



**The State of Mississippi**

Phil Bryant, Governor

**Jess H. Dickinson, Commissioner**

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**Attachment E**  
**Annual Child Abuse Prevention and Treatment Act (CAPTA)**

**Mississippi Department of Child Protection Services (MDCPS)**  
**Child Abuse Prevention and Treatment Act (CAPTA)**  
**Organizational Structure**

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➤ **Kris Jones, Deputy Commissioner of Administration**

- Tamara Garner, Director of Centralized Intake, Background Checks, Facility Operations
  - Vacant- Director of Centralized Intake, MCI Hotline
- Lucreta Tribune, Deputy Administrator of Finance
  - Christopher Ray-State Funds Management, CAPTA Expenditure Reporting
- Jennifer Walker, Director of Professional Development of CAPTA Requirements

➤ **Vacant-Deputy Commissioner of Information Technology**

- Donna Hamilton-Director of Comprehensive Child Welfare Information System (CCWIS)

➤ **Jaworski Davenport, Deputy Commissioner of Child Safety**

- Bonlitha Windham, Director-Therapeutic Services, CAPTA Coordinator
  - Charlotte Burrell, Director- Protection/Prevention Unit (In-Circle), CBCAP,  
Citizens Review Panel- Children's Trust Fund
  - Reba Davis, CARA Coordinator

➤ **Tonya Rogillia, Child Welfare Commissioner**

- Mario Johnson, Director-Victims of Trafficking & Citizens Review Panel-Teen Advisory Board (TAB)

➤ **Brian Lewis, Chief Legal Counsel, Contracts, Procurement, Federal Reporting Director**

- Michelle McMurtry, Bureau Director of Policy Unit (any CAPTA related policies)
- Cerissa Eubanks, Division Director of Federal Reporting of CARA PIP, APSR CAPTA Updates, Juvenile Justice Transfer Annual Updates

**2019 Annual CAPTA Report**  
**Mississippi Department of Child Protection Services (MDCPS)**

**CAPTA State Coordinator**

**Contact Person:** Bonlitha Windham, Director

**Department:** Office of Therapeutic Services

**Agency:** Mississippi Department of Child Protection Services

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- **Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA). The state must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility.**

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

- **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 enumerated in section 106(a) of CAPTA.**

**CAPTA Section 106(a) 1. To improve the intake, assessment, screening, and investigation of reports of abuse and neglect.**

**Mississippi Centralized Intake (MCI)**

- **Sub Goal 1:** Maintain and enhance the daily operations of Mississippi Centralized Intake.
  - **Objective 1:** MDCPS will maintain centralized intake services and support the operations with MDCPS state office staff. This unit will consist of three positions: Division Director II, Program Manager and a Program Specialist. These staff will provide support to MCI and facilitate communication with county and regional field staff as needed for MCI operations.
    - **Intervention 1:** Train and provide continuous education to the MCI State office staff on the processes and policies instituted for maintaining

and monitoring the contracted provider according to the agreed scope of services.

- **Benchmarks and Timeframes:** On going.
- **Outcome 1:** MCI State office staff will have the capacity to educate the contracted provider and field staff on intake policies and procedures.
- **Outcome 2:** Communications related to MCI performance and specified administrative services will be received by MCI State Office Unit.
- **Measure 1:** MCI State Office staff will also provide proof of attendance at any trainings held interagency and externally.
  - **Update:** In September 2017, the MDCPS entered its 3rd renewal option with Social Work p.r.n to provide Mississippi Centralized Intake (MCI) services. Social Work p.r.n. continues to manage and provide services required for the operation of Mississippi Centralized Intake (MCI). Social Work p.r.n. is responsible for answering all calls made to MCI, completing the initial assessment of information provided at intake, entering collected information into the Mississippi Automated Child Welfare System (MACWIS) and submitting the obtained information to the respective county workers. During the reporting period, MCI received 43,612 calls involving allegations of child abuse, neglect, and/or exploitation spanning from July 1, 2017 to May 30, 2018. During the contracted period of performance of September 14, 2016 thru September 13, 2017, MCI received a total of 44, 881 calls of child abuse, neglect, and/or exploitation (ANE). Of the total number of calls received 44,499 involved allegations of child abuse/neglect and 382 involved allegations of vulnerable adult abuse/neglect. On As identified in the 2018 APSR, on October 14, 2016, Social Work p.r.n ceased from managing reports containing allegations of vulnerable adult abuse/neglect. Those responsibilities were assumed by MDHS, Division of Aging and Adult Services. MDCPS continues to incorporate the phone number to Aging and Adult Services (AAS) on the auto-attendant call prompt for MCI, which instructs reporters to call AAS regarding allegations of vulnerable adult abuse/neglect. Additionally, the Division Director II (DDII) continues to provide weekly staff meetings with MCI State Office staff for growth & development. On October 17, 2017 the DDII provided guidance and training to MCI and MCI State Office staff on identifying Human Trafficking (HT) indicators and policy developed by the MDCPS, to support human trafficking reporting requirements. This training helped to increase identification of

children vulnerable to and exploited by trafficking, while also improving the response time of HT reports by MCI and county staff. In addition to human trafficking, staff also received extensive training on the Comprehensive Addiction and Recovery Act (CARA). The first CARA training was held in February 2018 through Cornerstone, with subsequent trainings on May 24<sup>th</sup>-26<sup>th</sup> of 2018. These trainings served as education to all intake staff and MCI State Office staff on the implementation of policies, procedures, and MACWIS changes developed to support Child Abuse Prevention and Treatment Act (CAPTA) requirements related to CARA. In conjunction with trainings, the NICE call recording software purchased for program monitoring became completely operable in April 1, 2017. This software was purchased to enhance webinar trainings, live monitoring, and evaluation processes for the MCI.

- **Sub Goal 2:** To increase public awareness on mandatory reporting and the process for reporting child abuse, neglect, and exploitation.
  - **Objective 2:** Enhance ongoing collaborations with MDCPS prevention unit, MDCPS frontline staff, parents, law enforcement, schools, and community organization to educate and disseminate information on policies and procedures related to reporting, assessing, and screening allegations of child/vulnerable adult abuse, neglect and exploitation.
    - **Intervention 1:** Provide mandatory reporter education to inner agency staff, interagency partners and community partnerships in compliance with CAPTA requirement.
    - **Benchmarks and Timeframes:** October 2016 and ongoing.
    - **Outcome 1:** Mandatory reporters will understand their role in reporting child abuse, neglect and exploitation and they will have a clear understanding of the reporting process.
    - **Intervention 2:** Update policy and provide additional guidelines regarding intake handling to Hotline staff as needed to improve services delivered.
    - **Benchmarks and Timeframes:** By October 2015 and ongoing.
    - **Outcome 2:** There will be a decrease in intake reports that conflict with Section B of the intake policy.
    - **Measure 1:** A pre-test and post-test will be administered at each training to assess the participants understanding of the information provided. Trainings will include a sign-in sheet which will serve as proof of attendance and will be used to collect MCI training data.

- **Update:** Collaborative efforts with other state agencies and local community partners continues to improve, as well as bringing awareness to the Professional Mandatory Reporting law across the state. This year we've continued to increase agency presence and update reporting processes with stakeholders, medical personnel, and law enforcement agencies. Particularly, in Hinds, Hancock, and Harrison County as those counties were selected to take part in the User Acceptance Testing (UAT) for the mobile child abuse reporting app. The Children's Justice Act Task Force and staff from MS Department of Education, were also invited to participate in the UAT. We've continued to collaborate heavily with the MS Department of Education on other projects, in May 2018 we began revisions to the Mandatory Reporting Brochure for Mississippi Educators. While also partnering with the MS Department of Mental Health (DMH) to enhance the referral process for reports received by our agency that fall under the purview of DMH. However, due to time restraints during trainings we found it challenging to successfully achieve 100% for disseminating and maintaining pre/post-test questionnaires. We will continue to work diligently to implement a process that will ensure successfully achievement of this measurement.
- **Measure 2:** Updates to policy and policy guidelines shall serve as documentation for the implementation of intervention 2.
  - **Update:** The agency has released several technical bulletins, guidance documents, and email directives to enhance and support the day-to-day operations of MCI. These changes include handling Human Trafficking reports (released on Oct. 17, 2017), and MDCPS Policies and Procedures for reports regarding allegations pertaining to the Comprehensive Addiction and Recovery Act (released in Feb. 2018).
- **Sub Goal 3:** To enhance the receipt, screening, and delivery process of intake reports handled by MCI.
  - **Objective 3:** Regular monitoring and review of call recordings, programmatic reports, and quality assurance data to identify trends and provide continuous quality improvement feedback to contracted provider and state office administrative staff to facilitate continual improvement of services.
    - **Intervention 1:** Collaborate with MDCPS Special Investigation Unit and county staff to identify and resolve inaccuracies in intake reports.
    - **Benchmarks and Timeframes:** On going.

- **Outcome 1:** A baseline will be identified to determine at which stage of the intake process are most inaccuracies occurring.
- **Intervention 2:** Work with contracted provider to establish a plan for identifying, tracking and eliminating barriers that prevent accurate report screenings and the delivery of quality customer service.
- **Benchmarks and Timeframes:** October 2015 to September 2019.
- **Outcome:** Reduction in the number of intake reports that contain inaccurate reporting types, screening levels, and assignment to county of service.
- **Intervention 3:** Collaborate with SACWIS Development Team to ensure that the new MACWIS system contains critical updates needed to improve the functionality of MCI.
- **Benchmarks and Timeframes:** October 2015 to September 2019.
- **Outcome:** The new MACWIS system will encompass key requests made by the MCI State office staff. Intake workers will be able to add post allegations to exiting intake reports.
- **Measure 1:** Document staffing's held with Special Investigation Unit (SIU) and/or county staff to resolve errors found in intake reports.
- **Update:** The Quality Assurance Department at MCI continues to randomly evaluate 7% of all calls received and entered MACWIS (daily) by the MCI Intake Workers. This data has been instrumental in providing professional development to intake staff and determining the performance of the contractor in relationship to the Scope of Services. SIU continues to be an influential part of improving deliverables set for MCI, by providing valuable feedback regarding intake reports received on children in custody. As a result, MCI leadership has redirected the focus of key QA staff persons to address and eliminate concerns identified through this process. Which in contract year 2017, led to major improvements in writing proficiency, call handling, program outcomes, and the availability of real-time supervision.
- **Measure 2:** Provide a sign-in sheet and minutes from the meetings held with contract provider.
  - **Update:** Monthly meetings with the contracted provider have been valuable in helping the provider to assess and meet the needs of MDCPS for intake & screening. Because of the monthly meetings, the overall quality of intake reports entered in MACWIS continue improve. In addition, quality assurance scores have increased overall, the length of time taken to handle incoming calls

has decreased, and the number of feedback forms submitted by SIU and field staff have greatly decreased.

- **Measure 3:** Collect agendas from SACWIS Development Team meetings and provide updates on changes related to MCI.
  - **Update:** In continuing our efforts to improve Mississippi's child welfare reporting system, we worked closely with the MACWIS team this year to enhance electronic reporting (e-reporting). In February 2017 we began partnering with the National Strategic and Planning Research Center (NSPARC) at Mississippi State University in Starkville to revitalize e-reporting for the state. With assistance from NSPARC and system's integration knowledge from MACWIS, we successfully deployed a new Hotline Abuse/Neglect Reporting system in the fall of 2017, in both web-based and mobile reporting applications. The web-based reporting tool was released to the public on August 24, 2017, with the release of the mobile version shortly following on September 7, 2017. The mobile app has become a huge success, making it easier and more convenient for abuse and neglect reports to be submitted to MDCPS for handling. Since production of both electronic systems, we've experienced an immense increase in electronic reporting, especially by mandated reporters.

- **Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2016 (section 108(e) of CAPTA).**

CAPTA Funds have been used to fund a portion of the Mississippi Centralized Intake Program and to fund a full-time MDCPS 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.

- Copies of the annual citizen review panel reports are attached.
- **Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii) - (iii) of CAPTA, as amended by the Comprehensive Addiction and Recovery Act [CARA]).**

In June of 2017, MDCPS notified the Office of the Children's Bureau of its decision to develop a program improvement plan due to the state's non-compliance with sections 106(b)(2)(B)(ii) and (iii) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by the Comprehensive Addiction and Recovery Act of 2016 (CARA). MDCPS submitted its PIP on August 10, 2017 to the Children Bureau outlining the strategies and target dates for full compliance by June 30, 2018. On September 5, 2017, MDCPS received written notification from the Children's Bureau approving the state's PIP for implementation with the submission of 90 days progress reports. MDCPS submitted its first Progress report on December 4th. Prior to the approval of the PIP, the state had already implemented Strategy 1 and met the associated target dates for that strategy. There was an initial delay with the implementation of Strategy 2 due to more external stakeholder input with policy and procedural development. By March 5th, which was the deadline for the 2nd 90-day progress report, MDCPS had made great developments in revising its intake and assessment policy, hosting several multi-disciplinary meeting with the MS Department of Mental Health, Families First for Mississippi, MS Department of Health, and Healthy Families of MS to develop a multi-systemic system of care to refer infants and their families to these agencies, finalizing its CARA policy, distributing the CARA policy statewide to its employees through Cornerstone and developing MOU's to share data as a result of CARA mandated reporting. By June 5th, the state's 3RD 90-day submission, the state had executed all MOU's, finalized the selection for the CAPTA CARA monitoring panel, deployed the MACWIS implementation for the CARA referral process and obtained the signed Governor's Assurance for the CAPTA state plan.

- **Provide information on any changes made to implementation and/or lessons learned from implementation;**

The MACWIS implementation for the CARA referral process began on Saturday, May 26, 2018 and contracted agencies begin receiving CARA referrals on Tuesday, May 29<sup>th</sup>. The MACWIS application has a series of questions related to the safety and well-being of the infant born and the caregivers. MDCPS CARA Lead and IT staff provided training to MDCPS CARA state office staff and MDCPS state office MS Centralized Intake (MCI) staff on the functionality of the application. The MACWIS application was designed to make the decision to determine if the report is a CARA referral or an ANE. When the mandated reporters call to make a report they are asked a series of questions. Based on the reporter responses, the algorithm in MACWIS will inform MCI intake staff if the report is identified as a CARA referral or an ANE. When the report is identified as a CARA referral the system generates a tickler to the CARA Coordinators. The CARA Coordinator monitors the tickler daily for CARA referrals. The CARA Coordinator reviews all pertinent information and determines the most appropriate servicing provider. The CARA Coordinator may make referrals for one family to as many as three of the providers. The infant may need specific

services provided by Department of Health. The caregiver may need services provided by Department of Mental Health. And the family may need services from Families First or Healthy Families. The referrals are sent to the providers via secure shared smartsheet between MDCPS and the appropriate provider. Each provider has their individual smartsheet they monitor daily for CARA referrals. Weekly conference call meetings are held with the providers during this early phase. The purpose of the conference calls is to ensure the providers are receiving the referrals timely and provide technical assistance (TA) when needed. As a result of these meetings smartsheet enhancements has been made at the request of the providers. These enhancements were needed for the providers to receive additional information to meet their data requirements. The collaboration with all four agencies and MDCPS will be on going. MDCPS county offices are working closely with the CARA state office staff to coordinate CARA efforts statewide. The new CARA process is in its very early stage. Lessons learned are being identified by providers, CPS counties staff and the medical provider's community. TA is being provided by MDCPS CARA state office staff to all entities engaged in the CARA process. Additional measures are being taken from lessons learned from all parties engaged in this new process. An example of lessons learned was how MDCPS county offices were handling CARA referrals showing on their daily log received from MCI. Some of MDCPS counties workers still had questions for the county Supervisor. The Supervisor phoned the CARA coordinator and CARA education and outreach was provided to the Supervisor on the call. Additional CARA training was provided to MDCPS county supervisors at MDCPS annual leadership conference held June 6, 7<sup>th</sup> and 8<sup>th</sup>, 2018. CARA education and outreach will be on-going to MDCPS county staff and all other entities statewide. The medical communities are calling with questions about the new CARA process. MDCPS CARA state office staff continues to provide supporting federal and state CARA documentation to the medical communities.

- **Provide an update on any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among the state CPS agency, the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs);**

Prior to the approval of the CAPTA/CARA PIP, MDCPS sent written correspondence to the Mississippi Hospital Association on July 18, 2017 and the State Medical Association on August 24<sup>th</sup>. This correspondence consisted of notification procedures due to CARA requirements and procedures for reporting suspected child abuse. The medical providers also followed up with MDCPS by providing proof of dissemination by way of medical blogs and newsletters. On February 23, 2018, MDCPS submitted its 2<sup>nd</sup> CARA letter to its medical providers to clarify the CAPTA/CARA requirements. Additionally, MDCPS partners with four agencies serving infants, caregivers and their families identified as CARA

referrals. The four agencies are MS Department of Mental Health, the state authority for ensuring mental health services, substance use disorder services and individuals with intellectual disabilities services are provided statewide. The MS Department of Health, the lead state agency in providing maternal and child health services/programs. Families First of MS and Healthy Families of MS are two (2) subcontractors with the Mississippi Department of Human Services (MDHS) which are also two (2) home-visiting agencies in MS partnering with MDCPS for CAPTA CARA compliance. The four agencies listed signed MOU agreements with MDCPS to ensure services are provided to the infants, caregivers and their families as a result of the CARA referral. Collaborative monthly meetings were held with the four agencies listed prior to the deployment of the CARA web application. Each agency identified their scope of services that target infants and their families when identified as being affected by substance abuse.

- **Provide a brief update on the state’s monitoring of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers;**

Each of the four CARA providers submitted monitoring processes to MDCPS for review to determine if they meet CARA requirements. MDCPS is reviewing the providers monitoring processes to determine if they meet CARA requirements. After a thorough review of each provider’s policy and procedure for monitoring and oversight, MDCPS will determine if additional resources such as staffing, training, equipment, and additional policies are needed with implementing and monitoring plans of safe care. If determined that these implementation supports are needed, CAPTA funds will be used.

- **Describe any technical assistance needs the state has determined are needed to receive to support effective implementation of these provisions.**

Currently, the state is still reviewing and assessing its procedures and resources to determine if technical assistance is needed with the implementation of CARA.

#### **AMENDMENTS TO CAPTA MADE BY P.L. 114-22, THE JUSTICE FOR VICTIMS OF TRAFFICKING ACT OF 2015**

- **Provide an update on the steps the state has taken to address the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015 since submission of the 2018 APSR and CAPTA Annual Report.**

The Human Trafficking training was conducted in August 2017. It was the intent of MDCPS to have this training conducted by July 31, 2017. Due to state procurement regulations on identifying and compensating a national speaker, this event was delayed for two (2) weeks. MDCPS did deliver Human Trafficking training in each of the 14 regions prior to December 31, 2017.

Additionally, on June 29, 2018, MDCPS issued the first Human Trafficking and Runaways Policy and Procedure. This policy was revised for clarity and completeness beginning in February 2018. The revised human trafficking policy became effective on May 21, 2018. The revised policy includes the following:

- More detailed definitions and explanations of trafficking;
- An expanded section on required notifications and working with Multi-Disciplinary team partners
- A section on foreign national victims of trafficking; and
- A practice guide with state and local resources and additional informational not needed in revised policies
- Removed the Runaway section from this policy to create a separate policy and procedure for Runaways

At this time, MDCPS does not have any technical assistance needs relating to the implementation of the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015.

- Governor has signed the CAPTA Assurance Statement on May 15, 2018 and this will be submitted to the Children's Bureau on June 26, 2018.

**CAPTA Required Attachments:**

- Teen Advisory Board as currently utilized for Citizen Review Panel
- Children's Trust Fund as currently utilized for Citizen Review Panel
- Governor's Assurance –
- Revised Victims of Trafficking Policy