

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

January 23, 2024

M E M O R A N D U M

TO: CHILDREN'S DIVISION AND CONTRACTED STAFF
FROM: DARRELL MISSEY, DIRECTOR
SUBJECT: Changes to Central Consult Unit (CCU) Protocol

DISCUSSION:

The purpose of this memorandum is to inform staff of changes to the protocol for utilizing CCU and to provide clarification on existing protocols.

Purpose of CCU

The purpose of CCU is to give frontline staff immediate access to supervisory-level consultation with trained and experienced Children's Service Specialists when the initial assessment of safety indicates the child needs no further intervention to remain safe. **ALL safe child abuse/neglect reports must receive a consultation within seven (7) days.** Frontline staff should utilize CCU to fulfill this requirement, even if the case is not ready for closure. If the case is not ready for closure, the CCU specialist will identify the next steps and will issue a Need More Information (NMI) for local staff to complete prior to CCU approving the conclusion.

Callback Feature

Due to numerous issues with the Genesys callback feature, the executive team has agreed to disable it. Staff will no longer be able to enter a callback.

Lifting of Documentation Requirements

All documentation requirements are being lifted. Frontline staff may call CCU without having any contacts or the safety assessment entered. However, frontline staff are still responsible for the following and should have these available when calling CCU:

- **Upload** all pictures and reports to OnBase.
- Have available the alleged perpetrator and every person in the household's **full name, DOB/DCN**. CCU utilizes the [Structured Decision Making \(SDM\) definition of household](#). It is preferable that frontline staff have completed the participant characteristics screens 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. Having email addresses significantly assists CCU clerical in sending out disposition letters.

The policy requirements to enter the initial contact and the SDM Safety Assessment within seventy-two (72) hours are being removed for CCU cases only.

Appropriate Cases for the CCU

CCU will only staff clear safe cases. If frontline staff is not sure whether the child(ren) on a child abuse/neglect report can be considered safe, these types of consultations should occur locally.

All victim children must be seen by CD staff in order for CCU to consult.

The types of cases CCU will consult on include:

- Investigations, Family Assessments, Juvenile Assessments, Newborn Crisis Assessments with a SDM Safety Assessment outcome of SAFE;
- Inappropriate reports;
- Located out of state reports; and
- Conflict/Employee reports.

The requirement that the report not be a grey or a complex case is being lifted and these reports may be consulted on by CCU. However, it must still be a clear safe case.

Referring Cases Back to the Local Office

Cases referred back to the local office are cases that are not eligible to be staffed through CCU and will remain forever the responsibility of the local office. Cases will be referred back to the local office for further consultation between the frontline staff and their direct supervisor, further follow-up, conclusion submission and approval, and for the mailing out of disposition letters in the following circumstances:

1. The investigator identified that there was a safety plan in place which indicates that the SDM Safety Assessment decision is something other than safe or due to disagreement with the safety assessment decision of 'safe'. If CCU disagrees with the safety assessment decision, these reports will be referred back to the local office. The CCU specialist should document which safety threat they believe is present with a brief summary of the evidence to support the existence of the safety threat.
2. Due to disagreement with the conclusion decision. There may be times that the CCU specialist believes the report meets the elements for a Preponderance of Evidence (POE) finding. In these scenarios, the CCU specialist should document the specific legal element(s) they believe there is sufficient evidence to support a POE. The local office will be responsible for concluding these reports.
3. The case does not meet other eligibility requirements for a CCU report because of one of the following reasons:
 - All victim children have not been seen by CD staff
 - FCS, IIS, or AC case openings as a result of the report in need of consultation
 - Unable to locate reports
 - Investigations involving a victim under four who a SAFE-CARE provider diagnosed as a victim of physical abuse requiring a referral to the juvenile officer
 - CA/N present, perpetrator unidentified
 - CA/N present, deceased perpetrator
 - Harassment reports

In order to assist in meeting timeframes for a timely consultation, CCU will enter a supervisor consult in FACES with a summary of the information obtained by the frontline worker prior to making the determination that the case is not appropriate for CCU, unless very little information is obtained. The amount of information provided in this summary will be dependent on how much of the consult was completed prior to making the decision to refer it back to the local office. If very little information is obtained prior to making the decision to refer the case back to the local office, no supervisor consult will be entered, but the local supervisor will be notified that the case still needs a consult. For example, if at the beginning of the call the frontline worker identifies that a safety plan was put in place, the CCU specialist will immediately inform the worker that they are unable to consult on the case and will not enter a consult.

The reason the report is being referred back to the local office will be documented by the CCU specialist in the Conclusion Approval/Administrative Review Notes text box on the Conclusion screen in FACES. CCU will also follow

up with communication with the local supervisor, or above if applicable, when the case has been referred back to the local office.

Need More Information

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 will be documented in the Conclusion Approval/Administrative Review Notes text box on the Conclusion screen in FACES. Staff should look for documentation in this box when inquiring why a report remains open.

NMIs generally fall into the following 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 usually 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 more thoroughly address the allegations and/or concerns with the family that may have an impact on the safety decision once completed. In these scenarios, the CCU specialist should let frontline staff know whether they can email back with the needed information or if they will need to call for further consultation.

Even when issuing an NMI, CCU will complete as much of the FACES documentation as possible to ready it for conclusion.

Assessment Templates

In an effort to align documentation between frontline staff and CCU staff, the requirement to complete the assessment conclusion templates is being removed. Instead, staff should include the following information in the conclusion summary.

Family Assessments:

- Brief Summary about what took place in the report
- Why the conclusion was made;
- Why the child is Safe, Safe With Plan, or Unsafe;
- Any services the family is participating in (if applicable);
- If a case was opened, why the case was opened and anticipated action.

Juvenile Assessments:

- Brief Summary about what took place in the report;;
- Why the conclusion was made;
- Why the Victim child is Safe, Safe With Plan, or Unsafe;
- Any services alleged child initiator is participating in (if applicable);
- Any services the family is participating in (if applicable)

- If a case was opened, why the case was opened and anticipated actions.

Newborn Crisis Assessments:

- Brief Summary about what took place in the report;
- Was there a positive toxicology screening;
- Was a Plan of Safe Care (POSC) completed and documented on the NCAT; (a POSC is needed if the child’s physical, mental, or general well-being is affected or could be affected by the use of substances by the parent/caretaker);
- Why the conclusion was made;
- Why the child is Safe, Safe With Plan, or Unsafe;
- Any services the family is participating in (if applicable);
- Document discussion of safe sleep;
- If a case was opened, why the case was opened and anticipated action.

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: 	
CENTRAL OFFICE CONTACT Kara Wilcox Kara.B.Wilcox@dss.mo.gov	MANAGER CONTACT Danielle Corley Danielle.N.Corley@dss.mo.gov
POLICY: Section 1, Chapter 9.1, Outcomes of a “Safe” Safety Assessment	
FORMS AND INSTRUCTIONS	
REFERENCE DOCUMENTS AND RESOURCES Central Consult Unit Consultation Guide	
RELATED STATUTE	