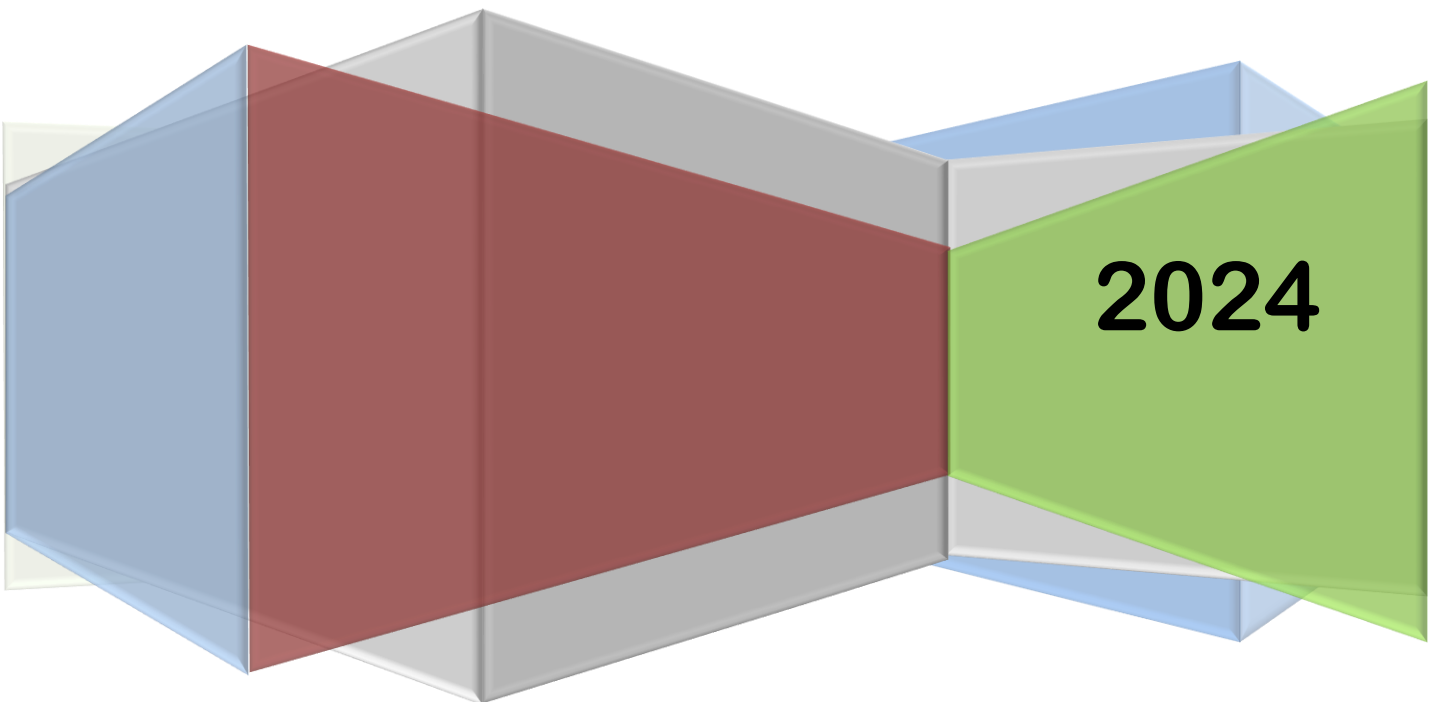


# MISSOURI

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 .....	28
Amendments to CAPTA made by P.L. 114-22, The Justice for Victims of Trafficking Act of 2015 .....	31
Juvenile Justice Transfers.....	34
American Rescue Plan Act Funding.....	34
Current Workforce Demographics .....	35
Citizen Review Panels .....	46
State Responses to Citizen Review Panels.....	51
Contact Information.....	59

**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 2022 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.

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

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**Department of Social Services Initiatives**

*SDM Safety and Risk Assessment*

Missouri revised statute 210.145.2(2) required the Children's Division Director and the Office of State Courts Administrator to develop a joint Safety Assessment tool by end of 2020, with implementation before January 1, 2022. Workers must complete the Safety Assessment within 72 hours for all reports of abuse and neglect, to be considered as part of the structured decision-making process. The Children's Division has partnered with Evident Change to develop a Structured Decision-Making® (SDM) Safety Assessment. Evident Change provided a train the trainer course so that the training unit could incorporate the new SDM Safety Assessment into staff's training curriculum. Evident Change also provided several training sessions for staff. Children's Division continues to work with Evident Change to update the current Risk Assessment tool. Similar to the process for the development of the safety assessment, listening sessions will be held in April and May 2023 with field and administrative staff to assist with development. Children's Division and Evident Change are in the infancy stages of data acquisition.

*Central Consult Unit (CCU)*

The Children's Division contracted with Change and Innovation Agency (C!A) in 2021 to examine internal processes in an effort to streamline and strengthen practice to free up existing resources in order to meet workload demands. Workgroups were formed for each of the four major program areas of the Children's Division: (1) Child Abuse and Neglect Hotline Unit (CANHU); (2) Child Abuse and Neglect (CA/N) (3) Family Centered Services; and (4) Alternative Care. As a result of recommendations from C!A, the Children's Division re-positioned 25 Social Services Specialist positions to staff a Central Consult Unit (CCU), along with three Social Services Supervisor positions. CCU is an internal call center which is utilized by investigative staff when the children are determined to be safe according to the SDM Safety Assessment. For many years, the Children's Division has required a 72-hour Chief Investigator consultation on all reports of child abuse/neglect. The purpose of this supervisory consultation is to ensure frontline staff respond appropriately and to provide guidance on next steps in the

investigation/assessment. With the implementation of CCU, this timeframe was extended to seven days for safe cases only. When frontline staff respond to a report of child abuse/neglect and determine the children to be safe, they may call CCU to complete a thorough case consultation. CCU utilizes one consistent consultation model for all safe cases statewide. If at the end of the consultation CCU agrees with the safe SDM Safety Assessment outcome, CCU documents a summary of frontline staff's contacts in FACES and concludes the report. If CCU determines any further action needs to be taken prior to approving case closure, CCU issues a Need More Information (NMI) and documents those items. Once frontline staff complete the NMI, they notify CCU. CCU then reviews the new information and concludes the report at that time if appropriate. If CCU disagrees with the assessment of the worker that the child is safe, CCU staff immediately follow up with the local supervisor to alert them that more attention is needed to assure child safety. CCU provides an unprecedented opportunity for statewide consistency in practice. While the incoming volume of child abuse/neglect reports has not changed, consistent utilization of CCU has demonstrated a significant reduction in the amount of child abuse/neglect reports assigned to frontline staff at any given moment. This allows more focus, particularly for the frontline supervisor, on unsafe children.

In October 2022, CCU protocol was updated to provide documentation of all contacts for frontline staff if they contact CCU within the first seventy-two (72) hours to help incentivize utilizing CCU and in an effort to increase timely entry of initial safety contacts. CCU also began extending hours the call center is open and added Saturday hours to assist staff in efforts to reduce backlog hotline reports and to provide support for staff who work weekend shifts and those who receive on-call reports after hours. CCU has added a second queue just for staff in St. Louis and Kansas City to utilize to help reduce their wait times for consultation due to significant staffing shortages in the metros.

#### *National Partnership on Child Safety (NPCS)*

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

The Children's Division has entered into a data use agreement with the Michigan Public Health Institute, in order to be able to share critical event data with NPCS and also obtain data from other child protection system jurisdictions and how they are addressing critical event trends in their areas. Missouri has begun utilizing REDCAP to enter critical event review and SSIT (Safe Systems Improvement Tool) data. The first upload to the data warehouse will occur in the spring 2023.

The Children's Division has taken advantage of technical assistance provided by the University of Kentucky that is available to NPCA partners. Children's Division critical event review staff participated in staff debriefing training and has worked with the University of KY to develop a voluntary staff debriefing process for frontline staff after experiencing a critical event.

### *Specialized Child Abuse and Neglect Training*

The Children's Division has set aside \$650,607 of American Rescue Plan Act funding to develop and provide investigative skills training to staff. The Children's Division has partnered with the University of Missouri St. Louis (UMSL) to develop several simulation lab trainings. The Children's Division hopes to develop a simulation around child fatalities. The Children's Division is partnering with Child Advocacy Centers (CACs) to develop e-learning on cursory interviewing and the process of disclosure. The Children's Division is also in the process of developing a Request for Proposal (RFP) for advanced domestic violence training.

### *Statewide Council on Sex Trafficking and Sexual Exploitation of Children*

Senate Bill 775, passed in the 2022 legislative session, created the Statewide Council on Sex Trafficking and Sexual Exploitation of Children. The Council consists of:

- Two members of the Senate;
- Two members of the House of Representatives;
- The Director of the Children's Division, or his or her designee;
- The Director of the Department of Public Safety, or his or her designee;
- The Director of the Department of Mental Health, or his or her designee;
- The Director of the Office of Prosecution Services, or his or her designee;
- The Superintendent of the Missouri State Highway Patrol, or his or her designee;
- The Executive Director of the statewide network of child advocacy organizations specializing in the prevention of child abuse or neglect, or his or her designee;
- The Executive Director of the statewide coalition against domestic and sexual violence, or his or her designee;
- The Executive Director of the Missouri Juvenile Justice Association, or his or her designee;
- The Director of the Attorney General's human trafficking task force, or his or her designee;
- Two representatives from agencies providing services to victims of child sex trafficking and sexual exploitation;
- A member of the judiciary.

The Council has met several times and has focused on a statewide assessment of human trafficking training efforts and initiatives. Senate Bill 775 also requires that victims of sex trafficking be referred to a Child Advocacy Center (CAC) and assessed utilizing a validated screening tool specific to sex trafficking to ensure the appropriate resources are secured for the

treatment of the child. The Council has also focused on the adoption of a tool to meet this statutory requirement. The Council must submit recommendations before the end of 2023.

### **Child Abuse/Neglect Review Board (CANRB)**

The Child Abuse and Neglect Review Board (CANRB) provides an independent administrative review of child abuse/neglect determinations when the alleged perpetrator disagrees with the “Preponderance of Evidence” finding of the Children’s Division. At the conclusion of each investigation, the Children’s Division notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator’s right to seek administrative review within 60 days.

When the alleged perpetrator disagrees with the preliminary finding of child abuse or neglect by a Preponderance of Evidence (POE), he or she may appeal and has two avenues to seek an independent review of the Division’s decision. The alleged perpetrator must choose one or the other avenue of review, but cannot choose both. The methods of review are:

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

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

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

placed on the Central Registry unless and until the CANRB reverses the POE finding(s).

If the alleged perpetrator requests and is eligible for an administrative review, a Child Abuse and Neglect Review Board (CANRB) hearing is scheduled. The CANRB is a panel of up to nine private citizens from professions specified in Section 210.153 RSMo (<http://www.moga.mo.gov/statutes/c200-299/2100000153.htm>). Each panel member is appointed by the Governor and confirmed by the Senate. The Children's Division may establish more than one CANRB panel to ensure timely reviews. Currently, there are six boards, each meeting monthly. Three boards meet in Jefferson City, and the other three boards are considered regional boards that meet in St. Louis, Kansas City, and Springfield. Each board conducts approximately eight to ten administrative reviews each month. The boards decide by majority vote to either uphold or reverse the Children's Division's findings. During the CANRB review, the board hears testimony from the Children's Division the alleged perpetrator, and any witnesses, to include the child's representative that the Board deems relative. The alleged perpetrator may be represented by an attorney, but witnesses are not subpoenaed, and cross-examination is not permitted. If the CANRB upholds the Division's decision, Section 210.152 RSMo allows the perpetrator to seek judicial review in the circuit court of residence within 60 days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses except for the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

On October 30, 2021, Child Abuse and Neglect Review Process regulatory changes were implemented as a result of 13 CSR 35-31.025. The changes implemented are as follows:

- Local Administrative Reviews
  - Local administrative reviews are no longer required. As a result, the administrative review process is managed by the Administrative Review Team in Central Office. Circuit Managers or their designee may choose to review the CA/N report prior to the Child Abuse and Neglect Review Board hearing to determine whether the report should be upheld or reversed; however, this is optional. If new information becomes available that could potentially alter a preponderance of evidence finding, the Circuit Manager or their designee should review the CA/N report to determine whether sufficient evidence exists to continue to uphold the finding(s). If a decision is made at any point to reverse a POE finding(s) prior to the CANRB hearing, the Circuit Manager or their designee will contact the Central Office Administrative Review Team within one business day of that determination so the hearing can be cancelled.
  - The Investigation Disposition Notification Letter (CS-21) has been updated and directs alleged perpetrators to request administrative reviews via the administrative review mailbox. Nonetheless, alleged perpetrators may still request administrative reviews through the local office. All requests received in the local office must be forwarded to the central office Administrative Review Team within three business days of receipt of the request and the CANRB Hearing Referral (CD-307) must be completed.



- Pending Criminal Charges
  - If criminal charges that arise from the investigation remain pending when the alleged perpetrator receives the CS-21, the alleged perpetrator will have two options as described above. This change was made to better facilitate timely placement on the Central Registry when criminal charges resulted from the incident. As a result of these changes, Central Office has started reviewing all outstanding administrative reviews delayed because of pending criminal charges.
- Electronic Notice
  - Alleged perpetrators are able to elect to receive the CS-21 electronically, as well as future correspondence related to their administrative review request. The Description of the Investigation Process (CS-24) was revised to inform alleged perpetrators of their right to receive legal notifications electronically. Staff should ask the alleged perpetrator their preference, electronic or mail, at the time the CS-24 is provided to the alleged perpetrator. If the alleged perpetrator requests to receive the CS-21 electronically, staff may send an encrypted email with a signed copy of the CS-21.
- Deceased Perpetrators
  - If the Children’s Division learns the alleged perpetrator has died prior to the expiration of the alleged perpetrator’s time to request a review or before a scheduled CANRB hearing occurs, the deceased perpetrator will not be added to the Central Registry; however, the Children’s Division will retain the report in the same manner as unknown perpetrators and Family Assessments.
    - As a result, a new investigative conclusion option of ‘Child Abuse/Neglect Present, Perpetrator Deceased’ was created. The primary purpose of this conclusion is to stop the administrative review process when the alleged perpetrator passes away. This new conclusion type is to be utilized when:
      - An alleged perpetrator dies prior to the conclusion of an investigation and other elements to establish abuse or neglect are met; or
      - To amend a POE conclusion when an alleged perpetrator dies prior to the conclusion of the administrative review process.
- Training
  - Members of the board shall now complete a minimum of three hours of training regarding child abuse and neglect annually, as approved by the Children’s Division. The Children’s Division shall also notify the board of available training opportunities.

### **Child Fatality Review Panel (CFRP)**

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

health services, juvenile court, emergency medical services, and other optional members from the child protection community.

The CFRP State Panel reviews preliminary data gathered by the CFRP via local panels and facilitates conversations around data trends. In 2022, the CFRP State Panel identified concerns relating to youth suicides. Members of the CFRP State Panel discussed and identified what seems to be a disjointed approach to youth suicide education and prevention as well as resource identification and allocation among state agencies. The CFRP State Panel voted unanimously to submit a recommendation to the Missouri Department of Social Services Director recommending the identification of a single agency to lead research, education, prevention, resource identification and resource allocation focused on suicide prevention in youth. The CFRP State Panel indicated they believe a more concentrated and central approach to addressing youth suicides will have far reaching impacts including reducing the rate at which youth suicides occur.

The CFRP State Panel has also begun to research and explore the impacts of state level legislation mandating hospitals to discuss safe sleep practices as a requirement for discharge from hospitals after birth. These discussions are ongoing to identify partners and advocates to propose legislation.

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

**Child Abuse/Neglect Hotline Unit (CANHU)**

Missouri statute 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 FY18 – FY22:

<b>Fiscal Year</b>	<b>Total Calls</b>	<b>Admin. Functions*</b>	<b>Remaining Calls</b>	<b>Classified CA/N</b>	<b>Classified Non-CA/N Referral</b>	<b>Documented Calls</b>
<b>2018</b>	154,924	15,898	139,026	59% (82,438)	17% (23, 804)	24% (32,784)
<b>2019</b>	153,155	19,762	133,393	54% (72,418)	18% (23,943)	28% (37,032)
<b>2020</b>	142,791	17,597	125,194	51% (64,231)	23% (28,236)	26% (32,727)
<b>2021</b>	144,080	15,279	128,801	50% (64,817)	30% (37,806)	20% (26,178)
<b>2022</b>	147,654	14,038	133,616	54% (71,322)	24% (32,474)	22% (29,820)

Source: FACES Report for FY18-FY22

\*Administrative Functions are defined as:

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

Child Abuse and Neglect Call Management System Technology:

In March of 2020, CANHU began looking at alternative platforms to replace Cisco technology and Teliopti/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. This system allows all programs to be accessed through a Single Sign-On feature, allowing team members to only utilize one screen for the program. Mandated Reporters in Queue 3 are also provided a callback option that includes the ability to leave an extension. This improvement has been very helpful to ensure team members are able to effectively reach the reporter during a callback.

The following chart displays average wait times by Queue.

	Queue 1	Queue 2	Queue 3	Queue 4	Overall
2019	0:03:48	0:05:05	0:13:03	n/a	0:07:25
2020	0:03:17	0:03:29	0:08:00	0:02:59	0:04:35
2021	0:05:26	0:07:03	0:12:32	0:03:26	0:08:18
2022	0:06:24	0:13:56	0:18:10	0:05:51	0:12:41

Average call times for the past four years are as follows:

- 2019 – 0:16:54
- 2020 – 0:16:32
- 2021 – 0:14:26
- 2022 - 0:15:16

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. Since 2017, the Children's Division has promoted online reporting

through social media, outreach at professional conferences, and GovDelivery messaging to mandated reporter groups.

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 has increased from 35% in FY 2021 to 44% in FY 2022. 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.

<b>Fiscal Year</b>	<b>Total Hotlines</b>	<b>OSCR Originated</b>	<b>Percent of OSCRs</b>	<b>CANHU Originated</b>	<b>Percent of CANHU</b>
<b>2017</b>	145,325	16,309	11.2%	129,016	88.8%
<b>2018</b>	154,924	21,457	13.8%	133,467	86.2%
<b>2019</b>	153,155	38,191	24.9%	114,964	75.1%
<b>2020</b>	142,791	32,900	23%	109,891	77%
<b>2021</b>	144,080	49,699	35%	94,381	65%
<b>2022</b>	147,654	64,816	44%	82,838	56%

Source: FACES Report for FY17-FY22

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.

In March 2020, CANHU transitioned to full-time work from home for approximately 90% of the team, due to the COVID-19 pandemic. In May of 2021, Children’s Division began a hybrid pilot program. This allowed Children’s Service Workers and members of the supervisory team to work from home, provided they meet established performance requirements. Team members who met performance goals were required to only work in office 2 days a week.

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

Since 2016, CANHU has worked to expand office locations across the state in an attempt to increase our candidate pool. We have increased the number of team members working outside

of the three main offices in Jefferson City, Kansas City and Springfield. We currently have team members located in Warren, Miller, Pulaski, Boone, St Louis and Jefferson County.

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 continued to utilize Decompression groups to give team members time to talk with coworkers about challenges in taking calls or other topics determined by the group. In FY20, CANHU implemented a team member Spotlight. Due to work from home and CANHU team members spread across the state, this is used to help staff learn about fellow team members at CANHU. In an attempt to build morale, CANHU also implemented seasonal and holiday trivia. The CANHU “House Cup” game was implemented to encourage and promote good work. These activities have continued to be utilized in 2022.

#### Process Improvement:

In CY21, CANHU worked with Change and Innovations to identify new ways to support team members. CANHU implemented a number of suggested changes, including new processes for maximizing supervisor availability and communication for team members. In June of 2022, CANHU implemented a pilot program to alert law enforcement of Non-Caretaker Referrals in Jackson County and St Louis City. While St Louis City is still participating in the program, Jackson County ended the pilot in December of 2022.

In April of 2022, the Governor’s Office & Operational Excellence Call Center Initiative was created. This working group was aimed at improving data transparency and increased collaboration among call centers throughout the state of Missouri. CANHU leadership has participated in this group and gained insight into best practice standards and process improvement opportunities. As a recommendation from the initiative, all supervisors are working to complete the Lean Six Sigma Yellow Belt training.

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 member 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.

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

The Child Abuse and Neglect Hotline Unit (CANHU) Fatality Review Team was created to ensure consistent and accurate screening of all fatalities. This group consists of supervisory team members who review all CA/N and Non-CA/N fatalities that are reported each day. At least two team members are assigned to review each case. Information is gathered, documented, and reviewed to determine trends in cause of death and accuracy in call classification.

This group also reviews CA/N and Non-CA/N fatalities to determine if sufficient information was provided by the reporter to appropriately classify the information. This process began due to a lack of information provided in Online System for Child Abuse and Neglect Reporting (OSCR) originated reports and referrals. In instances where insufficient information is provided, CANHU has worked with the State Technical Assistance Team (STAT) to reach out to mandated reporters in hopes of obtaining all necessary information.

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

Medical Examiners making a fatality report can request prior history checks from the hotline. Team members review documentation to ensure a prior history check is completed. This ensures all necessary Children's Division history is provided to the mandated reporter who may be involved in the fatality investigation. Most recently, CANHU created a bank of additional follow-up questions that can be utilized by CANHU staff when screening fatality calls.

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

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### **Child Assessment Centers**

Child assessment centers (established in RS Mo. Section 210.001), more commonly referred to in the field as child advocacy centers (CACs), are safe and child-focused places that provide forensic, medical, therapeutic, and case management services as part of a multidisciplinary response to child abuse allegations. Forensic interviews, a professional service provided by CACs, promote case integrity by eliciting information about a child's experience in a developmentally-appropriate, emotionally-supportive, and non-leading manner. Throughout the investigation, and in some cases beyond, CAC victim advocacy services help families navigate the legal response to child abuse allegations, and to access critical resources that help families heal from, and prevent subsequent, abuse. In addition to its direct services, CACs help coordinate the efforts of the professionals responsible for the various aspects of a child maltreatment case, known as the multidisciplinary team (MDT), by providing a space for the MDT to share case information and considerations for the child's best interest. The MDT typically consists of law enforcement, prosecutors, Children's Division investigators, and CAC staff, and may also include mental health, medical, and other professionals invested in child well-being. The MDT model, facilitated by the CAC, further benefits the child and case by minimizing the number of times that a child must recount their experience, thus mitigating additional trauma to the child and duplication of efforts. In 2020, Missouri CACs provided

services to more than 40% of children involved in a child maltreatment investigation, for a total of over 8,800 children served.

There are 15 regional child advocacy centers in Missouri that provide services to all 114 counties, and St. Louis City, through 25 unique sites. The primary, regional centers are located in St. Louis (three locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Festus, Wentzville, Cape Girardeau, Poplar Bluff, Columbia, Parkville, Osage Beach, and Branson. Satellite offices are located in Union, Farmington, Doniphan, West Plains, Nevada, Pierce City, Butler, St. Robert, and Hannibal.

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

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

### **Increase Judicial Engagement**

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).

Representation includes General Counsel and leadership from the Department of Social Services, Children's Division Director, and Deputy Director over foster care and the Division's Court Engagement Coordinator. The agenda and facilitation are the responsibilities of OSCA.

In 2022, the Partnership for Child Safety and Well-being continued their efforts to bring together the judiciary, juvenile office, child welfare agencies, advocates, and stakeholders to build

effective and respectful working relationships that ensure children are safe, healthy, and thriving. The group met five (5) times in 2022: March, July, September, October and December.

The priorities of the group, established jointly between OSCA and Children's Division included: meeting the residential requirements related to Independent Assessments and the development of Qualified Residential Treatment Programs (QRTP); improving initial case assessment activities; updating judicial education materials; and creating better practices with law enforcement who are conducting investigations of juveniles.

Leadership changes in OSCA and Children's Division occurred at the end of 2022. The State Court Administrator, Supreme Court Judge and Director of Children's Division made arrangements for new leaders to join the PCSW at their first 2023 meeting scheduled in March.

### **Multi-Disciplinary Team Training**

Missouri KidsFirst, with funding from the Children's Justice Act, is coordinating a multi-year Multi-Disciplinary Team (MDT) Initiative to improve the MDT response to child abuse by increasing the capacity and coordination of MDTs. This will improve effective team functioning statewide and increase access to services for children impacted by abuse. Missouri KidsFirst spent the fall of 2022 gathering data to inform the strategic plan for the initiative. This included listening sessions with over 30 MDT stakeholders, an MDT Assessment that was completed by over 300 MDT members, focus groups and a follow up survey to generate key learnings to inform the strategic plan. A full report from the MDT Assessment survey along with key findings were published in January 2023 and will inform the final strategic plan to be completed in March 2023. Activities from the strategic plan will be piloted in the spring of 2023.

Overview of just the assessment:

Missouri KidsFirst began the strategic planning process for a multi-year Multi-Disciplinary Team (MDT) Enhancement Initiative in August 2022. The purpose of the initiative is to improve effective team functioning statewide and increase access to services for children impacted by abuse by increasing the capacity and coordination of MDTs. As part of the planning process, Missouri KidsFirst decided to replicate the Multidisciplinary Team Assessment which was initially utilized in 2016 to assess the current functioning of MDTs in Missouri. Additional questions were added to the original assessment survey to determine what areas of improvement should be prioritized for MDTs as part of the multi-year MDT Enhancement Initiative.

The Multidisciplinary Team Assessment measures perceptions of MDTs' collaboration, membership, process and dispositions. The report on the 2016 assessment was used as a baseline. The responses from the fall of 2022 give us valuable insights on MDT functioning and additional input on what is needed to enhance the effectiveness of MDTs. The mean Overall Score of Team Functioning for all assessment respondents was 3.78, equating to a perception that their teams were functioning at a *moderate to high* level.



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

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#### **Family-Centered Services (FCS) Ongoing Trainings**

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

Consultation services offered under this contract may include face-to-face consultation, facilitation, technical assistance, mentoring, modeling, skill building, and coaching to staff regarding specific families and/or general family practice, either in individual or group session formats. The trainings could include skill based hands-on training, assistance with case specific needs, prevention practice models and frameworks, as well as general theory and practice enhancements.

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

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

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#### **The Structured Decision Making (SDM) Safety Assessment**

Missouri revised statute 210.145.2(2) required the Children's Division Director and the Office of State Courts Administrator to develop a joint Safety Assessment tool by end of 2021, with implementation before January 1, 2022. The Children's Division partnered with Evident Change to develop a Structured Decision-Making® (SDM) Safety Assessment and the new SDM Safety Assessment was implemented statewide on December 30, 2021. Training was developed to support implementation prior to December 30, 2021 and continued into January and February of 2022. Field focused support was given on a Circuit basis as needed by Regional and Central Office based Specialists throughout 2022 to enhance understanding and knowledge on the use of the new tool. Workers must complete the Safety Assessment within 72 hours for all reports of abuse and neglect, to be considered as part of the structured decision-making process. A review tool is currently being developed to assist in measuring the fidelity of use of the tool in the field.

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

The SDM Safety Assessment defines the following:

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

### Types of SDM Safety Assessments

There are three types of SDM Safety Assessments:

- Initial—Every Investigation, Assessment, Newborn Crisis Assessment or OHI report should have at least one initial safety assessment, completed during the first face-to-face contact with at least one child victim in the household where there are allegations. However, if there are allegations in two households within a single report, there may be two initial safety assessments.
- Reassessment--A reassessment of any additional as well as any secondary households. The frequency of safety reassessments is described in Section 1, Ch. 5.4.2. There may be a review/update of the safety assessment if the safety of all children was unverified during the initial safety assessment/contact.
- Closing—When the initial safety assessment was determined to be “Unsafe” or “Safe with Plan”, a review/update safety assessment must be completed prior to closing as a case should not be closed if safety threats are still present in a household.

### SDM Safety Assessment Decision Outcomes

There are three outcomes of the SDM Safety Assessment:

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

## Completing the SDM Safety Assessment

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

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

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

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

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

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

The Family 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 abuse or neglect 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.

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

### **Differential Response**

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

An Assessment track 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.

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

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

### **Tableau Technology**

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

Tableau is being used to track trends across CAN Measures such as Timely Initial Safety Contact and Overdue Reports by Region. For Family-Centered Services, it visualizes trends such as worker visits with children, worker visits with parents, number of cases opened, length of time cases remain open, TAPAs, and diversions. It allows management to drill down to circuit level details that compare multiple factors to 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 have been made to the FACES call out (on call contact information) screens.

Non-Emergency Reports for Holiday and Weekend Hours, Between 8:00am and 4:49pm

1. The on-call worker will check the CA/N Report and Referral Status Log (CANHU only calls out emergencies).
2. The on-call worker 'Accepts' the report or referral on the CA/N Report and Referral Status Log screen of the Investigation & Assessment function in FACES.
3. The on-call worker completes an 8:00am check of the CA/N Report and Referral Status Log screen for non-emergency reports alerted since 4:49pm the previous evening.
4. The on-call worker 'Accepts' reports/referrals by laptop, iPad, or in the office on the CA/N Report and Referral Status Log screen.
5. Saturdays, Sundays, and Holidays – The on-call worker completes at least three (3) CA/N Report and Referral Status Log screen checks between 8:00am and 4:49pm to assure all reports have been 'Accepted'. It is best practice to select a date range that covers the entire on-call span to ensure that nothing was missed
6. The on-call worker is eligible to claim 1 hour of STBY for every 8 hour shift.
7. CANHU will not verify that the on-call worker 'Accepted' emergency or non-emergency reports/referrals in FACES.
8. Non-emergency referrals are only called out when attention is needed before the next working day.

The FACES call out screens need to be updated to remove the call-out screens for non-emergency reports and referrals during the day.

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## (6) Developing, Strengthening, and Facilitating Training

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

For additional information about Program Area 6 and additional collaborative efforts, refer to refer to the Current Workforce Demographics section of this report.

### **Legal Aspects Training**

The Legal Aspects Training program includes a number of online e-learnings 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.

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

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### **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.
  - Collaborate with local community service organizations throughout the State of Missouri.
  - Build a footprint and brand on social media. The State of Missouri continues to utilize MO Careers as their hiring platform. Our presence has continued to increase on FACEBOOK, Instagram and Twitter. The Division has advertised recruitment and retention activities utilizing these platforms. Further, the Division has implemented utilization of QR codes to expedite user access to employment and educational/informational opportunities.
- Fill vacancies
  - Identify ways to reduce the time to fill vacancies. This is an ongoing and fluid effort. In February of 2023, the Children's Division filled positions within 45 days of posting 78% of the time with an overall average of 34 days to fill. Since February of 2022, the Children's Division has successfully averaged under 45 days to fill a position. Strategies implemented included: offering same day interviews and recommendations; Human Resources offering availability several days per week to process recommendations; offices offering more frequent and interview options to applicants.
  - The Children's Division expanded acceptable degree types to all degrees in 2019 and continues to accept all degree types. The minimum qualification is an undergraduate degree from an accredited college or university. A degree in in Social Work or comparable human service field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis.
  - The Division has continued utilization 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.
  - Hiring blitzes have continued for regions that are targeted based on need and are staggered.
  - Advertising for openings is occurring on radio stations, Facebook, Indeed.com, Instagram, Twitter, ZipRecruiter, Handshake, colleges and universities that have private career center hiring platforms, local community calendars, employment center offices, and through news outlet media platforms.
  - Using the applicant tracking system, emails are sent to recent applicants who were not hired encouraging them to reapply for openings in their area.
  - During hiring events (blitzes), applicants that are not recommended are met with to address other employment opportunities with the State and, when appropriate, are directly referred to other Division's recruitment representatives.
- Enhance the support of the workforce
  - Staying Power! Supervisors Guide to Retention continues to be utilized.
  - Exit interviews are completed and information is reviewed to guide implementation of retention activities.
  - The Social Services Assistance position was created and is being utilized as a support for case managers. Social Services Assistants duties include supervising/monitoring children during supervised visits, aiding with documentation, assisting in obtaining information.
  - Staff working overtime in critical needs areas (staffed under 70%) and any staff assisting in those areas have the opportunity to be paid for their overtime monthly.
  - In December of 2022 workers I-IV were given a 10% pay increase. In March of 2023, all employees were given an 8.7% pay increase.
- Incentive opportunities
  - Continue offering IV-E Masters in Social Work. There are 13 full time staff enrolled in this part time education program throughout the State of Missouri.
  - The Division is investigating the viability of implementing a Bachelor's program to aid in recruiting new employees and to develop Case Aids into Associate Social Services Workers.



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

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**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. Training is approved for 2 clock/course hours by the MO Workshop Calendar and the Missouri Peace Officer Standards and Training (POST). The training is also mobile friendly. The training will be completely mobile integrated and fully accessible with audio/visual needs by June 2023.

**Recognizing and Responding to Abuse during COVID-19 Crisis**

By Governor Parson's order, Missouri's State of Emergency officially ended in May 2021. Throughout 2021 and 2022, reports of abuse and neglect to our centralized hotline unit continued to increase from lows in 2020 given there were no restrictions or closures that once made it difficult for children to be seen in the community.

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

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**Online Mandated Reporter Training**

For additional information about Program Area 10 and additional collaborative efforts, refer to Program Area 8 - Online Mandated Reporter Training.

## **Care Portal**

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

### (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.

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

The first county in Missouri became active with CarePortal in 2015. CarePortal maintains a live impact report on their website. To date, 20,221 children have been served in Missouri thus far; with 14,953 children being specific DSS referral. Specific areas of impact for categorization of the request include help improve a child's wellbeing; strengthen a biological family; support a youth aging out of foster care; help prevent a child from entering care; help preserve foster/kinship (relative) placement; help preserve an adoptive placement; help reunify a biological family help place a child in foster/kinship (relative) care; help making an adoptive placement.

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.

In addition to the number of children served, as identified through the live impact report on their website, CarePortal also reflects the economic impact to the state, with a current economic impact identified as \$6,634,923 total; and \$5,139,129 of this economic impact comes from DSS referrals. Their total economic impact is identified as the total volunteer hours and tangible resources that were provided through CarePortal to meet the critical needs of children and families in Missouri, as well as the avoided public spending cost for foster care services and interventions.

In 2022, General Revenue funds were included in the State Fiscal Year 2023 budget by the Legislature and approved by the Governor. The purpose of funding is to support the expansion of CarePortal in Missouri.

### **Foster Youth to Independence Tenant Protection Vouchers**

In 2019, Children's Division began collaboration with the Department of Mental Health, Public Housing Authorities (PHA), and the Continuum of Care/Balance of State to procure the Foster Youth to Independence (FYI) Tenant Protection Vouchers released by the U.S. Department of Housing and Urban Development (HUD). These housing vouchers are designed specifically for youth ages 18-24 who have exited foster care after the age of 16 or are preparing to exit care to independence and are facing homelessness. Applications for each Public Housing Authority require a Memorandum of Understanding (MOU) and a protocol plan between the Public Housing Authority, Public Child Welfare Agency, and Supportive Service Agency. As of March 23, 2023, seventeen MOU's inclusive of 55 counties and six cities have been fully executed. Information on these services has been placed on the Children's Division internet and shared via GovDelivery to all staff. A brochure was added to the exit packet for youth leaving care. Missouri participates in calls throughout the year with HUD leadership and Administration for Children and Families leadership regarding this project. To date:

- In FY23 over 60 new FYI Housing Voucher applications have been received by Children's Division for verification. The applications were approved and sent to the

service providers and PHAs to provide the FYI Housing Voucher to these youth to help youth find housing stability.

## **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 FY2022, there were 6,416 such reports. Of those, 3,136 infants were categorized as "drug exposed". The system also captures the number of reports where a referral for services is needed. Additions to the Division's policy manual include more guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). The State's case management system reflects if a Plan of Safe Care was developed and if services were referred. The three data reporting criteria are as follows:

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

If, at the conclusion of the assessment period, it is determined the family would benefit from continued services, a Family-Centered Services case 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 requires a conversation around a referral for the Missouri Department of Elementary and Secondary Education Home Visiting Services for every family that comes to the attention of Children's Division through all program lines. Home Visiting is a voluntary in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home support and education to eligible at-risk families with children under the age of three and/or prenatal women.

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

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

Children's Division developed a Newborn Crisis Assessment Best Practice training. The training was available to all staff and provided in every region of the State. The training focused on how to assess the entire family, how to have conversations with caregivers about substance use, and developing a Plan of Safe Care when needed.

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

- Improve identification of mother-infant dyads affected by substance use disorder (SUD) by implementing validated screening techniques, guidelines and referrals.
- Support implementation of the Eat, Sleep, Console (ESC) non-pharmacologic care model for optimal health and psychosocial outcomes.
- Provide guidance for use of pharmacologic interventions for infants with in-utero exposure from maternal substance use.
- Identify a framework to connect hospitals with internal and external support/resources for the mother-infant dyad.

- Ensure mothers with SUD receive appropriate pain and withdrawal assessment and treatment after delivery to stabilize symptoms, promote recovery, and support optimal family function.

Children’s Division is currently in the process of partnering with Missouri Institute for Mental Health (MIMH) to provide a series of training around substance use for staff. The trainings will focus on how to engage parents about substance use, harm reduction safety planning with parents actively using, identification of substances, behaviors, what to look for and what to do if there are concerns, guidance on long-term supports and how to keep children safe when they return home. The first phase of the training series is anticipated to start in June 2023.

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

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

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

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

- Within 24 hours for victim(s) and non-victim(s) listed on a CA/N report with allegations of human trafficking
- Within 24 hours of a child/youth in state custody returning from being on the run, missing, or abducted
- Within 24 hours of contact with an unaccompanied youth
- Within 24 hours for any child/youth that is involved with Children's Division through a CA/N report, Family-Centered Services (FCS) case, or Alternative Care (AC) case in which there is a



suspicion of human trafficking, history of human trafficking, and/or new concerns of human trafficking

- Within 72 hours for children/youth that are involved with Children's Division through a CA/N report, FCS case, or AC case in which it is learned that there is a known history of running away from home/placement
- When a child's circumstances change or new information is learned about the child/youth which warrants the usage of a more comprehensive screening of human trafficking
- Immediately when imminent safety concerns are present in which there are immediate concerns for a child/youth being trafficked

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

Children's Division issued a memorandum (CD23-04) to inform staff of updated requirements to Human Trafficking training and who is required to take the trainings.

- Introduction to Human Trafficking- All Children's Division staff and all staff in case carrying contracted offices (anyone that sits in an office that could have contact with a child) are required to complete the Introduction to Human Trafficking training. The introduction trainings are all web based and should be completed within 90 days of employment. Current staff that have not completed the training should complete it within 90 days of this memo. Frontline staff will complete Intro to Human Trafficking for Case Managers (CD000704). Specialist, supervisors, and managers will complete Intro to Human Trafficking for Supervisors (CD000705).
- Assessing For Human Trafficking (CD000702)- All case carrying CDW's, supervisors, specialists, all case carrying contractors and supervisors are required to complete the web based Assessing for Human Trafficking training within 90 days of employment. Current staff that have not completed the training should complete it within 90 days of this memo. This training teaches staff how to complete the CD-288 with the youth.
- Advanced Human Trafficking (CD000320)- All case carrying CDWs, supervisors, specialist, all case carrying contractors and supervisors are required to complete the 2 day WebEx Advanced Human Trafficking training within 6 months of employment. Current staff that have not taken this class should complete within 6 months of this memo.

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

The statute (**Mo. Rev. Stat. 210.1505**) directs the council to collect data relating to sex trafficking of children and to develop best practices regarding the response to sex trafficking of children. The statute directs the Department of Social Services to provide administrative support to the council. The statute directs the council to submit a report to the Governor and General Assembly on or before Dec. 31, 2023, at which time the council will expire. The report is to include recommendations for priority needs and actions, including statutory or regulatory

changes relating to the response to sex trafficking and sexual exploitation of children and services for child victims.

Mo. Rev. Stat. 210.1505 states that the Missouri Statewide Council on Sex Trafficking and Sexual Exploitation of Children shall:

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

The Missouri Statewide Council on Sex Trafficking and Sexual Exploitation of Children first assembled on September 19, 2022 and continues to meet regularly. The Children's Division Director, Deputy Director, Unit Manager, and Program Specialist participate in the meetings.

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

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

## **JUVENILE JUSTICE TRANSFERS**

Thirteen (13) youth exited Children's Division custody during CY22 with a commitment to the Division of Youth Services within sixty (60) days of the Children's Division custody end date.

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

## **AMERICAN RESCUE PLAN ACT FUNDING**

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

\$200,000 towards Human Trafficking Prevention programming and supporting youth on the run initiatives. The Children's Division has recently released a Request For Information (RFI) to gather information about existing curriculum and potential vendors to support the development of a Request for Proposal (RFP) to develop training curriculum for staff, youth, and caregivers. \$600,000 towards specialized investigative skills training. A Request for Proposal (RFP) is being developed for advanced domestic violence training to support implementation of domestic violence policy. This funding is also being utilized to develop cursory interview training and training on the process of disclosure. The Children's Division has partnered with the University of Missouri, St. Louis (UMSL) to develop simulation trainings to be utilized in initial staff training. The Children's Division also hopes to partner with UMSL to develop a simulation around fatality investigation.

The Children's Division will be working, in conjunction with the Department of Social Services, to develop public media campaigns to address the dangers of fentanyl to children, safe sleep, and a variety of other child safety topics.

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

## CURRENT WORKFORCE DEMOGRAPHICS

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

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

Qualifications for a **Social Services Specialist** include a Bachelor's degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis; and, One or more years of professional experience with a public or private agency in the delivery of protective children's services, including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family centered services; juvenile treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license.

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

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

In order to advance within the **Social Services Specialist** classification, qualifications must include a Bachelor's degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis; and,

Three or more years of professional experience with a public or private agency in the delivery of protective children's services including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family centered services; juvenile treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license.

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

A **Senior Social Services Specialist** performs specialized professional social service work, providing targeted and specialized case management with, or on behalf of, children and families in program areas of Investigations/Assessments, Family-Centered Services, and Out-of-Home Care. A **Senior Social Services Specialist** has the opportunity for advancement within the job classification or promotion to Social Services Unit Supervisor contingent on vacancy, performance history, and competitive interview. Additionally, a **Senior Social Services Specialist** has advancement opportunities to the position of Social Services Administrator based on vacancy, performance history, and a competitive interview process.

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

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

Five or more years of professional experience with a public or private agency in the delivery of protective children's services including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family centered services; juvenile treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license.

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

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

### **Associate/Social Services Specialist Initial Training**

Professional Development begins when an employee starts employment with The Children's Division. The first year of a new employee's professional development is comprised of formal, classroom training combined with on-the-job training. However, in July, OJT was formally suspended due to an extreme staffing shortage. Some counties and circuits did continue the program informally. This was completed by the circuit and regions designees.

### **Child Welfare Practice Training (CWPT)-**

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

The CWPT coursework structure during the first 6 months of CWPT is as follows:

New Employees were enrolled in a ten week on-the job and classroom curriculum until July 2022. Then On the Job training was made optional and CWPT went to five weeks. In October, 2022, CWPT was offered every two weeks and was made into modules based on the program area.

#### **The new employee is required to complete the following classes:**

+ CWPT Foundations- This competency-based curriculum is the second week of training. It includes an overview of the Agency and the legal basis for Children's Division 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 will be introduced to the Framework for Safety concepts around threats/worries, what makes a child vulnerable, and protective capacities on the part of caregivers. 20 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 (5DW) and the concept of tradeoffs, as a foundational framework and approach for working with families and colleagues. The course will provide an increased understanding of the primary drivers of behaviors and how and why people make decisions. A Skills practice around identifying and listening for challenges and tradeoffs in the 5DW in participant's own lives and the lives of those

they will work with is included. The third day of the class introduces trauma and its effects on the families Children's Division serves. 18 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 will learn state law, agency policy, and rules and regulations that govern this program area. Participants will practice interviewing skills as well as practice assessing and responding to threats of safety. Participants will learn how to engage family court and other multi-disciplinary teams that assist in the response to allegations. Participants will 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 will be able to identify the key elements of the TDM process. The content includes discussions about the important roles of parents, caregivers, youth, extended family and community partners. 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 CA/N Systems- This classroom experience is provided during the seventh week of training. CA/N 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

+ 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 will study the Generalist Intervention Process and the activities needed to engage, assess, plan, intervene, evaluate, and terminate through the life of a case. Participants will 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, Part 1 provides instruction and practice opportunities in FACES screens that would most often need to be completed over the course of a Family-Centered Services case. Staff members open a practice case and enter information into the system from opening to closing. 4 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, Part 2 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.

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

### **Child Abuse and Neglect Hotline Unit**

The Hotline 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- 40 hours (19 trained)
- Week two- Referrals and Call procedure- 40 hours (17 trained)
- Week three- Assessments and taking calls- 40 hours (17 trained)

- Week four- Investigations and taking calls- 40 hours (17 trained)

The Hotline also completed

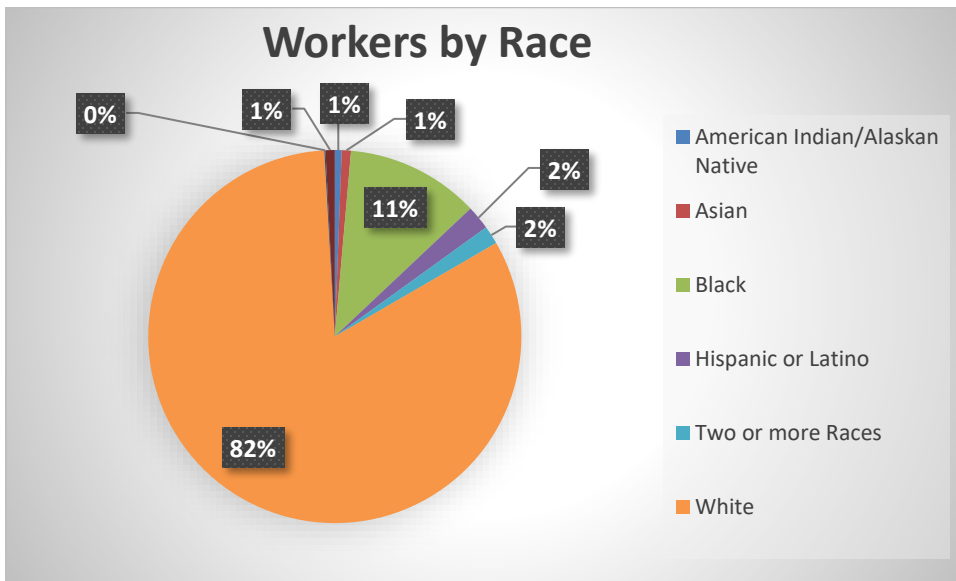
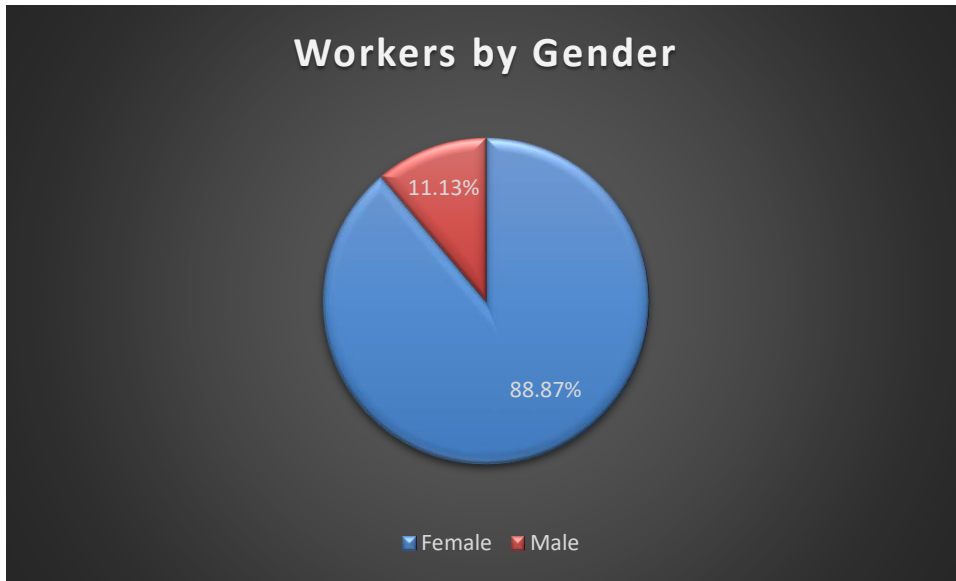
- Customer Service Refresher Training- 4 hours (1 training)
- Prior Check Training- 4 hours (2 trainings)
- CANHU Refresher Training- 8 hours (1 training)

### **Caseload Standards**

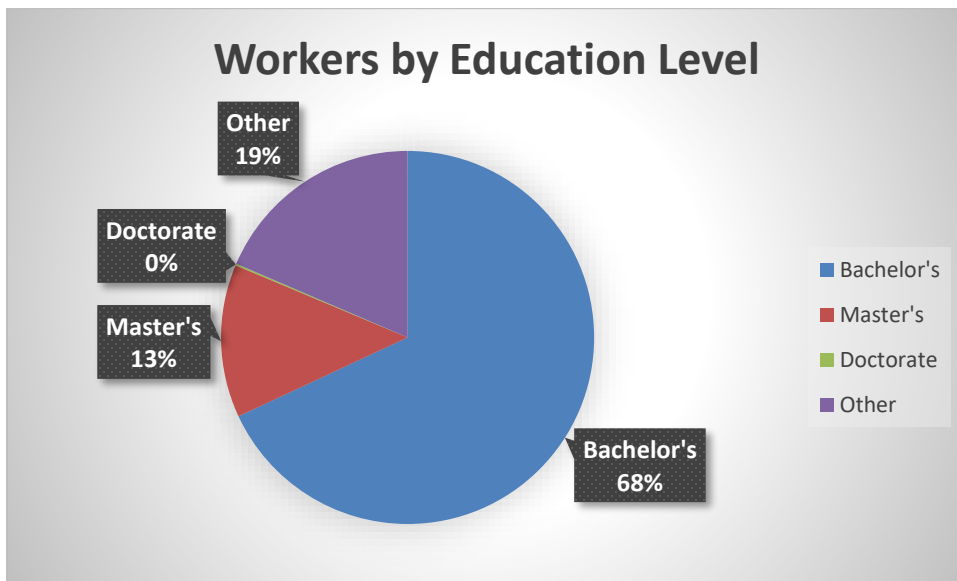
Caseload requirements are determined by the Council of Accreditation (COA). COA's 2022 Standards for Public Agencies-Child and Family Services (PA-CFS) 2.09 states caseloads support the achievement of child and family outcomes, are regularly reviewed, and generally do not exceed: 12 active investigations at a time, including no more than eight 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 four active investigations should 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 should have no more than 15 total families with no more than 10 children in out-of-home care. There are circumstances under which caseloads may exceed these limits. For example, caseloads may be higher when agencies are faced with temporary staff vacancies, or if administrative case functions (e.g., entering notes, filing, etc.) are assigned to other personnel. New personnel should not carry independent caseloads prior to the completion of training. Factors that may be considered when determining employee workloads include, but are not limited to: the qualifications, competencies, and experience of the worker, including the level of supervision needed; whether services are provided by multiple professionals or team members; case complexity and circumstances, including the intensity of child and family needs, the size of the family, travel time, and the goal of the case; case status, including progress toward achievement of desired outcomes; the work and time required to accomplish assigned tasks, including those associated with caseloads and other job responsibilities; and service volume.



**Children's Division Social Services Specialist Demographics:**

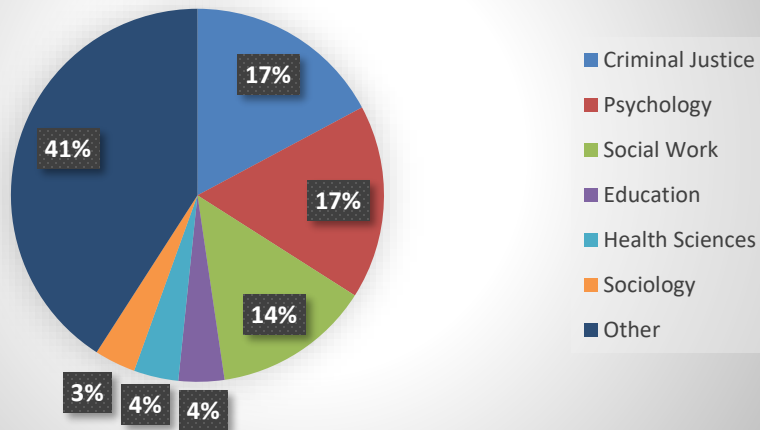


<b>CD worker Race/Ethnicity</b>	
American Indian/Alaskan Native	12
Asian	16
Black	233
Hispanic or Latino	42
Two or more Races	32
White	1660
No Response/Unknown	2
Declined to Respond	16



Education Level	
Bachelor's	68.06%
Master's	13.26%
Doctorate	0.15%
Other	18.53%

## CD Worker by Degree

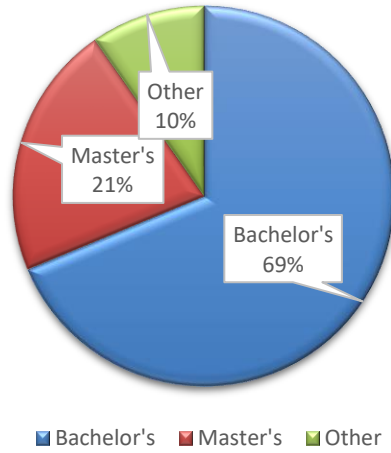


CD Worker Education by Degree*	
Criminal Justice	17.20%
Psychology	16.84%
Social Work	13.66%
Education	3.97%
Health Sciences	3.87%
Sociology	3.58%
Other	40.93%

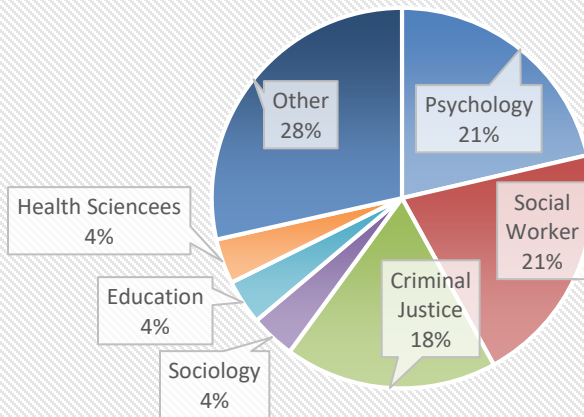
\*Top 6 Reported

**Children’s Division Social Services Unit Supervisor Demographics:**

**Supervisors by Education Level**



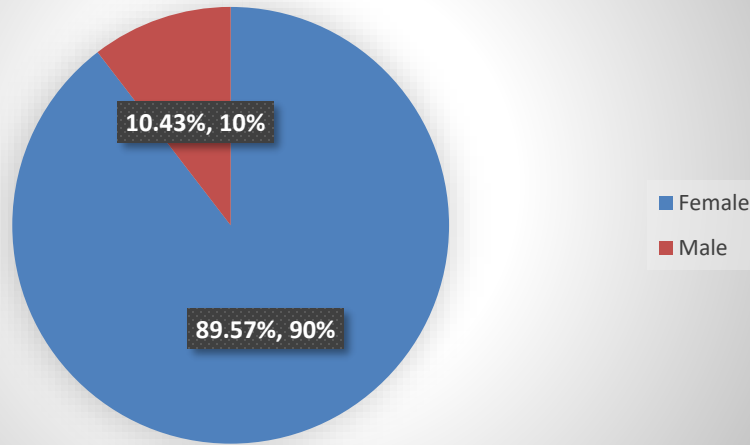
**Supervisors by Degree**



Supervisors by Degree*	
Psychology	21%
Social Worker	21%
Criminal Justice	18%
Sociology	4%
Education	4%
Health Sciences	4%
Other	28%

\*Top six degrees reported

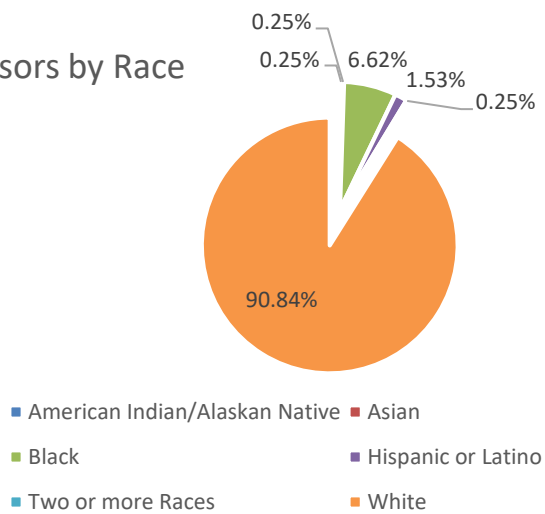
## Supervisors by Gender



\*

CD supervisor Race/Ethnicity	
American Indian/Alaskan Native	0.25%
Asian	0.25%
Black	6.62%
Hispanic or Latino	1.53%
Two or more Races	0.25%
White	90.84%

## Supervisors by Race



## **CITIZEN REVIEW PANELS**

### **SECTION 106(c)(6)**

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

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

## APPENDICES

ATTACHMENT A: Children's Justice Act (CJA) Annual Report

ATTACHMENT B: Child Fatality Review Program (CFRP) Annual Report  
Eliminating Child Abuse and Neglect Fatalities in Missouri

ATTACHMENT C: Child Abuse/Neglect Review Board (CANRB) Annual Report

ATTACHMENT D: State Response to Citizen Review Panel Recommendations

## **ATTACHMENT A**

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

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

The CJA Task Force’s annual report is attached.



## ATTACHMENT B

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

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

The CFRP Annual Report is released each December with the data and findings for the previous calendar year. The 2021 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.

See attached report.

## ATTACHMENT D

# STATE RESPONSE TO CITIZEN REVIEW PANEL ANNUAL REPORT RECOMMENDATIONS

### Children's Justice Act (CJA) Task Force

The CJA Task Force provided Children's Division with the following recommendations:

**(A) Recommendation:** The CJA Legislative Committee recommended education for legislators on roles of not only the Children's Division but other multi-disciplinary team members on abuse and neglect policies, procedures, and identified needs for any future legislative initiatives.

**(A) State Response:** The Children's Division will work with the Task Force to identify areas of interest of the Children's Division regarding pre-filed bills and legislative proposals that affect the Children's Division or the investigations/prosecution of child abuse and neglect. The Task Force can then identify legislators that might have an interest in such legislation and invite them to Task Force meetings where they can be better educated on the role of the Children's Division and other team members that could be affected by legislation.

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

**(B) State Response:** In 2022, the Task Force voted to support funding for a multi-year MDT Enhancement Project which is intended to build more highly functioning MDTs across the state that in turn will assist in the investigation and prosecution of child abuse and neglect. The enhancement initiatives will likely lead to cases being referred and completed in a timelier manner as well as fewer cases falling through the cracks with teams working together more cohesively throughout the life of the case. Phase 1 will begin in the spring of 2022 and continue into 2023. As an integral part of the MDT, the Children's Division will partner with these efforts to support the enhancement of the MDT process that will lead to better outcomes for children and families.

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## Child Fatality Review Program (CFRP)

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### Panel Recommendations

**(A) Recommendation:** Pike County CFR Panel recommends training on effective communication between agencies as well as increased local education on safe sleep practices and the health department's Safe Crib program

**(A) State Response:** Advanced Safe Sleep Training Part 2 is now available to all Children's Division staff on the Employee Learning Center and to the public on the DSS website and Missouri Safe Sleep website. Children's Division program specialist also provided in-person safe sleep training in all areas of the state.

**(B) Recommendation:** Texas County recommends increased messaging to the public about the safe storage of weapons, especially the message that the public should store their guns unloaded and store the ammunition separately from the weapon. Jasper County CFRP recommends that family members of children who have expressed suicidal ideation should be reminded to keep all weapons locked up and away from the child.

**(B) State Response:** CD published a Practice Alert PA23-IA-01 that highlighted safe storage of firearm practices and potential safety measures for CD staff to discuss with parents. The Practice Alert also provided questions for staff to ask families with firearms in their homes to spark discussion regarding safe storage. CD also developed a firearms safety brochure in English and Spanish to provide to families to aid in the discussion and education of this topic.

**(C) Recommendation:** The St. Louis City CFRP recommends increased education to the public about services like Crisis Nursery, which provides safe childcare alternatives to the community.

**(C) State Response:** CD initiated collaborative conversations with current crisis care vendors across the state to identify ways to grow the programs, increase awareness and develop on-going education for parents and communities. Through those collaborative efforts, it is hoped the program will not merely expand to more sites across the state, but also increase visibility and awareness of such programs to the communities being served.

## Child Abuse/Neglect Review Board (CANRB)

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

#### Children's Division's Investigative Policy and Practices

#### 2024 CANRB Report

#### Recommendations as compiled by Boards A-F regarding case files

- Submit Child Advocacy Center (CAC) reports, police reports, and hospital records that are relevant to the case. Children's Division (CD) has improved this process but is still very much lacking.
- Ensure all videos in BOX can be opened and viewed.
- Box has the ability to send a link to drop things in Box, maybe a link can be sent to the AP, and the attorney to make sure the info is uploaded.
- There have been a number of cases where CD needs more documentation of collaborating with other parties of the investigation.
- Police report interventions, medical records, school records tend to be missing from reports. Contact with non-victim children and other household parties are not interviewed. For instance, cousins visiting for a weekend when an incident occurred while visiting.
- Documentation that an attempt was made to contact AP.
- Photos from LE are referenced but not available.
- Attorneys state they have sent in info that was not provided to the board.
- Boards need to be notified about continuances sooner. Attorneys should not be allowed to continue cases at the last minute. Attorneys should request continuances sooner rather than later.
- Having the case manager present as the child advocate has been nice.
- Anytime during a physical abuse allegation- pictures need to be included in the report either from CD, medical personnel or law enforcement.
- Forensic Interviewers- Include them in review
  - Invite to attend and report
  - Especially on complex cases
- Huge concern-Lack of collateral contact

#### **Children's Division Response:**

Staff should include all relevant investigative reports and evidence in the possession of the Division. In some instances, the CAC only gives a brief summary of the forensic interview and does not provide Children's Division with a full report. Staff may take photographs of children when a parent or legal guardian of the child provides consent to the taking of the photograph. Staff should take the photograph(s) in the presence of the parent or legal guardian. If a parent or legal guardian refuses or is unable to provide consent, only law enforcement or medical personnel may take photographs. Staff may also take scene photographs, such as household

conditions, when a law enforcement officer is not present during the interview. Staff must also obtain consent of the parent or legal guardian of the child to take scene photographs. The Division is exploring how to update current procedures of documenting and uploading colored photos to provide the best quality documentation for board members. The legislature approved funding for Children's Division to replace the current FACES system. A new system will offer an improved and simplified way to upload documents and photographs into the report.

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

An internal mechanism has been created to reduce continuances, the administrative review team has implemented a plan to reach out to alleged perpetrators to ensure notices are sent more timely. Confirmation of participation is now conducted two weeks prior to the scheduled review hearing.

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

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

- Attend in Person
- Mandate non-English speaking victims and perpetrators to appear in person.
- CD needs to explain the elements that substantiated the abuse/neglect.
- Supervisors need to work with county staff more regarding the presentation at CANRB. Support how they arrived at their conclusion.
- Child Reps do not know their role. Are they made aware of what their role is in the CANRB?
- How do the participating parties feel about the rebuttal that has been added in the statute? Maybe we can shorten the 20 minutes to 17 and just give a rebuttal instead of asking if they wanted to use it.
- Child reps should mention if they are supporting the victim or the AP. If the child rep is speaking on behalf of the AP then they should be a witness instead and a different child rep should be chosen.
- We do not think a person should be allowed to be a child rep unless they are actually supporting the child, and a child rep should not be allowed to be a perpetrator.
- Presentations by CD need to share the entirety of the case, not just read the conclusion, all board members have read that portion of the report and are looking

- for key points that meet the elements to prove the POE, or any additional information that would help support the finding.
- Children's Division continues to be very inconsistent from office to office and worker to worker in regards to how prepared, they are to present the case. More education for the workers about what the hearing is and how its run would hopefully ensure thorough presentations from everyone.
  - If possible would like to see the assigned worker present their own cases if they are still with the division.
  - Limit or screen children testifying in a CANRB Hearing to those who have written permission from a therapist that it would be in the child's best interest to testify.

### **Children's Division Response:**

Staff will continue to participate in-person whenever possible. The Children's Division is currently evaluating how in-person vs. virtual attendance will be moving forward given staffing issues. Supervisors are encouraged to participate in the in the review hearings alongside the investigator, with the exception of seasoned Children's Division staff.

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

A CANRB presentation template has been developed and made available to Children's Division staff to promote consistency among presentations and to prevent reading from the investigative record.

State regulation states the Division's liaison to the board shall notify the alleged victim or the alleged victim's parent, guardian, or legal representative that a hearing has been scheduled and of the opportunity to participate as a witness. If this individual is not called upon by either the Children's Division or the alleged perpetrator's behalf, they are allowed to be part of the twenty minutes allotted to all remaining witnesses who wish to provide evidence on behalf of the alleged victim. It is within the board's discretion as to whether to inquire on whose behalf any witness will be providing testimony.

Any child participating in a CANRB hearing is considered a witness. State regulation does not put any stipulations on when a child may or may not participate in a hearing. However, regulation does state that all witnesses will be heard at the board's discretion.

### **Recommendations as compiled by Boards A-F regarding Investigation**

- Thorough and complete investigation
- Sometimes it seems like as long as enough info is obtained to get the 51%, no further digging is done.
- Time constraints for POE findings whether they are to be on the registry for life, or just a certain amount of years. This would also help eliminate the need to hear cases for a person that is already on the POE registry for lifetime.

- We do not feel the reporting system in which we get the reports is very organized- Children's Division's system is hard to read, we feel at times contacts or context is missing.
- As a board, we have also been concerned about hearing cases where the AP is a minor. We do not think this is appropriate and would like to see that changed.
- Children should be sent for forensic interviews done at a Child Advocacy Center with a trained Forensic Interviewer vs. having to be interviewed in the field by workers.
- Statewide training on how to properly present to the CAN RB.
- Consistency is needed on the thoroughness of the Investigations and operating uniformly across all circuits/the state.

### **Children's Division Response:**

In 2020, Children's Division updated frontline child welfare training for new workers. The training curriculum is currently being further revised. Emphasis on good investigative techniques like collecting evidence, interviewing witnesses and collaterals, and well documented case reports have been stressed to training Legal Aspects to workers and supervisors.

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. Policy around interviewing household members is currently being revised to align with the Children's Division's new Structured Decision Making ® Safety Assessment's definition of "household" which is not limited to those that live in the physical structure of the home. This should result in more relevant collateral contacts as well.

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

The most recent implementation of the Central Consult Unit (CCU) should assist with improving practice across the board. CCU provides a centralized approach to case consultation on children who are found to be safe. While Preponderance of the Evidence reports are not consulted on through CCU, having a designated team that provides consultation and direction on the majority of the child abuse/neglect reports should have a significant impact on consistent practice and policy adherence throughout the state.

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



Children's Division would support legislative reform around lifetime placement and juvenile placement on the central registry.

### **Recommendations as compiled by Boards A-F regarding Board Composition**

- Get more board members
- Consider returning to in person CANRB hearings.
- WebEx- options need to be on voting slips and given the option to participate via WebEx. To document the method of participation on the voting slips, the only option is Attend/By Phone/Absent. The board would like for the voting slips to be edited to document virtual participation.
- Training process for reappointment to the CANRB after their appointment has expired.

#### **Children's Division Response:**

Three new board members have been appointed and confirmed to the CANRB. It is unknown when other appointments will take place.

The voting slip will be edited to include the option to document virtual participation.

The Children's Division is not considering returning to in-person boards at this time.

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

### **Recommendations as compiled by Boards A-F regarding Tiered Registry**

- Implementing a tiered system for how long an AP stays on the registry
- Clarification on Juvenile perps and how they are managed on the registry and how they differ from adults.
- Criminal proceedings are handled different as a juvenile than adults where there is a higher burden of proof. But the lesser burden of proof seems to affect the juvenile more.
- Our biggest recommendation as a board has always been, and continues to be, that the people put on the registry are categorized in a way that would not keep everyone on there for life. There should be a tiered system that allows certain offenses the right to request to be removed from the registry after a certain number of years. The CAN registry greatly affects people's lives, as it should, but someone who is on it for a minor drug offense with their kids in the home and someone who raped a child should not face the same lifetime fate of being on the registry.

#### **Children's Division Response:**

The Children's Division supports these recommendations and hopes to propose legislation next year regarding making changes to the Central Registry—most notably to provide a mechanism for a perpetrator to come off the Registry at some point depending on their finding.

## **Recommendations as compiled by Boards A-F regarding Public Education**

- Simplified explanation regarding process given to AP.
- Want to know if attorneys are made aware of the process to obtain records.
- A list of what's been redacted out of the records should be provided so attorneys can reach out to the other parties if needed.
- It is discouraging when some child reps have attorneys because it really isn't necessary.
- Concern- CD is in an "emergency crisis"
  - Staff is decreasing
  - Families are increasing
  - Quality of investigations and timeliness is a huge concern. This creates a difficult job for the CANRB
  - Better education for supervisors on what constitutes care custody and control and their own interpretations of their statutes and definitions.
  - CD staff need training on how to write up their summaries. Less talk and more clear and concise information.
  - Possibly a panel of "star" investigators and board members to do training.

### **Children's Division Response:**

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

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

In January 2023, Governor Parson called for an 8.7 percent pay increase for all state team members and a \$2 per hour pay differential for congregate care staff to help alleviate some of the recruitment and retention struggles state government faces. The raise will go into effect for state employees on March 1, 2023, and will be reflected on their March 31, 2023 paycheck.

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