Requirement for a discussion about DSS Home Visiting services, hopefully resulting in families accepting a referral for home visiting services;
- Requirement for a closing supervisory consult to occur prior to NCA conclusion, in addition to the seventy-two (72) hour supervisory consult.

It is the hope that by implementing the above changes, NCAs will be worked with more thoughtful and holistic approaches to reduce recidivism rates of child abuse/neglect and ultimately reduce critical incidences among the infant population.

Additional strategies to respond to this recommendation are described earlier in this report, to include Home Visiting and changes to the Missouri Practice Model.

(C) Recommendation: Increase and improve interagency collaboration in cases with suspected child maltreatment.

(C) State Response: The Children's Division, along with Probation and Parole and Adult Protective Services, have engaged in a collaborative effort to enhance knowledge of the duties and services each agency provides to the community. In January of 2021, a webinar was sponsored by the Missouri Office Prosecution Services (MOPS) called Preventing Tragedy, which offered an overview of each agency's reporting processes and services and also included a time for questions and discussion with panelists as to how the agencies could work together to better serve children and families. The Webinar hosted over 700 participants and was followed up with a question/answer document to make sure any questions posed during the webinar were answered. Feedback from the webinar was positive with participants asking for future collaborative events to provide even further in-depth knowledge on each of the agencies.

Additional webinars sponsored by MOPS have been planned for June 2021. On June 2, the webinar, 'Signs and Symptoms of Vulnerable Adult Abuse and What Happens after a Hotline Call' will be presented by Adult Protective Services Training Coordinator Robin Pendleton and will dig more deeply into the signs and symptoms that the community should know, including some of the indicators of vulnerable adult abuse and a review of what happens after a hotline call is made. "Signs and Symptoms of Child Abuse and what Happens After a Hotline Call" will be offered on June 16 and Children's Mercy's Dr. Terra Frazier will give an in-depth presentation into the signs and symptoms of child abuse and neglect, and Children's Division's Cari Pointer will discuss the involvement of the Children's Division and what happens after a hotline call is made.

Child Abuse/Neglect Review Board (CANRB)

Recommendations were submitted to the Division by all six CANRB panels based on case reviews held during CY19. Though each panel functions independently and submitted recommendations individually, shared recommendations were noted with regard to quality and content of case record submissions to the panel and procedural considerations.

Training

Recommendations as compiled by Boards A-F regarding investigators presenting thorough investigations:

1. Identify and interview appropriate collateral witnesses that could bring relevant information to the report.
2. Oversight by the supervisor to ensure that the reports are chronologically correct and accurate in what is being reported. Conversational tones are sometimes confusing.
3. Ensure the presenter adequately prepares for cases if they are not the worker who investigated the case.
4. Use of a template to present a case would be helpful so workers are prepared and sufficiently professional in the presentation.
5. Ensure the Children's Division (CD)'s presenter is trained on what documentation to include with a case.
6. Identify gaps in case (such as CAC visit/medical/law enforcement contact) and be prepared to explain why something was missed. (i.e. if no medical exam, why one was not done, why are medical records not available)
7. Interview all parties living in home at time of allegations.
8. Include the factual information for the basis of CD's findings in the conclusion summary.
9. Provide the factor(s) that led agency to the finding.
10. Present in person if at all possible.
11. Educate and engage the child representative - CD should educate and invite CASA, therapist, CAC interviewers or any other relevant parties to speak on behalf of child.

Children's Division's Response

The Children's Division is currently updating statewide basic training for new workers. Several of the above recommendations have been recognized by managers and suggestions on emphasizing good investigative techniques like collecting evidence, interviewing witnesses and collaterals, and well documented case reports have been stressed to training specialists. 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. We will further evaluate on how to assist staff in recognizing who would be appropriate to interview as a collateral and witness contact and how to document clearly within their report. We will also

emphasize the ability of the worker to ask witnesses and collaterals, such as the CACs, to attend the CANRB hearing to provide relevant information regarding the finding of the report.

A CANRB training video is also being updated to reflect current policy and procedure regarding the administrative review process. The hope is that the training video will assist workers in preparing for the CANRB process in that it takes members from different CANRBs across the state and has them conduct a full hearing as presented by members of Children's Division staff. Staff will be required to watch the video as part of their personal training plan. Objectives will be provided for guidance to the workers. A template for use during the reviews will also be developed and included in this training packet. Local Administrative Reviews will now be centralized and the hope is to be better able to recognize trends that can be addressed with workers to improve practice. There will be a feedback loop to the circuit about trends and issues found can help them enhance their process.

Staff are instructed to attend every CANRB hearing if able. Due to the limited boards across the state, some staff would have to travel multiple hours to attend in person. We offer the phone option to present as to make the most of that staff's work capacity. Due to concerns with COVID-19, hearings were moved to WebEx technology in April 2020. Virtual hearings will continue to be evaluated as the State navigates how business is conducted during the pandemic and beyond.

Multi-Disciplinary Team Members

Recommendations as compiled by Boards A-F regarding working with Alleged Perpetrators and Other MDT members:

1. Present photographs with investigations
2. Include CAC interview summaries with the investigation and invite CAC workers as witnesses if possible.
3. Educate alleged perpetrator and attorneys more thoroughly on this specific appeal process and what reports they have access to. Should be best practice policy in each CD office to educate on this. Educate on what the CAN registry is.
4. Include all information obtained from law enforcement and other agencies involved with the investigation of the case, including police reports.
5. Provide alleged perpetrator's attorney with an explanation as to why other agency reports cannot be released to them by CD.

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. Videos are not always available. 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 tries to ensure photographs are taken whenever relevant and placed in the case record.

Circuits are encouraged to meet with their local multi-disciplinary teams to discuss ways to ensure that the Division has all necessary evidence to present to the CANRB. They may also invite a member of the team as a witness to the case. If a police report is not complete at the time the report is closed, staff need to make sure and obtain the report when they have been completed by the agency and include with the case record.

When a Preponderance of the Evidence is found on a report, the alleged perpetrator is made aware of the finding by certified letter. Information regarding the appeals process is included in the disposition letter (CS-21). The CS-21 Disposition Letter is currently being reviewed for clarification. Further information regarding the appeals process will be reviewed for simplification on the CS-21. Education of staff on the appeals process will also be included in the above mentioned training information.

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

Data

Recommendations as compiled by Boards A-F regarding data sharing:

1. Provide Boards data regarding which cases we upheld, went to circuit court, and the outcome.
2. Data from prior years and current to compare how we're doing, updates in process.
3. Data on discussions-why upheld or reversed so can address issues, trends, prevention, better investigations.

Children's Division's Response

The Children's Division is considering creating a CANRB dashboard that will have data regarding upholds and reversals that can be shared with the Boards. With creating that dashboard, the Children's Division has discussed system changes that will allow us to also add reasons for reversals. It is important that when a decision is reversed the Board provide

feedback on why the decision was reversed so that the Division may note practices trends and issues for investigators as well as accurate collection of data.

Policy and Procedure Recommendations for CANRB Process

Recommendations as compiled by Boards A-F regarding CANRB

1. More board members need to be present for review
2. Give accolades to workers for a job well done.
3. Consider creating a board that can review and expunge cases as appropriate after a certain amount of time on the registry.
4. Create tiered registry based on continuum of offenses and severity.
5. Board would like to review the "Notice to Child Advocate" Representative to give input/comment.
6. Have old cases needing to be closed sent to one board-prefer Jefferson City.
7. Consistently provide verification that alleged perp has been provided with notice.
8. Clarify policy on minors presenting evidence/info at CANRB hearings.
9. Check with the court or Case.Net for pending criminal cases 10-30 days prior to hearing.

Children's Division's Response

All board members are expected to appear in person whenever possible. If weather or extreme circumstances prevent a board member from appearing in person, phone conference to meet quorum would be a last resort. At this time, we are using WebEx conferencing and all members are by phone.

Comments on good preparation and presentation by staff are shared with staff as the facilitators are aware. We encourage each Board to make a note on their voting slips if they would like to give a compliment to staff. We also encourage our Boards to note things staff could do to improve their investigation, preparation, or presentation for the review.

The facilitator at each Board has a copy of the Notice to Child Advocate Representative letter and the Board may ask for it to review at any time.

Cases are assigned to a Board closest to the Circuit of the Investigation regardless of the timeframe of the report. This will better allow the alleged perpetrator as well as the Children's Division and any witnesses to be able to attend the reviews.

After legal review, a process has been implemented to verify prior to the CANRB hearing that an alleged perpetrator has been provided with notice.

There is currently no policy on minors being called as witnesses at the CANRB reviews and it is left up to the Board and their discretion on if they would like to hear the testimony of the minor.

A reminder is sent to the Circuit prior to the CANRB review inquiring about any criminal charges pending. There is no statute that states that a hearing cannot proceed if there are criminal charges pending. If an alleged perpetrator wishes to proceed with the hearing, it would be left up to the Board's discretion on if they were to proceed. Currently, policy is being reviewed regarding this issue and the Board will be informed if any changes are made.

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