

MISSISSIPPI CAPTA PLAN UPDATE

JUNE 2016

Legislation

No significant changes were made to legislation that affect the state's eligibility.

Changes in Use of CAPTA Funds

No significant changes in use of CAPTA Funds since last update.

Use of CAPTA Funds

CAPTA Funds have been used to fund a portion of the Mississippi Centralized Intake Program and to fund a full-time DFCS attorney to review cases of maltreatment in care and special investigations. The funds being utilized in this way helps Mississippi to improve the child protective services system in the intake, assessment, screening, and investigation of reports of child abuse or neglect per section 106(a)(1) of CAPTA.

Update on Mississippi Citizen Review Panels

Mississippi has multiple entities serving as Citizen's Review Panels. Regular updates regarding the agency are given to stakeholders and community partners serving on the Children's Justice Act Task Force, The Children's Trust Fund Advisory Board, and Regional/County Practice Model Implementation Teams, with feedback for improvement being solicited. A Teen Advisory Board (TAB) is also being utilized as a way to receive feedback from those teens who are or have been served by the agency to provide feedback for improvement.

Mississippi DFCS has historically utilized the CJA Task Force, Child Death Review Team, and the Citizen's Review Board as citizen review panels. There were plans to create three teams throughout the state utilizing the schools of social work from three universities. However, the leaders of those teams from the Citizen's Review Board are now either serving in other areas or unable to serve in that capacity. As part of Mississippi's Practice Model implementation, DCPS has sought with success to include stakeholders and community partners in Regional Implementation Teams in the communities where they live and serve. This is where the stakeholders and partners are updated on the progress of the agency as well as strengths and needs specific to that area of the state, allowing for feedback, input, and problem-solving collaboration targeted to the specific characteristics of that area. As these are from the same community member pool who were being asked to serve on Citizen's Review Panels, it was realized that pulling them away from their local community involvement would be defeating the purpose, when the Regional Implementation Teams serve the purpose for the spirit and intent of the Citizen Review Panels.

There have been community groups meeting in Hancock County and Marion County to explore ways the community can become involved in improving the lives of children in their area, specifically with the families who are served by MDCPS. The community members are exploring what types of abuse/neglect occur in their area, as well as geographical origins, and types of services and resources needed. One area saw the need for more high quality foster

homes in their area. The response resulted in a church hosting a weekend event in which numerous community members came together to be trained and have their backgrounds checked to start the process of becoming foster parents. This same concept is being considered for other areas.

Mississippi DCPS is committed to the concept of engaging community leaders, citizens, and partners to join together to meet the needs of the community, within the supportive framework of state and federal policies, resources, and collaborations.

See attached reports for Children's Justice Act, Teen Advisory Board, and Children's Trust Fund as currently utilized for Citizen's Review Panels.

Update on Services to Substance-Exposed Newborns

Mississippi Code Annotated § 43-21-353 mandates that every person who suspects a child is an abused child or neglected child shall cause a report to be made. Agency policy indicates that Mississippi Centralized Intake will screen in all reports of positive drug screens on mother and/or infant. There is also an intake type allowed in which a Prevention Case can be opened on a family without an investigation of abuse or neglect. Once a family is assessed and ongoing intervention is warranted, a service plan is developed to meet all identified needs. This would include parents with substance-abuse related needs and children with safety, health and developmental concerns related to substance abuse.

As we have reviewed the Reuters report on drug-dependent babies and the response by various states to the federal law, we see that there are actions to be taken to make sure the state is meeting the requirements of the federal law and that any clarifications needed are provided to all professionals involved. We will communicate with medical providers statewide to make sure they are interpreting the requirement correctly and understand a report to MDCPS should "occur in any instance in which an infant is demonstrating withdrawal symptoms due to prenatal drug exposure or Fetal Alcohol Spectrum Disorder, whether the drugs were obtained legally or illegally" as conveyed in the APSR/CAPTA Program Instructions (ACYF-CB-PI-16-03). We will assess what policies and procedural changes are needed to help MDCPS employees understand the requirements as it relates to 1) providing information to hospitals regarding pregnant women in open MDCPS cases suspected of legal or illegal drug use so that testing and reporting isn't missed at birth since some symptoms may not show up until after a baby is discharged, 2) guidance for MDCPS employees regarding which circumstances warrant an allegation of abuse or neglect, and which circumstances fit the requirement of intervention to obtain desired safety outcomes for children without the allegations of abuse or neglect, 3) development of a plan of safe care for the infant, even when a parent is not found to be inappropriate with the baby or is participating in substance-abuse treatment, 4) education of the entire family on safe-sleep practices, and 5) identification and/or development of resources to meet the needs of infants and families identified and an effective referral system for those resources that includes a communication loop for reporting back to MDCPS when parents are non-compliant and placing the babies at risk.

At this time, protective services, with the support of Youth Court orders, would primarily be utilized in situations where abuse or neglect has been substantiated and voluntary prevention services would be utilized where there are risks, but abuse or neglect has not been substantiated or doesn't warrant out-of-home placement. If a mother tests positive for drugs at the baby's birth and there are other children in the home, there would also be an assessment regarding abuse or neglect of those other children, even if the mother had not yet been in a caregiving role for the infant reported to MDCPS. There will need to be specific intervention strategies for identified infants and parents to include the

needs of siblings who may not have been born drug-dependent but are at risk of inadequate supervision due to the same parental substance abuse that affected the newborn. MDCPS is the agency responsible for engaging the parents in a joint development of a plan of safe care and responsible for assuring that the case is monitored with follow-up provided to ensure the safety of all children involved. Community Mental Health Centers and developmental/educational services play an important role in the provision of ongoing services to families during the time of MDCPS intervention and afterwards, so collaboration with them will be crucial for successful outcomes. We will also partner with organizations such as Excel by 5 and Zero to Three in determining how to develop safe plans of care with existing and available resources.

Technical assistance could be beneficial to provide guidance and resources to support parents with substance-abuse needs while maintaining the safety of the children in the home. It is challenging for MDCPS employees and the Youth Court to discern and agree on whether children can safely remain in the home during the intervention and which conditions warrant out-of-home placement.

We will access the Technical Assistance available on this topic from the National Center on Substance Abuse and Child Welfare, including the recent publication for technical assistance released by SAMHSA and ACF on addressing opioid use disorders and their effect on children, parents, and families.

Update Based on Amendments to CAPTA made by P.L. 114-22, the Justice for Victims of Trafficking Act of 2015

As noted in Section A of this PI, the Justice for Victims of Trafficking Act of 2015 included amendments to CAPTA that become effective on May 29, 2017. The law amended CAPTA's definition of "child abuse and neglect" and "sexual abuse" by adding a special rule that a child shall be considered a victim of 'child abuse and neglect' and of 'sexual abuse' if the child is identified, by a state or local agency employee of the state or locality involved, as being a victim of sex trafficking or severe forms of trafficking (as defined in sections 103(9)(A) and (10) of the Trafficking Victims Protection Act (TVPA)).

As defined in section 103(10) of TVPA, "sex trafficking" means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

As defined in section 103(9) (A) of TVPA, "severe forms of trafficking in persons" means sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age. The amendments also specify that, notwithstanding the general definition of a "child" in CAPTA, a state may opt to apply the sex trafficking portion of the definition of "child abuse and neglect" and "sexual abuse" to a person who has not attained age 24.

In addition to expanding the definitions of child abuse and neglect and sexual abuse applicable to the CAPTA State Grant, the law added new requirements to the list of assurances a state must provide to receive a CAPTA State Grant. Each state will now need to provide an assurance that the state has in effect and is operating a statewide program, relating to child abuse and neglect that includes: provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000 (TVPA) (22 U.S.C. 7102)); and provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters.

Finally, the amendments add to the list of data elements a state must annually report, to the maximum extent practicable, as a condition of receiving their CAPTA State Grant. Beginning with submission of FY 2018 data, the CB expects to ask states to report the number of children who are victims of sex trafficking. The CB anticipates collecting this information through NCANDS. Additional information on NCANDS data reporting will be provided separately from this PI.

- Describe the steps that the state is taking or will need to take to address the amendments to CAPTA relating to sex trafficking in order to implement those provisions by May 29, 2017.

Response: MDCPS will need to assess the state Human Trafficking Act and make sure that the state law does not conflict with federal laws. The department will also need to develop more sound procedures and protocols for identifying trafficking victims.

- Provide an assessment of the changes the state will need to make to its laws, policies or procedures to ensure that victims of sex trafficking, as defined in sections 103(9) (A) and (10) of the TVPA, are considered victims of child abuse and neglect and sexual abuse. We note that it is likely that some states will need to make changes to state laws to come into compliance. Indicate whether the state is electing to apply the sex trafficking portion of the definition of “child abuse and neglect” and “sexual abuse” to persons who are over age 18 but have not yet attained age 24.

Response: During the 2016 legislative session, Governor Bryant signed House Bill 1413, which amended the definition of an abused child to include a trafficked child, regardless of the child’s relationship to the trafficker. This amendment closed a loophole in a 2013 amendment to the state’s Human Trafficking Act, which required anyone who had reasonable cause to suspect that a child was being trafficked to make a report to MDCPS. State law only applies this definition to victims who are under the age of 18. MDCPS has always investigated reports that a child’s parent was trafficking them, but the agency’s next steps will include updating policy and procedure to ensure that staff compliance with state and federal law. MDCPS policy and procedure will need to be updated to include, among other things, screening procedures to identify trafficking victims, protocol for staff to follow in conducting an investigation where the victim has been trafficked, and recommended physical and mental health services that staff will need to secure for the victim.

- Provide an update on the state’s progress and planned activities in the coming year to develop provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims.

Response: Currently, the Regional Director of each of the thirteen regions submits a monthly list to State Office of any children in their custody who are identified trafficking victims. Currently, this is the only way that trafficking victims can be tracked unless they are identified at intake as trafficking victims by the reporter. This procedure has not been effective in the past, as some regions do not send in the information and not all workers are able to identify trafficking victims. An assessment of a sample of cases was completed earlier this year, and staff identified trafficking victims that were not identified by their casework as a trafficking victim. In order to identify victims more quickly, MDCPS will need to create a screening tool that intake hotline staff will need to use to determine whether the victim of a report has been trafficked. MDCPS will research indicators that are generally present in trafficking reports and create a guide for hotline staff to follow as they receive intake calls. A screening tool will be needed for workers to utilize in their interaction with youth in open cases and investigations, even when human trafficking wasn’t identified during the intake process.

Although not a specific requirement of CAPTA, MDCPS knows that traffickers often target foster children and children who have run away from foster homes. MDCPS has begun making reports to the National Center for Missing and Exploited Children (NCMEC) in an effort to recover children who have run away from custody, which will prevent them from becoming trafficking victims.

- Provide an update on the state's progress and planned activities in the coming year to develop provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters.

Response: MDCPS currently offers a human trafficking training for employees as part of required yearly training, but the specific training is not mandatory. Seminars on human trafficking are also available at many conferences held in-state each year, but attendance is also not required. MDCPS will work with the Training Unit and our training partners to determine whether a human trafficking training should be required of all employees, and if so, the best way to present that information to staff. This training will include information about how to identify trafficking victims, but will also need to include how to gain services for the children. Trafficking victims require very intensive services to address their trauma, so MDCPS will need to work with current providers to determine whether they can treat these children, and if they cannot, determine a plan of action.

As for MDCPS collaboration with other organizations, the Performance Based Budgeting Committee from the state legislature is interested in what state agencies are doing to address human trafficking, and has begun to schedule monthly meetings for representatives from agencies such as The Department of Mental Health, the Department of Health, the Children's Advocacy Centers, private agencies and treatment providers, and law enforcement. These meetings are in addition to the Governor's Human Trafficking Task Force, and will focus on the services each agency can provide to address the growing problem of trafficking.

In addition to the legislative committee meetings, MDCPS staff are also currently involved in the state's Children's Justice Commission and have working relationships with some Youth Court Judges. MDCPS will use these relationships to bolster the agency and the state's ability to identify and provides services to these children.

- In addition, no later than May 29, 2017, states must submit the new CAPTA assurances relating to sex trafficking. These assurances are to be provided in the form of a certification signed by the State's Governor (see Attachment F). The signed assurance may be returned with the 2017 CAPTA Annual Report submitted with the APSR due June 30, 2016, if the state is ready to submit them by that time. If not, the state may submit the certification at a later date, but no later than May 29, 2017.

Response: Mississippi plans to submit the new CAPTA assurances relating to sex trafficking before the due date of May 29, 2017, but not with the 2017 APSR.

- Identify any technical assistance needs the state has identified relating to implementation of the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015.

Response: Technical Assistance with the following challenges would be helpful:

1) Developing statewide yet locally-specific protocol for identifying each potential case for human trafficking and collaborating with law enforcement and other community partners in

an expedient response, 2) Determining how to provide therapeutic intervention for the victim without jeopardizing the safety or well-being of other youth, 3) Determining how to help our youth in foster care learn to make good decisions regarding their own safety and reduce their risks as related to human trafficking, and 4) Training foster parents and facility providers how to prevent, identify, and respond to circumstances involving runaways and human trafficking.

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