

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

M E M O R A N D U M

TO: CHILDREN'S DIVISION AND CONTRACTED STAFF
FROM: DARRELL MISSEY, DIRECTOR
SUBJECT: CENTRAL CONSULT UNIT

DISCUSSION:

The purpose of this memorandum is to notify team members of the introduction of the Central Consult Unit (CCU).

The Central Consult Unit was developed so that field staff would have immediate access to supervision on "Safe" cases. When staff determines a child is "Safe" based on contact with the child(ren) and completes the Structured Decision Making (SDM) Safety Assessment, they will contact the Central Consult Unit to consult and close the report. Staff will call **844-615-2828** to access CCU. The Central Consult Unit will be available to staff Monday through Friday from 7:30 a.m. to 5 p.m.

Staff may not utilize the call center until at least six months after completing CWPT and then at the local supervisor's discretion while they remain on probation. For seasoned staff transferring into investigations, they may utilize the call center at the supervisor's discretion. The local supervisor should make the first few calls with their worker for training opportunity.

Appropriate Cases for the Call Center

The following criteria must be met for a report to be considered appropriate for CCU:

- Investigation, Assessment, Juvenile Assessment, Newborn Crisis Assessment with a SDM Safety Assessment outcome of SAFE;
- Inappropriate Reports;
- Located Out of State Reports;

All CA/N Reports with a SDM Safety Assessment decision of "Safe" must have a consultation within seven (7) calendar days. Staff should utilize CCU to meet these timeframes if the report is not ready for closure. For reports not ready for closure, CCU will conduct the consultation, identify any necessary next steps, deny the report in

FACES, and issue a Need More Information (NMI). Once those identified tasks are completed by frontline staff, they will contact CCU either by phone or email. CCU staff will then review the added information and approve the report for closure at that time if appropriate to do so.

If CCU agrees with the SDM Safety Assessment decision of “Safe” and agrees the report is ready for case closure, CCU will enter any necessary contacts that are not required to be completed by frontline staff. They will also document a summary of the worker’s interviews, observations, and home visits in a supervisor consultation and will conclude the report in FACES. CCU will submit the report in the worker’s name and will approve the report for closure. CCU will eventually also fully take over sending out disposition letters on reports closed at CCU.

Stays Local

The following report types would **not** be considered appropriate for consultation with the CCU:

- Investigations, Family Assessments, Juvenile Assessments, Newborn Crisis Assessments with a SDM Safety Assessment outcome of UNSAFE or SAFE WITH PLAN ;
- FCS, IIS, or AC case is being opened;
- Investigation involving a victim under four that had a SAFE-CARE diagnosis and as a victim of physical abuse, requiring notification to the juvenile officer;
- Unable to Locate Report;
- POE Report;
- CA/N present, Unidentified Perpetrator;
- CA/N present, Deceased Perpetrator;
- Harassment Report;
- Reports worked by non-investigative staff that do not regularly complete hotline reports
- Employee Reports

These report types will continue to be reviewed by the local supervisor for consultation and approval of closure. All Investigations, Assessments, Juvenile assessments, and Newborn Crisis Assessments staffed at the local level **must** continue to have a Chief Investigator consult completed and entered into FACES within seventy-two (72) hours. If the SDM Safety Assessment outcome is ‘Unsafe’ or ‘Safe with Plan’ or a child cannot be located, a Chief Investigator consult **must** be completed within seventy-two (72) hours.

If the local supervisor determines at the 72 Hour Chief Consult that the SDM Safety Assessment should be “Safe”, they will update the SDM Safety Assessment and instruct the investigator to contact the CCU for further consult and closure.

If the initial SDM Safety Assessment Decision is “Safe with Plan” or “Unsafe” and the Review/Update Safety Assessment Decision is “Safe”, staff will continue to consult with their local supervisor until report is closed per policy outlined in Section 1, Ch. 9, Safety Planning.

Frontline Staff's Requirements Prior to Calling CCU

Staff are required to complete a SDM Safety Assessment on all victim child(ren) and non-victim children and enter into FACES within seventy-two (72) hours. If the safety determination is "Safe", staff have seven (7) calendar days to contact the CCU to consult and, if applicable, close the report.

Staff must complete and enter the following **prior** to calling CCU. CCU staff will not conduct the consultation if these items are not complete:

- Initial Safety Contact with children and non-victim children (MDT Contact included). These must be separate entries if the children were not seen at the same time to accurately reflect timely initial contact in FACES. This consists only of a summary of interviews with the children and includes:
 - Use of MDT (and accurate FACES entry) and how the MDT member was able to assure safety.
 - Who was present during the interview with the child?
 - Where did the interview occur?
 - Was the victim child interviewed alone?

Example: Worker saw victim and non-victim children within timeframes. Worker notified the victim's parents of the reports and permission was given to speak to the children. Worker interviewed the victim alone at school. Victim denied the allegations and no injuries were observed. Non-victim children were also interviewed at school alone and did not disclose any abuse and/or neglect.

- SDM Safety Assessment;
- Risk Assessment;
- Upload all pictures and reports to OnBase;
- Have available the alleged perpetrator and every person in the household's **full name, DOB/DCN**. It is preferable that frontline staff have completed the participant characteristic and have added all missing DCN's; however, CCU staff will complete as necessary.
- Have available **email addresses and correct mailing addresses** for all parents/guardians. It is preferable that frontline staff have updated/added the contact screens in FACES; however, CCU staff will complete as necessary.

Frontline Staff's FACES Optional Contacts

Frontline staff may enter the following individual contacts in FACES. If these are not entered by the worker, CCU staff must enter them as separate contacts.

- Reporter contact. If not entered prior to calling CCU, frontline staff must have available date and time of contact.
- SAFE-CARE referral contact for any victim child under the four (investigations only). If not entered prior to calling CCU, frontline staff must have available date and time of contact.

- School liaison notification (investigations only). If not entered prior to calling CCU, frontline staff must have available date and time of contact.

Changes to NCA Policy

- NCA will no longer have to stay open for 20 days.
- The requirement to contact the OBGYN is being removed.
- Staff will need to contact any service provider that has knowledge of the mother's substance use and any treatment services.
- Staff will need to contact an involved medical provider to ensure they are aware of and discuss any concerns regarding the mother's substance use. For example, a child's pediatrician would be an excellent contact as the pediatrician should have ongoing contact with the child.
- If a NCA has been concluded and a Birth Match NCA is received, staff may duplicate NCAs as long as prior history was discussed with the family during the initial NCA.
- If a NCA has not been concluded and a Birth Match NCA is received, staff should combine the NCAs as long as prior history was discussed with the family during the initial NCA.

Need More Information (NMI)

CCU staff may issue a Need More Information (NMI) for a variety of reasons when they do not feel the case is ready to be closed. NMI information entries will be documented in a text box that has been added to the Conclusion screen in FACES. Staff should look for documentation in this box when inquiring why a report remains open.

NMI generally fall into one of two categories:

1. Due to a need to complete certain policy requirements that should have no impact on the safety decision once completed. In these scenarios, staff will be able to email DSS.CD.CCU@dss.mo.gov when the task is completed. CCU staff will review the information and finish concluding the report, if appropriate to do so. CCU staff will then notify the frontline staff when the report is concluded; or
2. Due to a need to gather more information or to discuss concerns with the family that may have an impact on the safety decision once completed. In these scenarios, staff will have to call central consult to review the information. CCU staff will enter a new contact summarizing the update and finish concluding the report while on the phone, if appropriate to do so.

Frontline staff will be advised at the end of each call whether they must email or call back when they complete the NMI tasks. However, for Newborn Crisis Assessments, frontline staff will need to call CCU when they complete any NMI tasks in order to make sure there is a closing consultation if needed, pursuant to NCA policy.

Storyboard Tracking

Frontline supervisors will begin receiving a daily report every morning identifying reports that are seven (7), fifteen (15) and twenty-five (25) days old to assist in ensuring case consults have been completed and to move reports to conclusion. At this time, this

report will be distributed to all frontline supervisors. They will also be accessible daily on the data drive. Staff who need access to the data drive can complete an ASAP request. Frontline CA/N supervisors are highly encouraged to utilize these data reports in daily huddles with their staff. Huddles are designed to help manage process and ensure that work is flowing. Frontline supervisors should pay particular attention to reports approaching seven (7) days to help ensure their staff call CCU to complete a timely consultation. Frontline supervisors are not expected to complete a full consultation, but should focus on identifying the current barrier to contacting CCU. Supervisors should document these conversations in the new Conclusion Approval/Administrative Review Information text box on the Conclusion Screen in FACES.

Circuit managers, Field Support Managers, and Regional Directors will be receiving a weekly report on Mondays to assist them in moving safe CA/N Reports to closure. This report will also be available on the data drive. Circuit managers should pay particular attention to reports approaching the fifteen (15) day mark without a case consultation. Circuit managers should review the report for information from the supervisor on the Conclusion Screen about the status of the report during the first seven days of the case and follow up on the status of completing a consultation with CCU. Field Support Managers should pay particular attention to reports approaching the twenty-five (25) day mark without a consultation and follow up on the status of completing a consultation with CCU.

Feedback Loop

CCU will communicate timely and directly with the frontline supervisor any time the CCU specialist believes children are unsafe so the frontline supervisor can take appropriate action. CCU will also communicate with the frontline supervisor anytime children were seen outside of timeframes when the CCU specialist does not believe appropriate attempts were made. CCU will also communicate with the frontline supervisor anytime there are significant concerns regarding staff’s practice and/or conduct. CCU does have the ability to suspend staff’s utilization of CCU if it is determined the staff needs further coaching on Missouri’s safety model and investigative skills. Once the staff member can demonstrate the competencies outlined in Section 1, Ch. 9.1.2, Eligibility, they will become eligible to call CCU.

NECESSARY ACTION	
<ol style="list-style-type: none"> 1. Review this memorandum with all Children’s Division staff. 2. Review revised Child Welfare Manual chapters as indicated below. 3. All questions should be cleared through normal supervisory channels and directed to: 	
PDS CONTACT CCU-- DSS.CD.CCUSUP@dss.mo.gov NCA-- Misty.M.Allen@dss.mo.gov	MANAGER CONTACT Kara Wilcox Kara.B.Wilcox-Bauer@dss.mo.gov
POLICY: https://dssmanuals.mo.gov/child-welfare-manual/section-1-chapter-9-safety-planning-overview/#Safe	

FORMS AND INSTRUCTIONS https://dssintranet.mo.gov/dss-childrens-division/child-abuse-neglect-intake/
REFERENCE DOCUMENTS AND RESOURCES
RELATED STATUTE