The Interim Task Force on the Prevention of Sexual Abuse of Children

(Report to the General Assembly, December 2015)

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I. Executive Summary

The Task Force on the Prevention of Sexual Abuse of Children was created in statute during the 2011 Missouri legislative session and was charged with studying and identifying strategies for preventing child sexual abuse. This Task Force provided the Governor, Missouri General Assembly and the State Board of Education with 22 recommendations within the broad categories of community-based child sexual abuse and prevention, professional training and technical assistance, multidisciplinary team excellence, mental health services and treatment, awareness, funding and statutory changes. Areas for further study were also identified.

The Task Force was reauthorized during the 2013 legislative session to continue to study the issue of sexual abuse of children (Section 160.2100, RSMo). A group of committed experts are meeting as an Interim Task Force to further this work until members are officially appointed. They focused on four specific recommendations identified in the 2012 report:

1. Standardized training for mandated reporters;
2. Best practices and standards for multidisciplinary teams, law enforcement, prosecutors and medical providers;
3. Youth with illegal or inappropriate sexual behaviors; and
4. Mental health services for sexually abused children.

The Interim Task Force met quarterly during 2015. Each of the quarterly meetings focused on the work of subcommittees assigned to each priority area, legislative strategies and updates on issues and research within the scope of work for the task force. There were several successes this year:

1. Lessons for the mandated reporter training are being refined as of fall 2015. These materials will be piloted during the fall and winter of 2015 with an expected roll-out in early 2016 (addresses recommendation 1).
2. Senate Bill 341, signed into law July 8, 2015, includes many provisions to protect child sexual abuse victims. Section 37.719, RSMo gives the Office of the Child Advocate the authority to conduct county-level reviews of child welfare entities, including Children's Division, juvenile offices, or guardian ad litems. Section 160.975, RSMo requires that schools clearly and visibly post the child abuse and neglect hotline number. Section 455.503, RSMo extends orders of protection to adult and child victims of sexual assault. Previously, orders of protection were only available to adult and child victims of domestic violence and stalking (addresses recommendation 2).
3. A budget of $1.4 million was allocated effective with fiscal year 2016 to the Department of Public Safety to reimburse Sexual Assault Forensic Exam-Child Abuse Resources and Education (SAFE-CARE) providers for providing forensic medical exams and case reviews to child victims of physical abuse (addresses recommendation 2).
4. Senate Bill 341, Section 210.145, RSMo gives Children's Division the authority to provide family assessments for youth with problem sexual behaviors. Children who had been abused by a juvenile with problem sexual behaviors often did not receive services or protective intervention before because there was no entity charged with investigating this type of abuse (addresses recommendation 3).
5. The fiscal year 2016 budget includes $500,000 to the Department of Mental Health (DMH) to create a network of mental health providers trained in evidence-based practices for children who have experienced trauma (addresses recommendation 4).

During the course of the year, several barriers and opportunities were identified by the Interim Task Force, materials and resources were shared, and recommendations were developed. One recommendation the Interim Task Force is considering is forming another workgroup to specifically look at fostering and promoting trauma-informed schools.

II. Background Information

The Missouri General Assembly created the Task Force on the Prevention of Sexual Abuse of Children during the 2011 legislative session with the passage of HB 505 (Section 160.2100, RSMo). This legislation further clarified state statues on child abuse and neglect. There were several major components of the law:

1. The inclusion of charter schools in the regulations;
2. A requirement that each board of education, or governing body of each charter school, adopt and implement training guidelines and an annual training program for all school employees who are mandatory reporters of child abuse or neglect;
3. The training shall emphasize the importance of mandatory reporting of abuse including the obligation of mandated reporters to report suspected abuse by other mandated reporters. It should also include information on how to establish an atmosphere of trust so that students feel their school has concerned adults with whom they feel comfortable discussing matters related to abuse; and
4. A requirement that all mandatory reporters shall, upon finding reasonable cause, directly and immediately report suspected child abuse or neglect.

The initial Task Force was charged with studying and identifying strategies for preventing child sexual abuse and met for the first time in January 2012. During that year, the Task Force conducted four public hearings and heard from 35 experts of different backgrounds involved in the prevention, intervention and treatment of child sexual abuse. This process resulted in the Task Force members reaching consensus on 22 recommendations for the final report. This report was issued to the Governor, Missouri General Assembly, and the State Board of Education on December 31, 2012.

The original authority for the Task Force was completed once the report was issued; however, the group chose to remain a "task force" to ensure implementation of the recommendations. The group met throughout 2013 and focused on four of the 22 recommendations:

1. Standardized training for mandated reporters;
2. Best practices and standards for multidisciplinary teams, law enforcement, prosecutors and medical providers;
3. Youth with illegal or inappropriate sexual behaviors; and
4. Mental health services for sexually abused children.

The Task Force was reauthorized by the General Assembly in 2013 with a mission to continue gathering information concerning child sexual abuse and receiving reports and testimony from individuals, state and local agencies, community-based organizations and other public and private organizations and creating goals for state policy. In addition, Section 160.2100, RSMo requires the Department of Elementary and Secondary Education, in collaboration with the Task Force, shall make yearly reports to the General Assembly on the Department's progress in preventing child sexual abuse.

The current Interim Task Force is operating as a group of committed stakeholders who want to take steps to prevent child sexual abuse (see Appendix I for the list of Interim Task Force and work group members).

In their most recent annual report, Children's Division received more than 68,000 hotline calls, involving more than 102,000 children, during fiscal year 2014. Children's Division's service workers determined there was reasonable cause that abuse/neglect occurred toward 6,439 Missouri children. Of those 6,439 victims of abuse and neglect, 1,458 children suffered from sexual abuse. There is a critical need in Missouri to address this problem and to support child victims and their families.

The following table, from the Children's Division Child Abuse and Neglect fiscal year 2014 annual report, summarizes the number and type of abuse and neglect substantiated during the reporting period January 1 through December 31, 2013:

Substantiated Children by Category of Abuse/Neglect during FY 2014*

Number		Percent
Neglect	4,129	64.1%
Physical Abuse	1,916	29.8%
Sexual Abuse	1,458	22.6%
Emotional Abuse	495	7.7%
Medical Neglect	271	4.2%
Educational Neglect	93	1.4%

The percent column represents the percentage of 6,439 total substantiated children. Percent total is greater than 100 because a child may be substantiated for up to six categories of abuse/neglect.

Fondling or touching was the most frequent worker finding for sexually abused children. The ten most often reported worker findings for sexually abused children are shown below:

Worker Findings for Sexually Abused Children during FY 2014*

Number		Percent
Fondling/Touching	861	59.0%
Other Sexual Abuse	565	38.7%
Oral Sex, Sodomy	387	26.5%
Intercourse	302	20.7%
Digital Penetration	189	13.0%
Pornography	62	4.2%
Inappropriately Giving Drugs	48	3.3%
Lack of Supervision	45	3.1%
Blaming, Verbal Abuse, Threatening	30	2.1%
Failure to Protect	23	1.6%

The percent column is the percentage of 1,458 substantiated sexually abused children. Percent total is greater than 100 because multiple findings may be found for a child.

*Missouri Children's Division. Child Abuse and Neglect Fiscal Year 2014 Annual Report. October 2014.

III. Goals, Recommendations and Outcomes

The goals and recommendations below include information provided to the Department of Elementary and Secondary Education from the Interim Task Force workgroups through the fall of 2015. This includes information from the Interim Task Force as well as subcommittees assigned by the Interim Task Force to address specific goals. The work of the Interim Task Force will continue to address these and other emerging issues during 2016.

Priority 1: Standardized training for mandated reporters

The goal of this priority area is to provide comprehensive training so that all mandated reporters have the knowledge, skills and dispositions to effectively identify, and then report, child abuse, sexual abuse and neglect.

Interim Task Force recommended actions to address this priority

1. Differentiate between the content to be taught, and how that content will be presented;
2. Survey mandated reporters to better identify, and improve upon, current training practices; and
3. Develop a curriculum and a platform for delivery that provides wide access to training for all mandated reporters.

Outcomes for 2015

The Standardized Training for Mandated Reporters workgroup conducted a survey of practitioners on current training and reporting practices. It was determined, based on the data, that training modules be created that could be used by mandated reporters working in a range of settings. The training would be flexible in nature yet specific enough to capture the needs of various professionals. A partnership with Missouri Extension and the University of Missouri School Of Medicine ensued. An online platform is in development along with comprehensive lessons that address aspects of reporting. The expected roll-out of this training is February 2016. The hope is that high quality, consistent training will result in self-confident, assured reporters of child abuse, sexual abuse and neglect.

The Department of Elementary and Secondary Education has the statutory responsibility to make certain Missouri's public school districts are compliant with legislation and State Board of Education regulations. In order to ensure this, all districts must complete the Missouri School Improvement Program (MSIP) Items Not Waived checklist. Among the assurances are two areas relative to mandatory reporting of suspected child abuse or neglect.

The Items Not Waived checklist is updated annually. School superintendents assure their district's compliance by completing, signing and returning the form by a specified date to the Department of Elementary and Secondary Education.

Priority 2: Best practices and standards for multidisciplinary teams (MDT), law enforcement, prosecutors and medical providers

The goal of this priority is to identify and develop effective and objective protocols and standards to evaluate the efficacy of multidisciplinary teams working with children and families.

Interim Task Force recommended actions to address this priority

1. Legislative action with respect to the privacy protection, or lack thereof, in place for Child Advocacy Center (CAC) forensic interview tapes, as well as SAFE exam records, including but not limited to pictures and videos created by medical professionals during the SAFE exam. A statute, similar to Louisiana Section RS 13:3715 but with additional protections to protect disclosure and distribution of the video recordings made of forensic interviews, is recommended;
2. Statutory authorization for law enforcement officers to transport children to child advocacy centers for the purposes of forensic interviews without parental permission, similar to the authorizations in Section 334.950, RSMo and Section 595.220.2, RSMo. A number of professionals who participated in related cases have seen investigations hampered by the inability to conduct timely interviews of children without parental permission or transport to the center;
3. Development of an assessment tool to assure there are strong multidisciplinary teams in every jurisdiction in Missouri; and
4. Data collection and evaluation using the assessment tool to ensure consistency and appropriateness of referrals and the functionality of the multidisciplinary team, as recommended in the workgroup's 2014 recommendations on continuous improvement.

Outcomes for 2015

A bill was proposed during the 2015 legislative session that would have prohibited MDT members from making copies of forensic interviews and SAFE exam photographs without a court order limiting how the copies could be used and shared. While there was uniform agreement that a statute was needed to protect this evidence, the Missouri Bar and Office of State Courts Administrator believed the legislation would conflict with existing Supreme Court rule. Missouri KidsFirst is working with sponsors to refine the language of the bill so that it can be filed for next session.

Data collected in a 2014 survey indicated that there is not a shared expectation among MDTs about what they should be doing. The Multidisciplinary Team Best Practices workgroup has begun development of an assessment that answers the following questions:

1. Is a functioning multidisciplinary team (MDT) in place?
2. Are there regular case reviews?
3. Are kids referred to SAFE?
4. Is there regular, consistent and respectful communication between Children's Division, law enforcement and the prosecuting attorney?
5. Are members of the MDT comfortable receiving feedback?
6. How quickly are cases processed through the MDT investigation and prosecution phases?
7. Where do we have strong multidisciplinary teams, and where do we need to spend some time and focus?

The University of Missouri-Kansas City is assisting with the creation of this assessment tool to assist MDTs across the state self-assess and better use outside input for improvement and consistency. A practice profile is being developed to assist with data collection (see Appendix II).

Priority 3: Youth with illegal or inappropriate sexual behaviors

The goal of this priority area is to identify and fund evidenced-based, early intervention and treatment for youth with illegal or inappropriate sexual behaviors.

Interim Task Force recommended actions to address this priority

1. Modify Section 210.145, RSMo and Section 210.110, RSMo to provide the Children's Division with the authority to assess youth reported to the Child Abuse Hotline with problem sexual behavior allegations in order to provide early intervention and treatment which is consistent with best practice in the treatment of youth with sexual behavior problems.
    - A statewide coordinator position and regional specialists within the Children's Division should be created to address reports of youth with illegal or inappropriate sexual behaviors;
    - The statewide coordinator would be responsible for establishing and maintaining protocols in responding to these children and families, provide supervision and guidance to regional specialists, and provide training and consultation;
    - The regional specialists would be responsible for providing direct intervention to families and children involved in reports of youth with illegal or inappropriate sexual behaviors; and
    - The statewide coordinator and regional specialists would receive specialized training in best practices for working with youth with illegal or inappropriate sexual behaviors to ensure the quality of Children's Division interventions promote optimal outcomes for children and families.
2. Establish funding to support evidence-based treatment to youth with sexual behavior problems;
3. Establish annual training for juvenile and family court judiciary to enhance their understanding of best and promising practices, the benefits of early intervention for youth with sexual behavior problems and the role of Children's Division and qualified mental health providers. Additionally, training should include information on victim services and advocacy;
4. Establish certification or licensing requirements for mental health practitioners who provide treatment to youth with sexual behavior problems in order to ensure quality clinical services and promote optimal outcomes for children and families; and
5. Modify Missouri statute so that non-certified juveniles with sexual behavior problems are not placed on the adult or juvenile sex offender registries. Placement on either registry should be reserved for juveniles who commit high-level sex offenses and/or do not cooperate or respond to treatment. This statutory change should be accompanied with a meaningful investment in treatment for youth with sexual behavior problems.

Outcomes for 2015

Senate Bill 341 includes many provisions to protect child sexual abuse victims and also addresses several of the recommendations of the workgroup. Section 210.148, RSMo specifically gives Children's Division the authority to provide family assessments for youth with problem sexual behaviors. In the past, children who had been abused by a juvenile with problem sexual behaviors often did not receive services or protective intervention because there was no entity charged with investigating this type of abuse. Children's Division began implementation of this legislation beginning August 28, 2015. As of the end of October, two months after implementation, 850 reports have been received.

Priority 4: Mental health services for sexually abused children

The goal of this priority area is to identify and fund the expansion of mental health services to children who have been sexually abused. The following recommendations center on screening and building a network of services and providers. They also address financial incentives and current structural disincentives, promote availability of services and promote trauma-informed practices and agencies.

Interim Task Force recommended actions to address this priority

1. Collaborate with state agencies to develop provisions within state contracts that promote the utilization of screening children and youth for trauma by contracted providers;
2. Develop guidance and education for pediatricians and medical providers through the SAFE-CARE network on effective methods for screening children for trauma in primary-care settings and promote consistent utilization of these screening methods;
3. Build a network of mental health providers trained in trauma-informed, evidence-based mental health treatments for children. The network would:
    - Identify appropriate screening and assessment tools;
    - Select the evidence-based models that would be supported by the network;
    - Set standards for providers to be a part of the network, including the level and rigor of training required and how to determine mastery of skills;
    - Maintain a list of providers who have training in evidence-based models;
    - Provide on-going training or learning collaboratives in evidence-based practices;
    - Provide on-going consultation and technical assistance to providers;
    - Provide targeted grants for facility upgrades necessary for certain empirically-supported models;
    - Create a process to refer children who screen positive for trauma to providers in the network;
    - Track and organize information on available services, initiatives, trainings and data on the provision of mental health services to sexually abused children;
    - Appropriate a minimum of $500,000 to provide training and support for network; funding could be administered by DMH or passed through to a private agency with demonstrated commitment and expertise in providing evidence-based mental health services to children and education for mental health providers.
4. Expand the provision of evidence-based mental health services in CACs in Missouri. This would involve an analysis of the current extent and quality of mental health service provision in Missouri CACs and expand screening and assessment, short-term mental health interventions and targeted referral, and provision of empirically-supported mental health services;
5. Provide targeted regionally based grants to rural community-based child-serving agencies to provide evidence-based mental health services;
    - Appropriate approximately $500,000 to support targeted mental health grants for rural agencies.
6. Provide an enhanced Medicaid reimbursement rate for select evidence-based models. In order to receive the enhanced reimbursement rate the provider must:
    - Provide an appropriate trauma assessment;
    - Be certified as a member of the Mental Health Network; and
    - Appropriate enhanced reimbursement through increased Medicaid appropriation.
7. Obtain Medicaid authorization for evidence-based models selected by the Mental Health Network;
8. Encourage Missouri's private insurance companies to provide an enhanced reimbursement rate for select evidence-based models and modify coding and billing policies to encourage the use of these treatment models; and

9. Integrate trauma-informed practices in child-serving agencies and schools throughout Missouri. Specific attention should be paid to increasing education on the impact of trauma on learning and classroom management in Missouri schools. The Department of Elementary and Secondary Education should begin a trauma initiative focusing on assisting schools in becoming trauma informed.

Outcomes for 2015

The fiscal year 2016 state budget includes appropriations for several of the recommendations made by the workgroup. Specifically, $500,000 has been budgeted to create a statewide network of mental health providers who are trained in evidence-based practices for children who have experienced trauma. A group representing mental health providers has been meeting since July 2015 and will be providing or developing several evidence-based services including Parent Child Interaction Therapy (PCIT), Trauma-Focused Cognitive Behavioral Therapy (TFCBT), Motivation Interviewing and a Trauma-Informed Agency Collaborative. In addition, new funds were budgeted for the Missouri Child Advocacy Centers and the Office of the Child Advocate.

This workgroup is no longer meeting as many of their goals have been absorbed by the statewide network of mental health providers.

IV. Future Work of the Interim Task Force on Child Abuse and Neglect

Throughout 2015, the Interim Task Force identified and was informed by experts from various departments and agencies, adults who endured sexual abuse as children, and leaders from organizations and schools that are implementing promising practices. The work of the Interim Task Force on Child Sexual Abuse continues to focus on core areas identified in 2012. Those areas include:

1. Training for mandated reporters;
2. Best practices;
3. Youth with inappropriate sexual behaviors; and
4. Mental health services for children who have been sexually abused.

The Interim Task Force refined and furthered the work of the original Task Force and, although tremendous gains were made in 2015, the effort continues. Here are some considerations for 2016:

1. Evaluate roll-out of mandated reporter training;
2. Continue to review and refine language for a legislative proposal prohibiting MDT members from making copies of forensic interviews and SAFE exam photographs without a court order limiting how the copies could be used and shared; and
3. Form a workgroup to address fostering and promoting trauma-informed schools.

The core work of the Interim Task Force for 2016 will be to address these goals and recommendations.

APPENDIX I: INTERIM TASK FORCE AND SUBCOMMITTEE MEMBERS

Interim Task Force on Child Sexual Abuse Members

During 2015, the dedication and expertise of the Interim Task Force for Child Sexual Abuse has been an invaluable resource as work continues to develop and frame policy that effectively addresses the needs of child abuse victims and their families. The following individuals have participated:

- Jim Anderst, Children's Mercy Hospital
- Adrienne Atzemis, St. Louis Children's Hospital
- Katie Blaine, Missouri Office of Prosecution Services
- Tanya Burrell, Children's Mercy Hospital
- Bill Carson, Maryland Heights Police Department
- Jennifer Carter-Dochler, Missouri Coalition Against Domestic and Sexual Violence
- Shalonn Curls, Missouri Senate
- Bob Dixon, Missouri Senate
- Jerry Dunn, Child Protection Center
- Joyce Estes, Northwest Missouri Children's Advocacy Center
- Lori Fluegel, Attorney
- Cara Gerdiman, Kids Harbor
- Carolyn Green, Child Safe of Central Missouri, Inc.
- Marsha Haefner, Missouri House of Representatives
- Kathy Hanrahan, YWCA St. Louis Sexual Assault Center
- Kathy Hartman, Community Treatment, Inc.
- Marcia Hazelhorst, Missouri Juvenile Justice Association
- Barbara Johnson, Child Advocacy Center, Inc.
- Rhonda Kane, Francis Howell School District
- Verna Kelsey, North Central Child Advocacy Center
- Micki Lane, The Child Advocacy Center, Inc.
- Linda McQuary, Children's Advocacy Center of Greater St. Louis
- Dennis Meier, Synergy Services, Inc.
- Jill Mueth, University of Missouri, St. Louis
- Stacey Newman, Missouri House of Representatives
- Gwen O'Brien, Synergy Services, Inc.
- Joy Oesterly, Missouri KidsFirst
- Kristi Patterson, Ozark Family Resource Agency's Foothills Child Advocacy Center
- Dan Peek, Grandparents and Others on Watch
- Janice Rehak, Department of Elementary and Secondary Education
- Kirk Schreiber, Children's Trust Fund
- Kelly Schultz, Office of Child Advocate
- Carmen Schulze, Great Circle
- Linda Shaw, Cardinal Glennon Children's Hospital
- Nancy Spargo, St. Louis Center for Family Development
- Lisa Spector, Children's Mercy Hospital
- John Steinmeyer, Department of Social Services

- Scott Summers, Missouri School Boards' Association
- Cherisse Thibaut, Missouri KidsFirst
- Emily van Schenkhof, Missouri KidsFirst
- Catherine Vannier, Missouri Office of Prosecution Services
- Cindy Vessell, East Central Child Advocacy Center
- Kara Wilcox-Bauer, Department of Social Services
- Kim Williams, Beacon Health Center
- Annie Wilson, Missouri KidsFirst
- Melody Yancey, Department of Social Services

Mandated Reporter Workgroup Member List

- Cherisse Thibaut, Chair, Missouri KidsFirst
- Jennifer Carter Dochler, Co-Chair, Missouri Coalition Against Domestic and Sexual Violence
- Angela Barrott, Jewish Family & Children's Service
- Tanya Burrell, Children's Mercy Hospitals
- Corlis Burton, Family Care Health Centers
- Velynda Cameron, University of Missouri Extension
- Dorothy Denny, Children's Advocacy Services of Greater St. Louis
- Carolyn Green, Child Safe of Central Missouri, Inc.
- Mannie Hall, University of Missouri School of Medicine
- Micki Lane, The Child Advocacy Center, Inc.
- Kelly Martinez, Missouri Coalition Against Domestic and Sexual Violence
- Jill Mueth, University of Missouri, St. Louis
- Gwen O'Brien, Synergy Services, Inc.
- Janice Rehak, Department of Elementary and Secondary Education
- Sheila Stender, The Child Center, Inc.
- Kara Wilcox-Bauer, Department of Social Services
- Kim Williams, Beacon Health Center

Multidisciplinary Team Workgroup

- Catherine Vannier, Chair, Missouri Office of Prosecution Services
- Teri Armistead, Office of the Child Advocate
- Adrienne Atzemis, St. Louis Children's Hospital
- Katie Blaine, Missouri Office of Prosecution Services
- Paul Boyd, Scott County Prosecuting Attorney
- Joyce Estes, Northwest Missouri Children's Advocacy Center
- Amy Fite, Christian County Prosecuting Attorney
- Darren Gallup, Joplin Police Department
- Jane Geiler, Jefferson County Guardian Ad Litem
- Annie Gibson, Daviess County Prosecuting Attorney
- Carolyn Green, Child Safe of Central Missouri, Inc.
- Kathy Hartman, Community Treatment, Inc.
- Rodney Jones, retired, former chief of State Technical Assistance Team
- Verna Kelsey, North Central Children's Advocacy Center

- Matt Lindemeyer, State Technical Assistance Team
- Linda McQuary, Children's Advocacy Center of Greater St. Louis
- Gwen O'Brien, Synergy Services, Inc.
- Joy Oesterly, Missouri KidsFirst
- Kristi Patterson, Ozark Family Resource Agency's Foothills Child Advocacy Center
- Jovanna Rohs, University of Missouri, Kansas City
- Kate Schaefer, Buchanan County Assistant Prosecuting Attorney
- Dwight Scroggins, Buchanan County Prosecuting Attorney
- Chris Seufert, Platte County Assistant Prosecuting Attorney
- Melissa Smyser, Department of Mental Health
- John Steinmeyer, Department of Social Services
- Bev Tucker, University of Missouri, St. Louis
- Emily van Schenkhof, Missouri KidsFirst
- Loretta Welter, Scott County Prosecuting Attorney Victim Advocate
- Kara Wilcox-Bauer, Department of Social Services
- Annie Wilson, Missouri KidsFirst
- Janet Wright, Clay County Family Court

Youth with Illegal or Inappropriate Sexual Behaviors Workgroup Member List

- Emily van Schenkhof, Chair, Missouri KidsFirst
- Sarah Bashore, Department of Social Services
- Theresa Byrd, Jackson County Family Court
- Bill Carson, Maryland Heights Police Department
- Marie Clark, Behavioral Science Institute, Inc.
- Julie Donelon, Metropolitan Organization to Counter Sexual Assault
- Elizabeth Durkin, Metropolitan Organization to Counter Sexual Assault
- JJ Gossrau, Department of Mental Health
- Marcia Hazelhorst, Missouri Juvenile Justice Association
- Matthew Huffman, Missouri Coalition Against Domestic and Sexual Violence
- Keith Ray Mackie, Office of Senator Bob Dixon
- Rene McCreary, Metropolitan Organization to Counter Sexual Assault
- Lisa Mizell, Child Protection Center
- Matthew J. Moncado, Good Samaritan Boys Ranch
- Bev Newman, 17th Judicial Circuit, Juvenile Division
- Cheryl Robb-Welch, Missouri Coalition Against Domestic and Sexual Violence
- Kelly Schultz, Office of the Child Advocate
- Keri Talken, Department of Social Services
- Jessica Walker, Metropolitan Organization to Counter Sexual Assault

APPENDIX II: Practice Profile (Draft)

What is a Practice Profile?

- A way of outlining the key components of an intervention/program with clearly defined practice-level characteristics (NIRN, 2013).

Components of a Practice Profile

A Practice Profile template includes four pieces and is anchored by the essential functions.

1. A header that includes the foundation of implementation that philosophically grounds implementation,
2. Essential functions of the intervention/program,
3. Implementation performance levels, and
4. Assessment which provides evidence for determining implementation levels.

Figure 1. ***Practice Profile Content Description***

Foundations of the model present in the implementation of each essential function:				
Essential Function	**ACTIVITIES**			**Assessment**
	Expected Level of Performance	***Developmental Level of Performance***	***Unacceptable Level of Performance***	
Identifies and describes the essential function	Describes how the essential function is performed most effectively Describes how team members perform these activities consistently and independently	Describes how the essential function may be performed inconsistently Developmental performance warrants additional coaching, professional development, or supervision	Describes unacceptable performance of the essential function Unacceptable performance may result in harmful intervention practices Unacceptable performance warrants suspension from service implementation until the Developmental Level of Performance is reached	Includes the way(s) in which the essential function can be assessed

Knowledge, Skills, Abilities, and Attitudes	**Professional Development**	
Lists the knowledge, skills, abilities, and attitudes needed by the team members to effectively implement the essential function	***Topics***	***Methods***
	Identifies the professional development topics that may serve as competency builders for faculty	Identifies possible methods for professional development opportunities

Jovanna Rohs, Ph.D.
UMKC-IHD

Foundations of the model present in the implementation of each essential function:				
Essential Function	ACTIVITIES			Assessment
	Expected Level of Performance	*Developmental Level of Performance*	*Unacceptable Level of Performance*	

Knowledge, Skills, Abilities, and Attitudes	Professional Development	
	Topics	*Methods*

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APPENDIX III: GLOSSARY OF TERMS/ACRONYMS

CAC	Child Advocacy Center
CA/N	Child Abuse and Neglect
CASA	Court Appointed Special Advocates
CD	Children's Division
GAL	Guardian Ad Litem
Interim Task Force	Current group convening to implement task force requirement in 2013 legislation, Section 160.210, RSMo
JO	Juvenile Officer
LE	Law Enforcement
Mandated Reporter	Any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by Section 352.400, RSMo, peace officer or law enforcement official, or other person with responsibility for the care of children (Section 210.115, RSMo)
MDT	Multidisciplinary Team
OSCA	Office of State Courts Administrator
PA	Prosecuting Attorney
SAFE-CARE Network	The Sexual Assault Forensic Examination-Child Abuse Resource and Education (SAFE-CARE) network was founded in 1989. The network provides statewide training to physicians and nurse practitioners in the medical evaluation of alleged victims of child sexual abuse, physical abuse and neglect. In turn, network physicians and nurse practitioners provide community and professional education regarding child maltreatment. The Missouri Department of Health and Senior Services administers the SAFE-CARE program and provides oversight.
Task Force	Original work group, created in 2011, charged with studying and identifying strategies for preventing child sexual abuse