

SECOND REGULAR SESSION

SENATE BILL NO. 913

99TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR ROWDEN.

Read 1st time January 16, 2018, and ordered printed.

ADRIANE D. CROUSE, Secretary.

5693S.011

AN ACT

To repeal sections 191.737, 191.739, and 210.110, RSMo, and to enact in lieu thereof three new sections relating to the duties of the children's division.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Sections 191.737, 191.739, and 210.110, RSMo, are repealed
2 and three new sections enacted in lieu thereof, to be known as sections 191.737,
3 191.739, and 210.110, to read as follows:

191.737. 1. Notwithstanding the physician-patient privilege, any
2 physician or health care provider [may refer to the department of health and
3 senior services] **shall refer to the department of social services** families in
4 which children may have been exposed to a controlled substance listed in section
5 195.017, schedules I, II and III, or alcohol as evidenced by:

6 (1) Medical documentation of signs and symptoms consistent with
7 controlled substances or alcohol exposure in the child at birth; or

8 (2) Results of a confirmed toxicology test for controlled substances
9 performed at birth on the mother or the child; and

10 (3) A written assessment made or approved by a physician, health care
11 provider, or by the children's division which documents the child as being at risk
12 of abuse or neglect.

13 2. Nothing in this section shall preclude a physician or other mandated
14 reporter from reporting abuse or neglect of a child as required pursuant to the
15 provisions of section 210.115.

16 3. [Upon notification pursuant to subsection 1 of this section, the
17 department of health and senior services shall offer service coordination services
18 to the family. The department of health and senior services shall coordinate

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

19 social services, health care, mental health services, and needed education and
20 rehabilitation services. Service coordination services shall be initiated within
21 seventy-two hours of notification. The department of health and senior services
22 shall notify the department of social services and the department of mental
23 health within seventy-two hours of initial notification.

24 4.] Any physician or health care provider complying with the provisions
25 of this section, in good faith, shall have immunity from any civil liability that
26 might otherwise result by reason of such actions.

27 [5.] 4. Referral and associated documentation provided for in this section
28 shall be confidential and shall not be used in any criminal prosecution.

191.739. [1.] The department of social services shall provide protective
2 services for children that meet the criteria established in section 191.737. In
3 addition the department of social services may provide preventive services for
4 children that meet the criteria established in section 191.737.

5 [2. No department shall cease providing services for any child exposed to
6 substances as set forth in section 191.737 wherein a physician or health care
7 provider has made or approved a written assessment which documents the child
8 as being at risk of abuse or neglect until such physician or health care provider,
9 or his designee, authorizes such file to be closed.]

210.110. As used in sections 210.109 to 210.165, and sections 210.180 to
2 210.183, the following terms mean:

3 (1) "Abuse", any physical injury, sexual abuse, or emotional abuse
4 inflicted on a child other than by accidental means by those responsible for the
5 child's care, custody, and control, except that discipline including spanking,
6 administered in a reasonable manner, shall not be construed to be abuse. Victims
7 of abuse shall also include any victims of sex trafficking or severe forms of
8 trafficking as those terms are defined in 22 U.S.C. 78 Section 7102(9)-(10);

9 (2) "Assessment and treatment services for children under ten years old",
10 an approach to be developed by the children's division which will recognize and
11 treat the specific needs of at-risk and abused or neglected children [under the age
12 of ten]. The developmental and medical assessment may be a broad physical,
13 developmental, and mental health screening to be completed within thirty days
14 of a child's entry into custody and [every six months] **in accordance with the**
15 **periodicity schedule set forth by the American Academy of Pediatrics**
16 thereafter as long as the child remains in care. Screenings may be offered at a
17 centralized location and include, at a minimum, the following:

18 (a) Complete physical to be performed by a pediatrician familiar with the
19 effects of abuse and neglect on young children;

20 (b) Developmental, behavioral, and emotional screening in addition to
21 early periodic screening, diagnosis, and treatment services, including a core set
22 of standardized and recognized instruments as well as interviews with the child
23 and appropriate caregivers. The screening battery may be performed by a
24 licensed mental health professional familiar with the effects of abuse and neglect
25 on young children, who will then serve as the liaison between all service
26 providers in ensuring that needed services are provided. Such treatment services
27 may include in-home services, out-of-home placement, intensive twenty-four-hour
28 treatment services, family counseling, parenting training and other best practices.
29 Children whose screenings indicate an area of concern may complete a
30 comprehensive, in-depth health, psychodiagnostic, or developmental assessment
31 within sixty days of entry into custody;

32 (3) "Central registry", a registry of persons where the division has found
33 probable cause to believe prior to August 28, 2004, or by a preponderance of the
34 evidence after August 28, 2004, or a court has substantiated through court
35 adjudication that the individual has committed child abuse or neglect or the
36 person has pled guilty or has been found guilty of a crime pursuant to section
37 565.020, 565.021, 565.023, 565.024, 565.050, 566.030, 566.060, or 567.050 if the
38 victim is a child less than eighteen years of age, or any other crime pursuant to
39 chapter 566 if the victim is a child less than eighteen years of age and the
40 perpetrator is twenty-one years of age or older, a crime under section 568.020,
41 568.030, 568.045, 568.050, 568.060, 568.080, 568.090, 573.023, 573.025, 573.035,
42 573.037, 573.040, 573.200, or 573.205, or an attempt to commit any such
43 crimes. Any persons placed on the registry prior to August 28, 2004, shall remain
44 on the registry for the duration of time required by section 210.152;

45 (4) "Child", any person, regardless of physical or mental condition, under
46 eighteen years of age;

47 (5) "Children's services providers and agencies", any public, quasi-public,
48 or private entity with the appropriate and relevant training and expertise in
49 delivering services to children and their families as determined by the children's
50 division, and capable of providing direct services and other family services for
51 children in the custody of the children's division or any such entities or agencies
52 that are receiving state moneys for such services;

53 (6) "Director", the director of the Missouri children's division within the

54 department of social services;

55 (7) "Division", the Missouri children's division within the department of
56 social services;

57 (8) "Family assessment and services", an approach to be developed by the
58 children's division which will provide for a prompt assessment of a child who has
59 been reported to the division as a victim of abuse or neglect by a person
60 responsible for that child's care, custody or control and of that child's family,
61 including risk of abuse and neglect and, if necessary, the provision of
62 community-based services to reduce the risk and support the family;

63 (9) "Family support team meeting" or "team meeting", a meeting convened
64 by the division or children's services provider in behalf of the family and/or child
65 for the purpose of determining service and treatment needs, determining the need
66 for placement and developing a plan for reunification or other permanency
67 options, determining the appropriate placement of the child, evaluating case
68 progress, and establishing and revising the case plan;

69 (10) "Investigation", the collection of physical and verbal evidence to
70 determine if a child has been abused or neglected;

71 (11) "Jail or detention center personnel", employees and volunteers
72 working in any premises or institution where incarceration, evaluation, care,
73 treatment or rehabilitation is provided to persons who are being held under
74 custody of the law;

75 (12) "Neglect", failure to provide, by those responsible for the care,
76 custody, and control of the child, the proper or necessary support, education as
77 required by law, nutrition or medical, surgical, or any other care necessary for the
78 child's well-being. Victims of neglect shall also include any victims of sex
79 trafficking or severe forms of trafficking as those terms are defined in 22 U.S.C.
80 78 Section 7102(9)-(10);

81 (13) "Preponderance of the evidence", that degree of evidence that is of
82 greater weight or more convincing than the evidence which is offered in
83 opposition to it or evidence which as a whole shows the fact to be proved to be
84 more probable than not;

85 (14) "Probable cause", available facts when viewed in the light of
86 surrounding circumstances which would cause a reasonable person to believe a
87 child was abused or neglected;

88 (15) "Report", the communication of an allegation of child abuse or neglect
89 to the division pursuant to section 210.115;

90 (16) "Those responsible for the care, custody, and control of the child",
91 includes, but is not limited to:

92 (a) The parents or legal guardians of a child;

93 (b) Other members of the child's household;

94 (c) Those exercising supervision over a child for any part of a
95 twenty-four-hour day;

96 (d) Any person who has access to the child based on relationship to the
97 parents of the child or members of the child's household or the family; or

98 (e) Any person who takes control of the child by deception, force, or
99 coercion.

Unofficial ✓

Bill

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