

AN ORDINANCE APPROVING THE MEMORANDUM OF UNDERSTANDING WITH THE TANEY COUNTY MULTIDISCIPLINARY TEAM FOR THE MUTUAL AGREEMENT TO WORK TOGETHER ON CHILD ABUSE AND CHILD NEGLECT CASES AND AUTHORIZING THE MAYOR TO EXECUTE THE CONTRACT.

WHEREAS, the City of Branson desires to enter into the memorandum of understanding with the Taney County Multidisciplinary Team to work together on child abuse and child neglect cases to seek justice for the victims; and

WHEREAS, Taney County Multidisciplinary Team Memorandum of Understanding has been recommended for approval by staff; and

WHEREAS, the Board of Aldermen desires to approve this memorandum of understanding.

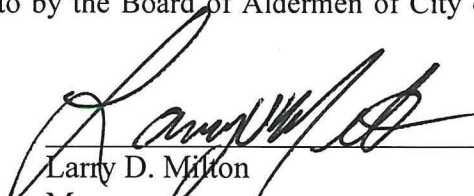
NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF ALDERMEN OF THE CITY OF BRANSON, MISSOURI, AS FOLLOWS:

Section 1: The Board of Aldermen hereby approves the memorandum of understanding with the Taney County Multidisciplinary Team for the commitment to work together on child abuse and child neglect cases as specified in the related specifications and substantial conformity with the terms shown on Exhibit "1" attached and incorporated by this reference as set out here in full, together with such changes therein as shall be approved by the officers of the City executing same which are consistent with the provisions and intent of this legislation and necessary, desirable, convenient or proper in order to carry out the matters herein authorized. The Mayor, City Administrator, and other appropriate City officials are hereby authorized to execute the Agreement and such additional documents and take any and all actions necessary, desirable, convenient or prudent in order to carry out the intent of this legislation.

Section 2: This ordinance shall be in full force and effect upon and after its passage and approval.

Read, this first time on this 22nd day of April, 2025.

Read, this second time, passed, and truly agreed to by the Board of Aldermen of City of Branson, Missouri this 22nd day of April, 2025.



Larry D. Milton
Mayor

ATTEST:

APPROVED AS TO FORM:



Hillary Briand
City Clerk



City Attorney

Office Use Only

MASTER CONTRACT NUMBER:

C2025-0112

Taney MDT 2024

Taney County Multidisciplinary Team (MDT) Guidelines and Protocols Regarding Child Abuse/Neglect Investigations

I. Mission

II. General Provision

III. General Multi-disciplinary Team Investigative Guidelines

IV. Multidisciplinary Team Members

- A. Role of the Prosecutor
- B. Role of the Department of Social Services, Children's Division
- C. Role of Law Enforcement
- D. Role of Juvenile Office
- E. Role of the Mental Health Providers
- F. Role of the CAC
 - 1. Referring Cases
 - 2. Interviewing and Recording Procedures
 - 3. Forensic Medical Evaluations
 - 4. MDT Post Meeting
 - 5. Case Tracking and Information Sharing
 - 6. Victim Support/Advocacy

V. Multidisciplinary Case Review

- A. Team Meetings

VI. Responding in a Culturally Sensitive Manner

I. MISSION

The mission of the Taney County Multidisciplinary Team is to participate and assist in the coordination of the team approach to investigating child abuse/neglect and seek justice for child victims of abuse including sexual abuse, physical abuse, and/or neglect. Utilizing best practices which are constantly evolving, the multi-disciplinary team approach strives to coordinate the efforts of all agencies involved to administer the most effective, efficient and child friendly investigative practices available and intends to achieve proper adjudication, prosecution, treatment and prevention of child abuse. The protocols shall adhere to the child first doctrine which states that the child is our first priority.

The undersigned agencies agree that this protocol is not a written contract which is binding on the parties as a matter of law, but is a memorandum setting out the procedures by which the undersigned agencies voluntarily intend to promote the best interests of the children and families involved in child abuse/neglect investigations and the efficient and fair administration of justice. The undersigned agencies understand that it may be necessary at times to stray from these protocols to address specific unique circumstances that may present on a case by case basis in order to ensure the best interest of a child or family is served.

It is expressly understood that each agency will work within its own departmental legal authority, mandates and policies. Nothing contained herein supersedes the statutes, rules, and regulations governing each Agency. To the extent that any provisions of this protocol are inconsistent with any such statute, rule or regulation, the statute, rule or regulation shall prevail.

II. GENERAL PROVISIONS

1. Each agency will work with and assist the other agencies to ensure that the best interest and protection of children will be served.
2. The appropriate Law Enforcement agency will investigate and determine whether or not a crime has been committed and present information to the proper authorities for prosecution. Upon receipt of a request for assistance in an investigation from the Children's Division, the Law Enforcement agency shall either assist the division in the investigation or provide the division, within twenty-four hours, an explanation in writing detailing the reasons why it is unable to assist as required by Section 210.145.7 RSMo.
3. The Children's Division will provide protective services to children and their families in accordance with Chapters 207, 210, and 211 RSMo and other applicable law. The Children's Division will conduct investigations to assess the child's safety and to provide rehabilitative services to children and their families as well as to make determinations of child abuse or neglect, and shall immediately notify the appropriate Law Enforcement agency of receipt of any hotline call report or contact regarding child abuse or any other crime against a child according to policies and procedures established by the Children's Division.
4. The Juvenile Office will provide assistance with the multi-disciplinary team investigative process by utilizing its statutory authority to file petitions with the juvenile court when the allegations and investigative findings warrant such action, take protective custody of children when deemed appropriate and necessary, and properly adjudicate child abuse/neglect and delinquency allegations.
5. The Prosecuting Attorney will assess the legal aspects of the child abuse/neglect investigative cases presented to him/her and determine on a case by case basis whether or not further pursuit of remedies available through the criminal justice system is warranted.
6. All reasonable efforts will be made by each agency to coordinate each step of the investigative process with the other agencies involved in order to minimize the number of interviews and interviewers to which the child is subjected, thus reducing the potential trauma to the child.
7. All agencies participating in current investigations will make every effort to attend multi-disciplinary team meetings as scheduled.
8. All interviewers participating in current investigations will have successfully completed specialized training as determined by their respective agencies or departments. All agencies will be invited and encouraged to attend training sponsored by the Child Advocacy Center when possible.
9. All agencies and organizations participating with the Child Advocacy Center agree to provide professionals, trained in interviewing, assessment, and investigation to handle child abuse and other cases as deemed appropriate.

Taney MDT 2024

10. All personnel participating at the Child Advocacy Center, within the bounds allowed by the law, agree to maintain confidentiality of all records and information gathered on any cases in accordance with Chapters 210, 211, and 610 RSMo, and any other applicable provisions of federal and state law. The Child Advocacy Center will promptly notify participating agencies of any media involvement.
11. All agencies participating in an investigation being coordinated by the Child Advocacy Center will promptly share pertinent case information with the other agencies involved in the investigation to the extent authorized by law.
12. This protocol may be reviewed and modified as determined by the designated agency representatives to:
 - a. Conform to existing or new statutes, rules or regulations or departmental policies which may conflict with any provisions of the protocol;
 - b. Better meet the needs of the families and children in the provision of child abuse/neglect and other related services;
 - c. Improve the procedures set forth in the protocol;
 - d. Add or delete agencies as parties of the protocol;
 - e. Address other issues/concerns as the parties may agree.
13. While it is the intent of multi-disciplinary team to work together in all aspects of the investigation whenever possible, it is also understood that each agency will conduct its own independent investigation and reach its own independent conclusion in accordance with all applicable federal and state laws, mandates, policies and practices of each agency.
14. Any participant in this protocol may withdraw from participation in this protocol upon written notice to all participants. This protocol may be terminated by written notice, submitted to all parties (signatories).

III. General Multidisciplinary Team Investigative Guidelines

1. The general policies reflected in these Guidelines and Protocols should be followed whenever possible. Nothing in these Guidelines and Protocols shall supersede an individual agency's policy, State Statutes, or Federal Law. All member agencies of the multidisciplinary team may be involved in cases, which meet the following criteria:
 - There is an indication of sexual abuse or physical abuse with injuries inconsistent with reasonable discipline and the perpetrator is a:
 - a. Category I Perpetrator- The perpetrator is responsible for the care, custody and control of the child. This category includes, but is not limited to, the parents or guardian of the child, other members of the child's household, or those exercising supervision over a child for any part of a twenty-four hour day. Those responsible for the care, custody, and control shall also include any adult who, based on their relationship to the parents of the child, members of the child's household or the family, has access to the child.
 - b. Category II Perpetrator-The perpetrator does not qualify as a Category I Perpetrator (i.e.: out-of-home perpetrator, stranger, neighbor, parent's paramour not living in the home, juvenile, etc).
2. In addition to the above, all member agencies of the multidisciplinary team may become involved in cases in which the perpetrator is a juvenile and there is an issue of lack of parental supervision or control.
3. In cases meeting one of the above criteria, the original reporting agency should notify the Child Abuse and Neglect Hotline (1-800-392-3738).
4. The MDT shall be able to openly and freely communicate information about the status of the investigation. All information discussed by the MDT shall remain confidential in accordance with RSMo 210, 211 and 610.
5. Upon initial contact with the child, the Children's Division will make every effort to avoid conducting a detailed interview regarding the allegations of child abuse/neglect with an alleged child abuse/neglect victim whenever possible. However, it is understood that a brief interview with the child by the Children's Division and/or Law Enforcement investigator and/or MDT partner may be necessary to make an initial assessment of the validity of the allegations, the child's ability to participate in a forensic interview based on developmental considerations, whether a referral to the Child Advocacy Center is appropriate, to obtain necessary information to ensure the protection, health and safety of the child, to determine appropriate placement for the child or fulfill any Children's Division statutory mandates and responsibilities that could not otherwise be met if a brief interview is not conducted.
6. Copies of any written or transcribed statements made by an alleged perpetrator in a child abuse case, or notice of any other oral statements made by the alleged perpetrator should be made available upon request to the Prosecutor's Office, Children's Division, Juvenile Office, and to the Law Enforcement agency. The follow-up investigator for the Law Enforcement

agency should notify Children's Division of any statement by an alleged perpetrator as soon as possible thereafter.

7. If at all possible, in initial interviews with a child abuse victim, the child should be questioned without either parent present and without siblings. If the child will not cooperate without the presence of a parent, that parent should be cautioned not to provide any non-verbal or verbal assistance to the interviewee. In situations where abuse of one or more siblings is possible, every effort should be made to keep siblings from exchanging information during the investigation.
8. Once an alleged victim of child abuse is identified, a recorded forensic interview and/or medical evaluation should be made as soon as possible after the initial contact. CAC staff shall conduct the video-recorded interview. Each team member should be notified and allowed the opportunity to view the making of the recording or to view the recording at a later time. Once a video-record is made, the original shall be retained by Law Enforcement and logged into evidence. The CAC will also maintain permanently an original recording of each interview. The original anatomical drawings or other drawings made by the child in the forensic interview will be retained by assigned Law Enforcement and logged into evidence after being scanned into the electronic CAC record unless otherwise requested by Law Enforcement. Whenever possible, the video-recorded interviews should be conducted at the CAC, which will provide an interview room, observation room equipped with video camera and a device to communicate with the interviewer. Only the child and the person conducting the interview should be in the room during the interview, with the exception of the interpreter if needed.
9. In the event that a probable cause arrest is made, every effort will be made to assign the case immediately to a detective so that the alleged perpetrator can be interviewed and a statement taken in all cases of child abuse regardless of the other evidence in the case.
10. If the multidisciplinary team believes based upon information gathered during any phase of the investigative process that a child should undergo a forensic medical evaluation, written consent from the child's parent, legal custodian and/or legal guardian must be obtained for the medical exam to occur. If the child's parent, legal custodian and or legal guardian will not consent for the child to undergo an exam, the exam should not be scheduled unless specifically authorized by a court of competent jurisdiction, unless the child exercises his or her right to consent to the exam pursuant to section 595.220, RSMo.
11. If the child has been placed in the legal and physical custody of the Children's Division by a court of competent jurisdiction the Children's Division, as the court appointed legal guardian, may authorize permission for the child to undergo the exam.
12. Photographs should be taken in all cases of alleged physical abuse, including a full-face photograph, by both the hospital/medical provider and the Law Enforcement agency even where the bruises do not appear to be significant. The Children's Division worker may make a request for such photographs to the Law Enforcement officer. The Law Enforcement officer shall take custody of these photographs, which will become part of the case record. In

accordance with 210.120 RSMo, reproductions of such color photographs and/or radiologic reports shall be sent to the Children's Division as soon as possible.

13. Forensic medical evaluations are conducted by medical providers called SAFE/CARE Providers who are specifically trained to conduct evaluations of child sexual abuse, physical abuse and neglect. These exams are conducted both in urgent and non-urgent circumstances based upon information obtained by Children's Division, Law Enforcement, the Juvenile Office, medical providers or the Child Advocacy Center staff on a case by case basis.

14. Children's Division, Law Enforcement, or the Juvenile Officer involved in the case, should schedule the forensic medical evaluation with the staff of the CAC. The referring multidisciplinary team member should attempt to notify all appropriate multidisciplinary team members of the scheduled appointment.

15. If penetration (within the last 72 hours) is alleged, an emergency medical evaluation with possible Evidentiary Collection Kit should be scheduled at the CAC (to increase the forensic yield of the exam, the earlier the better). If for some reason the child is unable to be seen at the CAC within that 72 hour time frame, they may be evaluated at the Emergency Room. Sexual Assault Evidentiary Collection Kit may be completed at the Emergency Room at the discretion of the Emergency Room Physician. The Sexual Assault Evidentiary Collection Kit shall be turned over to the Law Enforcement officer and sent to the appropriate criminal lab for analysis, along with any other physical evidence as determined by the Law Enforcement officer.

16. Law enforcement should obtain a copy of the Children's Division investigative report in all cases being submitted to the Prosecutor's Office. A copy of the Children's Division investigative report shall be provided upon request to the Juvenile Office regardless of the determination made in the investigative conclusion, if consistent with 210.150 RSMo.

17. The Law Enforcement case report and the Children's Division investigative report shall be provided to the Prosecuting Attorney's Office for review in all cases involving child sexual or physical abuse in which the investigating officer believes there is probable cause an offense has been committed or in which the investigating officer has a question about whether there is probable cause that an offense has been committed.

18. The Prosecuting Attorney's Office will provide information to the Juvenile Office and the Children's Division of charges that are filed. Information concerning the status of the case shall be made available to other team members upon request during the pendency of the case.

19. Court finding of abuse by preponderance of evidence, responsible party to be listed in registry — procedure.

1. Except for actions under the uniform parentage act, sections 210.817 to 210.852, in any action under chapter 210 or 211 in which the court finds by a preponderance of the evidence that a party is responsible for child abuse or neglect, as those terms are defined in section 210.110, the clerk shall send a certified copy of the judgment or order to the

children's division and to the appropriate prosecuting attorney. Upon receipt of the order, the children's division shall list the individual as a perpetrator of child abuse or neglect in the central registry.

2. In every case in which the person has pled guilty to or been found guilty of:

(1) A crime under section 565.020, 565.021, 565.023, 565.024, 565.050, 566.030, 566.060, or 567.050 and the victim is a child under eighteen years of age;

(2) Any other crime in chapter 566 if the victim is a child under eighteen years of age and the perpetrator is twenty-one years of age or older;

(3) A crime under section 568.020, 568.030, 568.045, 568.050, 568.060, 568.080*, 568.090*, 573.023, 573.025, 573.035, 573.037, 573.040, 573.200, or 573.205; or

(4) An attempt to commit any such crimes; the court shall enter an order directing the children's division to list the individual as a perpetrator of child abuse or neglect in the central registry. The clerk shall send a certified copy of the order to the children's division. Upon receipt of the order, the children's division shall list the individual as a perpetrator of child abuse or neglect in the central registry.

20. A meeting of the individual team involved in any specific case may be called by any member agency of the team at any time for purposes of consultation and coordination of effort. Every effort shall be made by all represented agencies to keep other team members informed of status changes and to coordinate efforts to provide for the best interest of the child victim.

IV. Multidisciplinary Team Members

A. **Role of the Prosecutor:** *(Nothing in these Guidelines and Protocols shall supersede an individual agency's policy, State Statutes, or Federal Law)*

1. Assessing the evidence collected to determine its potential utility in court.
2. Giving guidance on legal issues involving the criminal investigation and prosecution such as search warrant, statute of limitations, and jurisdictional issues.
3. Determining appropriate charges and the best means of charging alleged perpetrators.
4. Evaluating the overall case for criminal prosecution.
5. Recommending bond settings and conditions of release.
6. Negotiating plea agreements.
7. Preparing witnesses for court.
8. Conducting discovery in a manner that protects the confidentiality and privacy of the victim(s). Copies of video recordings, aural recordings and photographs of victims will not be released to defense counsel except pursuant to a court order. In providing such discovery, the prosecutor shall seek a protective order under Missouri Rule of Criminal Procedure 25.11 consistent with the order required by Section 545.950, RSMo,;
 - (1) Limiting use solely to the use of the recordings or photographs for the purposes of a pending court proceeding or in preparation for a pending court proceeding;
 - (2) Prohibiting further copying, reproduction, or distribution of the recordings or photographs; and
 - (3) Requiring, upon the final disposition of the case, the return of all copies to the prosecuting attorney, or the provision of an affidavit to the prosecuting attorney certifying that all copies have been destroyed.
9. Presenting the state's case at trial.
10. Working with all MDT members to update on the criminal court status.
11. Providing guidance to the multidisciplinary team members about witness testimony.
12. Participating in the multidisciplinary case review meetings.

B. Role of Children's Division: *(Nothing in these Guidelines and Protocols shall supersede an individual agency's policy, State Statutes, or Federal Law)*

1. The Children's Division administers the child welfare system for the State of Missouri.
2. The Children's Division will receive reports of alleged suspected child abuse and/or neglect according to the policies and procedures of the Children's Division and in accordance with Section 210.109 to 210.183 RSMo.
3. The Children's Division shall promptly contact the appropriate Law Enforcement agency upon receipt of a report which division personnel determine merits an investigation and provide such Law Enforcement agency with a detailed description of the report received. The Children's Division shall request the assistance of the Law Enforcement agency in all aspects of the investigation as required by Section 210.145 RSMo. Upon receipt of a request for assistance in an investigation from the Children's Division, the Law Enforcement agency shall either assist the Division in the investigation or provide the division, within twenty-four hours, an explanation in writing detailing the reasons why it is unable to assist as required by Section 210.145.5 RSMo.
4. The Children's Division will respond to emergency cases immediately, whenever practical or possible. When not practical or possible, the Children's Division will respond to emergency cases within the 3 hour timeframe set by law and Children's Division policy and practice. The Children's Division will respond to non-emergency cases within the 24 hour timeframe set by law and Children's Division policy and practice or sooner when practical or possible.
5. The Children's Division will make every effort reasonably possible to coordinate all interviewing aspects of an investigation being co-investigated with Law Enforcement. This includes interviews with the child, any witnesses, the alleged perpetrator(s) and others who may need to be interviewed in the course of the investigation. This coordinated effort will strive to obtain accurate, truthful information so as to protect the best interests of the child, the families involved and to achieve fair and impartial justice for all individuals impacted by the investigation.
6. The Children's Division will make every effort to avoid conducting an interview regarding the allegations of child abuse/neglect investigation with an alleged child abuse/neglect victim whenever possible. Instead, the Children's Division should interview witnesses to the disclosure and then refer the child to the CAC for a forensic interview. However, it is understood that a brief interview with the child by the Children's Division investigator and/or Law Enforcement officer may be necessary to make an initial assessment of the child's ability to participate in a forensic interview based on developmental considerations, whether a referral to the Child Advocacy Center is appropriate, to obtain the necessary information to ensure the protection, health and safety of the child, to determine appropriate placement for

the child or to fulfill any of the Children's Division's statutory mandates and responsibilities that could not otherwise be met if a brief interview is not conducted.

7. The Children's Division worker will make a referral for a SAFE/CARE Evaluation for all victim children under the age of 4 from an investigation to their provider network. If deemed necessary, the Children's Division worker will make a referral to the CAC SAFE/CARE Provider and the CAC SAFE/CARE Provider will conduct an exam of the child. When a SAFE/CARE provider makes a diagnosis of child abuse, the Children's Division worker shall send a referral to the Juvenile Office.
8. In cases involving allegations of criminal conduct the Children's Division will coordinate the investigative response with the Law Enforcement agency co-investigating the case in a manner which allows the Law Enforcement agency to take the investigative lead whenever possible. The Children's Division will make every effort to contact Law Enforcement prior to contacting and/or interviewing the alleged perpetrator in its effort to coordinate the co-investigation and ensure the safety of the Children's Division worker. However, it is understood that the Children's Division has statutorily mandated time frames in which to complete the Children's Division investigation. Because these time frames do not apply to Law Enforcement's criminal investigation, it is understood that on occasion, the Children's Division must contact the alleged perpetrator and move forward with taking whatever steps are necessary to complete the Children's Division's investigation despite the wishes of Law Enforcement. The Children's Division will make every effort to minimize these occurrences whenever possible.
9. When the mandates of the Children's Division's investigation may conflict with the requirements of the criminal investigation and do not allow the Children's Division to proceed in a manner consistent with Law Enforcement plans, the Children's Division will make every effort to keep Law Enforcement informed of the status of the Children's Division's investigation and attempt to conduct its investigation in a manner that does not impede the criminal investigative process whenever possible.
10. The assigned Children's Division worker and Law Enforcement officer will make every effort to be present at the time of the child's forensic interview. This will enable the worker to share information regarding the case both before the start of the interview and following the interview. This also provides the opportunity for the worker and criminal investigator to participate in the interview by observing remotely and having the ability to communicate with the interviewer through an ear receiver if necessary or by speaking with the interviewer outside the interview room during a break in the interview as determined by the forensic interviewer.
11. If the Children's Division concludes their investigation prior to Law Enforcement, the Children's Division will notify the Law Enforcement officer and the Juvenile Officer of the status of the case. When the Children's Division opens a case for alternative care or ongoing services, the Children's Division worker will provide the

Law Enforcement officer and the Juvenile Officer with the name of the new worker and their supervisor, upon request.

12. The Children's Division will provide Law Enforcement, the Prosecuting Attorney and the Juvenile Officer with a copy of their completed report upon request. If reports are needed prior to the conclusion of the Children's Division investigation, a request of any preliminary information Children's Division may have regarding the investigation may be provided in written form.

13. The Children's Division will make every effort to keep Law Enforcement, the Prosecuting Attorney and the Juvenile Officer apprised of the case status and service plan of children placed in the legal custody of the Children's Division, most specifically with regard to placement status as it may pertain to contact and/or proximity to the alleged perpetrator, when cases presented to the Juvenile Officer and/or Prosecuting Attorney have yet to be fully adjudicated.

14. The Children's Division will cooperate with Law Enforcement, the Prosecuting Attorney and/or the Juvenile Officer in prosecuting/adjudicating the case.

15. The Children's Division will participate in regularly scheduled Multi-Disciplinary Team meetings whenever possible.

C. Role of Law Enforcement: *(Nothing in these Guidelines and Protocols shall supersede an individual agency's policy, State Statutes, or Federal Law)* All suspected child abuse cases reported to Law Enforcement will be cross-reported to the Children's Division as mandated by law.

1. Upon receipt of a request for assistance in an investigation from the Children's Division, the Law Enforcement agency shall either assist the Children's Division in the investigation or provide the division within twenty-four hours, an explanation in writing detailing the reasons why it is unable to assist as required by Section 210.145.7 RSMo.

2. If the initial complaint indicates that the abuse is on-going and the situation appears to require immediate intervention, the appropriate Law Enforcement agency shall respond immediately to evaluate the situation and protect the child. If the complaint does not appear to require emergency intervention, the Law Enforcement officer shall wait, if possible, for the Children's Division worker to be present before an investigation is initiated.

3. When a Law Enforcement officer who has reasonable cause to believe that a child is in imminent danger of suffering serious physical harm or a threat to life as a result of abuse or neglect and such person has reasonable cause to believe harm or threat to life may occur before a juvenile court could issue a temporary protective custody order or before a Juvenile Office could take the child into protective custody, the Law Enforcement officer may take or retain temporary custody of the

child without the consent of the child's parents, guardian or others legally responsible for his care. Specific procedures and responsibilities of Law Enforcement as it relates to temporary protective custody are outline in section 210.125 RSMo.

4. If the alleged crime occurred in Taney County or the child(ren) are physically located in Taney County the Law Enforcement officer responding to the initial call should limit their actions to the following:
 - a. ensuring that the scene is safe;
 - b. safeguarding evidence where appropriate;
 - c. collecting any information necessary to identify the suspect; and
 - d. addressing the immediate safety and medical needs of the victim and individuals at the scene.
 - e. Provide a written report as soon as possible to the detective division of his/her agency concerning the actions taken, identifying available witnesses, documenting any disclosure(s) made by the child and the names of the witness(es) to the disclosure(s), and documenting any statements made by the alleged perpetrator. This report should include any case investigation summary provided to the Prosecutor's Office.
5. The Law Enforcement Officer will make every effort to avoid conducting an interview with the victim(s) in these situations, but should refer all children to the CAC who meet the criteria for video-recorded forensic interviews and medical evaluations. If necessary action cannot be taken based upon the information from the disclosure witnesses any initial victim interviews should be limited to: to questions that will establish only the basic facts to provide the information necessary for the immediate needs of the investigation and safety of the victim, such as the suspect identity and elements of the crime, when reasonable and practical.
6. If possible, the assigned law enforcement officer and/or detective should be present to observe the CAC forensic interview.
7. Following the CAC interview, the multidisciplinary team members shall discuss the next course of action.
8. Law Enforcement, in consultation with the Prosecuting Attorney, shall pursue avenues to corroborate the victim(s) account through crime scene photography and processing, as well as other evidence collection such as, but not limited to, collateral witness interviews, collection of digital or social media, phone records, and the use cold calls by a non-offending parent or guardian.
9. Law Enforcement shall participate in multidisciplinary case review meetings.

D. Role of Juvenile Division: *(Nothing in these Guidelines and Protocols shall supersede an individual agency's policy, State Statutes, or Federal Law)*

1. Juvenile Officers collaborate with Children's Division and Law Enforcement cases of alleged abuse and neglect and update multidisciplinary team members on the status of any proceedings filed in Juvenile Court.
2. The Juvenile Office receives cases involving child sexual abuse and/or physical abuse. The Juvenile Office also understands that Children's Division will send those cases to appropriate Law Enforcement agencies, pursuant to Section 210.145 RSMo.
3. In all cases where the case involves injury or abuse which occurred outside Taney County but the child is physically located in Taney County at the time the report is received, the appropriate Law Enforcement agency will respond as if it were in their jurisdiction and take whatever action is necessary, including taking emergency protective custody, when appropriate following procedures set out in 210.125 RSMo., until the appropriate Law Enforcement agency can be contacted and assume responsibility for the investigation. The Juvenile Office and Children's Division will assist as needed in these cases for the immediate protection of the child victim.
4. Assessing the evidence collected to determine its potential utility in court.
5. Giving guidance on legal issues involving the investigation and adjudication such as statute of limitations and jurisdictional issues.
6. Evaluating the overall case for adjudication.
7. Preparing witnesses for court.
8. Working with all MDT members to update these parties on the family court status.
9. Providing guidance to the CAC's multidisciplinary team members about general witness testimony.
10. Juvenile Officers shall participate in multidisciplinary case review meetings.

E. Role of the Mental Health Provider: *(Nothing in these Guidelines and Protocols shall supersede an individual agency's policy, State Statutes, or Federal Law)*

1. Will provide appropriate, trauma focused, mental health care to children and non-offending family members that have been seen at the CAC.

2. Will offer mental health services to child victims and non-offending family members regardless of their ability to pay for those services, including: private insurance, Medicaid, crime victim's compensation, and free services.
3. Will provide continued education and training in child abuse investigations and counseling techniques that follow best practice guidelines and taking advantage of training offered.
4. Will understand that mental health assessment and treatment is separate from the forensic interview process and therefore will be not be provided by the same multidisciplinary team member.
5. Shall participate in multidisciplinary team meetings by providing insight into general issues regarding mental health and trauma, in order for the MDT to more fully understand the needs of the child, family and case.
6. Realize the value and importance of communication between all members of the MDT in reference to the child victim's mental health treatment and sharing relevant information to the appropriate team members after obtaining the release of information signed by the child's parent/guardian, while protecting the child victim's right to confidentiality.

F. Role of The Child Advocacy Center, Inc.: *(Nothing in these Guidelines and Protocols shall supersede an individual agency's policy, State Statutes, or Federal Law)*

The Child Advocacy Center will provide services to assist Law Enforcement, the Children's Division, the Prosecuting Attorney and the Juvenile Office in the investigation of alleged child abuse/neglect. The services provided by the Child Advocacy Center are intended to be child friendly, better protect children and enhance the ability of Law Enforcement, the Children's Division, the Prosecuting Attorney and the Juvenile Office to meet their statutory mandates in accordance with Chapter 210 and 211 RSMo, federal and state criminal statutes and any other applicable statutes. These services may include, but are not limited to, forensic interviews of alleged child victims and/or child witnesses and forensic medical evaluations.

The Child Advocacy Center may offer additional services as deemed appropriate on a case by case basis and based upon the ability of the Child Advocacy Center to provide such services. These services may include, but are not limited to, victim advocate services, counseling services and other support services.

Referring a Case to the Child Advocacy Center:

1. Section 210.115 RSMo. requires certain individuals (mandated reporters, including Law Enforcement) to make a report to the Children's Division's child abuse/neglect hotline, (1-800-392-3738), whenever there is reasonable cause to suspect that a child may be or has been subjected to abuse or neglect or observed to be in conditions or circumstances which would reasonably result in abuse or neglect. Mandated reporters, while obligated to report

to the child abuse/neglect hotline, may also contact the Juvenile Officer or Law Enforcement agencies. In addition to mandated reporters, any other persons may report to the Children's Division child abuse/neglect hotline if such person has reasonable cause to suspect that a child has been or may be subjected to abuse or conditions or circumstances which would reasonably result in abuse or neglect.

2. In order for a case to be accepted by the Child Advocacy Center (CAC) a case must include allegations of sexual abuse, physical abuse, neglect, endangerment or exploitation of a child or that the child witnessed a violent or major crime. The child must be referred to the Child Advocacy Center by the Children's Division, Law Enforcement, the Prosecuting Attorney or the Juvenile Officer in conjunction with a report made to the child abuse/neglect hotline or a crime reported to Law Enforcement. The Child Advocacy Center may also accept requests from the Children's Division, Law Enforcement, the Prosecuting Attorney or the Juvenile Officer to interview a child alleged to be a witness to a crime, or a crime victim or witness eighteen years of age or older with a developmental disability who would best be served through the use of interview techniques utilized by the Child Advocacy Center.
3. All cases meeting the CAC criteria are routinely referred by the multi-disciplinary team members and are scheduled to take place at the Child Advocacy Center. When on rare occasions the CAC forensic interview and /or medical evaluation must take place off site, every effort is made to assure the child's comfort, privacy, and protection. The CAC will utilize their mobile video camera in these instances while utilizing the current standard forensic interview guidelines.
4. Upon receiving a referral from a team member, the Intake Coordinator will gather information from the team member to determine if any special needs or accommodations are needed by the child or family based on diverse cultures, ethnicities, faiths, physical abilities or language barriers throughout the investigation process.
5. Each referral is considered urgent and will be scheduled accordingly by the Intake Coordinator. A referral may be scheduled as an emergency forensic interview and/or medical evaluation with the Child Advocacy Center when circumstances indicate as such. These circumstances may include but are not limited to when the alleged incident occurred less than 72 hours ago; the child has bruising, genital bleeding, or other visible signs of injury; the alleged perpetrator has access to the child or other potential victims; child witnesses a violent crime; or a member of the multidisciplinary team requests due to an urgent need not previously identified which shall be scheduled on a case by case basis.
6. CAC Staff search the Missouri Kids First statewide database to see if a child or alleged perpetrator has been previously identified. This allows the MDT access to information that may impact the current case, as well as assuring that a child is not interviewed or examined multiple times for the same allegations.

Interviewing and Recording Procedures:

1. Whenever possible every effort to minimize the number of interviews a child is subjected to should be made. For this reason, the Children's Division and Law Enforcement should initially attempt to gather as much information from sources other than the child whenever possible. However, it may also be necessary for the Children's Division and/or Law Enforcement to conduct a brief interview with the child to ensure that sufficient information is obtained to assess the child's safety, care and placement needs and to determine the appropriateness of making a referral to the Child Advocacy Center for a forensic interview. In these instances, the Children's Division and Law Enforcement should avoid interviewing the child in a manner which attempts to elicit specific detailed information about the abuse or neglect allegations, unless the information being sought is necessary to assess the immediate health, safety and protection of the child.
2. The Child Advocacy Center will provide a comfortable, child-friendly, neutral, and culturally sensitive environment where children and adolescents can come to be interviewed regarding allegations of abuse. The space will be both physically and emotionally safe for the children.
3. The Child Advocacy Center will be responsible for conducting recorded forensic interviews of children referred to the center. These interviews will be conducted in a culturally competent manner and by interviewers trained in a nationally recognized, research based curriculum for forensic interviewing, including, suggestibility, child development and linguistics, and child abuse issues. The forensic interviewers are also trained and able to conduct expanded or multi-session interviews to meet the needs of the child. The expanded interview process is in place for children who need more than one session to complete the interview. Criteria for expanded interviews entails children with severe trauma, special needs, developmental delays, younger aged children and those with multiple alleged perpetrators and multiple forms of maltreatment. At least one investigative MDT member must be present for the subsequent interview in an expanded interview process. The interviews will be fact finding in nature. These interviewers will receive ongoing training in these topics annually and will remain current on research in the area of forensic interviewing.
4. Prior to the forensic interview, the appropriate forensic interviewer will be selected based on criteria such as the individual needs of the child, and the experience and training of the interviewer. During the forensic interview the use of anatomical drawings, evidentiary drawings and anatomically representative dolls may be utilized at the discretion of the forensic interviewer using an evidence-based approach according to their training and the needs of the individual child.
5. The Intake Coordinator and/or Child Advocate will assess the need for a foreign language interpreter or for a sign language interpreter for the child and family when scheduling the appointment. The foreign language interpreter will be based on what language is spoken in the home. If a language other than English is spoken in the home, a court certified and

neutral interpreter will be provided for the child and/or family. If child is hearing impaired then an ASL interpreter will be provided.

6. Forensic Interviewers may present evidence in various forms which may include photos, texts, chat logs, journal entries, etc. Before proceeding, careful consideration must be given to the impact this may have on the child and what is in the child's best interest. Prior to appointment date, the MDT will coordinate and plan when presenting evidence has been requested.
7. The Child Advocacy Center must obtain written consent from the parent, legal guardian or other legal custodian prior to conducting any interviews with the child, unless the child has been placed in the legal and physical custody of the Children's Division by a court of competent jurisdiction, in which case the Children's Division may authorize the interview. A police officer, Law Enforcement official or physician shall not take temporary protective custody of a child for the sole purpose of ensuring that a child undergoes a forensic interview when a parent and/or legal guardian has exercised his/her right to refuse to consent to the interview, and/or the child has refused consent. Temporary custody of a child, taken by a police officer, Juvenile Officer, Law Enforcement official or a physician shall only be done in accordance with Section 210.125 RSMo.
8. The assigned Children's Division worker, Juvenile Officer, and Law Enforcement officer will make every effort to be present at the time of the child's forensic interview and/or forensic medical evaluations. This will enable them to freely share information during the pre-meeting regarding the specific case including but not limited to the specific allegations, other potential victims, parental cooperation, parental stressors, pertinent cultural issues, the child's demeanor and other concerns or history agency involvement with the family or perpetrator, with the CAC staff and other multi-disciplinary team members prior to the start of the CAC appointment. All assigned MDT members shall, if possible, be present for the forensic interview, however at least one must be present for the forensic interview to proceed as to reduce the need for additional interviews. MDT members will be able to participate in the interview by observing the interview via a close circuit television and are able to suggest questions to the interviewer through an ear receiver if necessary or speaking with the interviewer outside the interview room during a break in the interview as determined by the forensic interviewer.
9. All forensic interviews will be conducted at the Child Advocacy Center will be visually and aurally recorded. Interviews are recorded using the iRecord software and an original is saved to the iRecord server which is maintained by the CAC. A duplicate copy will be stored on a long-term server also maintained by the CAC. The CAC utilizes Vidanyx, an evidence collaboration software, for sharing interviews digitally with the investigative MDT. A DVD may also be made at the Law Enforcement's request. Original recordings will be shared with Law Enforcement via Vidanyx or DVD to maintain as evidence. The CAC staff will document the release of the recordings to the Law Enforcement agency in the child's electronic record. The DVD and recordings will be retained by the primary Law Enforcement agency in accordance with criminal and civil statutes and department policy.

10. If anatomical or other drawings of an evidentiary nature are utilized during the interview, the original drawings may be released to the assigned Law Enforcement. The Child Advocacy Center will make copies of the anatomical drawings, and will maintain those copies in the child's electronic record at the Child Advocacy Center. The assigned Law Enforcement agency will retain the original drawings according to criminal and civil statutes and department policy.
11. The forensic interviewer who conducts the interview will complete a brief note page of the interview. Copies of these reports will be provided to the Children's Division worker, Juvenile Officer and/or Law Enforcement agency within 7 business days following the interview. The Child Advocacy Center will make every effort to complete the entire case (from date of referral to completion of the summary report) within 14 days.
12. Viewing of the original recordings and photographs may only be done through a MDT member. The viewing will be for lawful purposes only, maintaining chain of custody at all times. Only members of the multi-disciplinary team or persons specifically appointed by the court to represent a party to the case will be allowed to view the DVD, audio recordings and photographs. Any other persons requesting to view the DVD or audio recordings may only do so, by court order.
 - a. Disclosure in Civil Court Proceedings. Copies will not be released unless, pursuant to Section 510.035, RSMo, the court order:
 - (1) Is limited solely to the use of the recordings or photographs for the purposes of a pending court proceeding or in preparation for a pending court proceeding;
 - (2) Prohibits further copying, reproduction, or distribution of the recordings or photographs; and
 - (3) Requires, upon the final disposition of the case, the return of all copies to the CAC, or the provision of an affidavit to the CAC certifying that all copies have been destroyed.
 - b. Discovery in Criminal Cases. See role of the Prosecutor above. When an offender's counsel requests a copy of the recordings as part of the civil or criminal discovery process, the offender's counsel will be required to sign a memorandum of understanding restricting further distribution of the recordings. If the offender's counsel will not sign the memorandum of understanding, then either arrangements will be made for the offender's counsel to view the recording rather than being provided a copy or the Prosecuting Attorney, Juvenile Office or Child Advocacy Center will seek a protective order.
13. The forensic interview, audio recordings, and/or other documents generated and/or maintained by the Child Advocacy Center or Law Enforcement as a result of the forensic interview or forensic examination will only be provided when the Child Advocacy Center or Law Enforcement receives a request from the Prosecuting Attorney, the Juvenile Officer or the Children's Division or the division of legal services of the Department of Social Services or the court orders a copy to be made unless the information is otherwise required to be released to the requesting party by law.

Forensic Medical Evaluation Procedures

1. The purpose of the forensic medical evaluation including a SAFE (Sexual Assault Forensic Examination) or a CARE (Child at Risk Evaluation) is to assess the child's overall health and to document any physical evidence pertaining to child maltreatment that may be present.
2. MDT members shall contact the CAC to schedule the forensic medical evaluation. Evaluations are available for all alleged victims regardless of ability to pay. Appropriate multidisciplinary team members may receive the results of the medical evaluation. A copy of the medical evaluation form is included in the records sent to the assigned investigator.
3. Sexually transmitted infection (STI) tests for gonorrhea and chlamydia may be conducted on children who allege sexual contact, or who are sexually active. This evidence will be kept in proper chain of custody. Tests for blood-borne STI's will be referred out to community agencies or the child's primary health care provider.
4. Criteria for a forensic medical evaluation are based on consideration of the following factors:
 - Any child that has had contact with the alleged perpetrator;
 - Any allegation of genital touching or penetration;
 - A pre-verbal child in a high-risk setting;
 - A child that presents with genital bleeding or other physical symptoms that might indicate sexual abuse or an STI;
 - Any child that presents with signs/symptoms that might indicate physical abuse or neglect;
 - Any child who has a sibling with a history of physical or sexual abuse;
 - Any child exhibiting behaviors consistent with physical and/or sexual abuse; and/or
 - Any other evidence or information that the child may have been physically and/or sexually abused or neglected.
5. It is the policy of the CAC to respond with a prompt assessment and a team approach to any child who makes statements or threats of suicide. Any doubt as to the seriousness and intent of the child will be resolved on the side of protecting the child. The SAFE-CARE provider, the Child Advocate, and the investigative team will work together on developing an immediate plan to address the needs of the child. The SAFE/CARE provider will utilize a suicide risk screening tool and develop an action plan. Each situation is unique and the team will respond using their best judgment for the safety of the child.
6. All final findings are shared with the MDT after the examination. If the examination findings are tentative and subject to confirmation by a consulting SAFE/CARE provider, the MDT members will be informed that the findings are only tentative and not final.

Proper interpretation of the medical findings and need for follow-up or referral are presented by the CAC medical provider to the MDT and the child's parent or legal guardian. These findings are then documented into the child's chart at the CAC. Copies of these reports will be provided to the Children's Division worker, Juvenile Officer and/or Law Enforcement agency as soon as possible. The Child Advocacy Center will make every effort to complete the entire case (from date of referral to completion of the summary report) within 14 days.

MDT Post Procedures

1. The multidisciplinary team members shall conduct a post-interview discussion/debriefing. The MDT will discuss coordination of the investigation activities consistent with each agency's statutory mandates, policies, and procedures. Each agency may determine its own investigative conclusion.
2. The CAC child advocate shall coordinate with the multidisciplinary team members in obtaining a referral for mental health services or other victim advocacy programs.
3. There will then be a post meeting with the non-offending parents or guardians to discuss the status of the case. Information will be given at the discretion of the MDT.
4. The Forensic Interviewer, Child Advocate, Children's Division Investigator, Law Enforcement, Juvenile Officer, Medical Provider and Medical Assistant will collectively make a new hotline if any new allegations are discovered.
5. An original recording of the interview will be made and saved to a permanent hard drive that is maintained by The Child Advocacy Center. A copy may be secured by the primary investigative Law Enforcement agency representative for evidence. Evidentiary drawings, including but not limited to the anatomical drawings, used or made during the forensic interview shall be scanned into the CAC electronic record. The original drawings shall be provided to the assigned Law Enforcement to be logged as evidence and kept in accordance with agency policy.
6. Viewing of recordings by appropriate multidisciplinary team members may be done at the CAC. Use of the recordings will be for lawful purposes only, maintaining chain-of-custody at all times.
7. Non-team members shall not be allowed in the observation room during an interview.
8. No additional copies of the recording will be made or distributed of the child's interview or chart without a court order or otherwise required by law; except that MDT members with a legitimate business reason to have a copy will be provided a copy upon request without subpoena. If CAC staff has a concern about providing a copy to a specific employee of a MDT member then the CAC will communicate the concern to the MDT member's management and arrangements will be made to provide the recording to an appropriate person within the MDT. The CAC staff will request a standard protective order for the documents for all requests for copies from non-multidisciplinary team

members. This will be to ensure that the information is not released to an individual not involved in the case.

9. Upon completion of the interview(s), the interviewer shall document the information obtained from the child in the "Forensic Interview Notes".

Case Tracking and Information Sharing

1. On a quarterly basis, the CAC will request case status/disposition information from agencies and individual investigators. This information is placed in the Missouri Kids First statewide database and the NCA case tracking spreadsheet at the CAC.
2. When a child is referred to a CAC, the Intake Coordinator searches the CAC database and the Missouri Kids First statewide database to see if a child has been seen previously by any CAC or if an alleged perpetrator has been involved in a previous case. This allows the MDT access to information that may impact the current case, as well as assuring that a child is not interviewed multiple times for the same allegations.
3. At any time, a member of the MDT may request and receive information relevant to a child seen at the CAC.

Victim Support/Advocacy

The CAC provides and coordinates crisis intervention services in conjunction with other agency's services. The CAC Child Advocates will provide support for the children and family members at all stages of involvement with the CAC.

1. The Child Advocates will contact the non-offending caregiver prior to the CAC appointment in order to provide crisis management to help reduce stress and provide more predictability regarding their child's CAC appointment.
2. Child Advocates will provide appropriate information, resources and mental health referrals, to ensure stability of the family during the case process.
3. The CAC Child Advocates will offer follow-up support for the non-offending caregiver.
4. The Child Advocates will participate in case review and provide a coordinated case management response to ensure the needs of the child and family are being addressed.
5. The Child Advocates will assist in tracking case outcomes and dispositions.
6. The Child Advocates will promote collection of client feedback through client satisfaction surveys.

V. Multidisciplinary Case Review

Critical Event Multidisciplinary Team Meetings:

The Critical Event MDT Meeting Protocol is a process to allow for the early in-progress review of investigations defined by the Children's Division as "Critical Events" to ensure early coordination of team members to provide the best opportunity to preserve critical evidence.

A. "Critical Events" are defined as (Children's Division, Child Welfare Manual, Section 2, Chapter 4, paragraph 4.3.8.3):

- a. Child fatality, near fatality, suicide or serious physical injury resulting from alleged CA/N,
- b. Child fatality, near fatality, suicide or serious physical injury result of alleged CA/N or non-CA/N involved in an open FCS case, IIS case or occurred during a pending hotline,
- c. Child fatality, near fatality, suicide or serious physical injury result of alleged CA/N or non-CA/N and the child is a foster child, and
- d. Events that do not meet the above criteria but are still considered serious; and meet one or more of the following criteria:
 1. Media Attention: not all cases covered by media but public interest cases such as CA/N alleged in an institutional/school setting, public official suspect, etc.,
 2. Child in foster care who was subjected to sexual abuse, exploitation or assault, and
 3. Human Trafficking: reported allegations when a child is a victim of human trafficking (e.g., abusing a child through forced labor, slavery, involuntary servitude, peonage, sexual exploitation, sexual trafficking).

- B. Critical Event MDT Meeting: The Children's Division Investigator (or any MDT member) will contact *all* involved members of the MDT to schedule a Critical Event MDT Meeting within 48 hours (or as soon as practicable thereafter) of the initiation of a Critical Event investigation to review and coordinate the investigation. At a minimum, the meeting should be attended by the Children's Division, the Juvenile Office, the investigating law enforcement agency and the Prosecuting Attorney's Office. If their schedule permits, CAC forensic interviewers/medical exam providers or other involved medical personnel (for example the Taney County Coroner) should also attend to answer questions about their reports. Agenda for the meeting should include:
- a. Review of investigation to date: disclosure, forensic interview, medical exam, scene photographs, etc.; and
 - b. Identification of collateral witnesses and other possible sources of corroboration including records and physical evidence for which an investigative subpoena or search warrant would be appropriate/necessary.

Monthly Multidisciplinary Case Review Meetings:

- A. A multidisciplinary (MDT) case review will occur on a monthly basis for the specific purpose of reviewing and coordinating cases throughout the investigation, assessment,

Taney MDT 2024

prosecution, adjudication and treatment phases of the process. All multidisciplinary team members include, Taney County Prosecutors Office (PA or APA), Children's Division including supervisors and front-line workers, Taney County Juvenile Office, Taney County Probation and Parole, Branson Police Department, Taney County Sheriff's Office, Missouri State Technical Assistant Team- STAT, Missouri Highway Patrol and all direct CAC staff will attend.

- B. Requests may be made for special case reviews to be held outside of the regular times, when circumstances surrounding the case are best served through this facilitation and coordination.
- C. Cases to be reviewed may include, but are not limited to, those that may or may not have been served through the CAC, problematic cases, poly-victimization, multi-perpetrators, conclusive medical findings, cases involved in prosecution or complex cases where additional team facilitation may better serve the needs of the child and family.
- D. Recommendations from case reviews are communicated to the appropriate investigator/supervisor for follow-up and implementation on each case as needed.
- E. The MDT Coordinator will coordinate the case review by setting a pre-meeting with representative of the primary MDT members two weeks prior to the MDT meeting. The agenda will be set during the pre-meeting by reviewing recent case referrals and cases set for the Child Abuse and Neglect Review Board (CANRB). The MDT Coordinator distributes the list of cases to be discussed to the MDT. The MDT Coordinator will provide facilitation for the case review and case discussions by soliciting dialogue from all multidisciplinary team members with input relevant to the case review.
- F. All MDT members participating at the multidisciplinary case review, within the bounds allowed by the law, agree to maintain confidentiality of all records and information gathered on any cases in accordance with Chapters 210, 211, and 610 RSMo, and any other applicable provisions of federal and state law.
- G. When possible, developments in best practice, law, and policy are handed out and discussed at these meetings. It is also encouraged for MDT members that have attended training to present information to the group.
- H. Multidisciplinary Case Review is routinely held on the first Thursday of the month at 9:30 a.m. at the Taney County Prosecutor's Office.

VI. Responding in a Culturally Sensitive Manner

1. In order to effectively meet the clients' needs, the Child Advocacy Center and the MDT must be willing and able to understand the clients' world view, adapt practices as needed, and offer help in a manner in which it can be utilized.

Taney MDT 2024

- 1018 2. Our response should be based on a number of factors, including, but not limited to; the
1019 degree of the families' acculturation, ethnicity, socioeconomic status, their religious
1020 beliefs, disability, gender, or sexual orientation.
1021
- 1022 3. Each entity will respond in a culturally sensitive manner from the initial contact with the
1023 family through final case disposition.
1024
- 1025 4. The referring MDT member will make the CAC staff aware of any known needs that
1026 would necessitate additional services (i.e. translators, interpreters, physical or
1027 developmental challenges or diagnosis).
1028
- 1029 5. The Child Advocates will ensure the appropriate services are in place in order to address
1030 these needs.
1031
- 1032 6. The Forensic Interviewer, the Medical provider, and/or the Child Advocate will meet
1033 with those providing the needed services prior to the child and family arriving for
1034 services. During this time, issues of culture, confidentiality, and the investigative process
1035 will be discussed so that this information can then acknowledged and can be shared with
1036 the MDT.
1037
- 1038 7. The CAC staff and the MDT will accommodate these identified needs during the pre-
1039 meeting, post-meeting, the exam process, case review, therapy, and through any
1040 additional services the family receives. This is to ensure that, due to a culturally
1041 competent environment, the child and family will feel respected and valued, and that they
1042 will be more receptive to the MDT response as well as needed services.
1043
- 1044 8. MDT agencies will follow their protocols in order to ensure families' are responded to in
1045 a culturally competent manner, including any additional victim advocacy or support
1046 services provided.
1047
- 1048 9. Referrals for Non-English speaking mental health providers are available through the
1049 CAC.
1050
- 1051 10. During case review, the specific cultural needs of the family will be discussed and
1052 evaluated as to any additional services or accommodations the family might need.

Taney County Multidisciplinary Team Memorandum of Understanding

The mission of the Taney County Multidisciplinary Team is to participate and assist in the coordination of the team approach to investigating child abuse/neglect and seek justice for child victims of abuse including sexual abuse, physical abuse, and/or neglect. Utilizing a multidisciplinary team approach we agree to shared referral, intake, and interviewing procedures; collaborative decision making; and coordinated case planning and service delivery to unify our efforts in serving child victims of abuse.

We agree to support the multidisciplinary team approach, and understand each agency has specific responsibilities that result in collaborative approach to serving children and families as detailed in our county protocol.

Agencies participating in the coordinated response will immediately share and receive pertinent case information in adherence to relevant state laws. Informed consent from the legal guardian of child clients will be made to enable the MDT to respond to the immediate and ongoing needs of the child and family. Said consent will be limited to a prescribed and agreed upon period of time.

I have read and agree to our county protocol and support our agency's role as a member of the multidisciplinary team.

Larry D. Milton, Mayor

Name/Title

City of Branson, Missouri

Agency

Signature


Date

ATTEST:

Hillary Briand
City Clerk

Date

APPROVED AS TO FORM:

 Sc.
City Attorney

4/16/25
Date

MULTIDISCIPLINARY TEAM MEMBER SIGNATURE PAGE

The undersigned agencies agree that this protocol is not a written contract which is binding on the parties as a matter of law but is a memorandum of understanding setting out the procedures by which the undersigned agencies voluntarily intend to promote the best interests of the children and families involved in child abuse/neglect investigations and the efficient and fair administration of justice. The undersigned agencies understand that it may be necessary at times to stray from these protocols to address specific unique circumstances that may present on a case-by-case basis in order to ensure the best interest of a child or family is served.

It is expressly understood that each agency will work within its own departmental legal authority, mandates and policies. Nothing contained herein supersedes the statutes, rules, and regulations governing each Agency. To the extent that any provisions of this protocol are inconsistent with any such statute, rule or regulation, the statute, rule or regulation shall prevail.

I, the undersigned, and the agency I represent have received a copy of the Protocol and Interagency Agreement and support my agency's role as a member of the MDT.

_____	<u>Larry D. Milton, Mayor</u>
Signature of Agency Representative	Printed Name & Title of Agency Representative

<u>City of Branson, Missouri</u>	_____
Agency Represented	Date

_____	_____
Signature of CAC Representative	Printed Name & Title of CAC Representative
ATTEST:	

_____	<u>Hillary Briand</u>	_____
Date	City Clerk	Date

50 APPROVED AS TO FORM:

<u></u>	<u>Sc.</u>	<u>4/16/25</u>
City Attorney		Date