

**Mississippi Department of Human Services
Division of Family and Children's Services**

**CHILD AND FAMILY SERVICE REVIEW
PROGRAM IMPROVEMENT PLAN**

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**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES
PROGRAM IMPROVEMENT PLAN**

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**Mississippi Department of Human Services
Division of Family and Children's Services
Program Improvement Plan**

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INTRODUCTION

The Mississippi Department of Human Services, Division of Family and Children's Services (DFCS) is a state administered child and family service agency including four State Office Units: Prevention, Protection, Placement, and Administration. DFCS provides services statewide through 9 regional offices covering 82 counties and 84 local offices. DFCS served as the lead agency in partnership with the Department of Health and Human Services, Children's Bureau and the Administration of Children and Families (ACF) to conduct a Child and Family Service Review (CFSR) for the state of Mississippi in 2004. The purpose of the CFSR is to ensure compliance with state plan requirements based on Title IV-B and IV-E of the Social Security Act. The CFSR is designed as a partnership approach to help States improve child welfare outcomes for families & children who receive services by identifying strengths and needs within State programs that can lead to improvement. The CFSR is a four step process that includes: 1) a self administered statewide assessment, 2) an on-site case review with interviews conducted by a team of state and federal reviewers, 3) a final report identifying all findings as a result of the review; and 4) a program improvement plan that must address all areas of nonconformity related to seven outcomes and seven systemic factors necessary to achieve safety, permanency and well-being for children and families and to strengthen the overall child welfare system.

MISSISSIPPI'S CHILD AND FAMILY SERVICE OVERVIEW

Mississippi's Child and Family Service Pilot

It is important to note that Mississippi was the first State to pilot the CFSR process in 1995. Mississippi completed the pilot review process and developed the first CFSR Program Improvement Plan (PIP) in January 1996. The pilot PIP was based on the CFSR findings and targeted the areas needing improvement related to safety, permanency and well-being. The safety concerns at that time included the need for a preventative service array and home-based services to protect children within their own homes and families. The permanency concerns at that time included the need for more timely permanency, more stability in foster care placements, better support and training for foster and adoptive families and less restrictive institutional placements. The well-being concerns included that services were based on "what was available" rather than on "what was needed" and were not individually assessed. Overarching concerns included staffing, training and improving the consistency of practice statewide to be family centered and strength based.

The pilot PIP included strategies to develop and implement family centered practice principles that framed Mississippi's vision for child and family services, guided policy and practice at the

local level and directed decision-making and progress toward achieving measurable goals. With the implementation of the PIP and the Five Year Child and Family Service Plan (CFSP), Mississippi made substantial progress from 1995-2000 in improving outcomes for families and children and recorded a measurable decrease in re-entries due to abuse and neglect, in the number of subsequent substantiated reports of abuse and neglect, and in the number of children entering custody. Mississippi also recorded a measurable increase in the number of children adopted, in the percentage of children who left custody for reunification with family, and in the development of a preventative service array that included home based services through family preservation and community based family support resource centers.

After 2000, the Division of Family and Children's Services began a struggle to maintain the progress and improvements due to numerous factors including but not limited to: changes in the agency and division leadership, budget cuts, loss of staff positions, and staff turnover. A result of the CFSR conducted in 2004 clearly highlights the fact that while Mississippi has made substantial progress, the State is still addressing many of the same systemic and practice issues that were identified in the original pilot review. Mississippi is confident that with the current agency leadership, the motivation and support of the DFCS management and the desire and dedication of our field staff to "do the right the thing" that we will surpass prior achievements and significantly impact safety, permanency and well-being outcomes for Mississippi's families and children.

Mississippi's 2004 Child and Family Service Review

Statewide Assessment

The development of the statewide assessment began in May 2003 at the annual CFSP Retreat. The CFSP Retreat is an intensive working session where agency staff, community stakeholders, and service providers are engaged to assess the DFCS annual progress and accomplishments toward the goals and objectives of the Title IV-B CFSP. During the CFSP Retreat, work groups focus on the strategies in the plan to determine if they are having the intended effect and to evaluate the impact on improving the safety, permanency and well-being outcomes. In addition, the workgroups make specific recommendations to revise and update the plan for the next year. During the May 2003 CFSP Retreat, participants were provided with an orientation to the CFSR process and information related to the national findings from the reviews by the NCWRCOI. Preparation for the statewide assessment began and stakeholders were invited to participate in focus groups to develop the statewide assessment and participate in the CFSR.

In preparing for the statewide assessment, key agency staff, community stakeholders including state university representatives, child placing agencies, law enforcement, youth court judges, community-based service providers, tribal representatives, former and current foster youth representatives, other state agency representatives such as mental health, health, education and the Attorney General's office; and interagency representatives served as focus group members. There were also targeted groups utilized including the State Level Case Review Team, State Level Citizen Review Panel, Independent Living Youth Advisory Group, therapeutic residential child placing agencies and foster and adoptive parent support groups. These groups evaluated every aspect of the child welfare system and made recommendations for the statewide assessment. The focus groups were established based on the CFSR outcomes of safety,

permanency and well-being. The statewide assessment was submitted to the ACF Regional Office in December 2003.

On-site Case Review

In preparation for the CFSR on-site case review, the agency conducted a “mock review” process to assess casework and practice at the local level. The findings from the review were included in the statewide assessment.

The Mississippi CFSR on-site case review was conducted the week of February 9-13, 2004. The county sites included Hinds, Washington and Adams counties. Hinds County is the largest metropolitan area including the capital city of Jackson and is centrally located in the State. Hinds County experiences a high staff turnover rate due to the competitive job market in Jackson. Washington County is a rural county in the Mississippi Delta and was selected for review due to issues impacting services such as poverty and lack of available resources. Washington County also has issues centered on in-home cases being open longer than social worker’s recommend. Adams County is located in the southwestern part of the state and has experienced lost industry and high unemployment rates. Adams County includes the city of Natchez, a historic port north of New Orleans, Louisiana. Adams County has a significantly higher than average number of older children coming into state custody and into residential treatment and group homes. These youth are coming into custody due to delinquency, lack of supervision and drug related issues.

The participants involved with the on-site case reviews included DFCS staff, federal staff and community stakeholder volunteers. All DFCS staff and community stakeholders involved with the on-site CFSR case review participated in training held in January 2004, which was conducted by federal consultants and Carola Pike, ACF Region IV Office.

The on-site case review team consisted of a DFCS RD as the team leader, a federal reviewer, DFCS staff and community stakeholders. The state ensured that no state staff was assigned to their office location. This was to avoid any conflict of interest or bias in reviewing cases.

The on-site review ended with the Exit Conference held at the Hinds County office. During the Exit Conference, Jerry Milner, Children’s Bureau, provided a high level overview of the preliminary findings identified during the onsite review. Invitations to the Exit Conference were mailed to community stakeholders, such as, child placing agencies, citizen review panels, multi-disciplinary teams, judicial personnel, interagency division heads and other DFCS staff. Jerry Milner noted that many of the preliminary findings documented during the onsite review coincided with the statewide assessment.

MISSISSIPPI’S CFSR KEY FINDINGS

The Mississippi CFSR findings were derived from the following documents and data collection procedures:

- The Statewide Assessment, prepared by Mississippi Department of Human Services (MDHS), Division of Family and Children’s Services (DFCS)

- The CFSR State Data Profile, prepared by the Children’s Bureau of the U.S. Department of Health and Human Services, which provides State child welfare data for the years 2000 through 2002
- Reviews of 50 cases at three sites in the State (Adams County, Hinds County, and Washington County)
- Interviews of focus groups (conducted at all three sites and at the State-level) with stakeholders including, but not limited to children, parents, foster parents, all levels of child welfare agency personnel, tribes, collaborating agency personnel, service providers, court personnel, and attorneys

Statewide Assessment Findings

The statewide assessment identified the following strengths in the Mississippi child welfare system:

- Development and utilization of monthly data reports that target safety, permanency, and well-being
- Re-design of the FCR instrument to more effectively evaluate foster care cases and permanency practices
- Effective ongoing Intensive Training program to train new workers
- Implementation of a pilot Child Protective Services Casework Supervision Project
- Implementation of an array of community based preventative services at the local level including Family First Resource Centers, Family Preservation, and Project Homestead County Task Forces
- Multi-disciplinary teams statewide
- Continuing partnership with the Mississippi Band of Choctaw Indians
- Increased foster and adoptive parent support groups

The statewide assessment identified areas needing improvement including:

- Adequate number of social workers in some counties to effectively manage caseloads
- Improvement to the Quality Assurance system at the local level to insure appropriate case practices
- Consistency in practice by all workers on a statewide basis
- Additional training to staff on effective case planning and engaging families
- Utilization of Family Center Practice consistently on a statewide basis
- More community-based services available to staff to support case plan assessments for families
- Improved relationship between child welfare and the courts to improve permanency outcomes
- Improved permanency outcomes
- Increased community stakeholder support
- Increased ongoing training to staff at the local and state office level
- Accurate documentation of casework in Mississippi’s Automated Child Welfare Information System (MACWIS) to ensure data compliance

National Data Standards Findings

The CFSR evaluates state performance on six national data standards. Mississippi met three of the six national data standards including repeat maltreatment, maltreatment in foster care, and re-entry into foster care. Mississippi did not meet three of the national data standards including reunification within 12 months, adoption within 24 months, and no more than 2 placement settings within 12 months or less from entering foster care. Please reference Table 1: Mississippi Performance on the Six Outcome Measures for Which National Standards have been Established that follows for additional details.

Table 1: Mississippi Performance on the Outcome Measures with National Standards

| Outcome Measure | National Standard | Mississippi Data and FY |
|--|--------------------------|--|
| Of all children who were victims of a substantiated or indicated maltreatment report in the first 6 months of CY 2001, what percent were victims of another substantiated or indicated report within a 6-month period? | 6.1% or less | Met National Standard FFY 2002 4.6% |
| Of all children who were in foster care in the first 9 months of CY 2001, what percent experienced maltreatment from foster parents or facility staff members? | 0.57% or less | Met National Standard FFY 2003 0.40% |
| Of all children who entered foster care in FY 2001, what percent re-entered care within 12 months of a prior foster care episode? | 8.6% or less | Met National Standard FFY 2002 4.6% |
| Of all children reunified from foster care in FY 2001, what percent were reunified within 12 months of entry into foster care? | 76.2% or more | Did Not Meet National Standard FFY 2002 56.7% FFY 2004 Data 65.1% |
| Of all children who were adopted from foster care in FY 2001, what percent were adopted within 24 months of their entry into foster care? | 32.0% or more | Did Not Meet National Standard FFY 2002 18.8% FFY 2004 Data 11.2% |
| Of all children in foster care during FY 2001 for less than 12 months, what percent experienced no more than 2 placement settings? | 86.7% or more | Did Not Meet National Standard FFY 2002 55.3% FFY 2004 Data 74.1% |

CFSR Outcome Findings

The CFSR evaluates state performance on seven outcome areas. Mississippi did not achieve substantial conformity with any of the seven child welfare outcomes for safety, permanency, and well-being. The CFSR documented several areas of concern including the following:

Safety Outcome 1 - Children are, first and foremost, protected from abuse and neglect was substantially achieved in 84.4 percent of the applicable cases. MDHS is not consistent in its efforts to address the safety of children who come into contact with the child welfare system. A key finding was that MDHS is not consistent with regard to initiating investigations within the State's time frames.

Safety Outcome 2 - Children are safely maintained in their homes whenever possible was achieved in 76.6 percent of the applicable cases reviewed. This raised concerns that some children are not being sufficiently protected from risk of harm while in their own homes due to the insufficiency or lack of preventative and in-home services.

Permanency Outcome 1 - Children have permanency and stability in their living situation was substantially achieved in 36.0 percent of the 25 foster care cases reviewed. The CFSR Final Report found that MDHS is not consistent in making diligent efforts to (1) establish appropriate goals in a timely manner; (2) achieve permanency for children (through adoption, reunification, or permanent placement with relatives) in a timely manner; or (3) ensure that older children in long-term foster care receive appropriate services to assist them in making the transition from foster care to independent living.

Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children was substantially achieved in 56.0 percent of the 25 foster care cases reviewed. The CFSR findings indicate that MDHS did not make concerted efforts to ensure that children in foster care are placed, when appropriate, in close proximity to their parents and communities of origin. Also, MDHS was not consistent in its efforts to (1) place siblings together; (2) establish frequent visitation between children in foster care and their parents and siblings; (3) preserve connections for children in foster care; (4) seek relatives as potential placement resources; and (5) promote or maintain a strong, emotionally-supportive relationship between children in foster care and their parents. The permanency and well-being of Native American children in foster care was also noted as an area of concern.

Well-Being Outcome 1 - Families have enhanced capacity to provide for their children's needs, was substantially achieved in only 36.0 percent of the 50 cases reviewed. CFSR findings for this outcome indicate that MDHS is not consistent in (1) meeting the services needs of children, parents, and foster parents; (2) involving children and parents in the case planning process; and (3) establishing face-to-face contact with children and parents with sufficient frequency to ensure children's safety and well-being.

Well-Being Outcome 2 - Children receive appropriate services to meet their educational needs, was substantially achieved in 75.9 percent of the applicable cases. The CFSR findings cite MDHS did not consistently address the educational needs of children in in-home cases where there was clear evidence that the child(ren) in the family had education-related needs.

Stakeholders noted that when educational needs were not being met it was due primarily to large caseloads and/or a lack of effective collaboration between MDHS and local school systems.

Well-Being Outcome 3 - Children receive adequate services to meet their physical and mental health needs was achieved in only 52.3 percent of applicable cases. A key CFSR finding with regard to this outcome was that MDHS is not consistent in its efforts to meet children's physical or mental health needs. Identified concerns pertained to a lack of dentists who will accept Medicaid and a general lack of mental health services throughout the State.

CFSR Systemic Factor Findings

Mississippi was found to be in substantial conformity with two of the seven systemic factors including Agency Responsiveness to the Community and Foster and Adoptive Parent Licensing, Recruitment, and Retention. The State did not achieve substantial conformity with five of the systemic factors including Statewide Information System; Case Review System, Quality Assurance System; Training; and Service Array.

Stakeholders reported that inadequate staff and large caseloads have an adverse effect on several of the systemic factors. Large caseloads and inadequate support staff are prohibiting social workers from entering timely information into the State's statewide information system, MACWIS. Staff **vacancies** within MDHS and the Attorney General's office are major constraints in the timely filing of Termination of Parental Rights petitions and the search for absent parents. These staffing issues are also influencing the agency's ability to meet the required monthly visits to foster homes. Stakeholders expressed concern that staffing is a barrier to implementing Quality Assurance efforts consistently throughout the State. Stakeholders also identified high caseloads as a barrier to social workers being able to attend ongoing training.

The State does not have a sufficient array of services in place to address the needs of children and families. Critical gaps in the service array include foster homes (for children of all ages), substance abuse and mental health services for children, youth, and parents. CFSR findings further indicate that services are not accessible in all political jurisdictions of the State and that MDHS has limited ability to individualize services for the children and families served by the agency.

Program Improvement Plan Development

Mississippi began developing the PIP prior to receiving the CFSR Final Report based on the statewide assessment and preliminary findings identified during the CFSR Exit Conference. Technical assistance was provided to Senior Management from the NCWRCOI to establish Mississippi's PIP planning process and structure. PIP planning groups were established based on the 7 outcomes and 7 systemic factors to analyze the CFSR findings and develop solutions and strategies for improvement.

PIP training was provided for Senior Management in March 2004. Statewide training for the MS PIP was held on March 31-April 1, with technical assistance and training provided by the NCWRCOI for agency staff, community stakeholders and service providers with over 80 participants. The training served as a PIP kick off and initiated the work of the planning groups. The groups included the same individuals involved with the statewide assessment and additional

stakeholders and providers. The group members were assigned to groups based on their area of interest and expertise. The planning groups were chaired by a Regional Director (RD) and co-chaired by a community stakeholder. The planning groups recommendations were documented in a preliminary PIP outline, discussed at the Senior Management meeting and recommendations were made to the chairperson for further group input. The chairperson resubmitted additional group recommendations for the plan.

The CFSSR Final Report was received in May 2004. The report was utilized by the DFCS State planning groups to re-evaluate group recommendations for the PIP. With the assistance of an outside consultant, group recommendations were drafted into a preliminary PIP. This document was provided to the chairperson to share with group members for review and feedback. This was to ensure statewide input into the PIP development and to gain support from community stakeholders in implementing strategies to improve outcomes.

The PIP was submitted to ACF Regional Office on August 16, 2004. On August 30, 2004, the state received comments from Carola Pike, ACF Regional Office. The regional office arranged for a federal team including National Resource Center (NRC) staff and peer consultants from other States to provide on-site technical assistance to incorporate the directives outlined in the comments. The purpose of the technical assistance was to assist the state in developing a PIP that the state could support and to conceptualize the framework for program improvements. Technical assistance was provided to Mississippi by the federal team in August. In September 2004, the federal team made another site visit to work with DFCS to incorporate revisions based on the review and comments from the earlier site visit and submission. Following the September site visit, the third submission was made on November 19th, 2004. Conference calls were held to discuss the written feedback related to the second submission. These federal recommendations and input were incorporated into MS's PIP with additional work involving DFCS Senior Management team and the PIP was resubmitted on January 28th, 2005.

MISSISSIPPI'S PROGRAM IMPROVEMENT PLAN CONCEPTUAL FRAMEWORK

Mississippi's Mission and Conceptual Framework for Program Improvements

Mississippi's Program Improvement Plan (PIP) is based on the value of **family-centered practice**. This is the primary principle that will guide all practice, policy, and training. Family centered philosophy is a strength-based way of viewing families. It maintains that all families have strengths and it is up to us to help families identify and use these strengths to find solutions and resolve family issues. It is our belief that families can change. Families deserve respect and need to be partners in decision-making and the change process. Some of the basic components of family-centered practice that are reflected in our program improvement efforts include:

- Families most often have the information needed to make decisions affecting them. They should, in most cases, be the core decision-makers.
- The role of DFCS is to help families make decisions that affect the safety of their children, to ensure safety is addressed as the first priority, and to ensure children receive proper care when they are removed from their homes.
- Parents should be given the opportunity to rear their children when they can do so safely and appropriately, while being provided the most appropriate services.
- DFCS should make active efforts to reunify children with parents or to expedite other permanency goals. When possible and appropriate, permanent placements with families are preferred for all children.
- Staff will need support to translate family-centered philosophy into practice while ensuring children's safety and when considering permanency options if children cannot remain safely in the home.
- There is a need to create and support consistency between the courts and DFCS in order to achieve the same goals within the context of family-centered practice.
- All practice efforts will reflect an orientation and commitment to family-centered practice, in areas such as, proximity of placements, keeping siblings together and addressing risk of harm.
- Family-centered practice will reflect a sense of urgency to achieve timely permanency for children in foster care, reflecting their need for the security and stability of being with a family.
- DFCS will ensure that family-centered practice reflects cultural norms of families served and still give families the rights and responsibilities needed to care for the children over time by formalizing placements with caretakers and providing options such as adoption and guardianship.
- Family-centered practice will be a uniform and consistent practice concept for all children served by DFCS across the State. All children should be afforded the same opportunity for positive outcomes, meaning there should be consistency between court practices and DCFS practices statewide.
- Family-centered practice will focus on preventing unnecessary removals and strengthening families to care for their children.

Mississippi's Priority Goals for Program Improvement

As part of the conceptualization of the PIP framework, six priority goals were identified to guide planning efforts and to target strategic use of resources. The following goals were identified as priorities for the PIP and each goal is discussed in greater detail in this section:

- Insure that the safety of children is our first priority
- Achieve timely permanency outcomes for children in foster care
- Enhance family's capacity to care for children and to be actively engaged in the decision-making process
- Increase community involvement and shared responsibility for the well-being of children and families
- Improve the quality and consistency of practice statewide by actively engaging and supporting staff at the local level
- Enhance quality assurance methods to reinforce practice and inform staff

Priority Goal I - Insure that the safety of children is our first priority

Safety is paramount and the first priority of child and family services. To achieve this safety outcome, it is necessary to improve statewide consistency of practice regarding intake, screening, initiating investigations within the State's required timeframes, maximizing services to protect children in-home and prevent removal, to reduce the risk of harm through accurate assessment and identification of risk, and to engage the family in the decision-making process. To make these improvements, technical assistance has been accessed from the National Child Welfare Resource Center for Child Protective Services (NCWRCCPS) to review state and federal mandates, agency policy and practice, and models for best practice. The resource center is working with the Policy and Practice Workgroup and the Intake, Screening and Assessment Committee to identify needed changes.

To improve the consistency of screening the Intake, the Screening and Assessment Committee is evaluating data and practice related to screening by region and county, reviewing other state models for intake and screening, and working with the resource center consultants to determine appropriate changes to intake and screening policy, procedures and practice. To improve timeliness of investigation, RD and ASWS are monitoring monthly reports from MACWIS and working with caseworkers to improve response times. The policy and procedures for responding to reports within 24 hours is being evaluated along with the screening process to determine if changes are appropriate such as differential response. Statewide training will be provided to address any changes in the intake, screening and response policy or practice and to reinforce and support the consistency of decision making. As part of the training a concise practice guide for intake, screening and response times will be released.

Technical assistance is also being provided to address the safety and risk assessment policy, procedures and practice including the instruments and tools to complete the assessments. This technical assistance is a coordinated effort between the NCWRCCPS and the National Child Welfare Resource Center for Family Centered Practice and Permanency Planning (NCWRFCPPP). A safety assessment is being developed and implemented in addition to the existing assessment currently being used in the MACWIS system. The existing assessment in

MACWIS will be revised to serve as the on-going risk assessment and will include weighted risk indicators to support the workers decisions related to determining levels of risk for our families and children. Training will be provided to address changes to the safety and risk assessment policy, practice and tools. A separate training and concise practice guide will be provided related to the safety and risk assessment. Quality safety and risk assessments are essential ingredients to keeping children safe and to appropriately plan to reduce risk factors for children and families.

Case planning is based upon an accurate assessment of these risk and safety factors and family engagement in the decision making process. Technical assistance from the NCWRCFCPPP is being utilized to assist with the review and revision of policy, procedures, practice, and tools related to case planning to include family centered practice and family engagement. Family Team Meetings (FTM) is a family centered approach that is an effective method to engage families in this process. DFCS policy requires a FTM to engage the family within 30 days to develop the initial individualized service plan (ISP). By engaging the family as early as possible in assessment, case planning, and decision-making, a quality plan can be developed to reduce risk. By improving caseworker skills to conduct accurate safety and risk assessments and enhancing their ability to engage families in case planning and decision-making, risk can be reduced and children can remain safe.

Priority Goal II - Achieving timely permanency outcomes for children in foster care

Desired permanency outcomes for children include permanency and stability in their living situations and continuity of family relationships and connections. To achieve these outcomes, it will be necessary to have quality assessments of the family and the needs of the child entering foster care. Once children are in foster care, they should be matched with appropriate placements based on their assessed needs. To achieve placement stability, it will be necessary to have a pool of available and qualified foster family homes. Foster families must receive training and support to insure placement stability. With an increased pool of foster homes, the agency will rely less on emergency shelters and be able to make placement decisions based on the child's needs and the skills and capacity of the foster parents. To maintain family connections, relatives need to be identified early and considered for relative placements. Placement options need to be available for children in close proximity to their home, family, and community to preserve family connections. Other areas needing improvement include family and child involvement in case planning and collaborations with the court to overcome barriers to timely permanency.

The overarching strategies that will address these concerns include family centered practice which will include FTM and CC to engage families in decision-making for timely permanency; quality on-going assessments that identify individual needs; family, child and youth engagement in case planning; diligent targeted recruitment to increase the pool of appropriate placement options; targeted retention strategies to support foster families and retain existing foster homes; placement decisions based on the child's needs rather than placement availability, increased family visitation to maintain connections while in foster care; and on-going training for staff, providers, foster and adoptive families, and relatives.

To improve the availability of placements, the ability to match children with appropriate placements and to improve the stability of placement for children; technical assistance is being provided through Adopt US Kids to develop a Statewide Recruitment and Retention Plan. The DFCS Licensure and Adoption Programs will work with the regional staff and stakeholders to conduct an assessment to determine needs for recruitment and retention. A statewide strategic planning session will be held to develop the plan with the State Licensure and Adoption Committee and will include regional staff and stakeholders to assist with identifying regional strategies. Once completed, the plan will be implemented and monitored for progress. Technical assistance is also being obtained through the NCWRCFCPPP to work with the Licensure and Adoption Programs to address necessary programmatic changes to implement a single application and dual certification process for foster and adoptive families. Based on these programmatic changes and in attempts to better engage foster and adoptive families as team members, the National Child Welfare Resource Center for Special Needs Adoption (NCWRCSNA) will assist in enhancing the current foster and adoptive training curricula to incorporate these changes in practice and to improve the quality of training for families.

MACWIS has the capacity to support staff and to improve decision-making related to matching children with appropriate placements by linking the resource information for services and placements with triggers within the assessment. Once the safety and risk assessments tools are developed and revised to include the weighted indicators for safety and risk and the changes integrated into the MACWIS system, a process will be built into MACWIS to link the workers to identified and available resources for services and placements based on triggers in the automated safety and on-going risk assessment. This would allow the workers quick and easy identification of resources including placement information to improve decision making about placements based on the assessed needs of the child.

Strategies to improve coordination with the courts for timely permanency will be implemented including: 1) Development of reports to inform staff and Youth Court Judges and court personnel including a Title IV-E Compliance Report and Periodic Review and Permanency Hearing Report; 2) Distribution of reports monthly through the Court Improvement Project (CIP) and Administrative Office of Courts; and 3) Periodic meetings between DFCS Division Director, CIP and the Mississippi Supreme Court Chief Justice to address identified trends or patterns based on the data and to address responses from the Youth Court Judges related to the monthly reports. Regional strategic planning including county based self assessments and Regional Action Plans (RAP) will address identified areas needing improvement at the local level regarding collaboration and coordination with the courts and court personnel. This regional strategic planning strategy provides a method and opportunity to engage local courts as well as other community stakeholders in the assessment and planning process. The reports are being developed and will be provided to the courts on a monthly basis. The Judges responses to these reports will provide important information and data for use by the counties and regions in on-going self assessment, planning, monitoring progress and tracking improvements. DFCS will identify regularly scheduled conferences and training opportunities for judges, referees, guardian ad litem, prosecutors, attorneys and other court personnel to provide training and presentations pertinent to the role of the court and child welfare to achieve timely permanency for children. The Mississippi CIP will coordinate with the DFCS to convene a State Level Task Force to

review and address legislative and judicial system issues such as state legislation needed to comply with federal mandates and judicial system issues such as jurisdiction or uniformity.

Through the implementation of these strategies it is expected that the agency will see improved practice that focuses on comprehensive assessment of families and children and engages these individuals in decision making and planning for permanency. The capacity of parents, foster parents, and caseworkers to address the needs of children in care will be enhanced with policy and concise practice guides to support quality practice. Diligent recruitment targeting placements based on the needs of children in care and matching children with the most appropriate placement will improve stability while in foster care. Retention strategies to support existing foster homes and relative caregivers will improve the stability of foster care placements. Routine sharing of pertinent information and communication between DFCS and the courts will improve working relationships and collaborative efforts to ensure more timely permanency.

Priority Goal III - Enhance family's capacity to care for children and to be actively engaged in the decision-making process

Family centered practice principles establish a framework for working with parents and families to promote enhanced capacity and involvement in caring for children. Mississippi has understood the importance and necessity of family centered practice since the CFSR pilot review in 1995. Following the pilot review, Mississippi initiated two pilot projects, one in Region I-E in North Mississippi and one in Regions III and VI-N, which was a Title IV-E Demonstration Project. Both pilots were practicing strengths based family centered practice utilizing family group conferencing as a model and method to improve the engagement of families in decision making and in the care of their children. After the pilot and in an attempt to roll out this practice statewide, a modified form of family group conferencing was implemented known as the "CC" (CC). The CC is held on all custody cases and is conducted every six months. It is important to note that these conferences serve as the six month administrative periodic review. The CC is a coordinated effort between FCR, ASWS and caseworkers. The Foster Care Reviewers serve as objective facilitators for the conference and can do so since they do not have direct involvement in the case or casework. Over the years, numerous other responsibilities have been incorporated into the CC and the practice has become more compliance driven than family centered. The MACWIS system was implemented following the roll out of the CC. The MACWIS system developed the capacity to generate data and reports that previously were only available manually through the Foster Care Case Review (FCCR) or the CC process, thus creating a duplication of effort. The FCR, the CC and MACWIS reports are being reviewed to streamline the process and to eliminate any duplication in data collection and reporting. The CC requirements, procedures and paperwork have taken away from the interaction and engagement of the participants and from the original intent of the model. Therefore, the CC is being modified to be more family centered and to allow time for more interaction and discussion of the permanency issues.

When the revised DFCS policy was released in 2001, it included requirements for family meetings in the case within 30 days to develop the individualized service plan. This policy requirement was not addressing the CC, but was instead providing guidance on engaging families in decision-making early in the case as part of on-going casework practice. Practice guidelines defining expectations for family meetings were not developed or provided to caseworkers to create consistency in practice. Supports necessary to reinforce this family

centered approach and practice change such as on-going training for caseworkers and supervisors was not in place. It is our intent to develop clear practice guidelines for caseworkers to understand the expectations for engaging families through FTM. The necessary supports for this practice such as training and supervision will be made available and constantly reinforced. By promoting family centered practice through policy, practice and training and by utilizing FTM and family centered CC to engage families in this process, we can improve the quality of practice and achieve better outcomes for children and families.

Priority Goal IV - Increase community involvement and shared responsibility for the well being of children and families

To improve the outcome of well being, the community has to be invested and share responsibility for children and families. By engaging community partners and stakeholders in assessing and planning for community services and developing collaborative approaches, community based systems of support can be created across the state. One approach to increase community involvement and shared responsibility for the safety, permanency and well-being of children and families is Project Homestead, including the County Task Forces and the Regional Coordinators for this program. Project Homestead was developed and piloted in Region 1E through a collaborative effort between MDHS DFCS Regional Office and the Lee County Families First Resource Center. Project Homestead is a grass roots collaborative effort to bring together members of the local community to assess and plan for improving availability, accessibility and coordination of the delivery of these services for families and children. Due to the success of this pilot, DFCS determined that Project Homestead would serve as the model to expand efforts across the state in each region with the goal to develop a grassroots community based support network for families and children statewide.

There are 11 domains identified and targeted for participation and representation in Project Homestead at the state and local level and these include advocates, educators, judicial and legal representatives, law enforcement, public officials, faith community, child and family service providers including health and mental health, business and industry, media, service consumers and tribal representation. The State Level Advisory Board to Project Homestead includes representatives of the 11 domains and also, is geographically based with representation from each region. This Board meets quarterly to advise DFCS on program development and management. The County Task Forces meet monthly or more often as needed based on local projects and initiatives.

These Task Forces engage in local service inventory assessments and plan for projects and initiatives to enhance community services. While Project Homestead has gone through numerous programmatic and organizational changes over the years the basic structure and mission remain. Currently funding for the Regional Coordinators has been integrated into grants with Family First Resource Centers to continue the development and maintenance of Project Homestead within each region and to provide necessary on-going program and logistical support to sustain the County Task Force activities.

There are 53 County Task Forces with a goal to expand by 9 more counties, one per region, over the next year. Plans also include a programmatic assessment to determine ways to stabilize and maintain the program including the Regional Coordinators. In addition, an evaluation of the

existing County Task Forces will be conducted to identify the qualities and strategies that make the task forces effective and to share these results to enhance the functioning of the County Task Forces statewide.

Other strategies included in the PIP to engage community stakeholders include: 1) Involvement of stakeholders and partners through the Policy and Practice Workgroup and related committees receiving technical assistance from the national resource centers to review and make recommendations for policy and practice changes; and 2) Involvement of regional and county stakeholders through participation in the county self assessment process, strategic planning to develop the RAP and implementation of the plans. Regionally based universities and colleges are partnering with DCFS in targeted areas to assist in this assessment and planning process.

Priority Goal V - Improve the quality and consistency of practice statewide by actively engaging and supporting staff at the local level

To improve the quality and consistency of practice, agency supervisors and caseworkers need access to training that enhances the skills necessary to perform job duties and guidance on practice that is supported by policy. Local support for caseworkers and supervisors is essential to changing practice. Supervisory training to keep staff abreast of current practice expectations and to continuously enhance their own supervisory skills is the key to supporting caseworkers. Supervisory involvement with casework staff to support and maintain practice change is vital. Supervisory reviews that include case staffing and case review can be an effective method for enhancing the workers understanding of practice and the link of practice to improved outcomes for children and families. Strategies to improve the consistency of quality practice include training for caseworkers and supervisors, guidelines and structure for supervisors to support staff, supervisory case reviews and staff engagement in completing county self assessments and identifying strategies to improve practice as part of RAP. To improve the quality and consistency of practice, staff coverage and workloads will be addressed. Technical assistance to develop the RAP is incorporating a supervisory and caseworker workload analysis as part of the county self assessment tool to identify areas for strategic planning at the regional level to address workload management and staff coverage region wide. The State PIP consultant and the NCWRCOI are working together on the development of the county self assessment tool to incorporate workload analysis, training for RD and supervisors on use of the assessment tool, and analyzing the assessment results to determine priorities for RAP. The RAP will be developed with county staff and supervisors to identify improvements that can be made at the local level to maximize existing staff resources, to better manage workload and to support practice changes.

Priority Goal VI - Enhance quality assurance methods to reinforce practice and inform staff

Mississippi is developing a quality assurance system focused on assessing performance outcomes that can reinforce positive practice and inform staff to create continuous quality improvement. Mississippi's quality assurance is building on three components: 1) Supervisory case review, 2) Foster care case review, and 3) Utilization of MACWIS reports through staff meetings at all levels to analyze data trends.

Mississippi's current case review instruments need to be revised to collect more qualitative information, to streamline the data collection process and to eliminate duplication of effort. The supervisory case review evaluates all custody cases at 90 days. The supervisory case review process will be revised to incorporate the review of in-home cases. A Supervisory Review Committee was established and has been working on streamlining the process and instruments. Technical assistance will be provided for this workgroup through the NCWRCOI. The supervisory case review instrument will be integrated into MACWIS and will generate reports for the supervisors and RD to utilize this information to inform and improve practice. The FCCR evaluates a monthly random sample of custody cases. Foster care reviewers also complete a case review as part of the six month CC on all custody cases. This review and reporting process is being modified to collect more qualitative data and to reduce duplication of efforts. The NCWRCOI is already providing technical assistance to assist in the improvements to the FCR instruments and process. A FCR/CC Committee has been established to address the changes to this case review method as well as the CC. With the implementation and development of the MACWIS system, information and data is available in the form of reports that previously had not been readily available to staff. These reports are distributed at the state, regional and county levels. Reports need to be in a usable format that promotes analysis of data trends and patterns and supports decision-making within the agency. A method to create an information feedback loop is being developed with the State Office (SO) and the field to improve the use of this data to better support and inform practice. Technical assistance and training for management and supervisors to utilize reports for continuous quality improvement is being provided. The data and information collected through quality assurance methods including case reviews and MACWIS reports will be utilized as part of the county self assessment process to identify areas needing improvement and priorities for strategic planning to develop the RAP. The RAP will be developed, implemented and monitored for progress toward improved outcomes. All of these quality assurance methods are critical as the state develops increased accountability and outcome based measurement strategies for on-going program improvement.

Mississippi's Five Primary Strategies for Program Improvement

The DCFS program improvement plan uses five interrelated and primary strategies to reach the goals of the PIP. This section will describe each strategy and explain the approach in more detail. The five major strategies for program improvement to reach the priority goals include:

- Restructure policy and practice
- Develop and implement a Training System
- Reinforce and strengthen Family Centered Practice
- Formalize and structure quality assurance
- Develop and implement regionally RAP

Primary Strategy I - Restructure Policy & Practice

In June 1999, Mississippi completed an overhaul of all policy to incorporate and come into conformity with then recent federal legislation including ASFA. The policy was also revised to implement systemic changes that were developing within the DFCS including MACWIS and practice changes that had been piloted and tested within the regions including safety and risk assessment, family team conferencing and quality assurance. Policy change on a large scale

within the DFCS is a major undertaking as: 1) DFCS does not have a policy and planning unit; 2) DFCS does not have dedicated staff to develop or monitor policy implementation; 3) DFCS Units have been responsible for that units policy revisions and on-going policy issuances without a clear system for updating the policy manual nor to monitor policy changes with the field on an on-going basis; and 4) the policy has been fragmented due to lack of coordination among state office units and the field.

The current policy manual is a compilation of policy, procedures and practice that has created confusion and made the manual cumbersome to use. The way that current policy is incorporated into the MACWIS system also makes it difficult for staff to access and reference. The policy needs to be clearly separated and clarified from agency procedures and practice guidelines. Therefore, a major strategy for Mississippi's PIP is to restructure the existing policy creating an up to date policy manual that can be better utilized by the field to guide day to day decision making and improve consistency of practice. The goal of restructuring the new policy manual is to make it easy to access and reference and incorporated into MACWIS. A system for on-going revisions and updates for the policy manual in MACWIS will be developed. Simultaneously, practice and procedures will be extracted from policy and made available to the field in the form of concise practice guides to support workers with practice changes.

While Mississippi's policy conforms with federal legislation and state mandates, there are several areas that need to be addressed based on what we have learned through the CFSR including: 1) Frequency and use of caseworker visitation with children and parents to improve outcomes; while the current policy includes requirements for caseworker visitation with the child every 30 days it does not clearly address frequency of visitation with parents. The policy needs to reinforce the practice of caseworker visitation and outline the expectations in a concise practice guide; 2) Use of shelter placements, while the current policy requires that any extension of placement in shelter care beyond 45 days be approved by the RD, regions and counties continue to over utilize shelter placements for very young children and children remain in shelters for extended periods of time; and 3) While current policy requires a family meeting within 30 days to develop the ISP, the policy needs to reinforce the practice of FTM and outline expectations in a concise practice guide.

The PIP Policy Lead will work directly with the PIP Practice Lead, the Policy and Practice Workgroup and Committees, and Senior Management to draft the policy revisions in coordination with the development of the related staff training and release of the concise practice guides. Community stakeholders, providers and agency partners will be included in this process by being represented on the Policy and Practice Workgroup or Committees working on the policy revisions and practice recommendations. Multiple national resource centers are working directly with the Policy and Practice Workgroup and Committees to assist in the policy review and making recommendations for revisions that will be incorporated into the policy manual.

Primary Strategy II - Develop and Implement an On-going Training System

Mississippi established a formal training program in August 1994 to improve compliance with federal Title IV-E and IV-B requirements to operate a staff development and training program and to provide on-going training that addresses the skills and knowledge base needed to carry out the duties with regard to child and family services. The training program was originally staffed

with one consultant and four full time staff positions. In 2000, five new positions were added to the training program to increase capacity for regional training and to assign a dedicated trainer per region to provide training and on the job support at the local level.

In 1994, the training program revised the existing training curricula and implemented a four-week intensive training for all new caseworkers. This intensive training has been modified and enhanced over the years to include best practice and MACWIS training. As part of the PIP, additional revisions will be made to the curricula to include changes to policy, practice and MACWIS. The intensive training will be reassessed annually for needed revisions to remain up to date on best practice and to continuously improve the quality of training for new caseworkers.

In 2001, an intensive supervisory curriculum was developed and all supervisors and RDs were trained at that time. The supervisory intensive training was not implemented on an on-going basis. While initial training for new supervisors was not addressed as an area needing improvement in the CFSR Final Report, Mississippi is voluntarily including strategies for program improvement to implement initial training for all new supervisors in a timely manner.

On-going training for caseworkers and supervisors has been a random offering of various trainings and conferences without a core curriculum targeted at enhancing specific skills and the knowledge base required by the field. Through assessing training needs to develop a core curriculum for caseworkers and supervisors, MACWIS training has clearly been identified as a need and will be included as part of the initial and on-going training system. As a part of the PIP, the training program in coordination with the Policy and Practice Workgroup will restructure the training program to develop and implement a comprehensive training system for both caseworkers and supervisors. The training system will include two tracks, one for caseworkers and one for supervisors. These two tracks will each have three levels: 1) Level 1 - intensive training for all new caseworkers or all new supervisors, 2) Level 2 - on-going skill based training specific to the duties and role of the caseworker or supervisors and will include six days of core on-going training per year per worker; and 3) Level 3 - advanced skill training building on the core components. Each level will build on the prior training to continue to enhance caseworker and supervisory skills. Please reference Table 2: DFCS Training System for Caseworkers and Supervisors that follows.

Table 2: DFCS Training System for Caseworkers and Supervisors

| Training System | Supervisory Training | Caseworker Training |
|------------------------|---|---|
| Level 1 | <p>Intensive Training for New Supervisors Current supervisory intensive training curriculum to be evaluated & revised.</p> <p>Utilize TA to review and make recommendations to strengthen the supervisory curricula.</p> <p>The ASWS & RD will be trained on the new intensive curricula.</p> <p>The process for training new ASWS and RD will be implemented within a specified timeframe from entering the supervisory position.</p> | <p>Intensive Training for new Social Workers Continue intensive 4 week training for all new caseworkers.</p> <p>Continue OJT component of intensive training for new staff.</p> <p>Upgrade intensive by integrating policy and practices changes as outlined in PIP.</p> |
| Level 2 | <p>On-going Training Based on the CPS Supervisory Training Pilot results and proposal, utilize supervisory learning labs as a model for on-going supervisory training in all regions.</p> <p>Utilize the Child Welfare Training Institute (CWTI) to support regional supervisory training and to reinforce application of DFCS training in practice.</p> | <p>On-going Training Develop and implement curricula & training based on core skills: assessment, case planning, family & community engagement.</p> <p>Develop & implement enhanced OJT component as part of the on-going staff training for the three skill areas of assessment, case planning, family & community engagement.</p> <p>CWTI continue to provide targeted specialized training.</p> |
| Level 3 | <p>Advanced Skill Training Initiate development of Level 3 advanced skill training for the ASWS and the RD.</p> | <p>Advanced Skill Training Initiate development of Level 3 advanced skill training for caseworkers.</p> |

In January 2002, the agency developed a partnership with six Schools of Social Work to assist DFCS in providing continuous training to staff and foster and adoptive parents. The partnership also included a student stipend program where the universities award students a stipend for their agreement to work for DFCS. This consortium is known as the CWTI. MDHS will continue to partner with the CWTI to offer specialized trainings for caseworkers and supervisors covering areas such as substance abuse, domestic violence, mental health/mental illness, and working with the courts. The CWTI will also continue to partner with DFCS to provide specialized training for foster and adoptive families. The CWTI, being a consortium of Universities and Colleges across the state is in a position to provide the trainings for staff and foster/adoptive families in local areas making the training more convenient and accessible for participants. Being considered as part of the new CWTI contract, are ways to partner with the DFCS Training Program to support the field with transfer of learning using the Regional Staff Meetings with the ASWS. Following each DFCS training the CWTI would meet with the supervisors to offer case consultation and technical assistance to reinforce the application of practice changes in supervision and casework.

On-the-job (OJT) training has been used as a staff support with the intensive training of new caseworkers. Each new worker has had available, four days of OJT, as part of the intensive training. Training staff has been available and provided OJT such as accompanying new workers and helping them prepare for their first court appearance, working on child abuse and neglect investigations, conducting assessments with families, developing individualized service plans, and case staffing. The ASWS and RD can request OJT for any staff through the State Office Training Unit. As part of the PIP, the training program, the RD and the ASWS will partner to enhance the use of OJT. The CWTI is also considering ways to partner with the Training Program, the RD and the ASWS to enhance the OJT component of training through the use of mentors.

Primary Strategy III - Reinforce and Strengthen Family Centered Practice

Family Centered Practice is at the core of the mission of DFCS. As stated in the MDHS/DFCS Child Protective Service Overview (MDHS, Volume IV, Section B, page 2000), Family Centered Practice is "...social work practice in the field of child welfare/child protective services in which the primary and overriding objective and goal is to protect and serve the best interests of children by strengthening and preserving families to enable children to live safely at home with their parents and relatives. The scope of services is consistent with the core principles and values of the social work profession: (1) that every individual has worth and dignity and deserves respect as a human being and (2) that every individual has a right to self-determination. The basic task of child welfare practice is the protection of individual family members, especially children and vulnerable adults, from harm. This task includes protection from harm that occurs as a result of separation from family members. This approach requires that the family be considered as the client, and the social worker's goal is to help the family solve problems, so that children can remain within their homes when possible."

The utilization of FTM and CC will be the primary means of emphasizing family centered practice (FCP) and engaging children and families in the decision-making process. FCP, as implemented in Mississippi, will focus on the entire family and encourage families to find their

own solutions, utilizing their own strengths, resources and supports. Routine use of FTM and CC will emphasize and enhance safety, placement stability, family connections, family relationships, child/family involvement in case planning, child well-being, community collaboration, and more timely achievement of permanency.

Family Team Meetings (FTM)

Due to Mississippi's current staffing issues, trying to replicate a formal family team conferencing model with the caseworker being responsible for the workload and activities is not feasible. FTM must be implemented in a way that does not create additional workload for existing staff. As used throughout this document, FTM refers to a standard casework practice for all cases and a way of doing business. Based on FCP principles and philosophy, this practice will remain simple and basic. The practice guidelines will provide structure and consistency to FTM, but will not become burdensome by creating explicit procedures and requirements. It will simply be to work with the family to identify other family members, extended family, and supportive persons that the family wants to engage in the process and to bring these members into the assessment and case planning process as early as possible and to actively engage the family throughout the life of the case in the decision making process. By using a simple approach to FTM, Mississippi is certain that workers will be able to incorporate this approach into daily practice and sustain this practice over time. FTM will be a standard part of practice for all casework and applied to both in-home and out of home cases in every county.

Since there is more motivation to change when a family is in a state of crisis, the initial FTM should take place as early in the case as possible. Ideally, FTM will be held prior to removal from the home. If removal is necessary, a meeting should be held as soon after as possible, preferably, before the shelter hearing. While it may not always be possible to schedule immediately, the initial meeting must be held within 30 days of case opening to maximize its effectiveness and to develop the initial ISP with the family. The FTM is the responsibility of and will be facilitated by the caseworker.

Follow up to the initial FTM will be held based on the judgment of the caseworker and ASWS. Major changes within the case circumstances would also serve as a trigger for the worker to convene a FTM. Some examples of major changes include unplanned placement moves or placement disruption, a change in permanency goals or major changes with the case plan, a change in treatment or service needs or completion of treatment or services, an incident of violence, safety risk, etc. In addition to the major changes in the case, the family may also request a FTM at anytime throughout the life of the case. The FTM would be scheduled on an as needed basis and will, again, be facilitated by the social worker. The ASWS can provide consultation to caseworkers during case reviews or case staffing regarding triggers and changes in the case that would merit a FTM and continuously reinforce this practice. In addition, training and a concise practice guide on FTM will be provided to all regions, ASWS and county caseworkers.

The ASWS is responsible for approving the initial ISP and will monitor the occurrence of the FTM within 30 days as part of this approval process. The Foster Care case review will also monitor and report the use of FTM within 30 days to engage the family in developing the initial ISP on custody cases. Supervision of the on-going practice of FTM will be the responsibility of

the ASWS. As part of the supervisory case review process being implemented, the ASWS will monitor in-home and custody cases for use of FTM. However, due to the plan for implementation, the reports generated from this supervisory case review process will not be available until late in the PIP process.

Technical assistance will be obtained through the NCWRCCPS and the NCWRCFCPPP. These two centers will coordinate the technical assistance for Mississippi in the areas of assessment, case planning and family engagement through FTM. These centers will work with the DFCS to develop the FCP training curricula, materials for training trainers, and concise practice guides for FTM and CC. Following the technical assistance and completion of the products, a “train the trainer” session will be held for DFCS training staff, RD and the CWTI. The assigned training staff and RD will then drill down the training within each region to the ASWS and county social service caseworkers in preparation for implementing the FTM and the enhanced CC. As a part of this training, a concise practice guide for FTM and CC will be distributed. The CWTI will follow each DFCS Regional Training and provide additional support through case consultation and technical assistance for the ASWS to apply the training in practice with the caseworkers. With the completion of the training in all regions and counties, the FTM and enhanced CC will be implemented and monitored from that date forward.

County Conferences (CC)

Mississippi implemented a more formal family team conferencing model in 2001, which is referred to as the CC. The CC was developed from the framework of two Mississippi pilots: 1) a pilot conducted in Region I-E on Family Group Conferencing, and 2) the Title IV-E Demonstration Project piloted in Region III and VI-N. While the pilot models had some differences in goals or purpose, the family centered strength based approach was consistent in both. Much has been learned through these pilots over the years and the knowledge and experience from the pilots was incorporated into the development of the CC for statewide practice.

The CC is a family conferencing approach to bring the family, caseworker, ASWS, and involved community providers together to assess progress and make decisions necessary to achieve timely permanency. The CC is held on all custody cases within 6 months after entering custody and every six months thereafter, throughout the life of the case. The CC serves as the six month administrative periodic review.

The caseworker is responsible for sending out invitations to notify all involved parties of the CC. The Foster Care Reviewers conduct the CC and serve as an objective third party to facilitate the meeting and discussions. A Youth Court Hearing and Review Summary Report is produced as a result of the CC and submitted to the Court for review and preparation for hearings. This report is a cooperative effort between the FCR, social worker and ASWS. The Youth Court Hearing and Summary Report is divided into three sections: Part A is automatically populated in MACWIS and includes background information from the case record including the permanency and concurrent plan and dates, compelling reasons for the identified permanency plan and why TPR is not in the best interest of the child if applicable, court hearing by type and date, and reason for services/removal. Recommendations have been submitted to add fields to Part A that are being collected manually by FCR that could be automatically populated in MACWIS. Part B

is completed by the FCR and includes information collected as part of the CC including who was invited, who attended and their relationship to the child(ren), actions taken to achieve the permanency plan by the agency, and parents or guardians; actions needed by the agency or family to achieve the permanency plan; and services needed to achieve the permanency plan and whether they have been provided. Recommendations have been submitted to revise fields to improve the quality of information collected and to capture the mandatory determinations per child in this section, eliminating the need for paper forms to collect this data and the manual compilation of data to generate reports. Part C is completed by the social worker or ASWS and addresses risk, safety and well-being status of children if returned home, indicators of aggravated circumstances, and agency recommendations related to aggravated circumstances and TPR. These recommendations have been submitted to revise the Youth Court Hearing and Review Summary Report to include information that has been collected manually by FCR as part of the CC. The recommendations for integrating data collection functions into MACWIS will eliminate duplication of effort for the Foster Care Reviewers and produce automated reports reducing both time and effort. It is believed that by integrating these functions into MACWIS it will free up time for the Foster Care Reviewers and allow for quality interaction with the family and the caseworkers during the CC. The case status reports will be generated on a routine basis by MACWIS, distributed to the field and used to continuously assess and improve practice.

The CC will continue to be utilized as a method for engaging families and children in case planning for more timely permanency on custody cases. The CC will continue to be held routinely within 6 months and every 6 months thereafter throughout the life of the case. The CC does not replace nor substitute for the FTM, but should serve to strengthen and support this practice with the caseworker and family. The caseworkers will still be responsible for convening FTM based on the individual case needs, practice guidelines and standards.

As a part of Mississippi's program improvement efforts, the CC will be enhanced to be a more family centered approach to support and engage the families in the decision-making process. In order to make the CC more family centered, participation by all parties will be expected and family participation will not be limited. Social workers and the ASWS will participate in the CC providing additional opportunities to review, update, and revise the permanency plan and case plan activities based on the family's input and progress. The family may include any family members and or support persons that the family identifies and wants involved in the on-going decision-making and review process. The child(ren) in custody will be included as appropriate. Current practice has been to include older children in the CC, but the enhanced CC will broaden child participation to include school age children. Other service providers, community team members and partners are also invited and included in this conference. The protocol and procedures for the CC somehow became a script used by the Foster Care Reviewers to direct the CC, which created a more rigid compliance oriented meeting rather than one that would promote family engagement and interaction. A CC practice guide will be developed for the Foster Care Reviewers, caseworkers and ASWS based on family centered principles to improve facilitation and allow for more family input, interaction and engagement. Along with the practice guide, skill-based training will be made available to the Foster Care Reviewers to enhance facilitation skills. A CC guide will be developed and made available to all CC participants including the family and community providers. The guidebook will be used as a tool to orient all involved parties to the purpose and goals of the CC and will provide more detailed information about the process.

A CC standard practice has been to provide a customer satisfaction survey to all family members and community partners attending the CC. The survey can be completed immediately or can be completed and returned at a later date. The family members or community partners can provide identifying information or are allowed to submit their comments anonymously. This practice will continue and the results will be utilized to continuously improve the process. The aggregate information related to these surveys will continue to be reported as part of the FCR Quarterly and Annual Report.

The primary emphasis of FTM and CC will be on child and family safety. Families will be engaged in developing their own plans and in decision-making with the focus of keeping the child safe. There will also be a strong emphasis on flexibility including flexible schedules and locations to fit the diverse needs of families and family situations encountered by DFCS staff.

Effective use of FTM and CC will lead to improved outcomes in numerous areas. Families will be more engaged and involved in case planning and decision-making. More families would remain intact since families will be allowed to make alternative plans. Well-being would improve since there will be greater opportunity to assess and plan services to meet the individual family needs. Placement disruptions should decrease. Children will have a greater say in their case plan; they will have frequent visits with parents and siblings; and permanency plans should be achieved sooner.

Primary Strategy IV - Formalize and Structure Quality Assurance Methods

Mississippi's quality assurance system will evaluate progress toward indicators of improved outcomes for children and families with the goal to build a system that is helpful to staff at the local level to engage in practice and decision-making that reflects the best interest of the child. There are three components to Mississippi's quality assurance approach: FCCR, Supervisory Case Review, and MACWIS reports as a tool for state, regional and county staff review to determine progress toward program improvements. It is our belief that routine review of data, information and reports by all levels of staff can reinforce shared responsibility for quality practice and feedback related to trends and patterns of practice can inform continuous planning for improvements.

Supervisory Case Review

Mississippi DFCS has a state statute to provide an administrative review within 90 days on all custody cases. This administrative review includes a supervisory case review and case conference conducted by the ASWS with the caseworker to address the findings. This review process has been in place since 1993 and the instruments need to be updated. Part of the revision will include collecting qualitative data to inform practice. Currently there is an Initial Review Form MDHS-SS-408 that is utilized by supervisors to document the 90-day administrative supervisory review. This form is not in MACWIS and data from this form is not collected, aggregated or reported. The completed form is placed in the case record only to insure that the review has been completed. FCR has monitored to ensure that the form is in the case record as part of the FCCR. This Initial Review Form has not been utilized as a source of information or data to inform quality practice. In addition, this form was developed to monitor compliance with mandates and policy rather than to monitor the quality of practice.

A Supervisory Review Committee has been established and is currently working on developing one supervisory case review instrument which can be used for both custody and in-home cases. This supervisory case review instrument will incorporate elements from the Initial Review Form but will add the indicators for the in-home case review. Consultation will be available to this committee from the NCWRCOI as they develop this instrument to address the qualitative measures to continuously inform supervisors and caseworkers.

Once the review instrument is finalized and approved it will be integrated into MACWIS. MACWIS reports will be developed to track not only the occurrence of the case reviews but to retrieve pertinent case review information that can be used by caseworkers, ASWS, RD and Senior Management for continuous quality improvement efforts. Until this revised case review instrument can be integrated into MACWIS and implemented, staff will continue to follow the existing procedures and complete the Initial Review form.

As part of the CFSR and efforts to establish a quality assurance system, it was determined that there are numerous points throughout the life of the case where custody cases are reviewed: 1) The monthly sample of custody cases by the Foster Care Reviewers; 2) The supervisory administrative review at 90 days; 3) The CC every 6 months; and 4) The annual permanency hearing. While custody cases are reviewed throughout the life of the case, it was determined that in-home cases are not included in any of the case review procedures. In order to improve practice, it is essential to review in-home cases to ensure timely intervention and to prevent in-home cases from becoming custody cases. Therefore, as part of the supervisory case review, in-home cases will be integrated into the process. In-home cases will be reviewed by ASWS every 90 days or quarterly. Supervisors will review one in-home case per worker per quarter as part of this review. As discussed earlier, the Supervisory Review Committee is in the process of developing a more comprehensive supervisory case review instrument. The revised instrument will be able to collect information for both in-home and out-of-home cases. Once implemented, this form will first be used at the 90-day administrative review of all custody cases but will include the additional review of one in-home case per worker. Following the 90 day administrative supervisory review, this instrument will continue to be used every 90 days to review one in-home case per worker per quarter. The results from these reviews will be captured in MACWIS as the instrument will be integrated into the system and routine reports will be generated to monitor the occurrence of the reviews as well as the review results. These reports will be used as part of the supervisory relationship to support caseworkers in improving the quality of practice.

Training for the supervisors is an integral part of implementation to build capacity of local staff. Training will be developed and provided to supervisors statewide prior to the implementation of this supervisory case review process. Training on the supervisory case review will be integrated into the development of intensive training for all new supervisors and advanced on-going training will be developed to continue to enhance supervisory skills and abilities.

Foster Care Review Program (FCR)

The FCR Program Supervisor is housed at State Office and supervises 12 Foster Care Reviewers each assigned to a specific DFCS region. The FCCR was implemented in 2003. The Foster Care Reviewers serve in a dual role as case reviewers and facilitators of the CC. The Foster Care Reviewers conduct a random sample case review of five (5) custody cases per region per month or a monthly total of forty-five (45) cases statewide. Immediately following the case review per county, the reviewer and ASWS have an opportunity to review the case review results. In many cases, the ASWS might not be on-site or available following completion of the review and in those cases the review instruments are left in the county for the ASWS to review later. Copies of the review are sent to the FCR Program Supervisor to compile results. The regional and statewide data from the review are aggregated quarterly and distributed through the FCR Program Report, which is shared with Senior Management and RD

The FCR has been a reliable source of case information; however, the case review instrument has been more to monitor compliance related elements and is now being revised to align with the federal CFSR indicators and to capture qualitative information to inform practice. Some examples of indicators being added to the review instrument include: 1) child and family involvement in case planning, 2) the appropriateness and timeliness of the permanency goal, 3) the appropriateness of placement based on child's needs, 4) the quality of caseworker visits with child and parents, 6) the accessibility of services needed, and 7) the effectiveness of services provided. The case review is also being revised to assist in capturing information necessary to monitor progress toward improvement within the PIP. FCR data and reports have been a source for establishing many baselines and goals within the PIP.

When the original tool for FCR was developed, the MACWIS system had not yet been fully implemented and FCR was a primary source for case level data. With MACWIS now in operation, there are many elements that no longer need to be collected as part of the case review because the information can be tracked through MACWIS. The FCR instrument is being revised to eliminate indicators that are duplicative and that can be captured through MACWIS. The priority for FCR is to collect information related to the quality and consistency of practice that automated reports cannot capture.

Technical assistance has been requested from the NCWRCOI to review and provide input to improve the quality of the case review instrument. In addition, technical assistance will be utilized to develop tools and training that can benefit the FCR staff to enhance their knowledge, skills and roles as they relate to continuous quality improvement. The case review instrument will include clear instructions and a glossary of terms to define how indicators will be assessed. The revised case review instrument will be field tested on one case per region and feedback obtained from the reviewers to make any necessary revisions prior to implementation. With the final revisions, the instrument will be approved and implemented. Reports of data collected from the FCR will continue to be compiled quarterly. The reports will be utilized as a method of measuring improvement toward the identified goals within the PIP and in addition will provide valuable information to the regions and counties for on-going practice improvement efforts.

The revisions to the case review instrument will include indicators to review the quality of practice and to measure progress toward goals in the PIP. These revisions have increased the

number of items and added to the length of time it would take to review a case, requiring more time on the part of each reviewer. The decision has been made to reduce the number of cases reviewed from 5 cases per region each month to 3 cases per region each month. While this will reduce the sample size from 45 to 27 cases per month and from 540 cases a year to 324 cases a year; it will still provide an adequate sample of at least 10% of the average foster care population as Mississippi averages around 3000 to 3200 children in foster care annually. This reduced sample size will allow more time for an accurate case review and improve the quality of the information collected. The new standards for the case review process will be implemented with the revised FCCR instrument in July 2005 which will allow for a full year of data based on the State Fiscal Year and on the timeframes for the submission of the Child and Family Service Plan and annual progress service reports. It will also create a smooth transition to the new review process and provide a clean wrap up of the data collection and reporting utilizing the current review instrument with an annual report ending June 30, 2005.

The Foster Care Reviewers serve in a dual role and also facilitate the CC held within 6 months and every six months thereafter. The information collected in preparation for the CC includes a review of the case record for compliance with the federal mandates (PL 96-272 Adoption Assistance and Child Welfare Act of 1980 and PL 105-98 ASFA) and state mandates (MS Code 43-15-13) related to the periodic determinations. This review has generated a case status report that has been provided to the DFCS Division Director and RD to monitor corrective action. This case status monthly report provides data from a much larger case sample statewide per month than the FCCR instrument. The information for the case status report has been collected manually by the foster care reviewers as part of the CC and compiled manually by the FCR Program Supervisor. Recommendations have been made to integrate the mandatory determinations and additional indicators into the Youth Court Hearing and Review Summary Report fields allowing this information to be captured routinely in MACWIS and to generate automated reports reducing the manual process, worker time and duplication of effort. The information in this case status report will continue to be utilized as a supervisory tool to evaluate and improve practice in the field. As part of the CC the Foster Care Reviewers also provide a consumer survey for the child, parents, family members, foster parents or service providers participating in the meeting. The results from these surveys are collected and the aggregate data is included in the FCR Program Quarterly Reports. The information collected from the surveys will continue to be reported in the FCR program report and used to improve the quality and engagement of families and the community in the decision-making process.

Mississippi Automated Child Welfare Information System (MACWIS)

MACWIS is one of Mississippi's primary tools to track improvements in child welfare practice. MACWIS collects all Federal reporting data pertinent to the safety, permanency and well-being of children and families involved with the agency. In addition, MACWIS is the electronic case record for the family, and a wealth of information can be extracted to better understand the types of problems families experience and the effectiveness of case practice.

DFCS is continually developing tools to improve the integrity of the data by targeting problematic data entries and ensuring the input of accurate data. Through several data clean-up projects and on-going review efforts, MACWIS has been able to correct the initial data validity problems experienced during the first Federal reporting periods after implementation.

Data clean up initiatives have included:

- Corrected missing placement data, reducing the number of missing placements on MACWIS from over 500 to approximately 150
- Completing and closing incomplete investigative records
- Improving the validity of the contact data information
- Reviewing and correcting inaccuracies in adoption records in order to begin Adoption assistance payments
- Making corrections to individual data element problems: “has the child ever been adopted” and “was mother married at time of birth”
- Corrected adoption records to accurately match outcome to finalization
- Corrected relative home placements that had been reported as “own home”
- Corrected race and ethnicity records
- Corrected the resource marital structure

Monthly MACIWS reports have become an integral part of the monthly senior management meetings. Initial reports were used for data clean-up efforts and to provide training to the RD on correct data entry procedures to review with the ASWS. These reports have evolved into tools to better understand county case practice and identify areas for improvement. Each report is designed to provide aggregate state, regional and county data as well as county specific data. The county specific data allows the ASWS to target specific worker training needs for better practice and documentation.

Current vital reports include:

- Intake report – provides data on reports screened in or screened out by county, region and state
- Child investigation timeliness report – provides data related to investigations and initiation of intake by county, region and state
- Children in custody report – provides data on children in custody based on age, race and sex
- Custody contact report – provides data on contact with children in custody by county, region and state
- Number of placements for children in active custody – provides data on placements by county, region and state
- Shelter care report – provides data related to shelter placements by county, region and state
- Active cases/No ISP – provides data related to active cases without ISP by county
- ASFA compliance report – provides data related to children who have been in custody 15 of 22 months or longer and status on TPR
- Dormant cases report – provides data related to case that have been dormant in MACWIS

Reports that are being developed and will be implemented as quality assurance tools include:

- **Children placed out of county:** A strategy for promoting proximity of children’s placements is to better understand the regions and counties that rely on resources

outside their communities. This report will provide data on children placed outside their home counties. It will be used to help target placement resource development in counties.

- **Educational Report:** This report will address children with identified educational needs.
- **Adoption Reports:** To assist the Adoption Program staff in tracking children with the goal of adoption throughout different points in the adoption process.

In addition to MACWIS reports, the agency will use the CFSR Syntax directory developed by Walter R. McDonald and Associates and the Statistical Package of Social Sciences (SPSS) software to run monthly AFCARS and NCANDS data by regions and counties to better understand the impact of improvements to case practice, and to target areas needing additional assistance. This data will be used as part of the quarterly reporting. DFCS staff training is needed to utilize the software. Training and technical assistance is being provided to DFCS State Office staff through ACF and the National Child Welfare Resource Center for Information and Technology to assist in utilizing this software.

Several system changes were identified as necessary to enhance case practice and increase the validity of the data:

- **A calculating risk assessment tool in MACWIS:** Currently MACWIS contains an assessment tool that allows workers to enter narrative information on the family's strengths and needs. A safety and risk assessment that includes a weighted formula for profiling levels of safety and risk in addition to the narrative assessment would support workers in decision-making related to the immediate safety concerns and risks factors impacting the child and family.
- **Transitional Living Plan for youth:** In conjunction with the Independent Living Program, elements for the transitional living plan will be added to the ISP to specifically outline the Chafee Act requirements.
- **Ticklers and Edits:** Ticklers and edits will direct users to enter critical data and will be included in updates to MACWIS.

MACWIS reports will be generated for SO, RD and ASWS to monitor and measure monthly progress on identified indicators. Reports will help managers identify trends and patterns that need to be addressed locally. The RD and the ASWS will be provided training and technical assistance to understand how to utilize the regional and county MACWIS reports to monitor progress toward goals and assess practice issues in the field. The ASWS will provide training and technical assistance to the county staff to understand how to utilize reports to assess and improve practice.

Primary Strategy V - Regional Action Plans

To improve outcomes for families and children, we know that practice must change at the local level. Changing practice at the local level requires true engagement and investment of staff in the process. One of Mississippi's major PIP strategies is to work collaboratively with the regions and counties to develop Regional Action Plans. Mississippi understands that many of the areas that need improvement are practice related and cannot be addressed in a State level plan or

through State Office strategies such as policy or programmatic changes. Many states have used regional or county planning as an approach to drill down the State level PIP to the worker level, where staff can define local practice areas needing improvement and target strategies to create that change. This model was particularly successful in Oklahoma, where the State has made substantial progress in reaching the goals of the PIP. They attribute a large part of the success of the PIP to the development and implementation of service area county plans to address local practice issues. This process will drill down the goals and activities of the approved State PIP directly to the region and county level to create local investment in the process and to address practice issues at the worker level to improve outcomes for families and children.

Regional Action Plans Framework

Senior Management has been developing a structure and process that will be utilized by the RD and ASWS in each region to work with each county and develop a comprehensive Regional Action Plan (RAP). The content of the RAP will target four priority areas: 1) Staffing and caseload management, 2) Safety, 3) Timely permanency, and 3) Family centered practice including FTM. Focusing efforts on these four areas will have a local, regional and statewide impact on improving outcomes for children and families. The four areas are all interrelated. For example, implementing FTM within 30 days to develop the initial ISP should link to improved outcomes in safety, permanency and well-being. Each RAP will be developed based on compiled results from the county self assessment process to include the county evaluation of child & family outcomes and CFSR related items. This information will be utilized to identify local strengths and areas needing improvement and to prioritize the practice areas to target to get the best bang for the buck strategically.

The RD will work directly with the ASWS and county staff to analyze the assessment results to identify the priority areas to develop goals and strategies for the RAP. The RAP will be county inclusive with local over-site and management provided by the ASWS, the RD will provide regional over-site and management, and SO will provide statewide management and over-site to all regions.

As part of the regional planning process community stakeholders will be involved in assessing and developing the regional plans. Stakeholders will include but are not be limited to Project Homestead County Task Forces and Regional Coordinators, Families First Resource Centers, the courts, local service providers, tribal representatives, foster/adoptive families and other local stakeholders. This planning process is a good strategy to engage partners and stakeholders and to educate partners as to the strengths and areas needing improvement. By engaging the community in this process, the region and county can create community investment in the families and children served by DCFS.

Regional training and technical assistance will be provided through Regional ASWS staff meetings utilizing the RAP Practice Guide. The RAP Practice Guide will provide the guidance and tools for the ASWS to work directly with each county in completing an assessment addressing staffing/caseload management, safety, timely permanency and FCP. Following completion of the county assessment process, a Regional Strategic Planning Session will be conducted with RD, ASWS, county staff and community stakeholders to develop the goals, objectives, strategies and action steps for the RAP.

Technical assistance will be made available to each region to assist in the development, implementation and monitoring of the plans. The State PIP Consultant has already initiated orientation for the regions to provide an overview of the CFSR, Mississippi's CFSR findings from the Final Report, information related to the development of the state level PIP, and the major goals and strategies included in the PIP with emphasis on RAP. The RD and ASWS have been supportive of the RAP initiative and have requested training and technical assistance as part of the assessment and planning process.

As part of the RAP initiative, partnerships are being developed with regionally based Universities and the Schools of Social Work to enhance the resources and technical assistance available to the RD and the ASWS in conducting the county assessments, developing the regional plans and implementing improvements. The University of Southern Mississippi, School of Social Work is taking the lead and partnering with DFCS to develop this strategic planning model specifically for Region VI-North to include Forrest County. This model will be replicated in other regions with interested universities as part of the implementation of the RAP initiative. Mississippi Valley State University School of Social Work has agreed to partner with DFCS to work with Region II to include Washington County. Additional targeted regions include: VI-South to include Harrison County and VII to include Hinds County. These areas have been targeted for multiple reasons including staffing, caseloads, urban populations, service delivery and resource issues, and the need to engage judges and court personnel in the assessment and planning process. It is believed that this approach with local universities and the Schools of Social Work will greatly enhance the community relationships and resources available locally for DFCS staff.

Each RD receives the MACWIS reports and FCR Program Reports. They have been reviewing the data with the supervisors and the supervisors have shared these reports with county social workers, so there is familiarity with the reports and data. Each region has been examining the RAP priority areas and evaluating regional and county results. This information along with the compiled county self assessment results will be used to identify specific goals in the state PIP that need to be addressed at the regional and county level through the RAP. The RD and ASWS will work with county staff to review reports, conduct the county self assessment and define the targeted areas needing improvement. The RAP Practice Guide will provide criteria for establishing clear priorities for goal setting and strategic planning.

A RAP Practice Guide is being developed as a tool to assist RD, ASWS and county staff in developing these plans. A county self assessment tool and guidelines will be included as part of the guide to identify and target priorities for improvement. This assessment will incorporate the use of the MACWIS data reports and FCR case review program reports. The assessment tool will also collect information necessary to evaluate caseloads, workloads and staff coverage. The RAP matrix and instructions will be a part of the practice package and provide a consistent format for documenting the plan and tracking progress. The matrix will include measurable goals and methods to measure progress for each goal and dates of achievement. Action steps will be developed to achieve goals with timeframes and identification of staff responsible for these actions. Monthly and quarterly reporting requirements will also be included as part of the practice package.

The focus of the RAP is to target strategies to improve practice that are specific to and can be addressed and impacted at the local level. The RAP will support the overall vision and conceptual framework of the State PIP. The goals outlined in the State PIP will serve as the foundation for goal setting with the RAP. Based on available regional and county data, the RAP will establish goals and methods for measuring progress linked directly to those in the State PIP but utilizing regional and county specific baselines and percentages for improvement. These goals, baselines and percentages of improvement will be negotiated between the RD and SO in much the same way as the state has negotiated and worked with the ACF Regional Office and Children's Bureau in setting goals for the State PIP.

The RD and ASWS will receive training and technical assistance on the RAP Practice Guide with emphasis on the county assessment process. The ASWS will then work specifically with each county to complete and submit the county assessments results to the RD prior to the Regional Strategic Planning Session. The RD will work directly with the State PIP Consultant to compile the assessment results and to set up the Regional Strategic Planning Session to develop the RAP with staff and stakeholder engagement. Following the Regional Strategic Planning Session the RD, ASWS and counties will make revisions and complete the content of the plan. The RD will finalize the RAP and submit it to the DCFS Division Director for review and approval. The DCFS Division Director will work with the RD in much the same way the State has worked with our federal partners to review, revise and strengthen the RAP until it is approvable.

Monitoring and Evaluating Progress

Once the DCFS Division Director has approved a RAP, the RD will be responsible for immediate implementation. The DCFS Division Director and State PIP Coordinator, in collaboration with the RD, will evaluate the Region's achievements with the RAP as follows:

- The State PIP Coordinator will monitor the Region's progress in completing the provisions of the RAP through status reports submitted quarterly.
- The quarterly status reports will include the following information: 1) description of progress during the reporting period, and 2) data about measurable factors and their relationship to the established goals and timeframes.
- Annually, the DCFS Division Director, State PIP Coordinator and RD will jointly evaluate the State PIP and Region's RAP progress. This evaluation will be based on the CFSR outcomes, national data standards, the State PIP and RAP measures and methods of evaluation as specified in the plans. This annual review will be integrated with MS's Annual Child and Family Service Planning Retreat as part of the Annual Progress and Service Report updating the Title IV-B Child and Family Service Five Year Plan.
- Action steps and goals included in the RAP will be evaluated for completion according to the manner and completion dates specified in RAP. The DCFS Division Director, State PIP Coordinator and RD will jointly determine that action steps have been completed and goals achieved, based on sufficient evidence. Once action steps or goals have been determined to be met, the RD will not be required to continue evaluating and reporting on these specific items for the remainder of that RAP time period.

- Regions may request to renegotiate the RAP with the DFCS Division Director and State PIP Coordinator as needed. Renegotiations may occur in regard to the timeframes or the action steps or both. Request for changes to the RAP should be submitted in writing to the DFCS Division Director for approval, to be followed by a discussion of the issues leading to the request. The RD will submit copies of the approved revised RAP to the State PIP Coordinator.

The RD in collaboration with the ASWS will report and evaluate the Regional achievements with the RAP as follows:

- The RD will work directly with the ASWS for monitoring implementation efforts and progress toward accomplishing the action steps and goals of the RAP.
- The ASWS will report monthly to the RD utilizing a monthly Progress Improvement Report.
- The RD will monitor the monthly Progress Improvement Reports.
- The ASWS and county responsibilities included in the RAP will be evaluated for completion according to the responsibilities, actions steps and completion dates specified in RAP.
- The RD and ASWS will jointly determine that responsibilities and action steps have been completed based on sufficient evidence. Once responsibilities and action steps have been determined to be met, the ASWS will not be required to continue evaluating and reporting on these specific items for the remainder of that RAP time period.
- The RD will compile a quarterly RAP Progress Report and submit to the DFCS Division Director and the State PIP Coordinator (Deputy Director of MACWIS, PIP and Special Projects) for monitoring progress statewide.
- The State PIP Coordinator will be responsible for compiling all the quarterly RAP Progress Reports and SO PIP Progress Reports and submit Mississippi's DCFS Quarterly PIP report to the ACF Regional Office.

MISSISSIPPI'S CFSR KEY FINDINGS AND PIP WORKPLAN

CFSR KEY FINDINGS FOR SAFETY OUTCOME 1: CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT

Safety Outcome 1 incorporates two indicators. One pertains to the timeliness of initiating a response to a child maltreatment report (item 1), and the other relates to whether children experience a recurrence of substantiated or indicated maltreatment (item 2).

Mississippi did not achieve substantial conformity with Safety Outcome 1. This determination was based on the following findings:

- The outcome was substantially achieved in 84.4 percent of the cases reviewed, which is less than the 90 percent required for a rating of substantial conformity.

While Mississippi did not meet the 90 percent of cases reviewed for this outcome, the State did meet the national data standard for child maltreatment while in foster care by foster parents or facility staff. The national data standard related to child maltreatment is 0.57% or less, Mississippi's CFSR Data Profile FFY 2003 was 0.40%, which exceeds the national standard requirement.

The State also met the national data standard for the percentage of children experiencing two or more substantiated or indicated child maltreatment reports within a 6-month period. The national data standard is 6.1 % or less, Mississippi's CFSR Data Profile FFY 2002 was 4.6% and FFY 2003 was 4.3%, which shows a slight decreasing trend in repeat maltreatment data.

Ratings for this outcome differed substantively across the CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Adams County cases and 83 percent of Washington County cases, compared to 76 percent of Hinds County cases.

A key CFSR finding was that MDHS is not consistent with regard to initiating investigations within the State's required time frames, particularly in Hinds County. In addition, although there was little evidence of repeat maltreatment in the cases in any of the CFSR sites, stakeholders expressed concern that the low rate of reported maltreatment recurrence may be due to a practice in many areas of the State of not substantiating maltreatment reports even when there is evidence to warrant substantiation.

MISSISSIPPI PIP WORKPLAN FOR SAFETY OUTCOME 1: CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT

Item 1-Timliness of initiating investigations of reports of child maltreatment

Goal: Increase the statewide percentage of intake investigations initiated within 24 hours from 67.99% to 71.99% by March 2007.

Goal Benchmark: Increase the statewide percentage of intake investigations initiated within 24 hours from 67.99 % to 69.99% by March 2006.

Method of Measuring Progress toward the Goal: The source for the baseline for this goal was calculated utilizing two quarters of data from the MACWIS “Child Investigation Timeliness Report.” The average is based on the July – September 2004 and October – December 2004 quarters. This report captures the total number of investigations, percentage of investigations initiated within 24 hours, which is Mississippi’s policy requirement for response time, the number of investigations initiated within 24 hours and the initial response time in hours.

The method of measuring progress toward this goal will be the on-going distribution and monitoring of MACWIS “Child Investigation Timeliness Report” on a monthly basis. SO will review the timeliness report with RDs at Senior Management Meetings and monitor changes to the data, RDs will review the timeliness reports with ASWS during Regional Staff Meetings and track changes to the data, and the ASWS will review the timeliness report including investigating caseworker data with county social workers and monitor and report monthly progress toward improving response times through supervision.

The ASWS will report county monthly progress to the RD as part of the program improvement progress report and the results will be addressed in the Regional ASWS staff meetings. The RDs will report regional and county progress through quarterly program improvement progress reports to SO and the results will be addressed in Senior Management staff meetings. State Office will track improvements to timeliness of investigations monthly using the MACWIS Timeliness of Initiating Investigations Report and the regional program improvement progress reports. SO will report the compiled results quarterly to ACF Regional Office.

Item 1 Overarching Strategies:

Restructuring Policy

Existing policy related to safety, intake, screening, decision-making and investigations is being reviewed by the State Policy and Practice Workgroup, the Intake, Screening and Assessment Committee, the NCWRCCPS, and the NCWRFCPPP. Based on recommendations, intake, screening, investigation and safety & risk assessment policy will be restructured and updated in coordination with the development of training and concise practice guides. The revised policy and practice will be implemented with the completion of the statewide training and release of the related concise practice guide. As part of the new CWTI contract, the Institute is considering ways to provide supervisory consultation through the Regional ASWS staff meetings to reinforce the training and support the application of policy and practice changes related to investigations. On-going training curricula will further support the policy and practice changes and these changes will be integrated into the intensive training for all new social workers and supervisors.

Training and Technical Assistance

Existing practice related to safety, intake, screening, decision-making and investigations will be reviewed by the State Policy and Practice Workgroup, the Intake, Screening and Assessment Committee, the NCWRCCPS and the NCWRFCPPP. Based on this review and the combined recommendations for practice, training curricula and the related concise practice guide will be developed. Statewide training for improving investigations including the revised safety and risk assessment practice will be provided through a drill down method on the related curricula and concise practice guides. The training drill down method will be to: 1) train the trainers 2) trainers train all regional ASWS and county social workers through the Regional Monthly Staff

Meetings, and 3) possible CWTI support to reinforce training through supervisory consultation at the Regional Monthly Staff Meetings. Evaluations will be completed following the training and a compiled report will be available.

Existing practice related to FCP including FTM and CC will also be reviewed by the Policy and Practice Workgroup, The FTM and Case Planning Committee, the NCWRCCPS and the NCWRFCPPP. Based on this review and the combined recommendations for practice, training curricula and related practice guides will be developed. Statewide training for FCP, FTM and CC will be conducted through the drill down method as discussed in the above paragraph.

In addition to the statewide trainings, an on-going training system will be developed and implemented focusing on three skill-based areas: assessment, case planning and family/community engagement. The on-going training curricula for assessment will include the revised policy and practice for safety & risk assessment. The on-going training curricula for case planning will include the revised policy and practice related to utilizing assessments to individualize case plans and family and child involvement in case planning. The on-going training curricula for family and community engagement will include the revised policy and practice for FCP, FTM, and CC and will also include training on engaging stakeholders and community groups such as Project Homestead County Task Forces in efforts to improve community investment in protecting children and to improve coordination of the local service delivery for families and children.

Family Centered Practice

FCP will be implemented through FTM and enhanced CC and will be monitored following the completion of the statewide training on these changes. FTM will be required for all cases within 30 days to engage the families in decision-making and to develop the initial ISP. FTM is the responsibility of the caseworker as part of everyday practice to engage and involve the family in the decision-making process. CC will be conducted on all custody cases within 6 months of entering custody and every six months thereafter for the life of the case. The CC serves as Mississippi's six month periodic administrative review. The CC is also Mississippi's family team conferencing model to continuously engage the family and child(ren) in the planning process focusing on achieving timely permanency. The CC will enhance and strengthen the standard FTM casework practice.

Quality Assurance

The quality assurance methods that will be used to track the implementation of the revised policy and practice to improve timeliness of investigations will include the monthly monitoring of the MACWIS Timeliness of Investigations Report and data. In addition, supervisory case review will also monitor the FCP of FTM by reviewing cases with social workers. The supervisory case review of all custody cases and one in-home case per worker at 90 days will specifically look at the practice of FTM. The custody cases are continuously reviewed (monthly) by the foster care reviewers and also as part of the CC every six months; however, in-home cases are not. The supervisory review of one in-home case per worker every 90 days will implement a continuous review of practice with in-home cases. It is important to note that the process to capture the documented results of these supervisory reviews (both custody and in-home cases) will not be implemented and available for reporting until later in the PIP process; therefore, this supervisory

review is not utilized in the PIP as a method of measuring progress toward goals; but, instead is included as a strategy to implement structured supervisory case reviews and to build the capacity of the quality assurance system.

Regional Action Plans (RAP)

All regions will conduct County Assessments to determine strengths and areas needing improvement for timeliness of investigations. The County Assessments will be submitted to the RD and based on the analysis of assessment results, counties identifying timeliness of investigations as a practice area needing improvement will develop safety strategies to improve practice in the Regional Action Plan. The RAP will be submitted to the DFCS Division Director for review and final approval. After SO approval, the region will be required to implement and monitor progress on completing action steps and progress toward established goals for improving safety outcomes. The ASWS and County will report progress monthly to the RD, who in turn reports quarterly to SO.

Item 1 Action Steps:

1a. Utilize technical assistance from the NCWRCCPS to provide recommendations for improvement to policy and practice for: intake, screening, and investigation response.

1b. Develop and implement statewide training to insure consistency of intake, screening, and initiating investigations to ensure consistent practice across all regions and counties.

1c. Develop and implement a system for RAP.

1d. RAP will include action steps to improve the consistency of intake, screening, and timeliness of initiating investigations if determined to be an area needing improvement.

1e. Utilize technical assistance from the NCWRFCPPP to provide recommendations for policy and practice changes related to FCP, FTM, and CC to improve family engagement in decision-making, assessment and case planning.

1f. Provide statewide training and release the concise practice guide for FCP, FTM within 30 days and CC to implement FCP changes.

1g. Each region will address and include in the RAP action steps to implement FTM, practice standards, and guidelines to comply with policy to engage family within 30 days to develop initial ISP.

1h. Develop MACWIS Report based on “Family Team Meeting” narrative type to monitor the frequency of FTM held within 30 days.

1i. Implement reporting system for the ASWS and RD to provide feedback about improvements on the timeliness of investigations and FTM based on MACWIS reports.

1j. Re-structure and implement the supervisory case review to include the assessment of practice on one in-home case per worker every 90 days.

1k. Continued collaboration with MS Band of Choctaws Social Services on coordination of protective service cases related to children of Choctaw families who are not covered or eligible for services through the MS Band of Choctaws or Choctaw Social Services.

Item 2-Repeat maltreatment – This item was rated as a strength in the CFSR Findings and the State met the national data standard for recurrence of maltreatment which is 6.1% or less. Mississippi’s CFSR Data Profile for the recurrence of maltreatment for Federal Fiscal Year 2002 was 4.6% and Federal Fiscal Year 2003 was 4.3%, which exceeds the requirements for the national standard.

MISSISSIPPI CFSR KEY FINDINGS FOR SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE

Performance on Safety Outcome 2 is assessed through two indicators. One indicator (item 3) addresses the issue of the child welfare agency’s efforts to prevent children’s removal from their homes by providing services to the families that ensure children’s safety while they remain in their homes. The other indicator (item 4) pertains to the child welfare agency’s effectiveness in reducing risk of harm to children.

Mississippi did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 76.6 percent of the applicable cases reviewed, which does not meet the 90 percent required for a rating of substantial conformity.

Ratings for this outcome varied substantively across CFSR sites. The outcome was determined to be substantially achieved in 87.5 percent of Hinds County cases and 83 percent of Adams County cases, compared to 45 percent of Washington County cases.

A key CFSR case review finding was that MDHS is inconsistent in its efforts to provide services to families to prevent removal. Although in most cases, appropriate services were provided to prevent removal and address risk of harm, there were many cases in which MDHS either did not provide services to ensure the child’s safety while remaining in the home, or provided services that were insufficient to address risk of harm to the child in the home.

The Statewide Assessment notes Mississippi was the first State to pilot the new federal strategy for the CFSR in June of 1995. For the pilot review, the federal team conducted on-site reviews in three counties. The pilot review found that there was an insufficient array of preventive services available to protect children within their own families and homes. Because of these pilot review findings, the Family Preservation Program was increased from two social workers in Hinds County to a statewide program of family preservation specialists and homemakers. Stakeholders, during the CFSR conducted in February 2004, expressed the opinion that the statewide Family Preservation Program provides effective services in preventing children from being removed from their homes. However, stakeholders voiced concern that the supply of these services is not sufficient to meet the demand.

MISSISSIPPI PIP WORKPLAN FOR SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE

Item 3-Services to family to protect children in home and prevent removal

Goal: Ensure full caseload capacity (6 per worker) for family preservation staff to a 90% utilization rate (5 cases per month) to achieve maximum benefits of in-home services for families and children by March 2007.

Goal Benchmark: Ensure full caseload capacity (6 per worker) to 80% utilization rate (4 cases per month) for existing Family Preservation staff to achieve maximum benefits of in-home services for families and children by March 2006.

Method of Measuring Progress: The expansion of the Family Preservation program and staffing from 1999-2001, increased the agency capacity and infrastructure to provide in-home prevention services across the state. This expansion of the program and staff was made possible through utilizing available TANF funds in addition to the funding of the Title IV-B, subpart 2 funds earmarked for family preservation. As noted in the CFSR Final Report and through interviews with stakeholders this program was clearly identified as a strength for DFCS. Based on stakeholder comments the supply of these services does not meet the demand. As Mississippi does not have available funding for any expansion of these services and is making every effort to maintain this program, the goal is to improve the capacity of the current program by maximizing referrals, staff caseloads and funding.

The method of measuring caseload capacity will be monitoring referrals to the county Family Preservation staff and tracking open and active cases per worker per county on a monthly basis using Family Preservation Program Monthly Reports and Family Preservation direct service client data from MACWIS. The DFCS Division Director and Deputy Director of Support will meet monthly with the Family Preservation Program Director to review these reports and to identify trends related to counties where referrals and staff are under utilized. In areas where the Family Preservation workers are continuously under utilized, the DFCS Division Director and Deputy Director of Support will discuss the management issues with the RD and decisions will be made to implement corrective action to maximize the use of staff and in-home services.

Item 3 Overarching Strategies:

Family Centered Practice

FCP will be implemented through FTM and monitored following the completion of the statewide training on these changes. FTM will be required for all cases within 30 days to engage the families in decision-making and to develop the initial ISP. FTM is the responsibility of the caseworker as part of everyday practice to engage and involve the family in the decision-making process. By improving family engagement in the decision making process as early as possible, it is our belief that this will improve the referrals to family preservation and increase the usage of in-homes services to families to protect children in home.

Quality Assurance

An overarching strategy for improving the utilization and quality of in-home services will be the implementation of supervisory reviews of in-home cases quarterly. ASWS will review one in-home case per worker quarterly with the caseworkers to identify and assess the quality of case practice related to in-home cases and the services provided to protect children in-home and prevent removals when possible.

Regional Action Plans

All regions will conduct county assessments to determine strengths and areas needing improvement for in-home services to protect children in-home and prevent removal. If a county identifies areas needing improvement to protect children in-home and prevent removal as a safety priority, that county and region will develop safety strategies to improve practice in the RAP. RAPs must be submitted to the DFCS Division Director for final review and approval. After SO approval, the region will be required to implement and monitor progress on completing action steps and progress toward established goals for improving safety outcomes. The ASWS and County will report progress monthly to the RD, who in turn reports quarterly to SO.

Item 3 Action Steps:

3a. Maximize the utilization of family preservation staff and services for families to protect children in-home and prevent removal when possible.

3b. Provide statewide training and release the concise practice guide for FCP, FTM within 30 days and CC to implement FCP changes.

3c. Re-structure and implement the supervisory case review to include the review and assessment of practice on one in-home case per worker every 90 days and implement as part of the quality assurance system.

3d. RAPs will include action steps to improve the services to families to protect children in-home based on the county assessment and if determined to be an area needing improvement.

Item 4- Risk of harm to child

Goal: Reduce risk of harm for children and families by implementing a revised safety and risk assessment to support worker decisions related to risk status by March 2007.

Benchmark Goal: Complete the development of the safety and risk assessment tools, the safety and risk assessment practice guide, and the related training curricula by March 2006.

Method of Measuring Progress: The method of measuring goal attainment is the completion of the statewide training on Investigation, Safety and Risk Assessment which will initiate the implementation of the new tools and practice. Evidence of completion of the statewide training would be the Training Evaluation Report. The method of measuring progress for the benchmark goal would be the completion of the developmental task necessary to implement the revised safety and risk assessment statewide and the evidence of the task completion would be the

products including: 1) safety assessment, 2) revised risk assessment, 3) safety and risk assessment practice guide, and 4) the training curricula.

Item 4 Overarching Strategies:

Restructuring Policy

Existing policy and practice related to intake, screening, investigation response time, safety and risk assessments, case planning, and FCP including FTM is being reviewed by the State Policy and Practice Workgroup, the Intake, Screening and Assessment Committee, the FTM and Case Planning Committee, the NCWRCCPS and the NCWRCFCPPP. Based on the technical assistance and recommendations, the policy and practice for assessment, case planning and FTM will be restructured and updated in coordination with the development of the related training and concise practice guides. The revised policy and practice will be implemented with the completion of the statewide training and release of the related concise practice guide.

Training and Technical Assistance

Training and technical assistance from the NCWRCCPS and the NCWRCFCPPP will be utilized to assist with the development of training curricula and related practice guides to improve safety and risk assessment, initial safety plans and engaging the family and child in case planning. Since these areas for technical assistance overlap in several areas, both centers have agreed and will coordinate their efforts with Mississippi to ensure consistent policy and practice modifications and implementation.

The on-going training system will be developed and implemented focusing on three skill-based areas: assessment, case planning and family engagement. The on-going training curricula for assessment will include the revised policy and practice for safety & risk assessment. The on-going training curricula for case planning will include the revised policy and practice related to utilizing assessments to individualize interventions in the ISP and family & child involvement in case planning. The on-going training curricula for family and community engagement will include the revised policy and practice for FCP, FTM, CC and engaging stakeholders in efforts to improve community investment in protecting children to reduce risk of harm.

Statewide training for assessments, case planning, family and community engagement will be provided through a drill down method utilizing the related curricula and concise practice guides. The training drill down method will be to: 1) train the trainers, and 2) trainers train the ASWS and county social service staff through Regional Monthly Staff Meetings. Evaluations will be compiled following the completion of training to all supervisors and county social workers.

Family Centered Practice

FCP will be enhanced by implementing FTM and will be monitored following the completion of the statewide training on these changes. FTM are required for all cases within 30 days to engage the families in decision-making and to develop the initial ISP. FTM is the responsibility of the caseworker as part of everyday practice to engage and involve the family in the decision-making process.

Quality Assurance

Policy and practice changes related to safety and risk assessments, case planning, and FCP including FTM will be monitored and further reinforced through the implementation of supervisory case review on one in-home case per worker per quarter and FCR of 3 custody cases per month per region (27), 324 cases per year. Individual case findings from the FCR review will be reviewed with ASWS and copies provided. Monthly reports of individual case findings will continue to be generated and provided to the DFCS Division Director and RD for follow up on corrective action every 30 days. Aggregate findings will be provided quarterly and annually in the FCR program report. Once the Supervisory case review instrument is integrated into MACWIS and implemented, MACWIS reports will be generated monthly allowing for the use of this information for quality improvement efforts.

Regional Action Plans

All regions will conduct county assessments to determine strengths and areas needing improvement related to risk of harm. If a county identifies areas needing improvement to reduce risk of harm such as safety and risk assessments, initial case planning, or FTM, that county and region will develop safety strategies to improve practice in the Regional Action Plan. Regional Action Plans must be submitted to the DFCS Division Director for final review and approval. After SO approval, the region will be required to implement and monitor progress on completing action steps and progress toward established goals for improving safety outcomes. The ASWS and County will report progress monthly to the RD, who in turn reports quarterly to SO.

Item 4 Action Steps:

4a. Utilize technical assistance from the NCWRCCPS and NCWRCFCPPP to provide recommendations for improvement to safety and risk assessment policy, practice and assessment tools.

4b. Develop and implement on-going specialized training maximizing the CWTI in the areas of substance abuse, domestic violence, and mental illness to improve staff skills to identify and assess risk of harm.

4c. RAPs will include action steps to reduce the risk of harm based on the County Assessment and if determined to be a safety priority for improvement.

4d. Utilize technical assistance from the NCWRCFCPPP to provide recommendations for policy and practice changes related to FCP, FTM, and the CC to improve family engagement in assessment and case planning.

4e. Supervisory case review will be implemented to review both in-home and custody cases and will review cases with caseworkers to assess quality of practice in the areas of safety and risk assessments, case planning, and FCP including FTM.

MISSISSIPPI CFSR KEY FINDINGS FOR PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS

There are six indicators incorporated in the assessment of Permanency Outcome 1, although not all of them are relevant for all children. The indicators pertain to the child welfare agency's effectiveness in preventing foster care re-entry (item 5), ensuring placement stability for children in foster care (item 6), and establishing appropriate permanency goals for children in foster care in a timely manner (item 7). Depending on the child's permanency goal, the remaining indicators focus on the child welfare agency's success in achieving permanency goals (such as reunification, guardianship, adoption, and permanent placement with relatives) in a timely manner (items 8 and 9), or whether children who have "other planned living arrangements" as a case goal are in stable placements and adequately prepared for eventual independent living (item 10).

Mississippi did not achieve substantial conformity with Permanency Outcome 1. This determination was based on the following findings:

- The outcome was substantially achieved in 36.0 percent of the cases, which is less than the 90 percent required for an overall rating of substantial conformity.
- The State Data Profile indicates that for fiscal year (FY) 2002, the State did not meet the national standards for (1) the percent of children reunified who were reunified within 12 months of entry into foster care, (2) the percent of children adopted who achieved a finalized adoption within 24 months of entry into foster care, or (3) the percentage of children in foster care for less than 12 months who experienced no more than 2 placements.

The FY 2002 data provided in the State Date Profile indicates that the State met the national standard for the percentage of children entering foster care who were re-entering within 12 months of a prior discharge. The national data standard for foster care re-entry is 8.6% or less, Mississippi's CFSR Data Profile Federal Fiscal Year 2002 was 4.6%, Federal Fiscal Year 2003 was 6.3% and Federal Fiscal Year (FFY) 2004 is 5.1%.

Although performance on this outcome was generally low in all CFSR sites, there was considerable variation. The outcome was determined to be substantially achieved in 60 percent of Adams County cases, compared to 38 percent of Hinds County cases and 14 percent of Washington County cases.

A key CFSR finding was that both case reviews and State data indicate that MDHS is effective in preventing children's re-entry into foster care within 12 months from a prior foster care episode. However, all other indicators for Permanency Outcome 1 were identified as Areas Needing Improvement. One concern identified was that MDHS is not consistent in its efforts to achieve permanency for children in a timely manner. Another concern was that MDHS does not engage in adequate matching of children with foster placements to ensure placement stability while in foster care.

MISSISSIPPI PIP WORKPLAN FOR PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS

Item 5-Foster care reentries – This item was rated as a strength in the CFSR Findings and therefore, is not required to be addressed in the PIP. The national data standard for foster

care re-entry is 8.6% or less, Mississippi's CFSR Data Profile Federal Fiscal Year 2002 was 4.6%, Federal Fiscal Year 2003 was 6.3% and Federal Fiscal Year (FFY) 2004 is 5.1%. While this item is not being addressed in the PIP, changes in this data and practice will continuously be monitored and addressed to ensure continued compliance with the national data standard.

Item 6-Stability of foster care placement

Goal: Increase the statewide percentage of children in foster care 12 months or less from the time of the latest removal from home, who experience no more than 2 placement settings from 74.1% (Mississippi's CFSR Data Profile FFY 2004) to 76 % by March 2007.

Goal Benchmark: Increase the statewide percentage of children in foster care 12 months or less from the time of the latest removal from home, who experience no more than 2 placement settings from 74.1% (Mississippi's CFSR Data Profile FFY 2004) to 75% by March 2006.

Method of Measuring Progress: The national data standard for placement stability is 86.7% or more of all children served who have been in foster care less than 12 months from the time of the latest removal from home who have no more than two placement settings. The source for the 74.1% baseline for this goal and benchmark is Mississippi's CFSR Data Profile FFY 2004. The percentage of improvement for the goal was calculated using the sampling error of 1.90% as required by ACYF-CB-IM-01-07. The percentage of improvement for the benchmark was determined by the expected progress on improvements based on the strategies included in the PIP and the impact these strategies will have on the related data. The benchmark is established at the end of the first year of the PIP for annual review of progress to ensure that Mississippi is on task in meeting the overall goal by the end of the two year PIP period.

Item 6 Overarching Strategies:

Policy

As part of the overarching strategy for restructuring policy, the existing policy related to placement, placement decisions, specific use of shelter placements, foster and adoptive home licensing and approval, recruitment and retention of foster homes and training for foster and adoptive parents will be reviewed by the State Policy and Practice Workgroup, the Adoption and Licensure Committee, the NCWRCFCPPP, Adopt US Kids and the NCWRCNSA. Based on review and recommendations for improving policy related to licensing, placement, recruitment, retention and training for foster and adoptive families, policy will be restructured and updated and coordinated with training and technical assistance available from the resource centers.

Training and Technical Assistance

Training and technical assistance will be provided by the NCWRCFCPPP, Adopt US Kids and the NCWRCNSA to assist the state in improving the consistency and quality of policy and practice related to licensing, placement, recruitment, retention and training for foster/adoptive families.

Training and technical assistance is being provided by the NCWRCFCPPP. This NRC will provide technical assistance to the Licensing and Adoption Programs on dual certification for

foster and adoptive families. This resource center is taking the lead to assist the state in coordinating technical assistance with Adopt US Kids and the NCWRCSNA as needed.

Training and technical assistance is being provided by Adopt US Kids related to the development and implementation of a statewide targeted recruitment and retention plan for foster and adoptive families and a train the trainers curricula, Answering the Call, where resource families will be paired with staff as co-trainers to prepare for responding to potential foster/adoptive families. This training will then be provided across the state. Adopt US Kids provided initial training for developing targeted recruitment plans and successful recruitment and retention strategies for Hispanic at the Annual CWTI Conference on February 3, 2005. The on-site technical assistance was initiated immediately following the training on February 4th, to develop the work plan for these targeted areas.

Training and technical assistance will also be provided by the NCWRCSNA in collaboration with the NCWRFCPPP and the Licensing and Adoption Programs. Technical assistance will be utilized to assist the state with enhancing the foster and adoptive family training curricula and to develop training for Licensing and Adoption staff based on programmatic changes due to dual certification of foster and adoptive homes. This resource center will also provide training and practice guidance related to preparing children for adoption and preventing disruptions.

Family Centered Practice

The overarching strategy to improve FCP through FTM and CC impacts the stability of placements. A FTM should be held around any major changes within the case such as placement decisions, placement moves and placement disruptions. By including the family and child(ren) in the FTM regarding placement decisions, more appropriate placements could be made, matching the needs of the family and child with the appropriate placement type creating more stability. The family centered enhanced CC being held every 6 months, creates another opportunity to engage the family, children, foster parents or other placement providers as active team members in reviewing placement issues and permanency goals. The enhanced CC provides an opportunity to engage the foster parents and community providers as team members to improve placement stability while working toward permanency goals for children in their care.

Quality Assurance

The overarching strategies for quality assurance that will impact placement stability include FCR and monitoring MACWIS Placement Stability Reports. The FCR revised case review instrument targets indicators for placement stability and the quality of practice related to placement decisions. The FCR case review also tracks the CC to ensure that family team conferences are being held to review cases including foster parents and community providers at least every 6 months. MACWIS generates a Placement Stability Report which is one of the monthly reports for monitoring placement activity with Senior Management, RDs and ASWS. Regional and county progress on improving results based on MACWIS reports or FCCRs will be included in county and regional progress improvement reports.

Regional Action Plans

All regions will conduct County Self Assessments to determine strengths and areas needing improvement related to the stability of foster care placements. If a county identifies stable

placements as an area needing improvement and a permanency priority, strategies will be developed and included in the RAP. RAPs must be submitted to the DFCS Division Director for final review and approval. After SO approval, the region will be required to implement and monitor progress on completing action steps and progress toward established goals. The ASWS and County will report progress monthly to the RD, who in turn reports quarterly to SO.

Item 6 Action Steps:

6a. Ensure all children in custody have correct placement entries in MACWIS to improve the validity of data and reports to monitor placement stability.

6b. Develop and implement edits in MACWIS that will support users in timely entry of placement data.

6c. Utilize T/TA from the Adopt US Kids to assist in the development and implementation of a targeted Statewide Recruitment and Retention Plan for foster and adoptive families and to train trainers (resource families paired with staff) on the "Answering the Call" curricula to improve the response to potential foster and adoptive parent inquiries.

6d. NCWRCFCPPP to assist Licensure and Adoption Unit with programmatic changes due to dual certification, single application and merger of staff roles.

6e. NCWRCSNA to assist with enhancing foster and adoptive parent training curricula to include foster and adoptive parents roles as team members.

6f. RAP will include action steps to recruit and retain foster/adoptive homes to improve placement stability if the County Self Assessment determines this to be an area needing improvement.

6g. Coordinate with IV-E CWTI to develop & implement on-going training for foster & adoptive parents in specialized areas to improve capacity to handle children's behavior & prevent unplanned placement moves or disruptions

6h. Clarify regional procedures related to the RD review and approval for extensions beyond 45 days.

6i. Track use of shelter placements and develop regional procedures to reduce the inappropriate use of shelter placements and the length of stay in shelters.

6j. Build a process into MACWIS to link the workers to identified and available resources for placements based on triggers in the automated safety and on-going risk assessment.

Item 7-Permanency goal for child

Goal: Improve the percentage of children in foster care who have an appropriate permanent plan based on the case information by March 2007.

Goal Benchmark: Improve the percentage of children in foster care who have an appropriate permanent plan based on the case information by March 2006.

Method of Measuring Progress: The method of measuring progress in improving the appropriateness of permanency goals for children in foster care will be the monthly FCCR utilizing the revised instrument. The instrument will be implemented in July 2005 and data collected for one quarter. Based on the first quarter of data, a baseline and percentage of improvement will be established for the goal and benchmark and through negotiation with ACF RO the approved baseline and percentage of improvement will be revised and included the PIP.

Item 7 Overarching Strategies:

Family Centered Practice

FTM and CC strategies will be utilized as a strategy to improve the appropriateness and timeliness of the permanency goal for children in foster care. FTM will address the permanency goal as changes occur in the case. The CC provides a forum for the staff and family team to review and address the appropriateness and timeliness of permanency goals as well as the concurrent plan and progress toward achieving permanency. A Youth Court Hearing and Review Summary are generated as a result of each CC. This report is completed by the Foster Care Reviewer, County Social Worker and ASWS. This report identifies the permanency and concurrent plan and dates. The CC allows an opportunity for review of the permanency and concurrent plan goals and an opportunity to address the permanency goals if not timely or appropriate.

Training and Technical Assistance

Technical assistance from the NCWRCFCPPP will assist in developing training and related practice guides addressing assessment, case planning and family/community engagement. The training curricula and the related practice guide for case planning will include concurrent permanency planning and establishing appropriate permanency goals in a timely manner.

Quality Assurance

The monthly FCCR will review indicators and quality of practice related to the permanency goal such as family and child involvement in case planning and if the permanent plan is appropriate based on the case information. The case review results generate a quarterly and annual report of the aggregate data by region and state. Revisions are being planned to the CC process that will include changes within MACWIS and the Youth Court Hearing and Review Summary report that will generate reports and will include data related to the permanency plans such as timeliness of the permanency goals. These reports will be provided to the DFCS Division Director, RD and ASWS.

Regional Action Plans

All regions and counties will conduct County Self Assessments to determine strengths and areas needing improvement for the appropriateness and timeliness of the permanency goal for the child(ren). If a county identifies areas needing improvement related to the permanency goal and this is a timely permanency priority, strategies will be developed to improve practice in the RAP. After SO approval, the region and counties will implement and monitor progress on completing

action steps and progress toward RAP goals for improving permanency outcomes. The ASWS and County will report progress monthly to the RD, who in turn report quarterly to SO.

Item 7 Action Steps:

7a. . Build a process in MACWIS to link the goals in the ISP directly to the task to improve the quality of the case plan

7b. Provide training and concise practice guide on case planning that includes the practice of concurrent permanency planning

7c. Enhance the CC (six months administrative periodic review) to be more family-centered in practice.

7d. Include action steps in the RAP to insure timely permanency for children in foster care and to address local partnerships with the judicial system based on the County Self Assessment results and regional priorities for permanency.

7e. Identify Conferences and training opportunities for Judges and court personnel for the DFCS to provide presentations, training opportunities, and to develop collaborative relationships.

7f. Collaborate with CIP and AOC to develop and distribute monthly reports for county youth court judges that will improve the consistency of periodic review of the status of the child.

7g. Develop and submit articles related to child welfare practice for publications utilized by court personnel.

7h. Establish a State Level Court Task Force in collaboration with CIP to identify ways to address legislative issues impacting DFCS, Attorney General's Office, and the Courts.

Item 8-Reunification, guardianship, or permanent placement with relatives

Goal: Increase the statewide percentage of children reunified with their parents or caretakers at the time of discharge from foster care, within 12 months from the time of the latest removal from home from 65.1% (Mississippi's CFSR Data Profile FFY 2004) to 67.5% by March 2007.

Goal Benchmark: Increase the statewide percentage of children reunified with their parents or caretakers at the time of discharge from foster care, within 12 months from the time of the latest removal from home from 65.1% (Mississippi's CFSR Data Profile FFY 2004) to 66.3% by March 2006.

Method of Measuring Progress: The national data standard for children reunified with parents or caretakers at the time of discharge from foster care in less than 12 months from the time of the latest removal is 76.2% or more. The source for the 65.1% baseline for this goal and benchmark is the Mississippi's CFSR Data Profile generated December 13, 2004 for FFY 2004. The percentage of improvement for the goal was calculated using the sampling error of 2.42% as

required by ACYF-CB-IM-01-07. The percentage of improvement for the benchmark was determined by the expected progress on improvements based on the strategies included in the PIP and the impact that will have on the related data. The benchmark is established at the end of the first year of the PIP for annual review of progress to ensure that Mississippi is on task in meeting the overall goal by the end of the two year PIP period.

Item 8 Overarching Strategies:

Family Centered Practice

FTM and CC strategies will be utilized as a strategy to improve timely reunification with family or timely permanency through guardianship or relative placements. FTM will help caseworkers engage the family in decision making and case planning to achieve more timely permanency through reunification, relative placements and or guardianships. FTM around major changes in the case such as changes in the permanency goal would allow more timely decisions for reunification or concurrent plans. The CC provides a forum for the staff and family team to review and make decisions related to reunification and other permanent options for the child.

Training and Technical Assistance

Technical assistance from the NCWRCFCPPP will assist in developing training and related practice guides addressing assessment, case planning and family/community engagement. The training curricula and the related practice guide for case planning will include concurrent permanency planning and establishing appropriate permanency goals in a timely manner. The training curricula and related practice guide for FCP will include FTM and CC and practice to assist in engaging the family in decision making for reunification, relative placements and or guardianship.

Quality Assurance

The administrative supervisory case review of all custody cases at 90 days will address the diligent search for relatives and contact within the first 60 days of case opening and also addresses timely efforts for reunification. This case review will also address family visitation while the child(ren) are in care and caseworker visitation with the child(ren) and parents early in the case which can improve the reunification efforts for permanency. With the development of the revised supervisory case review instrument and integration into MACWIS, reports will be developed to provide this type of information to Senior Management, RD, ASWS and caseworkers to address practice issues to improve reunification, relative placements and or guardianships. FCCR which is conducted monthly on 27 custody cases, three per region will also review for practice related to early and diligent search for maternal and paternal relatives, relative placements and identify barriers to achieving permanency plans for reunification to provide useful information to ASWS and caseworkers to improve practice.

Item 8 Action Steps:

8a. Provide statewide training and release of practice guides on FCP, FTM and CC to implement practice changes.

8b. Enhance the CC (six month administrative periodic review) to be more family-centered in practice.

8c. Provide training and concise practice guide on case planning that includes the practice of engaging families in planning, establishing timely and appropriate permanency goals and concurrent permanency planning.

8d. Implement the revised FCCR instrument to assess practice related to relative placements, to identify barriers to achieving permanency plans timely, and to provide information to ASWS and caseworkers to improve practice.

8e. If reunification, guardianship, or permanent placement with relatives is identified through the county self assessment process as an area needing improvement and a permanency priority, strategies will be developed and included in the RAP.

Item 9-Adoption

Goal: Increase the statewide percentage of children who exited care to a finalized adoption in less than 24 months from the time of the latest removal from home from 11.2% (Mississippi's CFSR Data Profile FFY 2004) to 14.1% by March 2007.

Goal Benchmark: Increase the statewide percentage of children who exited care to a finalized adoption in less than 24 months from the time of the latest removal from home from 11.2% (Mississippi's CFSR Data Profile FFY 2004) to 12.6% by March 2006.

Method of Measuring Progress: The national data standard for children who exited care to a finalized adoption in less than 24 months from the latest removal is 32.0% or more. The source for the 11.2% baseline for the goal and benchmark is Mississippi's CFSR Data Profile from December 13, 2004. The percentage of improvement for the goal was calculated using the sampling error of 2.90% as required by ACYF-CB-IM-01-07. The percentage of improvement for the benchmark was determined by the expected progress on improvements based on the strategies included in the PIP and the impact that will have on the related data. The benchmark is established at the end of the first year of the PIP for annual review of progress to ensure that Mississippi is on task in meeting the overall goal by the end of the two year PIP period.

Item 9 Overarching Strategies:

Policy

Licensure and Adoption Program Directors will serve on the State Policy and Practice Workgroup and be the responsible leads for the Licensure and Adoption Committee to coordinate any programmatic policy revisions with the overall policy initiative. Technical assistance from the NCWRCFCPPP is being provided to assist the Licensure and Adoption Program with policy revisions related to FCP, dual certification for foster and adoptive families, and revisions to licensing standards and or requirements for foster and adoptive families.

Training and Technical Assistance

Training and technical assistance will be provided by the NCWRCFCPPP , Adopt US Kids and the NCWRCSNA to assist the state in improving the consistency and quality of policy and practice related to Foster Home Licensing and Adoption.

Training and technical assistance by the NCWRCFCPPP will provide technical assistance on dual certification for foster and adoptive families and training for staff based on programmatic changes. This resource center is taking the lead to assist the state in coordinating technical assistance with Adopt US Kids and the NCWRCSNA as needed.

Training and technical assistance is being provided by Adopt US Kids related to the development and implementation of a statewide targeted recruitment and retention plan for foster and adoptive families and a train the trainers curricula, Answering the Call, where resource families will be paired with staff as co-trainers to prepare for responding to potential foster/adoptive families. Adopt US Kids provided initial training for developing targeted recruitment plans and successful recruitment and retention strategies for Hispanic at the Annual CWTI Conference on February 3, 2005. The on-site technical assistance was initiated immediately following the training on February 4th, to develop the work plan for these targeted areas.

Training and technical assistance will also be provided by the NCWRCSNA in collaboration with the NCWRCFCPPP. Technical assistance will be utilized to enhance the foster and adoptive family training curricula PATHS and to assist with the development of training for staff based on programmatic changes due to dual certification of foster and adoptive homes. This resource center will also provide training and practice guidance related to preparing children for adoption and preventing disruptions.

Family Centered Practice

The CC can be used to improve the timeliness of finalized adoptions by engaging the family team, service providers and community partners in addressing the permanent and concurrent plan, aggravated circumstances, TPR recommendations and documentation of compelling reasons not to TPR if appropriate. By reviewing the case every 6 months and prior to court hearings, the CC is an opportunity for the child and family to be heard, including foster and or adoptive parents, and to provide documentation and recommendations directly to the court for Permanency Hearings through the Youth Court Hearing and Review Summary report. The CC also provides additional opportunities for the county caseworker and ASWS to review the permanency plan and goals with the family and to ensure that the plan is current and appropriate prior to court.

Quality Assurance

There are two quality assurance approaches that apply to timely adoption. The MACWIS ASFA Compliance Report tracks all cases of children in custody for 15 of 22 months and provides case level data related to the ASWS, County Social Workers, Child, length of time in custody, dates of TPR request and finalization. These reports are invaluable to RD and ASWS to track caseworker progress in filing TPR timely and expediting the adoption and permanency process for children in foster care. In addition, tracking this report as a quality assurance method will include providing the documentation of compelling reason not to TPR for cases where this is appropriate. The monthly program improvement progress report submitted by the ASWS will include progress on TPR filings and finalizations, and provide compelling reasons not to TPR documentation on cases where appropriate to SO Permanency Planning Coordinator. In addition, the FCCR will track the children in custody 15 of 22 months and the filing of petitions

for TPR, the documentation of compelling reasons not to file TPR if appropriate, permanency plans for adoption and steps in place to finalize the adoption within 24 months or identification of barriers to finalizing the adoption plan within 24 months. The results of the case review are provided to the ASWS, monthly reports on case specific findings are provided to the DFCS Division Director and RD for follow up every 30 days, and quarterly reports of aggregated data is provided by region and statewide.

Item 9 Action Steps:

9a. Utilize T/TA from the Adopt US Kids to assist in the development and implementation of a targeted Statewide Recruitment and Retention Plan for foster and adoptive families and to train trainers (resource families paired with staff) on the “Answering the Call” curricula to improve the response to potential foster and adoptive parent inquiries.

9b. NCWRCFCPPP to assist Licensure and Adoption Unit with programmatic changes due to dual certification, single application and merger of staff roles.

9c. NCWRCSNA to assist with enhancing foster and adoptive parent training curricula to include foster and adoptive parents roles as team members.

9d. Continue MDHS and MS School of Law collaboration to improve the timeliness of finalized adoptions

9e. Re-structure the SO Adoption Program procedures to reduce internal agency barriers to timely TPR.

Item 10-Permanency goal of other planned permanent living arrangement

Goal: Increase the % of children and youth where other permanent plans have been considered and ruled out prior to establishing a permanency goal of emancipation or formalized long term foster care for the youth by March 2007.

Goal Benchmark: Increase the % of children and youth where other permanent plans have been considered and ruled out prior to establishing a permanency goal of emancipation or formalized long term foster care for the youth by March 2006.

Method of Measuring Progress: The method of measuring progress in ruling out other planned permanent living arrangements prior to establishing a permanency goal of emancipation or formalized foster care for the child or youth will be the monthly FCCR utilizing the revised instrument. The instrument will be implemented in July 2005 and data collected for one quarter. Based on the first quarter of data, a baseline and percentage of improvement will be established for the goal and benchmark and through negotiation with ACF RO the approved baseline and percentage of improvement will be revised and included the PIP.

Item 10 Overarching Strategies: **Training and Technical Assistance**

Technical assistance will be provided by the National Child Welfare Resource Center for Youth Services for the DFCS Independent Living Program staff and providers to assist in program evaluation, aftercare services for youth, appropriately utilizing ETV funds, tracking youth after they leave care, assessment and case planning for transitional living. The assessment and case planning technical assistance from the Youth Services will be coordinated with the two other resource centers also targeting improving policy and practice related to assessment and case planning and integrated into the training curricula and concise practice guides for assessment and case planning. The training and guide for assessment will include assessing youth for independent living and the training and guide for case planning will include engaging the youth in developing a transitional living plan to prepare for independent living. The on-going training for assessment and case planning will release any policy and practice changes related to independent living assessment and case planning and these changes will be implemented and tracked through program MACWIS data and reports as well as program reports from Southern Christian Services (independent living program contractor and service providers).

Family Centered Practice

The CC includes children and youth in the family team conferencing model to be engaged in decision-making for case planning and for youth with a goal of emancipation the focus should be on the transitional living plan for independence. Clear guidelines will be included in the CC practice guide for all children 14 and up to include the Independent Living Specialist and this will be tracked as part of the CC invitations and actual attendees that is documented in the Youth Court Hearing and Summary Report.

Quality Assurance

The monthly FCCR will review permanency plans for emancipation or formalized foster care and insure that other permanency options have been considered and ruled out prior to establishing independent living permanency plans. The case review will also track children 14 and over to insure they are receiving independent living program services and supports.

Item 10 Action Steps:

10a. T/TA through the NCWRCYS to review IL program and assist with maximizing ETV funds for youth, providing aftercare services for youth, and developing training and concise practice guides to improve assessment and case planning for youth including transitional living.

10b. Develop and implement Transitional Living plan for Independent living.

10c. On-going training and concise practice guide on case planning to include section related to Independent Living and transitional planning for youth.

MISSISSIPPI CFSR KEY FINDINGS FOR PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN

Permanency Outcome 2 incorporates six indicators that assess the child welfare agency's performance with regard to (1) placing children in foster care in close proximity to their parents

and close relatives (item 11); (2) placing siblings together (item 12); (3) ensuring frequent visitation between children and their parents and siblings in foster care (item 13); (4) preserving connections of children in foster care with extended family, community, cultural heritage, religion, and schools (item 14); (5) seeking relatives as potential placement resources (item 15); and (6) promoting the relationship between children and their parents while the children are in foster care (item 16).

Mississippi did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 56.0 percent of the cases, which is less than the 90 percent required for substantial conformity.

Although performance on this outcome was low in all CFSR sites, there was variation across sites. The outcome was determined to be substantially achieved in 69 percent of Hinds County cases and 57 percent of Washington County cases, compared to 20 percent of Adams County cases.

A key CFSR finding is that all indicators for Permanency Outcome 2 were rated as Areas Needing Improvement. Areas of particular concern pertained to the inconsistency of MDHS practice with regard to ensuring sufficient visitation between children and their parents and siblings in foster care, seeking relatives as placement resources, and promoting the parent-child relationship while children are in foster care.

MISSISSIPPI PIP WORKPLAN FOR PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN

Item 11-Proximity of foster care placement

Goal: Increase the statewide % of children placed in close proximity (within 50 miles of child's original home base) from 84% to 88% by March 2007.

Goal Benchmark: Increase the statewide % of cases reviewed where children are placed in close proximity (within 50 miles of child's original home base) from 84% to 86% by March 2006.

Method of Measuring Progress: The method for measuring progress for proximity of foster care placement will continue to be the monthly FCCR. The source for the 84% baseline, is the Foster Care Program 4th Quarter, 2004 Annual Report. The baseline is based on case review data covering four full quarters including 376 applicable cases. While the FCCR instrument is being revised, the item for monitoring close proximity will not change, allowing on-going data collection to monitor progress toward this goal as part of the PIP.

Item 11 Overarching Strategies:

Policy

While policy already requires children to be placed in close proximity (within a 50 mile radius of original home base), regions have handled and addressed the implementation of this policy in various ways. The availability of appropriate placement options for children within counties

various greatly, impacting the ability to comply with policy. The PIP is addressing targeted recruitment strategies to increase the pool of available and appropriate families for placements, which should increase the number of placement options available within counties. The plan is not to revise the existing state policy, but to develop consistent regional procedures to improve the compliance with this policy statewide.

Regional Action Plans

All regions and counties will conduct County Assessments to determine strengths and areas needing improvement for placement in close proximity by evaluating practice and availability of placement options within the county. If a county identifies placement in close proximity as a practice area needing improvement and as a permanency priority, strategies to improve placement practice will be addressed in the RAP. After SO approval, the regions and counties will implement and monitor progress on completing action steps and progress toward goals for improving permanency outcomes. The ASWS and County will report progress monthly to the RD, who in turn report quarterly to SO.

Item 11 Action Steps:

11a. Clarify the regional approval process for placements more than 50 miles from child's original home based on existing policy.

11b. Utilize training and technical assistance from Adopt US Kids to develop a targeted Statewide Recruitment and Retention plan to improve placement options available to regions and counties and to retain and support existing foster homes.

11c. Strategies will be developed and implemented in the RAP, if close proximity of placement is identified through the County Self Assessment process as an area needing improvement and a permanency priority.

Item 12-Placement with siblings

Goal: Increase the statewide % of siblings placed together from 59.9% to 61.9% by March 2007.

Goal Benchmark: Increase the statewide % of siblings placed together from 59.9% to 60.9% by March 2006.

Method of Measuring Progress: The method for measuring progress for sibling foster care placements will continue to be the monthly FCCR. The source for the 59.9% baseline is the Foster Care Program 4th Quarter, 2004 Annual Report. The baseline is based on case review data covering four full quarters including 167 applicable cases. While the FCCR instrument is being revised, the item for monitoring sibling placements will not change, allowing on-going data collection to monitor progress toward this goal as part of the PIP.

Item 12 Overarching Strategies:

Policy

While policy already requires siblings be placed together, regions have handled and addressed the implementation of this policy in various ways. The availability of appropriate placement options for sibling groups within counties varies greatly, impacting the ability to comply with policy. The PIP is addressing targeted recruitment strategies to increase the pool of available and appropriate families for placements which should increase the number of placement options available within counties. The plan is not to revise the existing state policy, but to develop consistent regional procedures to improve the compliance with this policy statewide.

Regional Action Plans

All regions and counties will conduct County Assessments to determine strengths and areas needing improvement for sibling placements by evaluating practice and availability of placement options within the county. If a county identifies sibling placements as a practice area needing improvement and as a permanency priority, strategies to improve placement practice will be addressed in the RAP. After SO approval, the counties will implement and monitor progress on completing action steps and progress toward county established goals for improving permanency outcomes. The ASWS and County will report progress monthly to the RD, who in turn report quarterly to SO.

Item 12 Action Steps:

12a. Clarify a regional approval process for any placement that requires siblings be separated.

12b. Utilize training and technical assistance from Adopt US Kids to develop a targeted Statewide Recruitment and Retention plan to improve placement options available to regions and to support and retain foster homes.

12c. If sibling placements together is identified through the county self assessment process as an area needing improvement, strategies will be developed and implemented in the RAP.

Item 13-Visiting with parents and siblings in foster care

Goal 1: Increase the statewide % of visitation (at least monthly) between siblings in foster care by March 2007.

Goal 1 Benchmark: Increase the statewide % of visitation (at least monthly) between siblings in foster care by March 2006.

Goal 2: Increase the statewide % of visitation (at least monthly) between the parent and child in foster care by March 2007.

Goal 2 Benchmark: Increase the statewide % of visitation (at least monthly) between the parent and child in foster care by March 2006.

Method of Measuring Progress: The method for measuring progress for parent and sibling visitation while a child is in foster care will continue to be the monthly FCCR. The revised case

review instrument will continue to capture data related to parent and sibling visitation for children while in foster care, but will change the criteria and way the data is reviewed. Prior data was based solely on visitation documentation in the MACWIS Visitation Icon field. The revised case review will review all available information related to visitation and therefore should impact the reported data. The revised case review instrument and process will be implemented in July 2005, after the first quarter of data collection a baseline and percentage of improvement will be established and after negotiation and approval from ACF Regional Office the revised goal and baseline will be changed in the PIP.

Item 13 Overarching Strategies:

Training and Technical Assistance

Training and technical assistance that will be provided to develop the on-going training for case planning and the related practice guide will include policy and practice for improving visitation with parents and siblings while in foster care and the development of visitation plans.

Family Centered Practice

The practice of FTM and CC create opportunities to engage the family, foster families and other supports in planning efforts to improve frequency and accessibility of family visitation.

Regional Action Plans

All regions and counties will conduct County Assessments to determine strengths and areas needing improvement for parent and sibling visitation with the child in foster care by evaluating actual practice within the county. If a county identifies family visitation while in foster care as a practice area needing improvement and as a permanency priority, strategies to improve family visitation will be included in the RAP. After SO approval, the region and counties will implement and monitor progress on completing action steps and progress toward goals for improving permanency outcomes. The ASWS and County will report progress monthly to the RD, who in turn report quarterly to SO.

Item 13 Action Steps:

13a. Provide training and concise practice guide for case planning to include improving visitation between parents and siblings with children in foster care and the development of visitation plans.

13b. Enhance the CC (six month administrative review) to be more family centered.

13c. Strategies will be developed and implemented in the RAP, if visitation with parents or siblings in foster care is identified through the county self assessment process as an area needing improvement.

Item 14-Preserving connections

Goal: Increase the statewide % of children where the primary connections and characteristics of the child are being preserved from 91.7% to 94% by March 2007.

Goal Benchmark: Increase the statewide % of children where the primary connections and characteristics of the child are being preserved from 91.7% to 92.7% by March 2006.

Method of Measuring Progress: The method for measuring progress for preserving primary connections and characteristics of the child will continue to be the monthly FCCR. The source for the 91.7% baseline is the Foster Care Program 4th Quarter, 2004 Annual Report. The baseline is based on case review data covering four full quarters including 493 applicable cases. While the FCCR instrument is being revised, the item for monitoring and preserving primary connections and characteristics will not change, allowing on-going data collection to monitor progress toward this goal as part of the PIP.

Item 14 Overarching Strategies:

Policy

To ensure preservation of family connections and characteristics for children in foster care, the strategy for restructuring policy and related practice revisions and guidance will include guidance to insure compliance and support for federal ICWA and MEPA mandates and requirements.

Training and Technical Assistance

MS will request technical assistance from NICWA to assist in the development of ICWA training to be integrated into intensive training curricula for new workers and new supervisors; into the on-going training curricula for all workers and for a joint training session for DFCS staff and the staff of the MS Band of Choctaws Social Service staff to better coordinate child welfare services for Native American children as part of the on-going quarterly meetings between the Division and the Tribe. In addition, technical assistance will be requested to assist the state in addressing policy and practice issues related to placement and permanency planning to insure compliance with the Multi-Ethnic Placement Act requirements.

Family Centered Practice

To ensure preservation of family connections and characteristics for children in foster care, policy and practice revisions and guidance will include guidance to insure compliance and support for federal ICWA and MEPA mandates and requirements. The practice of FTM and CC will reinforce and support preserving family connections and characteristics.

Regional Action Plans

All regions and counties will conduct County Assessments to determine strengths and areas needing improvement for preserving family connections and characteristics for the children in foster care by evaluating actual practice within the county. If a county identifies preserving family connections or characteristics as a practice area needing improvement and as a permanency priority, strategies to improve preserving family connections will be developed as part of the RAP. After SO approval, the counties will implement and monitor progress on completing action steps and progress toward goals for improving permanency outcomes. The ASWS and County will report progress monthly to the RD, who in turn report quarterly to SO.

Item 14 Action Steps:

14a. Request technical assistance from the appropriate NRC to assist in developing ICWA training module to be used jointly by MDHS DFCS and MS Band of Choctaws Social Services.

14b. Revise policies and procedures for intake, screening, assessment and case planning to insure identification of the child(ren)'s heritage and to coordinate services for any child identified with Native American heritage with the appropriate tribe.

14c. Update MACWIS to include information necessary to track and monitor ICWA compliance.

14d. Utilize T/TA from the NCWRFCPPPP to assist the state in addressing policy and practice issues related to placement and permanency planning to insure compliance with the Multi-Ethnic Placement Act requirements (MEPA).

14e. Strategies will be developed and included in the RAP if preserving family connections or characteristics is identified through the county self assessment process as an area needing improvement.

Item 15-Relative placement

Goal: Increase the Statewide percentage of children in relative foster family homes from 33.5% to 35.5% by March 2007.

Goal Benchmark: Increase the Statewide percentage of children placed in relative foster family homes from 33.5 % to 34.5% by March 2006.

Method of Measuring Progress: The method for measuring progress toward this goal will be the on-going monitoring of AFCARS data and Mississippi's CFSR Data Profile. The baseline of 33.5% was obtained from the December 13, 2004, FFY 2004, Permanency Profile, Most Recent Placement Type, Foster Family Homes (relative).

Item 15 Overarching Strategies:

Policy

As part of the restructuring and revision of policy, the following areas will be reviewed and if needed, revised to improve policy including diligent search for maternal and paternal relatives, initiating relative searches as part of intake and investigations, relative contact early in the life of the case (current policy is 60 days), and relative placements.

Training and Technical Assistance

The technical assistance and training from the NCWRCCPS and the NCWRFCPPPP related to FCP, FTM and CC as well as family/community engagement training curricula and concise practice guides will address early and diligent search for maternal and paternal relatives and engaging and utilizing relatives as placement resources. The technical assistance from Adopt US Kids is assisting the state in developing a Statewide Recruitment and Retention Plan that will include statewide and regional strategies for retaining and supporting foster, adoptive and relative caregivers.

Family Centered Practice

The technical assistance and training from the NCWRCCPS and the NCWRCFCPPP related to FCP, FTM and CC as well as family/community engagement training curricula and concise practice guides will address early and diligent search for maternal and paternal relatives and engaging and utilizing relatives as placement resources.

Quality Assurance

Supervisory case review will review in-home and custody cases to assess practice related to relative placements and supports. Foster care case review will also evaluate practice related to relative placements.

Regional Action Plans

RAPs will include strategies to improve practice for supporting relative placements and caregivers if the County Self Assessment process identifies this as an area needing improvement and a priority for timely permanency.

Item 15 Action Steps:

15a. As part of technical assistance from NCWRCCPS and NCWRCFCPPP revise policy as needed on diligent search for relatives and family engagement.

15b. Implement supervisory case review to assess both in-home and custody cases within 90 days to ensure diligent search for paternal and maternal relatives early in the case and that a FTM is held within 30 days to develop the initial ISP

15c. Implement the revised FCCR instrument and process to assess practice in custody cases related to relative placements.

15d. If relative placements are identified through the County Self Assessment process as an area needing improvement and a permanency priority, strategies will be developed and implemented in the RAP.

15e. Utilize technical assistance from Adopt US Kids to develop retention strategies to support relative caregivers as part of the development of the Statewide Recruitment and Retention Plan to include statewide and regional approaches.

15f. Research and identify financial resources used by other states and models for best practice related to kinship care and relative support.

Item 16-Relationship of child in care with parents

Goal: Increase the statewide percentage of children in foster care with a pattern of visitation (at least monthly) with parents by March 2007.

Goal Benchmark: Increase the statewide percentage of children in foster care with a pattern of visitation (at least monthly) with parents by March 2006.

Method of Measuring Progress: The method for measuring progress toward this goal will be the monthly FCCR, the revised instrument will be implemented in July 2005, after the quarter of data collection, a baseline and percentage of improvement will be established and through negotiation with ACF RO the PIP will be revised to include the approved measurements.

Item 16 Overarching Strategies:

Training and Technical Assistance

Training and technical assistance will be provided to develop the on-going training for case planning and the related practice guide which will include policy and practice for improving the relationship of the child in care with parents and visitation with parents and siblings and the development of visitation plans.

Family Centered Practice

The practice of FTM and CC create opportunities to engage the family, foster families and other supports in planning efforts to improve the relationship of the child in care with parents and the frequency and accessibility of family visitation.

Action Steps:

16a. Provide training and concise practice guide on case planning that includes improving visitation between parents and siblings with children in foster care and the development of visitation plans.

16b. Utilize TA from the NCWRCFCPPP to provide recommendations for policy and practice changes related to FCP, FTM, and the family centered CC to improve family engagement in decision-making, assessment and case planning.

MISSISSIPPI CFSR KEY FINDINGS FOR WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS

Well Being Outcome 1 incorporates four indicators. One pertains to the child welfare agency's efforts to ensure that the service needs of children, parents, and foster parents are assessed and that the necessary services are provided to meet identified needs (item 17). A second indicator examines the child welfare agency's effectiveness with regard to actively involving parents and children (when appropriate) in the case planning process (item 18). The two remaining indicators examine the frequency and quality of caseworker's contacts with the children in their caseloads (item 19) and with the children's parents (item 20).

Mississippi did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved in 36.0 percent of the cases reviewed, which is less than the 90 percent required for substantial conformity. The outcome was substantially achieved in 58 percent of Adams County cases, 37.5 percent of Hinds County cases, and 14 percent of Washington County cases.

A key CFSR finding is that MDHS is not consistent in its efforts to assess the service needs and provide services to children, parents, and foster parents; involve children and parents in the case

planning process; and establish sufficient face-to-face contact with children and parents. Also, for all indicators except “worker visits with child” (item 19), over 50 percent of the cases were rated as an Area Needing Improvement.

MISSISSIPPI PIP WORKPLAN FOR WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS

Item 17-Needs and services of child, parents, and foster parents

Goal: Increase the percentage of parents (mother, father, foster parents) where services were provided to meet the identified and assessed needs by March 2007.

Goal Benchmark: Increase the percentage of parents (mother, father, foster parents) where services were provided to meet the identified and assessed needs by March 2006.

Method of Measuring Progress: The method of measuring progress will be the monthly FCCR utilizing the revised case review instrument which will be implemented in July 2005, after the first quarter of data collection, a baseline and percentage of improvement will be negotiated with ACF RO and once approved, will be revised within the PIP. The on-going monitoring for progress will be the FCR quarterly reports.

Item 17 Overarching Strategies:

Training and Technical Assistance

The technical assistance and training from the NCWRCCPS and the NCWRCFCPPP related to FCP, FTM and CC as well as assessment, case planning and family/community engagement training curricula and concise practice guides will address the assessed needs and services for families and children to improve well-being outcomes.

Family Centered Practice

The technical assistance and training from the NCWRCCPS and the NCWRCFCPPP related to FCP, FTM and CC as well as assessment, case planning and family/community engagement training curricula and concise practice guides will address the assessed needs and services for families and children to improve well-being outcomes.

Item 17 Action Steps:

17a. Build process in MACWIS to effectively link appropriate and available support services to meet the needs of families identified through the safety and risk assessment.

17b. Provide statewide training to include assessment, case planning and family/community engagement to enhance caseworkers skills to assess family needs and provide appropriate services to address those needs.

17c. Utilize TA from NCWRCFCPPP to provide recommendations for policy and practice changes related to FCP, FTM, and the family centered CC to improve family engagement in decision-making, assessment and case planning.

Item 18-Child and family involvement in case planning

Goal: Increase the statewide percentage of parents and the percentage of children actively involved in case planning by March 2007.

Goal Benchmark: Increase the statewide percentage of parents and the percentage of children actively involved in case planning by March 2006.

Method of Measuring Progress: The new foster care review tool will be implemented in July 2005 and after the first quarter of data collection, the baseline and percentage of improvement will be negotiated with ACF Regional Office and the PIP revised with the approved measurements.

Item 18 Overarching Strategies:

Training and Technical Assistance

The technical assistance and training from the NCWRCCPS and the NCWRFCFPPP related to FCP, FTM and CC as well as assessment, case planning and family/community engagement training curricula and concise practice guides will address the child and family engagement in case planning to improve well-being outcomes.

Family Centered Practice

The technical assistance and training from the NCWRCCPS and the NCWRFCFPPP related to FCP, FTM and CC as well as assessment, case planning and family/community engagement training curricula and concise practice guides will address the child and family engagement in case planning to improve well-being outcomes.

Quality Assurance

The supervisory case review will assess the practice of engaging family and children/youth in FTM to develop the initial ISP within 30 days from case assignment. Foster care case review will assess the practice of actively engaging parents and children in case planning through the monthly random sample case review.

Regional Action Plans

All regions and counties will conduct County Assessments to determine strengths and areas needing improvement for engaging the child and family in case planning by evaluating actual practice within the county. If a county identifies engaging the child or family in case planning as a practice area needing improvement and as a priority, strategies will be developed to improve practice as part of the RAP. Each RAP will be required to address strategies to improve FCP by conducting a FTM within 30 days to develop the initial ISP. After SO approval, the regions and counties will implement and monitor progress on completing action steps and progress toward goals for improving FTM and family/child engagement in case planning. The ASWS and County will report progress monthly to the RD, who in turn report quarterly to SO.

Item 18 Action Steps:

18a. Provide statewide training to include assessment, case planning, family and community engagement to enhance caseworkers skills to better engage families and children in decision-making and the case planning process.

18b. Develop and implement statewide training on FCP, FTM and CC to improve family and child involvement in the case planning process.

18c. RAPs will include action steps to improve the engagement of families and children in case planning through FTM.

18d. Implement the supervisory case review to include the assessment of practice related to family and child involvement in the case planning process.

18e. Implement the revised FCCR instrument and process to assess practice of actively engaging parents and child/youth in case planning.

Item 19-Worker visits with child

Goal: Increase the statewide percentage of face to face worker contacts with children in custody within 30 days from 67.1% to 73.1% by March 2007.

Goal Benchmark: Increase the statewide percentage of face to face worker contacts with children in custody within 30 days from 67.1% to 70.1% by March 2006.

Method of Measuring Progress: The method of measuring progress for this item will be the MACWIS Custody Contact Report. The source for the baseline data of 67.1% is based on two quarters, July-September 2004 and October-December 2004. Due to the significance of worker visits with children on improving safety, permanency and well-being outcomes for families and children, Mississippi is establishing an ambitious percentage of improvement of 3% per year. This percentage of improvement is ambitious due to the staffing and caseloads issues impacting casework; but, Mississippi understands the importance and the impact that caseworker visitation can have on improved outcomes for families and children.

Item 19 Overarching Strategies:

Training and Technical Assistance

Training and technical assistance from national resource centers will be coordinated and provided to develop the on-going training for assessment, case planning and family engagement and the related practice guide. This training and practice guide will include policy and practice guidance for improving the frequency and quality of caseworker visitation with children.

Family Centered Practice

The practice of FTM and CC create opportunities for the caseworker to visit and engage the child(ren) in assessment, case planning and decision-making for safety, permanency and well-being. By utilizing time together at FTM and CC the caseworker can improve the frequency and quality of caseworker visitation with the child.

Quality Assurance

The monthly FCCR will assess practice related to the quality and frequency of caseworker visitation. MACWIS Custody Contact Report will be distributed monthly to track worker face to face contacts within 30 days by county, worker and ASWS. The supervisory case review will assess the quality of face to face worker contact and the frequency of contact within policy requirements (at least every 30 days) on both in-home and custody cases. Once the supervisory case review instrument is integrated into MACWIS and implemented in practice, reports will be developed and generated to use this information to inform and improve practice.

Regional Action Plans

All regions and counties will conduct County Assessments to determine strengths and areas needing improvement for caseworker visitation with the child by evaluating actual practice within the county. If a county identifies caseworker visitation with the child as a practice area needing improvement and a priority, strategies will be developed in the RAP to improve the frequency and or quality of caseworker visits. It is important to note that due to national findings from the CFSR regarding the importance of the frequency and quality of caseworker visitation on safety, permanency and well-being outcomes, all regions will be trained regarding the importance of these findings and encouraged to prioritize strategies for caseworker visitation as a part of their plans.

Item 19 Action Steps:

19a. Provide statewide training to include assessment, case planning and family/community engagement to provide instruction related to the quality, frequency, purpose and structure of caseworker visitation with child.

19b. Utilize TA from the NCWRCFCPPP to provide recommendations for policy and practice changes related to FCP, FTM and caseworker visitation as part of case planning to improve family engagement in decision-making and case planning.

19c. Monitor the frequency of caseworker visitation with child(ren) through monthly MACWIS reports, monthly ASWS progress improvement reports, and quarterly RD progress improvement reports.

19d. Implement the revised FCCR instrument to assess the quality of caseworker visitation with child(ren) and to use this information to inform practice.

19e. Implement the supervisory case review to assess both in-home and custody cases to ensure frequency and quality of caseworker visitation with children.

19f. Strategies will be developed and implemented as part of the RAP if the county self assessment process identifies caseworker visitation as an area needing improvement.

Item 20-Worker visits with parents

Goal: Increase the percentage of face to face contact between the worker and parents at least monthly by March 2007.

Goal Benchmark: Increase the percentage of face to face contact between the worker and parents at least monthly by March 2006.

Method of Measuring Progress: The method of measuring progress will be the revised FCCR instrument, which will be implemented by July 2005 and after the collection of data for the first quarter a baseline and percentage of improvement will be established and negotiated with ACF Regional Office. The approved measures will be revised within the PIP.

Item 20 Overarching Strategies:

Policy

As part of the larger policy initiative, policy related to caseworker visitation with parents needs to be developed and added to the existing policy.

Training and Technical Assistance

Training and technical assistance from the NCWRFCPPPP will assist in the development of the on-going training for assessment, case planning and family engagement and the related practice guide. This training and practice guide will include policy and practice guidance for improving the frequency and quality of caseworker visitation with parents.

Family Centered Practice

The practice of FTM and CC create opportunities for the caseworker to visit and engage the parents in assessment, case planning and decision-making for safety, permanency and well-being. By utilizing time together at FTM and CC, the caseworker can improve the frequency and quality of caseworker visitation with the parents.

Quality Assurance

The monthly FCCR will assess practice related to the quality and frequency of caseworker visitation with parents. The supervisory case review will review both in-home and custody cases. The supervisory case review will assess the quality of face to face caseworker contact with parents. Once the supervisory case review instrument is integrated into MACWIS and implemented in practice, reports will be developed and generated to use this information to inform and improve practice.

Regional Action Plans

All regions and counties will conduct County Assessments to determine strengths and areas needing improvement for caseworker visitation with the parents by evaluating actual practice within the county. If a county identifies caseworker visitation with the parent as a practice area needing improvement and a priority, strategies will be developed in the RAP to improve the frequency and or quality of caseworker visits. It is important to note that due to national findings from the CFSR regarding the importance of the frequency and quality of caseworker visitation on safety, permanency and well-being outcomes, all regions will be trained regarding the importance of these findings and encouraged to prioritize strategies for caseworker visitation as a part of their plans.

Item 20 Action Steps:

20a. Provide statewide training to include assessment, case planning and family community engagement to provide instruction related to quality, frequency, purpose and structure of caseworker visitation with parents.

20b. Utilize TA from the NCWRCFCPPP to provide recommendations for policy and practice changes related to FCP, FTM and caseworker visitation as part of case planning to improve family engagement in decision-making and case planning.

20c. Implement the revised FCCR instrument to assess the quality of caseworker visitation with parents and to use this information to inform and improve practice.

20d. Implement the supervisory case review to assess both in-home and custody cases and to ensure frequency and quality of caseworker visitation with parents.

20e. If the county self assessment process identifies caseworker visitation as an area needing improvement and a priority to improve outcomes, strategies will be developed and implemented as part of the RAP.

MISSISSIPPI CFSR KEY FINDINGS FOR WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS

There is only one indicator for Well-Being Outcome 2. It pertains to the child welfare agency's effectiveness in addressing and meeting the educational needs of children in both foster care and in-home services cases (item 21).

Mississippi did not achieve substantial conformity with Well-Being Outcome 2. This determination is based on the finding that the outcome was determined to be substantially achieved in 75.9 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity. A key CFSR finding was that MDHS is not consistently effective in meeting children's educational needs, particularly children in the in-home services cases.

MISSISSIPPI PIP WORKPLAN FOR WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS

Item 21-Educational needs of the child

Goal: Increase the statewide percentage of children who receive educational services based on identified educational needs by March 2007.

Goal Benchmark: Increase the statewide percentage of children who receive educational services based on identified educational needs by March 2006.

Method of Measuring Progress: The method for measuring progress will be the revised FCCR which will be implemented July 2005, after first quarter of data collection, a baseline and percentage of improvement will be established and negotiated with ACF Regional Office. The approved measures will be revised within the PIP.

Item 21 Overarching Strategies:

Policy

Policy regarding educational needs and services for children will be evaluated and revised as part of the policy restructuring initiative.

Family Centered Practice

The FTM and CC provide an opportunity to assess educational needs and identify needed and available services to address these needs. In addition, the CC includes community partners and if a child has educational needs, representatives from education can become team members through the CC.

Training and Technical Assistance

Training and technical assistance from national resource centers will be coordinated and provided to develop the on-going training for assessment, case planning and family/community engagement and the related practice guide. This training and practice guide will include policy and practice guidance for improving the assessment and case planning to address educational needs as well as community engagement by partnering with the educational providers as team members.

Quality Assurance

The monthly FCCR will review practice related to the assessment, identification of educational needs and services provided. A MACWIS report is being developed to address the educational needs and services for children and this report will be useful for RD, ASWS and caseworkers to address cases with educational needs. Supervisory case review will include the assessment of educational needs and provision of services for children in-home and in custody.

Item 21 Action Steps:

21a. Provide statewide training to include assessment, case planning and family/community engagement to provide instruction related to engaging community partners such as education in the assessment and case planning process.

21b. Enhance the CC (six month administrative review) to be more family centered and to encourage more community involvement such as teachers and educational providers.

21c. Implement the revised FCCR instrument to assess practice related to assessment, identification of educational needs, and services provided to improve practice.

21d. Implement the supervisory case review to assess both in-home and custody cases to ensure quality of practice related to assessment, identification of educational needs and services provided to improve practice.

21e. Establish more collaborative efforts and partnerships between local DFCS offices and available Families First Resource Centers to improve access to educational services for children such as Parents as Teachers, after-school programs and tutorial programs.

MISSISSIPPI CFSR KEY FINDINGS FOR WELL-BEING OUTCOME 3: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS

This outcome incorporates two indicators that assess the child welfare agency's efforts to meet children's physical health (item 22) and mental health (item 23) needs.

Mississippi did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in 52.4 percent of the 42 applicable cases, which is less than the 90 percent required for a determination of substantial conformity.

Although performance on this outcome was low in all CFSR sites, there was considerable variation across sites. The outcome was determined to be substantially achieved in 62.5 percent of Adams County cases and 61 percent of Hinds County cases, compared to 27 percent of Washington County cases.

A key CFSR finding with regard to this outcome was that MDHS is not consistent in its efforts to meet children's physical or mental health needs. Identified concerns pertained to a lack of dentists who will accept Medicaid and a general lack of mental health services throughout the State.

MISSISSIPPI PIP WORKPLAN FOR WELL-BEING OUTCOME 3: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS

Item 22-Physical health of the child

Goal: Increase the statewide percentage of children who receive health services based on identified and assessed physical health needs by March 2007.

Goal Benchmark: Increase the statewide percentage of children who receive health services based on identified and assessed physical health needs March 2006.

Method of Measuring Progress: The method for measuring progress will be the revised FCCR to be implemented July 2005, after first quarter of data collection, a baseline and percentage of improvement will be established and negotiated with ACF Regional Office. The approved measures will be revised within the PIP.

Item 22 Overarching Strategies:

Policy

Policy regarding assessment of physical health needs and provision of health services for children will be evaluated and revised as part of the policy restructuring initiative.

Family Centered Practice

The FTM and CC provide an opportunity to assess physical health needs and identify needed and available services to address these needs. In addition, the CC includes community partners and if a child has physical health needs, the health care providers can become team members through the CC.

Training and Technical Assistance

Training and technical assistance from national resource centers will be coordinated and provided to develop the on-going training for assessment, case planning and family/community engagement and the related practice guide. This training and practice guide will include policy and practice guidance for improving the assessment and case planning to address physical health needs as well as community engagement by partnering with the health care providers as team members.

Quality Assurance

The monthly FCCR will assess practice related to the assessment, identification, and physical health services provided. The supervisory case review of in-home and custody cases will also assess the quality of practice in assessing physical health needs and provision of services based on identified needs.

Item 22 Action Steps:

22a. Initiate meetings with the MS Department of Public Health to identify programs and services and to improve coordination between state and local offices.

22b. Implement the revised FCCR instrument to assess practice related to assessment, identification of physical health needs and services provided and use the information to inform and improve practice.

22c. Implement the supervisory case review instrument and process to assess the quality of practice related to assessment, identification of physical health needs and services provided and use this information with caseworkers to inform and improve practice.

Item 23-Mental health of the child

Goal: Increase the statewide percentage of children who receive mental health services based on identified needs by March 2007.

Goal Benchmark: Increase the statewide percentage of children who receive mental health services based on identified needs by March 2006.

Method of Measuring Progress: The method for measuring progress will be the revised FCCR to be implemented July 2005, after first quarter of data collection, a baseline and percentage of improvement will be established and negotiated with ACF Regional Office. The approved measures will be revised within the PIP.

Item 23 Overarching Strategies:

Policy

Policy regarding the assessment of mental health needs and provision of mental health services for children will be evaluated and revised as part of the policy restructuring initiative.

Family Centered Practice

The FTM and CC provide an opportunity to assess mental health needs and identify needed and available services to address these needs. In addition, the CC includes community partners and if a child has mental health needs, the mental health care providers can become team members through the CC.

Training and Technical Assistance

Training and technical assistance from national resource centers will be coordinated and provided to develop the on-going training for assessment, case planning and family/community engagement and the related practice guide. This training and practice guide will include policy and practice guidance for improving the assessment and case planning to address mental health needs as well as community engagement by partnering with the mental health care providers as team members.

Quality Assurance

The monthly FCCR will review practice related to the assessment, identification, and mental health services provided. The supervisory case review of in-home and custody cases will assess the practice of identification of mental health needs and provision of services based on needs.

Item 23 Action Steps:

23a. Revise policy related to the Psychological evaluation for children 4 years and older so that it is not automatically based on age, but based on assessed needs of the child.

23b. Collaborate with MS Department of Mental Health to obtain a comprehensive family assessment for children in DHS custody.

23c. Develop policy and related practice guidelines to address comprehensive family assessment and based on assessed needs to access mental health services.

23d. Continue DFCS participation with the Interagency Coordinating Council for Children and Youth (ICCCY) and the Interagency Systems of Care Council (ISCC) to address and improve mental health services to SED (seriously emotionally disturbed) children and youth. ICCCY meets biannually and is comprised of the executive directors of all agencies who provide services to children and is mandated by state legislation. ISCC meets quarterly and is comprised of middle managers from each of the mandated ICCCY agencies. ISCC develops priorities and strategy plans for ICCCY approval regarding coordination and collaboration among the agencies.

23e. Implement the revised FCCR instrument to assess practice related to assessment, identification of mental health needs and services provided and use the information to inform and improve practice.

23f. Implement the supervisory case review instrument and process to assess the quality of practice related to assessment, identification of mental health needs and services provided and use this information with caseworkers to inform and improve practice.

SYSTEMIC FACTORS:

MISSISSIPPI CFSR KEY FINDINGS FOR STATEWIDE INFORMATION SYSTEM

Substantial conformity with the systemic factor of Statewide Information System is determined by whether the State is operating a Statewide Information System that can identify the status, demographic characteristics, location, and goals for children in foster care (item 24).

Mississippi did not achieve substantial conformity with the systemic factor of Statewide Information System because the data quality is compromised due to poor data entry. Information available from MACWIS does not consistently reflect a child's current situation that will enable MDHS to readily identify the status, demographic characteristics, location and goals for the placement of every child.

MISSISSIPPI PIP WORKPLAN FOR STATEWIDE INFORMATION SYSTEM

Item 24-State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Goal: Increase the utilization of MACWIS by caseworkers to enter data timely and appropriately to improve the quality of MACWIS data and reports by March 2007.

Goal Benchmark: Increase the utilization of MACWIS by caseworkers to enter data timely and appropriately to improve the quality of MACWIS data and reports by March 2006.

Method of Measuring Progress: Implement targeted data clean up to address inaccurate or missing data per report. Track data entry and results of clean up efforts by monitoring the quality and accuracy of data reports.

Item 24 Action Steps:

24a. Complete an assessment of the MACWIS system to determine ways to improve worker utilization and training needs for all users.

24b. Survey all users to determine training needs and provide needed training to staff.

24c. Build edits in MACWIS that will direct users to the appropriate screen to enter critical data to improve data entry and be more user friendly

- 24d. Incorporate all MACWIS related PIP strategies and action steps into MACWIS program work plan to manage system changes, prioritize and track progress on strategies for PIP quarterly reporting.
- 24e. Develop MACWIS Report based on “Family Team Meeting” narrative type to monitor the frequency of FTM held within 30 days.
- 24f. Utilize technical assistance from the NCWRCCPS and the NCWRCFCPPP to provide recommendations for improvement to safety and risk assessment policy, practice and assessment.
- 24g. Ensure all children have correct placement data entered in MACWIS to improve the accuracy and validity of data and reports to monitor placement stability and insure all children in custody have a placement entry.
- 24h. Develop and implement edits in MACWIS that will support users’ timely entry of placement data.
- 24i. Track use of shelter placements to reduce the inappropriate use of shelter placements and the length of stay in shelters.
- 24j. Build process in MACWIS to effectively link appropriate and available placement resources based on needs and assessment.
- 24k. Build process in MACWIS to effectively link tasks to specified goals to improve and monitor progress in meeting the permanency plan.
- 24l. Develop and implement the Transitional Living Plan in MACWIS as a part of the Independent Living Plan.
- 24m. Develop a regional approval process for placements more than 50 miles from child’s original home to enforce existing policy.
- 24n. Update MACWIS to include information necessary to track and monitor ICWA compliance.
- 24o. Build process in MACWIS to effectively link appropriate and available support services to meet the needs of families identified through the safety and risk assessment.
- 24p. Develop a MACWIS tickler to notify ASWS that a Permanency hearing must be scheduled.
- 24q. Develop a MACWIS Report to track the status of an adoption case at various stages of the adoption process.
- 24r. Restructure and implement the Supervisory Case Review to include the review and case staffing of one in-home case per worker every ninety days to improve practice and ensure that each child has a documented case plan that was developed with the engagement of the children and families.

MISSISSIPPI CFSR KEY FINDINGS FOR CASE REVIEW SYSTEM

Five indicators are used to assess the State's performance with regard to the systemic factor of Case Review System. The indicators examine the development of case plans and parent involvement in that process (item 25), the consistency of 6-month case reviews (item 26) and 12-month permanency hearings (item 27), the implementation of procedures to seek termination of parental rights (TPR) in accordance with the timeframes established in the Adoption and Safe Families Act (ASFA) (item 28), and the notification and inclusion of foster and pre-adoptive parents and relative caregivers in case reviews and hearings (item 29).

The State of Mississippi is not in substantial conformity with the systemic factor of Case Review System. This determination is based on the following CFSR findings:

- Case plans are not developed jointly with the child's parent on a consistent basis.
- The State is unable to consistently implement a process to insure the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.
- The State and the courts are not consistently ensuring that each child in foster care has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.
- The State does not consistently provide a process for termination of parental rights proceedings in accordance with the provisions of the ASFA.
- The State does not consistently provide a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be in, any review or hearing with respect to the child.

MISSISSIPPI PIP WORKPLAN FOR CASE REVIEW SYSTEM

Item 25-Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parents that includes the required provisions.

Goal: Increase the statewide percentage of parents and the percentage of children actively involved in case planning by March 2007.

Goal Benchmark: Increase the statewide percentage of parents and the percentage of children actively involved in case planning by March 2006.

Method of Measuring Progress: The new foster care review tool will be implemented in July 2005 and after the first quarter of data collection, the baseline and percentage of improvement will be negotiated with ACF Regional Office and the PIP revised with the approved measurements.

Item 25 Overarching Strategies:

Training and Technical Assistance

The technical assistance and training from the NCWRCCPS and the NCWRCFCPPP related to FCP, FTM and CC as well as assessment, case planning and family/community engagement

training curricula and concise practice guides will address the child and family engagement in case planning. .

Family Centered Practice

The technical assistance and training from the National NCWRCCPS and the NCWRCFCPPP related to FCP, FTM and CC as well as assessment, case planning and family/community engagement training curricula and concise practice guides will address the child and family engagement in case planning.

Quality Assurance

The supervisory case review will assess the practice of actively engaging family and children in FTM to develop the case plan within 30 days from case assignment. Foster care case review will assess the practice of actively engaging parents and children in case planning through the monthly random sample case review.

Regional Action Plans

All regions and counties will conduct County Self Assessments to determine strengths and areas needing improvement for engaging the child and family in case planning by evaluating actual practice within the county. Each RAP will be required to address strategies to improve family engagement in case planning through FTM. After SO approval, the region and counties will implement and monitor progress on completing action steps and progress toward goals for improving FTM and family/child engagement in case planning. The ASWS and County will report progress monthly to the RD, who in turn report quarterly to SO.

Item 25 Action Steps:

25a. T/TA from the NCWRCFCPPP to assist with policy and practice changes related to FCP, FTM, and family engagement in case planning.

25b. Provide statewide training and release of practice guides on FCP to include FTM within 30 days and CC to implement practice changes

25c. Provide training and concise practice guide on case planning that includes the practice of family and child engagement in case planning, FTM within 30 days to develop the initial ISP, concurrent permanency planning and transitional planning with youth.

25d. Each region will address & include in the RAP action steps to implement FTM practice standards and guidelines to comply with policy to engage family within 30 days to develop initial ISP.

25e. Implement the revised FCCR instrument and process to assess the quality of practice in engaging parents and children in case planning and FTM.

25f. Implement the supervisory case review instrument and process to ensure that each child has a documented ISP that was developed with the engagement of the children and families

Item 26-Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.

Goal: Increase the statewide percentage of children afforded a six month administrative review (CC) within 6 months of custody and every 6 months thereafter by March 2007.

Goal Benchmark: Increase the statewide percentage of children afforded a six month administrative review (CC) within 6 months of custody and every 6 months thereafter by March 2006.

Method of Measuring Progress: A MACWIS report is being developed to provide information to judges on a monthly basis to track the six month administrative reviews CC and the Permanency Hearings. This report will require data clean up which will take 2-3 months to ensure the accuracy of the data. Once the report data is accurate, a baseline and percentage of improvement will be established through negotiation with ACF Regional Office and the approved measures will be added to the PIP.

Item 26 Overarching Strategies:

Family Centered Practice

The CC (six month administrative review), is held within 6 months of custody and every 6 months thereafter to review mandatory determinations for ASFA and to review progress toward timely and appropriate permanency. This CC process is being enhanced to improve the family and community engagement in case planning and to improve the consistency of practice statewide.

Item 26 Action Steps:

26a. Provide statewide training and release of practice guides on FCP, FTM, and CC to implement practice changes.

26b. Enhance the CC (six month administrative review) to be more family centered.

26c. In collaboration with CIP and AOC distribute monthly reports for County Youth Court Judges that will assist with tracking six month periodic reviews (CC) on the status of each child.

Item 27-Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Goal: Increase the statewide percentage of children afforded an annual Permanency Hearing by March 2007.

Goal Benchmark: Increase the statewide percentage of children afforded an annual Permanency Hearing by March 2006.

Method of Measuring Progress: A MACWIS report is being developed to provide information to judges on a monthly basis to track Permanency Hearings. This report will require data clean up, which will take 2-3 months to ensure the accuracy of the data. Once the report data is accurate, a baseline and percentage of improvement will be established through negotiation with ACF Regional Office and the approved measures will be added to the PIP.

Item 27 Overarching Strategies:

Family Centered Practice

The CC (six month administrative review) is held every 6 months after entering custody and prior to the 12 month annual Permanency Hearings to prepare the family, child(ren) and staff for court hearings and to allow parents, children, foster parents, providers and staff to be heard and provide comments and recommendations to the court as part of the Youth Court Hearing Summary Report to be utilized in the 6 month administrative review and 12 month Permanency Hearings.

Regional Action Plans

All regions and counties will conduct County Self Assessments to determine strengths and areas needing improvement to ensure timely Permanency Hearings by evaluating county practice. If a county identifies timeliness of 12 month Permanency Hearings as an area needing improvement and as a permanency priority, strategies will developed to improve practice in the RAP. After SO approval, the region and counties will implement and monitor progress on completing action steps and progress toward goals for improving permanency outcomes. The ASWS and County will report progress monthly to the RD, who in turn report quarterly to SO.

Item 27 Action Steps:

27a. Develop a MACWIS tickler to notify ASWS that a Permanency hearing must be scheduled.

27b. Enhance the CC (six month administrative review) to be more family centered.

27c. Develop monthly reports for county youth court judges that will assist with tracking six month administrative review and annual permanency hearings to review of the status of each child and distribute the reports in collaboration with CIP and AOC.

27d. RAP will include action steps to ensure timely permanency hearings if the county self assessment determine this to be an area needing improvement.

Item 28-Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

Goal: Increase the statewide percentage of children in custody 15 of 22 months where a TPR has been requested from 37.64% to 41.64% by March 2007.

Goal Benchmark: Increase the statewide percentage of children in custody 15 of 22 months where a TPR has been requested from 37.64% to 39.64% by March 2006.

Method of Measuring Progress: The method of measuring progress is the MACWIS ASFA Compliance Report. The baseline of 37.64% was determined using two quarters of data, July-September 2004 and October –December 2004. The percentage of improvement was based on the data trend over this 6 month period, and based on the strategies within the PIP to impact the timeliness of TPR targeting children in care 15 of 22 months. This MACWIS ASFA Compliance Report will continue to be used to track the TPR progress.

Item 28 Overarching Strategies:

Family Centered Practice

Continue to focus on timely and appropriate permanency plans as part of the CC and utilize this family team conference to address barriers to timely permanency.

Quality Assurance

Continue use of MACWIS ASFA Compliance Report to monitor and address ASFA compliance with 15 of 22 month rule and timeliness of TPR. As part of QA, MACWIS reports will be developed with the Adoption staff to track relevant data to assist the staff in improving tracking and timeliness of TPR and adoption cases at various stages in the process.

Item 28 Action Steps:

28a. Continue the MDHS and Mississippi School of Law collaboration to assist in timely finalization of adoption cases.

28b. Develop a MACWIS Report to track the status of TPR and various stages of the adoption process by case to improve adoption practice.

28c. Implement reporting system for the ASWS and RD to provide feedback about improvements on the MACWIS ASFA Compliance Report to track and address trends and patterns related to children in custody 15 of 22 months.

28d. Enhance the CC (six month administrative review), to be more family centered in practice.

28e. Establish a State Level Court Task Force in collaboration with CIP to identify barriers to timely termination of parental rights and to develop solutions for barriers at various points in the TPR process.

28f. Restructure the SO Adoption Program procedures to reduce internal agency barriers to timely TPR.

Item 29-Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in any review or hearing held with respect to the child.

Goal: Improve the CC (six month administrative review) notification process for foster parent, relative caregivers and pre-adoptive parent in preparation for court review and hearings by March 2005.

Goal Benchmark: Revised notification form letter in MACWIS by March 2005.

Method of Measuring Progress: The invitations for CC will be revised and integrated into MACWIS to be more family-friendly and inviting to improve response and participation at CC. In addition, as part of the CC, FCR will continue to document as part of the Youth Court Hearing Summary Report invitations sent and actual attendance at CC.

Item 29 Overarching Strategies:

Family Centered Practice –

The CC practice guide will address the process to notify and engage foster parents, pre-adoptive parents and relative caregivers of children in foster care in the CC and provide the opportunity for input and comment into the Youth Court Hearing and Review Summary report that is sent to the judge for review and hearings.

Item 29 Action Steps:

29a. Provide facilitation training to FCR, ASWS and county social workers as part of the statewide training on FTM and CC along with the CC practice guide to improve the engagement of foster parents, pre-adoptive parents and relative caregivers in the CC.

MISSISSIPPI CFSR KEY FINDINGS FOR QUALITY ASSURANCE SYSTEM

Performance with regard to the systemic factor of Quality Assurance System is based on whether the State has developed standards to ensure the safety and health of children in foster care (item 30), and whether the State is operating a statewide quality assurance system that evaluates the quality and effectiveness of services and measures program strengths and areas needing improvement (item 31).

Mississippi is not in substantial conformity with the systemic factor of Quality Assurance System. The CFSR determined that although the State has developed and implemented procedures to ensure that children in foster care are provided quality services that protect the safety and health of the children, the State's Quality Improvement system is not fully operational. Quality Improvement was launched in January 2003 in seven of the nine regions and is limited to the review of case records for newly opened in-home cases.

MISSISSIPPI PIP WORKPLAN FOR QUALITY ASSURANCE SYSTEM

Item 30-The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children. This item was rated as a strength and does not have to be addressed in the program improvement efforts in the PIP.

Item 31-The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of the services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

Goal: The state will have in place an identifiable quality assurance system that includes FCCR, Supervisory Case Review and MACWIS reports and will utilize this information to improve practice by March 2007.

Goal Benchmark: The state will implement the revised FCCR, Supervisory Case Review, and the MACWIS Progress Reporting System by January 2007.

Method of Measuring Progress: An identifiable system including FCCR, Supervisory Case Review and MACWIS Progress Reporting will be observable by January 2007. Reports will be in use to improve practice and document progress by March 2007.

Item 31 Overarching Strategy:

Quality Assurance

Mississippi's quality assurance system will evaluate progress toward indicators of improved outcomes for children and families with the goal to build a system that is helpful to staff at the local level to engage in practice and decision-making that reflects the best interest of the child. There are three components to Mississippi's quality assurance approach: FCCR, Supervisory Case Review, and MACWIS reports as a tool for state, regional and county staff review to determine progress toward program improvements.

Item 31 Action Steps:

31a. Implement the revised supervisory case review instrument and process for both in-home and custody cases. Utilize MACWIS supervisory case review reports to inform and improve practice.

31b. Revise and implement current Foster Care Review Instrument to be more qualitative.

31c. Develop a tool to collect data from the FCCR Review Instrument that can be reported to DFCS Division Director and Bureau Director of MACWIS, PIP and Special Projects.

31d. MACWIS reports will be utilized as a management tool to track progress of regions and counties to improve the accuracy of data entry and to improve the quality of practice.

31e. Implement reporting system to track improvements in practice based on targeted MACWIS Reports for the ASWS and RD to provide feedback about improvements.

31f. Run quarterly AFCARS and NCANDS reports utilizing the data utility tool to track progress on federal standards.

MISSISSIPPI CFSR KEY FINDINGS FOR TRAINING SYSTEM

The systemic factor of Training incorporates an assessment of the State's new caseworker training program (item 32), ongoing training for child welfare agency staff (item 33), and training for foster and adoptive parents (item 34).

Mississippi did not achieve substantial conformity with the systemic factor of Training. The CFSR determined that although the State provides initial training for staff who deliver services under titles IV-B and IV-E, the State is unable to provide ongoing training that addresses all the skills and knowledge base needed by staff to carry out their duties with regard to the services included in the CFSP. The CFSR also found that the State's training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E does not adequately address the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

MISSISSIPPI PIP WORKPLAN FOR TRAINING SYSTEM

Item 32-The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services. This item was rated as a strength and does not require addressing program improvement efforts in the State PIP.

Item 33-The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

Goal: On-going training system developed and implemented for DFCS staff statewide by March 2007.

Goal Benchmark: On-going Training Curricula implemented and first full round of training completed by October 2006.

Method of Measuring Progress: The method of measuring progress will be the products generated from the on-going training to include the curriculum, concise practice guides, the training evaluation summary reports and training records such as attendance records.

Item 33 Action Steps:

33a. Utilize technical assistance from the NCWRFCPPPP to provide recommendations for policy, practice, and training related to FCP, FTM, and CC to improve family engagement in decision-making, assessment and case planning.

33b. Utilize technical assistance from the NCWRCCPS to provide recommendations for improvement to policy, practice and training for intake, screening, and investigation response.

33c. Develop and implement Level 2 on-going training curricula and concise practice guides based on the three skill areas of Assessment, Case Planning and Family/Community Engagement in coordination with policy revisions.

33d. Coordinate with IV-E CWTI to provide on-going training curricula for specialized areas including substance abuse, domestic violence, working with the courts and other targeted areas.

33e. Initiate curricula development for Level 3 Advanced Training building on the three skill areas of assessment, case planning and family/community engagement.

33f. Develop and implement Level 1 Intensive Supervisory Curricula for all new supervisors.

33g. Continue coordination with Child Protective Service Supervisory Training Pilot in Regions I-E, I-W, II and IV.

33h. Make the training schedule easily accessible to field.

33i. Restructure the Volume IV policy manual by separating practice and policy and developing a useable policy manual and corresponding practice guides that are consistent with training.

Item 34-The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under Title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Goal: State will have a system for on-going training for licensed foster homes, relatives, adoptive parents by March 2007.

Goal Benchmark: State will implement revised pre-service training curricula for prospective foster parents, adoptive parents, and relatives by March 2006.

Method of Measuring Progress: The method of measuring progress will be the revised pre-service training curricula for foster/adoptive parents, the on-going training system for foster and adoptive families; training schedule and training evaluation reports.

Item 34 Action Steps:

34a. Access T/TA from Adopt US Kids to “train trainers” pairing resource families with staff to provide training for responding to the call from prospective foster and adoptive families.

34b. Coordinate with IV-E Child Welfare Institute to develop and implement on-going training for foster and adoptive parents for identified specialized areas.

34c. Access T/TA from the National Child Welfare Resource for Special Needs Adoption and the NCWRCFCPPP to enhance the current pre-service training curricula to address the roles of foster and adoptive families in working as team members and based on programmatic changes to policy and practice.

MISSISSIPPI CFSR KEY FINDINGS FOR SERVICE ARRAY

The assessment of the systemic factor of Service Array addresses three questions: (1) Does the State have in place an array of services to meet the needs of children and families served by the

child welfare agency (item 35)? (2) Are these services accessible to families and children throughout the State (item 36)? (3) Can services be individualized to meet the unique needs of the children and family served by the child welfare agency (item 37)?

Mississippi did not achieve substantial conformity with the systemic factor of Service Array. The CFSR determined that the State does not have in place a sufficient array of services to assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency. Critical gaps in the service array are foster homes for children of all ages, substance abuse services for adolescents and adults, and mental health services for children and families. In addition, services are not accessible to families and children in all political jurisdictions covered in the State's CFSP. Finally, the CFSR found that county staffs have a limited ability to individualize services for all children and families served by the agency.

MISSISSIPPI PIP WORKPLAN FOR SERVICE ARRAY

Item 35-The State has in place an array of services that assess the strengths and needs of children and families to determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

Goal: Increase state level collaborative efforts and partnerships to improve coordination and access to existing services statewide by March 2007.

Goal Benchmark: Identify state level partners and establish collaborative agreements or MOU to develop and implement improved coordination and access to existing services by March 2006.

Method of Measuring Progress: Benchmarks – The method of measuring progress will be the memorandum of understanding or written agreements with partners for collaborative efforts.

Item 35 Action Steps:

35a. Research feasibility of expanding MAP Teams in collaboration with the Department of Mental Health and if feasible, implement protocol for family involvement in MAP Teams.

35b. Expand CJA Multi-disciplinary Teams to all counties and replicate effective models on a statewide basis.

35c. Improve the effectiveness and impact of Project Homestead County Task Forces on the community to improve local service array and delivery of services.

35d. Stabilize and support the existing Project Homestead Network Coordinators.

35e. Enhance and expand foster and adoptive parent support groups and services.

35f. Engage current foster and adoptive parent support groups and service providers to provide technical assistance to newly created support groups or foster and adoptive parents interested in starting groups.

35g. Offer a workshop by members of Foster and Adoptive Parent Support Groups at the Annual Lookin' to the Future Conference to support expanding groups and services across the state.

35h. Research available technical assistance and resource materials available for Foster/Adoptive Parent interested in establishing a Statewide or Regional Foster or Adoptive Parent Association.

35i. Establish more collaborative efforts and partnerships between local DFCS offices and available Families First Resource Centers and other community-based providers funded through MDHS

35j. RD and ASWSs develop community relationships and support MDHS service providers and other community based groups such as Project Homestead County Task Forces and parent support groups.

35k. Continue DFCS participation with the Interagency Coordinating Council for Children and Youth (ICCCY) and the Interagency Systems of Care Council (ISCC) to address and improve mental health services to SED (seriously emotionally disturbed) children and youth. ICCCY meets biannually and is comprised of the executive directors of all agencies who provide services to children and is mandated by state legislation. ISCC meets quarterly and is comprised of middle managers from each of the mandated ICCCY agencies. ISCC develops priorities and strategy plans for ICCCY approval regarding coordination and collaboration among the agencies.

Item 36-The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.

Goal: Increase state level collaborative efforts and partnerships to improve coordination and access to existing services statewide by February 2007.

Goal Benchmark: Identify state level partners and establish collaborative agreements or MOU to develop and implement improved coordination and access to existing services at by February 2006.

Method of Measuring Progress: The method of measuring progress will be the memorandum of understanding or written agreements with partners for collaborative efforts.

Item 37 Action Steps:

Please Reference System Factor Service Array, Item 35 above.

Item 37-The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.

Goal: Increase the % of cases reviewed where services were provided to meet the identified and assessed needs of the parents (mother, father, foster parents), and child by February 2007.

Goal Benchmark: Increase the % of cases reviewed where the needs of the parents, foster parents and child were identified and assessed by February 2006.

Method of Measuring Progress: The method of measuring progress will be the monthly FCCR utilizing the revised case review instrument which will be implemented in July 2005, after the first quarter of data collection, a baseline and percentage of improvement will be negotiated with ACF RO and once approved will be revised within the PIP. The on-going monitoring for progress will be the FCR quarterly reports.

Item 37 Overarching Strategies:

Training and Technical Assistance

The technical assistance and training from the NCWRCCPS and the NCWRCFCPPP related to FCP, FTM and CC as well as assessment, case planning and family/community engagement training curricula and concise practice guides will address the assessed needs and services for families and children to improve well-being outcomes.

Family Centered Practice

The technical assistance and training from the NCWRCCPS and the NCWRCFCPPP related to FCP, FTM and CC as well as assessment, case planning and family/community engagement training curricula and concise practice guides will address the assessed needs and services for families and children to improve well-being outcomes.

Item 37 Action Steps:

Please Reference System Factor Service Array, Item 35 above.

MISSISSIPPI CFSR KEY FINDINGS FOR AGENCY RESPONSIVENESS TO THE COMMUNITY – MISSISSIPPI WAS RATED IN SUBSTANTIAL CONFORMITY FOR THIS SYSTEMIC FACTOR THEREFORE IS NOT REQUIRED TO ADDRESS PROGRAM IMPROVEMENT EFFORTS IN THE PIP

Item 38-In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP. This item was rated a strength in the CFSR Findings.

Item 39-The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP. This item was rated a strength in the CFSR Findings.

Item 40-The State’s services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population. This item was rated a strength in the CFSR Findings.

MISSISSIPPI CFSR KEY FINDINGS FOR FOSTER HOME AND ADOPTION LICENSING, RECRUITMENT AND RETENTION – MISSISSIPPI WAS RATED IN SUBSTANTIAL CONFORMITY FOR THIS SYSTEMIC FACTOR THEREFORE IS NOT REQUIRED TO ADDRESS PROGRAM IMPROVEMENT EFFORTS IN THE PIP

Item 41-The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards. This item was rated a strength in the CFSR Findings.

Item 42-The standards are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-E or IV-B funds. This item was rated a strength in the CFSR Findings.

Item 43-The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children. This item was rated a strength in the CFSR Findings.

Item 44-The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed. This item was rated as an area needing improvement in the CFSR Findings; however, it is not required to be addressed since the State was in substantial conformity for this systemic factor. As diligent recruitment is such an important item impacting permanency, Mississippi has addressed this item and included specific strategies for improvement in the Permanency Outcome Section of the PIP.

Item 45-The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoption or permanent placements for waiting children. This item was rated as a strength in the CFSR Findings.

MISSISSIPPI’S PLAN FOR PIP IMPLEMENTATION AND MANAGEMENT

Plan for Distribution of the PIP and Progress Reports:

The approved PIP will be posted on the MDHS website for public access. The approved PIP will be distributed and shared with community stakeholders, partners and providers who actively participated in the CFSR and the development of the PIP through focus groups, workgroups and committees. PIP presentations have been provided through Conferences and Workshops to educate service providers and the professional community to the major approaches and strategies for program improvement. PIP presentations have already been prepared and provided statewide

to each region including the RD and ASWS. PIP progress reports will be provided to the State Level Citizen Review Board and agency related boards or workgroups to monitor and provide feedback and reports related to on-going program improvements. Progress on the PIP will be reviewed as part of the Annual CFSP Retreat to make recommendations for revisions and updates to the CFSP and PIP.

Agency Implementation and Management:

Upon PIP approval, state, regional and county staff will be provided with a copy of the program improvement plan. Orientation to the PIP will be part of the technical assistance efforts to develop RAP, so all RD, ASWS and county social workers will receive orientation to the goals and strategies of the PIP as they prepare to complete county self assessments and develop regional plans for improvement. Community stakeholders, judges, court personnel, foster and adoptive families and other partners will be included in the training and technical assistance as part of strategic planning for the RAP and therefore will also receive a copy of the PIP as well as orientation to the major approaches and strategies. As part of the RAP, a reporting system is being developed for supervisors, county social work staff and the regions that will directly link to the quarterly PIP Progress Report that will be submitted to ACF Regional Office. The quarterly progress improvement report for the RD and monthly progress improvement report for the ASWS and counties will include feedback on progress for targeted MACWIS data reports as well as progress on the action steps and goals of the RAP.

Once the PIP is approved, DFCS State Office staff will also be oriented to the PIP and identified state leads will be assisted in developing work plans for implementation. State Office DFCS Units including Prevention, Protection, Administration, and Placement and program staff including Training, FCR, Adoption, Licensing and Independent Living will utilize these work plans to orient staff, to supervise work, and as a method to track implementation and completion of PIP related responsibilities for monitoring progress and reporting. A monthly program improvement progress report for state office staff and state leads identified in the PIP will also be developed and implemented. State office program staff will report monthly to their Unit Director and the Unit Director will report quarterly to the State PIP Coordinator. The State PIP Coordinator will report quarterly to the ACF Regional Office.

A reporting system is being developed to assist in tracking all of the elements contained in the PIP and for capturing and reporting data including qualitative and quantitative data as well as measuring process measures and progress toward action steps and activities.

State PIP Reporting

The State will provide written and electronic status reports on the PIP quarterly to the ACF RO to include a description of the progress made during the reporting period and data about measurable factors and their relationship to the established benchmarks and timeframes. The State will use the PIP matrix to prepare the quarterly status report.

ATTACHMENT A

LIST OF ACRONYMS

LIST OF ACRONYMS IN PROGRAM IMPROVEMENT PLAN

1. ACF – Administration of Children and Families
2. AFCARS – Adoption and Foster Analysis and Reporting System
3. AOC – Administrative Office of Courts
4. ASFA – Adoption and Safe Families Act
5. ASWS – Area Social Work Supervisor
6. CC – County Conference
7. CFSR – Child and Family Service Review
8. CFSP – Child and Family Service Plan
9. CIP – Court Improvement Project
10. CPS – Child Protective Services
11. CWTI – Child Welfare Training Institute
12. DFCS – Division of Family and Children’s Services
13. ETV – Educational Training Vouchers (Independent Living Program Funds)
14. FCR – Foster Care Review
15. FCCR – Foster Care Case Review
16. FCP – Family Centered Practice
17. FP – Family Preservation
18. FTC – Family Team Conferences
19. FTM – Family Team Meetings
20. ICCCY – Interagency Coordinating Council for Children & Youth
21. ICWA – Indian Child Welfare Act
22. IL – Independent Living
23. ISCC – Interagency Systems of Care Council
24. ISP – Individualized Service Plans
25. MACWIS – Mississippi Automated Child Welfare Information System
26. MDHS – Mississippi Department of Human Services
27. MDT – Multi-disciplinary Team
28. MEPA – Multi-ethnic Placement Act
29. MOU – Memorandum of Understanding
30. NCANDS – National Child Abuse and Neglect Data System
31. NRC – National Resource Center
32. NCWRCOI – National Child Welfare Resource Center for Organizational Improvement
33. NCWRFCPPP – National Child Welfare Resource Center for Family Centered Practice and Permanency Planning
34. NCWRCCPS – National Child Welfare Resource Center for Child Protective Services
35. NCWRCSNA – National Child Welfare Resource Center for Special Needs Adoption
36. OJT – On the Job Training
37. PIP – Program Improvement Plan
38. QA – Quality Assurance

- 39. RAP – Regional Action Plan
- 40. RD – DFCS Regional Director
- 41. RO – Regional Office
- 42. SED – Seriously Emotionally Disturbed
- 43. SO – DFCS State Office
- 44. SPSS – Statistical Package of Social Sciences
- 45. TA – Technical Assistance
- 46. TPR – Termination of Parental Rights
- 47. T/TA – Training and technical assistance

ATTACHMENT B

TECHNICAL ASSISTANCE MATRIX FOR NATIONAL CHILD WELFARE RESOURCE CENTERS

| National Child Welfare Resource Center and Consultants | Technical Assistance Needs | State Contact |
|---|--|--|
| <p>National Child Welfare Resource Center for Organizational Improvement</p> <ul style="list-style-type: none"> • Peter Watson to assist with revising tools for Quality Assurance • Lynda Arnold to assist with developing workload analysis into the county self assessment process | <p>Develop Quality Assurance Tools</p> <ul style="list-style-type: none"> • Revise Foster Care Case Review instrument • Revise Supervisory Case Review instrument to include in-home cases <p>Complete a Workload Analysis</p> <ul style="list-style-type: none"> • Build workload analysis into the County Self Assessment tool to use results as part of strategic planning | <p>Quality Assurance</p> <ul style="list-style-type: none"> • Foster Care Case Review Rob Hamrick • Supervisory Case Review Tracey Malone <p>Workload Analysis</p> <ul style="list-style-type: none"> • State PIP Consultant Beth Frizsell • Regional Directors |
| <p>National Child Welfare Resource Center for Child Protective Services</p> <ul style="list-style-type: none"> • Theresa Costello to assist with review of policy, procedures, tools and training curricula to make recommendations to improve safety outcomes | <p>Improve Consistency of Practice</p> <ul style="list-style-type: none"> • Intake • Screening • Investigation Response • Safety Assessment • Risk Assessment • Case Planning | <p>Policy and Practice Workgroup</p> <ul style="list-style-type: none"> • Policy Lead – Gail Young • Practice Lead – Kathy Triplet <p>Intake, Screening and Assessment Committee</p> <ul style="list-style-type: none"> • Committee Lead -John Reynolds |
| <p>National Child Welfare Resource Center for Family Centered Practice and Permanency Planning</p> <ul style="list-style-type: none"> • Lorrie Lutz to assist with review of policy, procedures, tools and training curricula to make recommendations to improve safety, permanency and well-being outcomes | <p>Improve Consistency of Practice</p> <ul style="list-style-type: none"> • On-going Risk Assessment • Family Centered Practice Principles • Family Team Meetings • Case Planning to engage family and child(ren) • Family Visitation • Caseworker Visitation | <p>Policy and Practice Workgroup</p> <ul style="list-style-type: none"> • Policy Lead – Gail Young • Practice Lead – Kathy Triplet <p>Intake, Screening and Assessment Committee</p> <ul style="list-style-type: none"> • Committee Lead – Maggie Mixon <p>Family Team Meeting and Case Planning Committee</p> <ul style="list-style-type: none"> • Committee Lead -John Reynolds |
| <p>National Child Welfare Resource Center for Special Needs Adoption</p> <ul style="list-style-type: none"> • Natalie Lyons to assist with revising foster and adoptive parent curricula for training and training for adoption staff | <p>Improve Training for Foster and Adoptive Families</p> <ul style="list-style-type: none"> • Revisions to PATHS curricula to include role of parents as team members and incorporate changes due to dual certification of foster/adopt homes • Training for Adoption and Licensure staff related to Preparing Children for Adoption and Preventing Disruptions | <p>Policy and Practice Workgroup</p> <ul style="list-style-type: none"> • Policy Lead – Gail Young • Practice Lead – Kathy Triplet <p>Adoption and Licensure Committee</p> <ul style="list-style-type: none"> • Adoption Lead – Phobe Clark • Licensure Lead – Katherine Hardy |

| National Child Welfare Resource Center and Consultants | Technical Assistance Needs | State Contact |
|--|---|--|
| <p>Adopt US Kids</p> <ul style="list-style-type: none"> • Judith McKenzie and John McKenzie to assist with foster and adoptive parent recruitment and retention • Mary Brooks to assist with foster and adoptive parent recruitment and retention and training trainers | <p>Recruit Foster and Adoptive Families and Improve Retention and Supports</p> <ul style="list-style-type: none"> • Regional Assessments for Strategic Planning • Develop Targeted Statewide Recruitment and Retention Plan for foster and adoptive families • Train the Trainers on “Answering the Call” to respond to prospective foster and adoptive families | <p>Policy and Practice Workgroup</p> <ul style="list-style-type: none"> • Policy Lead – Gail Young • Practice Lead – Kathy Triplet <p>Adoption and Licensure Committee</p> <ul style="list-style-type: none"> • Adoption Lead – Phobe Clark • Licensure Lead – Katherine Hardy |
| <p>National Child Welfare Resource for Youth Services</p> <ul style="list-style-type: none"> • Dottie Ansell to assist with programmatic evaluation to improve the Independent Living Program for Youth • Kathy Sutter | <p>Maximize Program Funding and Improve Independent Living Services</p> <ul style="list-style-type: none"> • Maximize Educational and Training Voucher Funds for Youth • Track Program Outcomes • Train Regional Independent Living Specialist • Implement Positive Youth Development Approach Statewide | <p>Policy and Practice Workgroup</p> <ul style="list-style-type: none"> • Policy Lead – Gail Young • Practice Lead – Kathy Triplet <p>Independent Living Program Committee</p> <ul style="list-style-type: none"> • Committee Lead - Pearl Hollaway |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|--|---|-----|---|---|---|---|--|----------------------------------|-------------------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| S1: Children are, first and foremost, protected from abuse and neglect CFSR Finding: 84.4% Substantially Achieved | | | | | | | | | | | |
| Item 1: Timeliness of initiating investigations of reports of child maltreatment | | | Item 1 Goal: Increase the statewide percentage of intake investigations initiated within 24 hours from 67.9% to 71.99%. Data Source: Baseline was established based on two quarters July-December 2004 MACWIS "Child Investigation Timeliness Report - Statewide Summary" | | Item 1 Goal Lead: Bureau Director of MACWIS, PIP and Special Projects | Item 1 Goal Benchmark: Increase the statewide percentage of intake investigations initiated within 24 hours Statewide from Baseline 67.9% to 69.99%. Data Source: Baseline established using two quarters (July-December 2004) MACWIS "Child Investigation Timeliness Report – Statewide Summary" | Item 1 Goal Method of Measuring: Method of measuring progress will be to the on-going distribution and monitoring of the "Child Investigation Timeliness Report" from MACWIS: 1) Monitor reports at all levels, SO, Regional, ASWS, & caseworker levels. 2) ASWS will report monthly progress with caseworkers on investigations to RD's, 3) RD's will report to SO quarterly on improvements of investigations, and 4) SO will track changes in the data monthly and regional reports quarterly and compile results for report to ACF RO quarterly. | March 2006 | | March 2007 | |
| | | | | 1a. Utilize technical assistance from the NCWRCCPS to provide recommendations for improvement to policy and practice for intake, screening, and investigation | Deputy Director of MACWIS, PIP and Special Projects Protection Unit Director/Practice Lead | 1a. 1 Request TA through ACF RO and coordinate TA with NRC (Deputy Director) | 1a.1 ACF RO written approval and confirmation from NRC | 1a.1 January 2005 | 1a.1 January 2005 | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|-----|--|--|---|---|--|---|---|--|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| A | N/A | | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | response. | Placement Unit Director/Policy Lead | <p>1a.2 Initiate conference calls and develop plan for TA (Deputy Director)</p> <p>1a.3 Initiate on-site training and technical assistance at the CWTI Annual Conference (Protection Unit Director and Training Program Director)</p> <p>1a.4 Incorporate NRC and Policy and Practice Workgroup recommendations into policy and practice changes for intake, screening, and investigation response. (Placement Unit Director/Policy Lead and Protection Unit Director/Practice Lead)</p> <p>1a.5 Implement recommendations from NRC and Policy and Practice Workgroup as part of statewide training and release practice guides. (Training Program Director)</p> | <p>1a.2 TA Plan</p> <p>1a.3 CWTI Conference Agenda TA Report from NRC</p> <p>1a.4 Revised Policy Concise Practice Guides and related Training Curricula</p> <p>1a.5 Training curricula Trained statewide and practice guides released</p> <p>Training Evaluation Report</p> | <p>1a.2 March 2005</p> <p>1a.3 February 2005</p> <p>1a.4 October 2005</p> <p>1a.5 December 2005</p> <p>January 2006</p> | <p>1a.2 March 2005</p> <p>1a.3 February 2005</p> | | |
| | | | | 1b. Develop and implement Statewide training to insure consistency of intake, screening, and initiating | Deputy Director of Support Protection Unit | 1b.1 Curricula, concise practice guide, and TOT materials | 1b.1 Curricula, concise practice guide and TOT materials | 1b.1 Finalized = October 2005 | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|--|---|--|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | investigations to ensure consistent practice across all regions and counties. | Director/Practice Lead Training Program Director | developed by Training staff in collaboration with NRC and Policy and Practice Work Group (Training Program Director) 1b.2 Train the trainers completed (Training Program Director) 1b.3 Designated regional training staff will partner with RD to provide training to ASWS and county social work staff per region. (Training Program Director and Regional Directors) 1b.4 Revisions incorporated into Level 1 Intensive Training for all new workers. | 1b.2 Training Records 1b.3 Training Records Evaluation Report 1b.4 Updated Intensive Training Curricula | 1b.2 Training Completed = October 2005 1b.3 Statewide Training Completed = December 2005 Report = January 2006 1b.4 Curricula Revised annually by = May 2006 | | | |
| | | | | 1c. Develop and implement a system for RAP | DFCS Division Director DFCS Deputy Director of MACWIS, PIP and Special Projects Regional Directors | 1c.1 Process developed including RAP practice guide and requirements. (SO PIP Consultant) 1c.2 Regional training and technical assistance on RAP Practice Guide to initiate county self assessment completed | 1c.1 RAP Practice Guide 1c.2 Training records | 1c.1 Completed = May 2005 1c.2 Completed = August 2005 | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|--------------------------------------|---|--|---|--------------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | <p>(SO PIP Consultant and Regional Directors)</p> <p>1c.3 County self assessments completed and submitted to RD for analysis and prioritizing. (ASWS, Regional Director, DFCS Division Director)</p> <p>1c.4 Regional Strategic Planning Session completed and RAP approved by DFCS Division Director (SO PIP Consultant and RD)</p> <p>1c.5 Monitor RAP progress and submit progress report to SO (ASWS, RD)</p> | <p>1c.3 Regional Summary of Assessment Results</p> <p>1c.4 Approved RAP per region</p> <p>1c.5 Quarterly RAP Program Improvement Progress Report</p> | <p>1c.3 County Assessments Sub. = October 2005 Reg. Summary = January 2006</p> <p>1c.4 May 2006</p> <p>1c.5 First RAP Quarterly Report = September 2006 (covering the April-June Quarter)</p> | | | |
| | | | | 1d. RAP will include action steps to improve the consistency of intake, screening, and timeliness of initiating investigations if determined to be an area needing improvement. | Regional Directors ASWS | 1d.1 Based on the county self assessments develop a RAP to improve intake, screening, and timeliness of investigations if determined to be a safety priority. (ASWS and RD) | 1d.1 Approved RAP per region | 1d.1 Approval and implementation of RAP = May 2006 | | | |
| | | | | 1e. Utilize technical assistance from the | Bureau Director of MACWIS, PIP and | 1e. 1 Request TA through | 1e.1 ACF RO written | 1e.1 January 2005 | 1e.1 January | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|--|--|---|---|---|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | NCWRFCPPP to provide recommendations for policy and practice changes related to FCP, FTM, and CC to improve family engagement in decision-making, assessment and case planning. | Special Projects Protection Unit Director (Practice Lead) Training Program Director Placement Unit Director (Policy Lead) | ACF RO and coordinate TA with NRC (Bureau Director) 1e.2 Initiate conference calls and develop plan for TA (Bureau Director) 1e.3 Initiate on-site training and technical assistance at the CWTI Annual Conference (Protection Unit Director and Training Program Director) 1e.4 Incorporate NRC recommendations into policy and practice changes for FCP, FTM, and family-centered CC. (Policy Lead and Practice Lead) | approval and confirmation from NRC 1e.2 TA Plan 1e.3 CWTI Conference Agenda TA Report from NRC 1e.4 Policy, Training Curricula and practice guides Completed FCP, FTM, CC training completed and practice guides released | | 2005 1e.2 March 2005 1e.3 February 2005 1e.4 July 2005 October 2005 | | |
| | | | | 1f. Provide statewide training and release the concise practice guide for FCP, FTM within 30 days and CC and implement. | Protection Unit Director Training Program Director | 1f.1 Training Curricula, TOT materials, Concise Practice Guide developed. 1f.2 Trainers trained 1f.3 Training staff will partner with RD to drill down training to all ASWS and county | 1f.1 Curricula, TOT materials, Concise Practice Guide 1f.2 Training Records 1f.3 Training Records Evaluation Results | 1f.1 Completed = July 2005 1f.2 Completed = August 2005 1f.3 Statewide Completed = October 2005 Evaluation | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|--|---|--|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | social work staff per region. 1f.4 Level 1 Intensive Training curricula updated/ revised to include FCP, FTM, CC. (Training Program Director) | 1f.4 Revised Curricula | Report = November 2005 | | | |
| | | | | 1g. Each region will include in the RAP, action steps to implement FTM practice standards and guidelines to comply with policy to engage family within 30 days to develop initial ISP. | Regional Directors ASWS | 1g. Develop RAP to improve the practice of FTM. (RD and ASWS) | 1g. Approved RAP per region | 1g. Approval and implementation of RAP = May 2006 | | | |
| | | | | 1h. Develop MACWIS Report based on "Family Team Meeting" narrative type to monitor the frequency of Family Team Meetings held within 30 days. | Bureau Director of MACWIS, PIP and Special Projects MACWIS Unit | 1h.1 Develop MACWIS Report for ASWS and RD (MACWIS Unit) 1h.2 Instructions on utilizing report distributed through MACWIS website (MACWIS Unit) 1h.3 Instructions incorporated into FTM training and practice guide (Training Program Director) | 1h.1 MACWIS Report 1h.2 Instructions and website screen shot 1h.3 Report and release notes in practice guide | 1h.1 May 2005 1h.2 June 2005 1h.2 July 2005 | | | |
| | | | | 1i. Implement reporting system for the ASWS and RD to provide feedback about improvements on the timeliness of investigations and FTM based on | Bureau Director of MACWIS, PIP and Special Projects SO PIP Consultant | 1i.1 Develop ASWS Monthly and RD Quarterly Progress Improvement Reports. | 1i.1 Reporting forms and instructions | 1i.1 Completed = May 2005 | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|---|---|---|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | MACWIS reports. | | li.2 Train RD and ASWS on reporting. li.3 Implement reporting with implementation of RAP. | li.2 Training records li.3 Monthly and Quarterly Progress Improvement Reports. | li.2 Completed = August 2005 li.3 Implement ASWS report = May 2006 RD Quarterly Report = September 2006 | | | |
| | | | | lj. Re-structure and implement the supervisory case review to include the assessment of practice on one in-home case per worker every 90 days. | Bureau Director of MACWIS, PIP and Special Projects Lead: Region I-E Regional Director Supervisory Review Committee | lj.1 Narrative type added to MACWIS to include "Supervisory Administrative Review" lj.2 Develop MACWIS report to pull case review data pertaining to "Supervisory Administrative Review" type report lj.3 Supervisory Review Committee to revise MDHS – SS -408 Supervisory Administrative Review form to include in-home case information to be integrated into MACWIS lj.4 MACWIS System Requirements Document completed and shared with Supervisory Review Committee. | lj.1 MACWIS Report and MACWIS Release Notes lj.2 MACWIS Supervisory Report lj.3 Revised Supervisory Administrative Review form for both in-home and custody cases lj.4 MACWIS System Requirements Document | lj.1 July 2005 lj.2 July 2005 lj.3 August 2005 lj.4 September 2005 | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--------------|--------------------------------------|--|---|----------------------------------|---------|----------------------|---------|
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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | 1j.5 Change tickler from ISP due at 3 month to supervisory administrative review tickler to be sent to ASWS at two months and RD if not completed at 3 months to monitor supervisory reviews. | 1j.5 MACWIS Release note | 1j.5 October 2005 | | | |
| | | | | | | 1j.6 MACWIS System Requirements Documents designed, developed and tested for implementation in MACWIS. | 1j.6 MACWIS Work Plan | 1j.6 March 2006 | | | |
| | | | | | | 1j.7 Supervisory Administrative Review Concise Practice Guide Completed | 1j.7 Practice Guide | 1j.7 July 2006 | | | |
| | | | | | | 1j.8 Training provided to ASWS on Supervisory Case Review, Practice Guide & MACWIS. | 1j.8 Training records | 1j.8 August 2006 | | | |
| | | | | | | 1j.9 Release notes and concise practice guide posted on MACWIS website | 1j.9 MACWIS Release Notes and Practice Guide | 1j.9 August 2006 | | | |
| | | | | | | 1j.10 Supervisory Administrative Review deployed in MACWIS and implemented in | 1j.10 MACWIS Screen Shots | 1j.10 September 2006 | | | |

Safety, Permanency and Well-being Matrix

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | practice. 1j.11 MACWIS report developed to pull case review data based on Supervisory Administrative Review. | 1j.11 MACWIS Supervisory Case Review Report | 1j.11 First Quarterly Report = January 2007 | | | |
| | | | | 1k. Improve collaboration with MS Band of Choctaws Social Services on coordination of protective service cases related to children of Choctaw families who are not covered or eligible for services through the MS Band of Choctaws or Choctaw Social Services. | DFCS Division Director Bureau Director of Support MS Band of Choctaws & Choctaw Social Services Director | 1k.1 Quarterly Meetings Initiated (DFCS Division Director) 1k.2 Interagency agreement developed & implemented (DFCS Division Director) 1k.3 Written Protocol and issuance developed & implemented (DFCS Division Director and Choctaw Social Service Director) 1k.4 Joint Staff Training for implementation of protocol (Bureau Director of Support and Choctaw Social Services Director) | 1k.1 Quarterly Meeting minutes 1k.2 Written Interagency Agreement with signatures 1k.3 Written Protocol & issuance 1k.4 Training & attendance record | 1k.1 June 2004 and quarterly thereafter 1k.2 Dev. = May 2005 Imp. = June 2005 1k.3 Developed = July 2005 Approved = August 2005 Implemented = September 2005 1k.4 September 2005 | 1k.1 June 2004 | | |
| Item 2: Repeat maltreatment: Recurrence of Maltreatment | | X | In compliance with Standard | | | | | | | | |

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| Incidence of Child abuse and/or neglect in Foster Care | | X | In compliance with Standard | | | | | | | | |
| Outcome S2: Children are safely maintained in their homes whenever possible and appropriate CFSR Finding: 76.6% Substantially Achieved | X | | | | | | | | | | |
| Item 3: Services to family to protect children in-home & prevent removal | X | | Item 3 Goal: Ensure full caseload capacity (6 per worker) for family preservation staff to 90% utilization rate (5 cases per month) to achieve maximum benefits of in - home services for families and children. Data Source: FP Monthly Reports | | Item 3 Goal Lead DFCS Division Director Deputy Director of Support Family Preservation Program Director | Item 3 Benchmark: Ensure full caseload capacity (6 per worker) for family preservation staff to 80% utilization rate (4 cases per month) to achieve maximum benefits of in -home services for families and children. Source: FP Monthly Reports | Item 3 Method of Measuring Improvement: Monitoring of MACWIS Family Preservation Reports monthly specifically referrals and active cases by County | March 2006 | | March 2007 | |
| | | | | 3a. Maximize the utilization of family preservation staff and services for families to protect children in -home and prevent removal when possible. | DFCS Division Director Bureau Director of Support Family Preservation Program Director | 3a.1 RD to monitor the ASWS use of FP staff including adequate number and type referrals, maintaining maximum caseloads and use of staff for services other than | 3a.1 Family Preservation Monthly Reports | 3a.1 | Initiate = July 2005 | | |

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| A | N/A | | | | | | | Projected: | Actual: | Projected: | Actual: | |
| | | | | | RDs | <p>FP. (RD)</p> <p>3a.2 SO Family Preservation Program will review monthly reports with Bureau Director of Support and RD to monitor utilization of FP staff. (FP Program Director)</p> <p>3a.3 Based on monthly monitoring of reports, identify areas where staff is under utilized, being used to provide services other than Family Preservation, referrals are not being made & where caseloads are below standard. (DFCS Division Director & Bureau Director)</p> <p>3a.4 DFCS Division Director, Bureau Director of Support and RD will make decisions about under utilized positions and make decisions regarding moving PINS to other counties or action to be taken by ASWS and County. (DFCS Division Director and RD)</p> | <p>3a.2 Family Preservation Monthly Reports</p> <p>3a.3 Targeted Counties identified</p> <p>3a.4 Memorandum to RD and ASWS regarding action to be taken to address FP staff position in county</p> | <p>3a.2 Initiate = July 2005</p> <p>3a.3 July 2005</p> <p>3a.4 August 2005</p> | | | | |

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | 3b. Provide Statewide training and release the concise practice guide for FCP, FTM within 30 days and CC to implement FCP changes. | Protection Unit Director Training Program Director | 3b..1 Training Curricula, TOT materials, Concise Practice Guide developed. 3b.2 Trainers trained 3b.3 Training staff and RD partner to provide drill down training to all ASWS and county social work staff per region. 3b.4 Level 1 Intensive training curricula updated/ revised to include FCP, FTM, CC. | 3b.1 Curricula, TOT materials, Concise Practice Guide 3b.2 Training Records 3b.3 Training Records Evaluation Results 3b.4 Revised Curricula | 3b.1 Completed = July 2005 3b.2 Completed = August 2005 3b.3 Statewide Completed = October 2005 Evaluation Report = November 2005 3b.4 Intensive training revised and updated annually = May 2006 | | | |
| | | | | 3c. Re-structure and implement the supervisory case review to include the assessment of practice on one in-home case per worker every 90 days. | Bureau Director of MACWIS, PIP and Special Projects Lead: Region I-E Regional Director Supervisory Review Committee | 3c.1 Narrative type added to MACWIS to include "Supervisory Administrative Review" 3c.2 Develop MACWIS report to pull case review data pertaining to "Supervisory Administrative Review" type report 3c.3 Supervisory Review Committee to revise MDHS – SS -408 Supervisory Administrative Review form to | 3c.1 MACWIS Report and MACWIS Release Notes 3c.2 MACWIS Supervisory Report 3c.3 Revised Supervisory Administrative Review form for both in-home and custody cases | 3c.1 July 2005 3c.2 July 2005 3c.3 August 2005 | | | |

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| A | N/A | | | | | | | Projected: | Actual: | Projected: | Actual: | |
| | | | | | | <p>include in -home case information to be integrated into MACWIS</p> <p>3c.4 MACWIS System Requirements Document completed and shared with Supervisory Review Committee.</p> <p>3c.5 Change tickler from ISP due at 3 month to supervisory administrative review tickler to be sent to ASWS at two months and RD if not completed at 3 months to monitor supervisory reviews.</p> <p>3c.6 MACWIS System Requirements Documents designed, developed and tested for implementation in MACWIS.</p> <p>3c.7 Supervisory Administrative Review Concise Practice Guide Completed</p> <p>3c.8 Training provided to ASWS on Supervisory Case Review, Practice Guide & MACWIS.</p> | <p>3c.4 MACWIS System Requirements Document</p> <p>3c.5 MACWIS Release note</p> <p>3c.6 MACWIS Work Plan</p> <p>3c.7 Practice Guide</p> <p>3c.8 Training records</p> | <p>3c.4 September 2005</p> <p>3c.5 October 2005</p> <p>3c.6 March 2006</p> <p>3c.7 July 2006</p> <p>3c.8 August 2006</p> | | | | |

Safety, Permanency and Well-being Matrix

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | <p>3c.9 Release notes and concise practice guide posted on MACWIS website</p> <p>3c.10 Supervisory Administrative Review deployed in MACWIS and implemented in practice.</p> <p>3c.11 MACWIS report developed to pull case review data based on Supervisory Administrative Review.</p> | <p>3c.9 MACWIS Release Notes and Practice Guide</p> <p>3c.10 MACWIS Screen Shots</p> <p>3c.11 MACWIS Supervisory Case Review Report</p> | <p>3c.9 August 2006</p> <p>3c.10 September 2006</p> <p>3c.11 First Quarterly Report = January 2007</p> | | | |
| | | | | 3d. RAPs will include action steps to improve the services to families to protect children in-home based on the county assessment and if determined to be an area needing improvement. | Regional Directors ASWS | 3d.1 Based on the county self assessment develop a RAP to improve services to families to protect children in-home, if a safety priority. (ASWS and RD) | 3d.1 Approved RAP | 3d.1 Approval and implementation of RAP = May 2006 | | | |
| Item 4: Risk of harm | X | | Item 4: Goal Reduce risk of harm for children and families by implementing a revised safety and risk assessment to support worker decisions related to risk status. | | Item 4: Goal Lead Foster Care Review Program Supervisor | Item 4 Benchmark: Complete the development of the safety and risk assessment tools, the safety and risk assessment practice guide, and the related training curricula. | Item 4 Method of Measuring Improvement: The method of measuring goal attainment is the completion of the statewide training on Safety & Risk Assessment. Evidence of the statewide training would be the Training Evaluation Report. The method of measuring progress | March 2006 | | March 2007 | |

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | | for the benchmark goal would be the products including: 1) safety assessment, 2) revised risk assessment, 3) safety and risk assessment practice guide, and 4) the training curricula. | | | | |
| | | | | 4a. Utilize technical assistance from the NCWRCCPS and NCWRCFCPPP to provide recommendations for improvement to safety and risk assessment policy, practice and assessment tools. | Deputy Director of MACWIS, PIP and Special Projects Protection Unit Director/Practice Lead Training Program Director Placement Unit Director/Policy Lead | 4a. 1 Incorporate NRC and Workgroup recommendations into policy and practice for safety and risk assessment. (Policy Lead and Practice Lead) 4a2. Incorporate recommendations from NRC and Workgroup into MACWIS for safety and revisions to risk assessment. 4a.3 Implement recommendations from NRC and Workgroup as part of statewide training and release practice guides. (Training Program Director) | 4a.1 Revised Policy Concise Practice Guide Training Curricula 4a.2 Release Notes and Screen Shots 4a.3 Training completed statewide and practice guides with policy released Training Evaluation Report | 4a.1 January 2006 4a.2 March 2006 4a.3 April 2006 May 2006 | | | |
| | | | | 4b. Develop and implement on-going specialized training in substance abuse, domestic violence, and mental illness to improve staff skills to identify and assess risk of harm. | Training Program Director Child Welfare Training Institute | 4b. 1 CWTI will implement through regionally based universities locally accessible training sessions. (Training Program | 4b.1 Training and attendance records | 4b. 1 Training completed Statewide = June 2005 | | | |

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | Director, CWTI) 4b.2 CWTI will conduct an evaluation per training & provide summary report to Training Unit. (Training Program Director, CWTI) | 4b.2 Evaluation Summary of train ings. | 4b.2 Evaluation = July 2005 | | | |
| | | | 4c. RAPs will include action steps to reduce the risk of harm based on the County Self Assessment and if determined to be a safety priority for improvement. | RD and ASWS | 4c.1 Develop RAP based on County Self Assessment to improve services to reduce risk of harm if determined to be a safety priority. (ASWS and RD) | 4c.1 Approved RAP | 4c.1 Approval and implementation of RAP = May 2006 | | | | |
| | | | 4d. Utilize technical assistance from the NCWRCFCPPP to provide recommendations for policy and practice changes related to FCP, FTM, and the family centered CC to improve family engagement in case planning. | Bureau Director of MACWIS, PIP and Special Projects Practice Lead/Protection Unit Director Training Program Director Policy Lead/ Placement Unit Director | 4d.1 Incorporate NRC recommendations into policy and practice changes for FCP, FTM, and family centered CC. (Policy Lead - Placement Unit Director; Practice Lead - Protection Unit Director) 4d.2 Implement practice and policy changes through statewide training on FCP, FTM and CC. (Training Program Director) | 4d.1 Policy, Training Curricula and concise practice guides completed 4d.2 FCP, FTM, CC training completed and practice guides released | 4d.1 July 2005 4d.2 October 2005 | | | | |

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | 4e. Supervisory case review will be implemented to review both in-home and custody cases and will review cases with caseworkers to assess quality of practice in the areas of safety and risk assessments and FCP including FTM. | Region IE Regional Director Supervisory Review Workgroup | 4e. 1 Implement supervisory case review and enter case review documentation into MACWIS. | 4e.1 MACWIS Supervisory Case Review Report | 4e.1 First Report Available = January 2007 | | | |
| Outcome P1: Children have permanency and stability in their living situations CFSR Finding: Substantially Achieved in 36% of cases reviewed | X | | | | | | | | | | |
| Item 5: Foster care Re-entries Statewide foster care re-entries data indicator | | X | In Compliance with Standard | | | | | | | | |
| Item 6: Stability of foster care placement | X | | Item 6 Goal: Increase the statewide percentage of children in foster care 12 months or less who experience no more than 2 placement settings from 74.1% to 76%. Source: CFSR Data Profile FFY 2004 | | Item 6 Goal Lead: Deputy Director of MACWIS, PIP and Special Projects Administration Unit | Item 6 Benchmark: Increase the statewide percentage of children in foster care less than 12 months who experience no more than 2 placement settings from the baseline of 74.1% to 75 %. Source: CFSR Data Profile FFY 2004 | Item 6 Method of Measuring: The source for 74.1% baseline is MS's December 2004 CFSR Data Profile. The percentage of improvement for the goal was calculated using the sampling error of 1.90% as required by ACYF-CB-IM-O1-07. The percentage for improvement for the benchmark is based on expected progress using the strategies in | March 2006 | | March 2007 | |

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | | the PIP and the impact expected on the data. | | | | |
| | | | | 6a. Ensure all children in custody have correct placement entries in MACWIS to improve the validity of data and reports to monitor placement stability. | RD ASWS | 6a.1 All children in custody have a current placement entered in MACWIS | 6a.1 MACWIS Missing Placement Report | 6a.1 May 2005 | | | |
| | | | | 6b. Develop and implement edits in MACWIS that will support users in timely entry of placement data | Deputy Director of MACWIS, PIP and Special Projects | 6b.1 Edits in MACWIS Production | 6b.1 Edits | 6b.1 November 2005 | | | |
| | | | | 6c. Utilize T/TA from the Adopt US Kids to assist in the development and implementation of a targeted Statewide Recruitment and Retention Plan for foster and adoptive families and to train trainers (resource families paired with staff) on the "Answering the Call" curricula to improve the response to potential foster and adoptive parent inquiries. | Licensure Program Director Adoption Program Director | 6c.1 Request technical assistance from Adopt US Kids. (Deputy Director of MACWIS, PIP and Special Projects) 6c.2 Licensure and adoption establish a committee to coordinate training and technical assistance with NRC. (Licensure and Adoption Program Directors) 6c.3 T/TA provided to develop Statewide Recruitment and Retention Plan. (Licensure and Adoption Program Directors) 6c.4 Train the trainers for "Responding to the Call" pairing a resource parent with | 6c.1 T/TA approved by ACF RO 6c.2 List of Group TA initiated 6c.3 Statewide Recruitment & Retention Plan 6c.4 Training Records | 6c.1 January 2005 6c.2 February 2005 6c.3 July 2005 6c.4 Training completed = July 2005 | 6c.1 January 2005 6c.2 February 2005 | | |

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | Licensure or Adoption Staff to provide training regionally | | | | | |
| | | | | 6d. NCWRCFCPPP to assist Licensure and Adoption Unit with programmatic changes due to dual certification, single application and merger of staff roles. | Adoption Director Licensure Director | 6d.1 T/TA to review and revise policy, procedures, and tools for single application and foster/adopt dual certification. | 6d.1. Policy and Procedural Revisions | 6d.1 October 2005 | | | |
| | | | | 6e. NCWRCSNA to assist with enhancing foster and adoptive parent training curricula to include foster and adoptive parents roles as team members. | Adoption Director Licensure Director | 6e.1 T/TA to review and enhance PATHS curriculum based on dual certification and foster/adopt families role as team members with DFCS and working with birth families. | 6e.1 Revised Curriculum | 6e.1 October 2005 | | | |
| | | | | 6f. RAPs will include action steps to recruit and retain foster/adoptive homes to improve placement stability if the county self assessment determines this to be an area needing improvement. | Regional Directors ASWS | 6f.1 Develop RAP based on county self assessment to improve services to recruit and retain foster/adoptive homes if determined to be a permanency priority. (ASWS and RD) | 6f.1 Approved RAPs | 6f.1 Approval and implementation of RAPs = May 2006 | | | |
| | | | | 6g. Coordinate with IVE CWTI to develop and implement on-going training for foster and adoptive parents in specialized areas to improve foster and adoptive parent's capacity to handle children's behavior & prevent unplanned placement moves. | Training Program Director Adoption Program Director Licensure Program Director | 6g.1 CWTI will implement through regionally based universities to provide locally accessible training sessions. 6g.2 CWTI will conduct training evaluations after each session | 6g.1 Training and attendance records 6g.2 Evaluation summary of trainings | 6g.1 Completed = June 2005 6g.2 Summary = July 2005 | | | |

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | and provide evaluation results to SO. | | | | | |
| | | | | 6h. Clarify regional procedures and criteria related to the RD review and approval for extensions beyond 45 days. | DFCS Division Director and Regional Directors | 6h.1 Regional Directors document procedures and criteria for approval for shelter extensions beyond 45 days and submit to DFCS Division Director for Senior Management Meeting. 6h.2 Senior Management will agree on procedures and criteria for extension approvals. | 6h.1 Documented Regional procedures and criteria for shelter extension request. 6h.2 Documented procedures and criteria for extension approvals. | 6h.1 July 2005 6h.2 Document = September 2005 | | | |
| | | | | 6i. Track use of shelter placements and current policy compliance to reduce the inappropriate use of shelter placements and the length of stay in shelters. | Deputy Director of MACWIS, PIP and Special Projects RD | 6i.1 Develop and implement MACWIS Shelter Report. (Administration Unit) 6i.2 RD and ASWS will monitor, track and review use of shelter placements and extensions monthly at staff meetings. (RD and ASWS) | 6i.1 MACWIS Shelter Report 6i.2 Staff Meeting records Written regional procedures | 6i.1 Dev. = March2005 Imp. = May 2005 6i.2 Imp. = May 2005 | | | |
| | | | | 6j. Build a process into MACWIS to link the workers to identified and available resources for placements based on triggers in the automated safety and on-going risk assessment. | Deputy Director of MACWIS, PIP and Special Projects | 6j.1 MACWIS System Requirements Document Designed, Developed and Tested for implementation into MACWIS | 6j.1 MACWIS Work Plan | 6j.1 February 2006 | | | |

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | 6j.2 Training provided to field staff 6j.3 MACWIS Release Notes and Concise Guide posted on the MACWIS Website 6j.4 Process deployed in MACWIS | 6j.2 Training Schedule 6j.3 MACWIS Release Notes and Concise Guide 6j.4 MACWIS screen shots | 6j.2 April 2006 6j.3 April 2006 6j.4 April 2006 | | | |
| Item 7: Permanency Goal for Child | X | | Item 7 Goal: Improve the percentage of children in foster care who have an appropriate permanency plan based on the case information. Source: Foster Care Case Review Revised Instrument | | Item 7 Goal Lead: Foster Care Review Program Supervisor | Item 7 Benchmark: Improve the percentage of children in foster care who have an appropriate permanency plan based on the case information. Source: Foster Care Case Review Revised Instrument | Item 7 Method of Measuring: The Foster Care Case Review revised instrument will monitor the permanency plan for children in foster care. This instrument will be implemented in July 2005. The first quarter of data will be July-Sept. 2005. In October 2005 a baseline and percentage for improvement will be established for the benchmark and goal. This baseline and percentage will be negotiated with the ACF R O & the approved measures will be added to the PIP. | March 2006 | | March 2007 | |
| | | | | 7a. Build a process in MACWIS to link the goals in the ISP directly to the task to improve the quality of the case plan. | Deputy Director of MACWIS, PIP and Special Projects | 7a.1 MACWIS System Requirements Document Designed, Developed and Tested for implementation into | 7a.1 MACWIS Work Plan | 7a.1 February 2006 | | | |

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | MACWIS 7a.2 Training provided to field staff 7a.3 MACWIS Release Notes and Concise Guide posted on the MACWIS Website 7a.4 Process deployed in MACWIS | 7a.2 Training Schedule 7a.3 MACWIS Release Notes and Concise Guide 7a.4 MACWIS screen shots | 7a.2 April 2006 7a.3 April 2006 7a.4 April 2006 | | | |
| | | | | 7b. Provide training and concise practice guide on case planning that includes the practice of concurrent permanency planning | Training Program Director | 7b.1 Develop curricula and the concise practice guide for case planning in coordination with technical assistance. 7b.2 Train the trainers on case planning curricula and guide. 7b.3 Training staff with RD will train ASWS and county social worker staff per region. | 7b.1 Curricula and Practice Guide for case planning 7b.2 Training records 7b.3 Regional Training attendance records and evaluation | 7b.1 July 2006 7b.2 Training = August 2006 7b.3 Training completed = October 2006 Evaluation = November 2006 | | | |
| | | | | 7c. Enhance the CC (six month administrative periodic review) to be more family centered. | Foster Care Review Program Supervisor FCR/CC Committee | 7c.1 Review and revise forms, procedures, and policy to be more consistent with family centered practice. 7c.2 Develop Practice Guide for CC for staff and families. | 7c.1 Revised forms, procedures and policy 7c.2 County Conference Practice Guide for staff and CC | 7c.1 July 2005 7c.2 July 2005 | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|---|---|--|---|---|----------------------------------|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | 7c.3 Implement changes in CC practice. | Guidebook for families 7c.3 FCR Program Quarterly Report | 7c.3 Implemented October 2005 | | | |
| | | | 7d Include action steps in the RAP to insure timely permanency for children in foster care and to address local partnerships with the judicial system based on the County Self Assessment results and regional priorities for permanency. | RD, ASWS, County staff | 7d.1 Develop the RAP to include strategies to improve timely permanency and if the County Self Assessment results determine a priority address local partnerships with the judicial system. | 7d.1 Approved RAP | 7d.1 Approval and implementation of RAP = May 2006 | | | | |
| | | | 7e. Identify Conferences and training opportunities for judges and court personnel for DFCS to provide presentations and training opportunities and to develop collaborative relationships. | CIP DFCS Division Director and Deputies | 7e.1 Coordinate with CIP project to identify the five annual GAL seminar trainings, Prosecutor trainings, Youth Court and Referee trainings, the Trial Appellate Judges Conference for possible time on agendas for presentations, trainings and or to participate. 7e.2 Develop presentations and materials based on agenda and commitments. 7e.3 Utilize NRC for Legal and Judicial to assist with T/TA in developing presentations for judges and court | 7e.1 Identified conference dates for year and presentations scheduled 7e.2 Presentation Abstracts or materials 7e.3 Presentation Abstracts or materials | 7e.1 May 2005 7e.2 Conference Dates to be determined 7e.3 Conference dates to be determined | | | | |

Safety, Permanency and Well-being Matrix

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | personnel at conferences. 7e.4 Presentations delivered. 7e.5 Continue strategy to coordinate and book future conference dates for presentations and trainings. | 7e.4 Conference or training agenda 7e.5 Conference schedules and agendas | 7e.4 Conference Dates to be determined 7e.5 Conference Dates to be determined On-going | | | |
| | | | | 7f. Collaborate with CIP and AOC to distribute monthly reports for county youth court judges that will improve the consistency of periodic review of the status of each child. | DFCS Division Director Deputy of MACWIS, PIP and Special Projects Administration Unit | 7f.1 Develop Title IVE Compliance reports & Permanency Hearing Reports by County to provide to youth court judges to make them aware of Title IVE compliance or non-compliance per county and need for Permanency Hearings. 7f.2 As part of data clean up on both reports, the report will be sent to RD and county for review and corrections to ensure data accuracy prior to release to courts. 7f.3 DFCS Division Director and CIP | 7f.1 Compliance Reports Permanency Hearing Reports 7f.2 Corrected or revised reports 7f.3 Cover Letter for Judges explaining the | 7f.1 Compliance Reports = June 2005 Permanency Hearing Reports = July 2005 7f.2 Compliance Reports Ready for Release = July 2005 then monthly Permanency Hearing Reports Ready for Release = August 2005 then monthly 7f.3 July 2005 | | | |

Safety, Permanency and Well-being Matrix

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| A | | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | <p>Director will meet with the Chief Justice to initiate monthly reports for judges through AOC.</p> <p>7f.4 Send copies of reports to AOC. AOC will send the reports to the judges and request responses from the judges. AOC will forward reports and responses to the Chief Justice.</p> <p>7f.5 DFCS Division and CIP Director will set up periodic meetings with the Chief Justice to address reports, court responses and other court & agency issues impacting timely permanency.</p> | <p>reports and expectations</p> <p>7f.4 Memorandum of Reports forwarded to AOC</p> <p>7f.5 Schedule of Meetings and notes</p> | <p>7f.4 Initiate process = July 2005 then on-going monthly with PH Reports to be added in August 2005</p> <p>7f.5 Initiate June 2005</p> | | | |
| | | | | 7g. Develop and submit articles related to child welfare practice for publications utilized by court personnel | DFCS Director Administration Unit | <p>7g.1 Coordinate with AOC to prepare and submit articles for publication in the Quarterly Newsletter to the Judges.</p> <p>7g.2 Coordinate with the Young Lawyers Division, Child Advocacy Division to explore ways to submit articles for publication in the Bar Association Journal</p> | <p>7g.1 Articles submitted For Quarterly Newsletters</p> <p>7g.2 Articles submitted Bar Association Journal</p> | <p>7g.1 January 2006</p> <p>7g.2 January 2006</p> | | | |
| | | | | 7h. Establish a State Level Task Force in collaboration | DFCS Division Director | 7h.1 State Level Task | 7h.1 List of members | 7h.1 May 2005 | | | |

Safety, Permanency and Well-being Matrix

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | with CIP to identify ways to address legislative issues impacting DFCS, Attorney General's Office and the Courts. | Placement Unit Director CIP | Force established and meetings initiated. 7h.2 Draft recommendations regarding possible legislative changes such as improvement to the Foster Care Review statutory process. 7h.3 Recommendations presented to Sr. Mgt. & community partners for input and revisions. 7h.4 Present recommendations to MDHS Executive Director for legislative action. | Minutes of meetings 7h.2 Written recommendations 7h.3 Revised recommendations 7h.4 Proposal for legislative changes | 7h.2 July 2005 7h.3 September 2005 7h.4 November 2005 | | | |
| Item 8: Reunification, guardianship, or permanent placement with relatives. | X | | Item 8 Goal: Increase the statewide percentage of children reunified with parents or caretakers within 12 months from entry into foster care from 65.1% to 67.5% Source: December 2004 CFSR Data Profile FFY 2004 | | Item 8 Goal Lead: Deputy Director of MACWIS, PIP and Special Projects Administration Unit | Item 8 Benchmark: Increase the statewide percentage of children reunified within 12 months from entry into foster care from the baseline of 65.1% to 66.3% Source: December 2004 CFSR Data Profile FFY 2004 | Item 8 Method of Measuring: The source of the 65.1% baseline is December 2004 CFSR Data Profile. The percentage for improvement is based on the 2.42% sampling error as required by ACYF-CB-IM-01-07. The percentage of improvement for the benchmark is based on the strategies within the PIP and the expected impact on the data elements. | March 2006 | | March 2007 | |

Safety, Permanency and Well-being Matrix

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | 8a. Provide statewide training and release of practice guides on FCP, FTM and CC to implement practice changes. | DFCS Division Director Training Program Director Regional Directors | 8a.1 FCP Training curricula and practice guide developed in coordination with NRC technical assistance and Policy and Practice Workgroup. (Training Program Director) 8a. 2 "Train the trainers" on FCP curricula and practice guide. (Training Program Director) 8a.3 Training staff and RD drill down the FCP training to all ASWS and county caseworkers per region. (Training Program Director and RD) | 8a.1 FCP, FTM and CC training curricula and practice guide 8a.2 Training records 8a.3 Training records Statewide Training Evaluation Report | 8a.1 Finalized = July 2005 8a.2 August 2005 8a.3 October 2005 November 2005 | | | |
| | | | | 8b. Enhance the CC (six month administrative review) to be more family - centered in practice. | Foster Care Review Program Supervisor FCR/CC Workgroup | 8b.1 Review and revise forms, procedures, and policy to be more consistent with family centered practice. 8b.2 Develop Practice Guide for CC for staff and families. 8b.3 Implement changes in CC practice. | 8b.1 Revised forms, procedures and policy 8b.2 County Conference Practice Guide for staff and CC Guidebook for families 8b.3 FCR Program Quarterly Report | 8b.1 July 2005 8b.2 July 2005 8b.3 Implemented October 2005 | | | |

Safety, Permanency and Well-being Matrix

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|---|---|-----|--|---|--|--|---|---|---------|----------------------|---------|
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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | 8c. Provide training and concise practice guide on case planning that includes engaging families, timely and appropriate permanency goals and concurrent permanency planning | Training Program Director Policy and Practice Workgroup | 8c.1 Develop curricula, concise practice guide for case planning including family engagement, timely and appropriate permanency goals and concurrent permanency planning in coordination with technical assistance and development of on-going training. 8c.2 "Train the trainers" on case planning curricula and guide. 8c.3 Training staff and RD partner to train ASWS and county social worker staff per region. | 8c.1 Curricula, Concise Practice Guide 8c.2 Training records 8c.3 Regional Training attendance records and evaluation | 8c.1 July 2006 8c.2 Training = August 2006 8c.3 Training completed = October 2006 Evaluation = November 2006 | | | |
| | | | | 8d. Implement the revised FCCR instrument to assess practice related to relative placements, to identify barriers to achieving permanency plans timely, and to provide information to ASWS and caseworkers to improve practice. | Foster Care Review Program Supervisor | 8d.1 Implement revised Foster Care Case Review instrument. | 8d.1 Foster Care Review Program Quarterly Reports | 8d.1 Implement = July 2005 First Quarterly Report = October 2005 | | | |
| | | | | 8e. If reunification, guardianship, or permanent placement with relatives is identified through the county self assessment process as an area needing improvement, strategies will be developed and included in the RAP. | RD and ASWS | 8e.1 Develop RAP to include action steps if reunification, guardianship or permanent placement with relatives is identified a permanency priority. | 8e.1 Approved RAP | 8e.1 Approved and Implemented = May 2006 | | | |

Safety, Permanency and Well-being Matrix

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|---|---|-----|---|---|--|--|---|--|--|----------------------|---------|
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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| Item 9: Adoption | X | | <p>Item 9 Goal: Increase the statewide percentage of children who exited care to a finalized adoption in less than 24 months from the time of last removal from home from 11.2% to 14.1%</p> <p>Source: December 2004 CFSR Data Profile FFY 2004</p> | | <p>Item 9 Goal Lead: Deputy Director of MACWIS, PIP and Special Projects</p> <p>Administration Unit</p> | <p>Item 9 Benchmark: Increase the statewide percentage of children who exited care to a finalized adoption in less than 24 months from the time of last removal from home from 11.2% to 12.6%</p> <p>Source: December 2004 CFSR Data Profile FFY 2004</p> | <p>Item 9 Method: The source of the 11.2% baseline is MS's CFSR Data Profile from December 2004. The percentage of improvement for the goal was calculated using the sampling error of 2.90% as required by ACYF-CB-IM-01-07. The percentage of improvement for the baseline is the expected progress based on the strategies within the PIP and the expected impact on the data elements.</p> | March 2006 | | March 2007 | |
| | | | | <p>9a. Utilize T/TA from the Adopt US Kids to assist in the development and implementation of a targeted Statewide Recruitment and Retention Plan for foster and adoptive families. Adopt US Kids will also train trainers (resource families paired with staff) on the "Answering the Call" curricula to improve the response to potential foster and adoptive parent inquiries.</p> | <p>Licensure Program Director</p> <p>Adoption Program Director</p> | <p>9a.1 Request technical assistance from Adopt US Kids. (Deputy Director of MACWIS, PIP and Special Projects)</p> <p>9a.2 Licensure and adoption establish a committee to coordinate training and technical assistance with NRC. (Licensure and Adoption Program Directors)</p> <p>9a.3 T/TA provided to develop Statewide Recruitment and Retention Plan. (Licensure and</p> | <p>9a.1 T/TA approved by ACF RO</p> <p>9a.2 List of Group TA initiated</p> <p>9a.3 Statewide Recruitment & Retention Plan</p> | <p>9a.1 January 2005</p> <p>9a.2 February 2005</p> <p>9a.3 July 2005</p> | <p>9a.1 January 2005</p> <p>9a.2 February 2005</p> | | |

Safety, Permanency and Well-being Matrix

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | Adoption Program Directors) 9a.4 Train the trainers for "Responding to the Call" pairing a resource parent with Licensure or Adoption Staff to provide training regionally | 9a.4 Training Records | 9a.4 Training completed = July 2005 | | | |
| | | | | 9b. NCWRCFCPPP to assist Licensure and Adoption Unit with programmatic changes due to dual certification, single application and merger of staff roles. | Adoption Director Licensure Direct or | 9b.1 T/TA to review and revise policy, procedures, and tools for single application and foster/adopt dual certification. | 9b.1 Policy and Procedural Revisions | 9b.1 September 2005 | | | |
| | | | | 9c. NCWRC SNA to assist with enhancing foster and adoptive parent training curricula to include foster and adoptive parents roles as team members. | Adoption Director Licensure Director | 9c.1 T/TA to review and enhance PATHS curriculum based on dual certification and foster/adopt families role as team members with DFCS and working with birth families. | 9c.1 Revised Curriculum | 9c.1 September 2005 | | | |
| | | | | 9d. Continue MDHS and Mississippi School of Law collaboration to improve the timeliness of finalized Adoptions. | Placement Unit Director Adoption Program Director | 9d. 1 Evaluation of collaboration on expediting adoption finalizations on referred cases. 9d.2 Adoption staff and adoptive families educated regarding option of utilizing MS School of Law Project to handle adoption finalizations. | 9d.1 Annual Evaluation 9d.2 Annual Evaluation (Utilization of Project) | 9d.1 Sept. 2005 9d.2 Sept. 2005 | | | |

Safety, Permanency and Well-being Matrix

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | 9d.3 Based on Annual Evaluation, renew MOU and consider expanding cases to include TPR. | 9d.3 Memorandum of Understanding | 9d.3 October 2005 | | | |
| | | | | 9e. Re-structure the SO Adoption Program procedures to reduce internal agency barriers to timely TPR | Adoption Program Director | 9e.1 Conduct a review of existing process and procedures for handling of TPR at State Office 9e.2 Based on review implement changes within SO procedures to improve efficient handling of TPR packets. 9e.3 Develop process for tracking TPR once sent to AG's office until the TPR order is received in SO 9e.4 Orient staff and implement new procedures. | 9e.1 Recommendations for improving TPR internal process and procedures 9e.2 Written Procedures 9e.3 Written Procedures for tracking TPR once sent to AG 9e.4 Written Revised Procedures and memorandum to staff | 9e.1 March 2005 9e.2 April 2005 9e.3 April 2005 9e.4 April 2005 | 9e.1 March 2005 | | |
| Item 10: Permanency Goal of other planned permanent living arrangement | X | | Item 10 Goal: Increase the statewide percentage of children and youth with ISP where other planned permanent plans have been considered and ruled out prior to | | Item 10 Goal Lead: Foster Care Review Supervisor | Item 10 Benchmark: Increase the statewide percentage of children and youth with ISP where other planned permanent plans have been considered and ruled out prior to establishing a permanency goal of | Item 10 Method of Measuring: The method of measuring this item is the revised Foster Care Case Review instrument. This instrument will be implemented in July 2005. The first quarter of data will be July-Sept. 2005. In October 2005 a | March 2006 | | March 2007 | |

Safety, Permanency and Well-being Matrix

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|---|-----|--|---|---|--|---|--|---|---------|----------------------|---------|
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| A | N/A | | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | establishing a permanency goal of emancipation or formalized long term foster care. Source: Revised Foster Care Review Case Review | | | emancipation or formalized long term foster care. Source: Revised Foster Care Review Case Review | baseline and percentage for improvement will be established for the benchmark and goal. This baseline and percentage will be negotiated with the ACF R O & the approved measures will be added to the PIP. | | | | |
| | | | | 10a. T/TA through the NCWRCYS to review IL program and assist with maximizing ETV funds for youth, providing aftercare services for youth, and developing training and concise practice guides to improve assessment and case planning for youth including transitional living. | Independent Living Program Specialist IL Committee Policy Lead | 10a.1 Initiate TA request and assistance. 10a.2 Implement TA and develop work plan with program staff and providers. 10a.3 Integrate recommendations into IL policy and procedures. (Policy Lead, IL Program Specialist and IL Committee) | 10a.1 ACF RO TA Approval 10a.2 IL TA Work Plan 10a.3 Revised Policy | 10a.1 February 2005 10a.2 April 2005 10a.3 October 2005 | | | |
| | | | | 10b. Develop and implement Transitional Living Plan for Independent Living. | MACWIS Team Independent Living Program | 10b.1 MACWIS updated to include Transitional Living Plan | 10b.1 Transitional Living Plan | 10b.1 October 2005 | | | |
| | | | | 10c. Provide training and concise practice guide on case planning that includes engaging youth in case planning and the independent living transitional plan for youth. | Training Program Director | 10c.1 Develop curricula, concise practice guide and training evaluation for case planning that includes youth in case planning and transitional planning | 10c.1 Case Planning Curricula and Practice Guide | 10c.1 July 2006 | | | |

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | for youth in coordination with NRC technical assistance and development of on-going training. 10c.2 Trainer's trainer on case planning curricula and guide. 10c.3 Training staff partner with RD to train ASWS and county social worker staff per region. | 10c.2 Training records 10c.3 Regional Training attendance records and evaluation | 10c.2 Training = August 2006 10c.3 Training completed = October 2006 Evaluation = November | | | |
| Outcome P2: The continuity of family relationships and connections is preserved for children CFSR Findings: Substantially Achieved 56% of cases reviewed | | | | | | | | | | | |
| Item 11: Proximity of foster care placement | X | | Item 11 Goal: Increase the statewide percentage of children placed in close proximity (within 50 miles of child's original home base) from 84% to 88%. Source: FCR 4 th Quarter 2004 Report | | Item 11 Goal Lead: Foster Care Review Program Supervisor | Item 11 Benchmark: Increase the statewide percentage of children placed in close proximity (within 50 miles of child's original home base) from 84% to 86%. Source: FCR 4 th Quarter 2004 Report | Item 11 Method: The method for measuring progress will continue to be the monthly Foster Care Case Review. The baseline was established using 4 quarters or a full year of data including 376 applicable cases. While a revised instrument is being implemented in July 2005, this indicator will not change. Continue to monitor FCR case review | March 2006 | | March 2007 | |

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | | results for progress utilizing quarterly and annual reports. | | | | |
| | | | | 11a. Clarify the regional approval process and criteria for placements more than 50 miles from child's original home based on existing policy. | RD ASWS MACWIS Team | 11a.1 Regional Directors document procedures and criteria for approval for placements more than 50 miles from child's original home based on existing policy. 11a.2 Senior Management will agree on procedures and criteria for placements outside of 50 mile radius. | 11a.1 Documented Regional procedures and criteria for placements outside of 50 mile radius. 11a.2 Documented procedures and criteria for placements outside 50 mile radius. | 11a.1 July 2005 11a.2 Document = September 2005 | | | |
| | | | | 11b. Utilize technical assistance and training from Adopt US Kids to develop a targeted Statewide Recruitment and Retention Plan to improve placement options available to counties to be able to place children in close proximity and to retain and support existing foster homes. | Licensure and Adoption Program Director | 11b.1 T/TA provided to develop Statewide Recruitment and Retention Plan. (Licensure and Adoption Program Directors) | 11b.1 Statewide Recruitment and Retention Plan | 11b.1 July 2005 | | | |
| | | | | 11c. Strategies will be developed and implemented in the RAP, if close proximity of placement is identified through the county self assessment process as an area needing improvement. | RD and ASWS | 11c.1 Develop a RAP to include strategies for improving close proximity of placements if a permanency priority. | 11c.1 Approved RAP | 11c.1 Approved and Impelemnted = May 2006 | | | |
| Item 12: Placement with siblings | X | | Item 12 Goal: Increase the statewide percentage of | | Item 12 Goal Lead: Foster Care Review Supervisors | Item 12 Benchmark: Increase the statewide percentage | Item 12 Method of Measuring: The method for measuring progress is | March 2006 | | March 2007 | |

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | <p>applicable cases reviewed where siblings are placed together from 59.9% to 61.9%.</p> <p>Baseline: 4th Quarter FCR 2004 Report</p> | | | <p>of applicable cases reviewed where siblings are placed together from 59.5% to 60.9%.</p> <p>Baseline: 4th Quarter FCR 2004 Report</p> | <p>Foster Care Case Review. The baseline of 59.9% is based on the FCR 4th Quarter 2004 Report and included 167 applicable cases. While a revised FCR instrument is being implemented in July 2005, this indicator will not change. Continue to monitor FCR case review results utilizing quarterly and annual reports.</p> | | | | |
| | | | | 12a. Clarify the regional approval process and criteria for any placement that requires siblings be separated. | RD ASWS | <p>12a.1 Regional Directors document procedures and criteria for approval for any placement that requires siblings be separated.</p> <p>12a.2 Senior Management will agree on procedures and criteria.</p> | <p>12a.1 Documented Regional procedures and criteria.</p> <p>12a.2 Documented procedures and criteria.</p> | 12a.1 July 2005 | | | |
| | | | | 12b. Utilize technical assistance and training from Adopt US Kids to develop a targeted Statewide Recruitment and Retention Plan to improve placement options to be able to place siblings together and to retain and support existing foster homes. | Licensing Program Director | 12b.1 T/TA provided to develop Statewide Recruitment and Retention Plan. (Licensure and Adoption Program Directors) | 12b.1 Statewide Recruitment and Retention Plan | 12b.1 July 2005 | | | |
| | | | | 12c. If sibling placements together is identified through the county self assessment process as an area needing improvement | RD and ASWS | 12c.1 Develop RAP to include strategies for improving sibling placements together | 12c.1 Approved RAP | 12c.1 May 2006 | | | |

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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | and a permanency priority, strategies will be developed and implemented in the RAP | | if a priority for permanency. | | | | | |
| Item 13: Visiting with parents and siblings in foster care | X | | Item 13 Benchmarks: Increase the statewide percentage of visitation (at least monthly) between siblings in foster care Increase the statewide percentage of visitation (at least monthly) between the parent and child in foster care Source: Revised Foster Care Case Review | | Item 13 Goal Lead: Foster Care Review Supervisor | Item 13 Benchmarks: Increase the statewide percentage of visitation (at least monthly) between siblings in foster care Increase the statewide percentage of visitation (at least monthly) between the parent and child in foster care Source: Revised Foster Care Case Review | Item 13 Method of Measuring: The method of measuring this item is the revised Foster Care Case Review instrument. This instrument will be implemented in July 2005. The first quarter of data will be July-Sept. 2005. In October 2005 a baseline and percentage for improvement will be established for the benchmark and goal. This baseline and percentage will be negotiated with the ACF R O & the approved measures will be added to the PIP. | March 2006 | | March 2007 | |
| | | | | 13a. Provide training and concise practice guide on case planning that includes improving visitation between parents and siblings with children in foster care and the development of visitation plans. | Training Program Director | 13a.1 Develop curricula, concise practice guide and training evaluation for case planning including improving visitation between parents and sibling with children in foster care and the development of visitation plans. 13a.2 Trainer's trained on case planning | 13a.1 Curricula, Guide and Evaluation 13a.2 Training records | 13a.1 July 2006 | | 13a.2 Training = August 2006 | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|--|---|--|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | curricula and guide. 13a.3 Training staff will partner with RD to train ASWS and county social worker staff per region. | 13a.3 Training records and evaluation | 13a.3 Training completed = October 2006 Evaluation = November 2006 | | | |
| | | | | 13b. Enhance the CC (six month administrative review) to be more family - centered in practice. | Foster Care Review Program Supervisor FCR/CC Workgroup | 13b.1 Review and revise forms, procedures, and policy to be more consistent with family centered practice. 13b.2 Develop Practice Guide for CC for staff and families. 13b.3 Implement changes in CC practice. | 13b.1 Revised forms, procedures and policy 13b.2 CC Practice Guide for staff and CC Guidebook for families 13b.3 FCR Program Quarterly Report | 13b.1 July 2005 13b.2 July 2005 13b.3 Implemented October 2005 | | | |
| | | | | 13c. Strategies will be developed and implemented in the RAP, if visitation with parents or siblings in foster care is identified through the County Self Assessment process as an area needing improvement. | RD and ASWS | 13c.1 Develop RAP to include visitation with parents or sibling for children in foster care based if determined a permanency priority. | 13c.1 Approved RAP | 13c.1 May 2006 | | | |
| Item 14: Preserving connections | X | | Item 14 Goal: Increase the statewide percentage of children where the primary connections and characteristics of the child are being preserved | | Item 14 Goal Lead: Foster Care Review Program Supervisor | Item 14 Benchmark: Increase the statewide percentage of children where the primary connections and characteristics of the child are being preserved from | Item 14 Method of Measuring: The method for measuring progress will continue to be the monthly Foster Care Case Review. While a revised instrument is being implemented in July 2005, this | March 2006 | | March 2007 | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|---|--|--|--|---|--|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | from 91.7% to 94 % Source: Foster Care Case Review | | | 91.7% to 92.7% Source: Foster Care Case Review | indicator will not change. Continue to monitor FCR case review results for progress using quarterly and annual Foster Care Review Reports | | | | |
| | | | | 14a. Request TA from the appropriate NRC to assist in developing ICW A training module to be used jointly by MDHS DFCS and MS Band of Choctaws Social Services. | DFCS Division Director Deputy of Support | 14a.1 TA from NRC or NICWA to develop ICWA training module for both DFCS and Choctaw Social Services. 14a.2 Curricula Developed 14a.3 Training delivered at joint meeting with DFCS and Choctaw Social Service staff. | 14a.1 T/TA Report 14a.2 ICWA Training Module 14a.3 Training records | 14a.1 October 2005 14a.2 January 2006 14a.3 February 2006 | | | |
| | | | | 14b. Revise policies and procedures for intake, screening, assessment and case planning to insure identification of child's heritage and to coordinate services for any child identified with Native American heritage with the appropriate tribe. | Training Program Director Protection Unit Director Placement Unit Director | 14b.1 Recommendations for policy and procedures. 14b.2 Revisions to current policy and practice. 14b.3 Incorporated into Intensive Training. | 14b.1 Written recommendations 14b.2 Revised policy and practice 14b.3 Revised Intensive Curricula | 14b.1 March 2006 14b.2 April 2006 14b.3 May 2006 | | | |
| | | | | 14c. Update MACWIS to include information necessary to track and monitor ICWA compliance. | MACWIS Team | 14c.1 Revise MACWIS case narrative type to include ICWA contact and tribal contacts. 14c.2 Develop MACWIS | 14c.1 Code table change in MACWIS 14c.2 MACWIS Report | 14c.1 April 2005 14c.2 April 2005 | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|--|---|---|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | report on ICWA and Native American Race data including % of open cases with ICWA contact and number of families with Native heritage. | | | | | |
| | | | | 14d. Utilize T/TA from NCWRCFCPPP to assist the state in addressing policy and practice related to placement and permanency planning to insure compliance with MEPA. | Bureau Director of Support Placement Unit Director | 14d.1 Identify appropriate NRC and initiate TA request and development of TA work plan. 14d.2 Review policy and practice in coordination with Policy and Practice Workgroup and with NRC. 14d.3 Incorporate recommendations into policy revisions and develop practice guide. | 14d.1 NRC contact TA Request Work Plan for TA 14d.2 Written Recommendations 14d.3 Revised policy MEPA Practice Guide | 14d.1 January 2006 14d.2 February 2006 14d.3 April 2006 May 2006 | | | |
| | | | | 14e. Strategies will be developed and included in the RAP if preserving family connections or characteristics is identified through the county self assessment process as an area needing improvement. | RD and ASWS | 14e.1 Develop a RAP to include strategies for preserving family connections or characteristics if determined to be a permanency priority. | 14e.1 Approved RAP | 14e.1 Approved and Implemented = May 2006 | | | |
| Item 15: Relative placement | X | | Item 15 Goal: Increase the statewide percentage of children in relative foster family homes from 33.5% to 35.5%. Source: | | Item 15 Goal Lead: Deputy Director of MACWIS, PIP and Special Projects Administration Unit | Item 15 Benchmark: Increase the statewide percentage of children placed in relative foster family homes from 33.5 % to 34.5%. Source: | Item 15 Method: The baseline of 33.5% was obtained from the December 2004 - CFSR Data Profile FFY 2004 Permanency Profile, Most Recent Placement Type, Foster Family Homes (relative). Monitor | March 2006 | | March 2007 | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|---|---|---|--|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | December 2004 MS CFSR Data Profile | | | December 2004 MS CFSR Data Profile | progress of AFCARS data and MS's CFSR Data Profile | | | | |
| | | | | 15a. As part of technical assistance from NCWRCCPS and NCWRFCPPP revise policy as needed on diligent search for relatives and family engagement. | Training Program Director Placement Unit Director | 15a.1 Incorporate NRC and Policy and Practice Workgroup recommendations into policy and practice changes and training on diligent search for relatives. (Placement Unit Director and Protection Unit Director) 15a.2 Implement following statewide training and release of practice guides. (Training Program Director). | 15a.1 Policy, Training Curricula, Practice Guides 15a.2 Training completed statewide | 15a.1 October 2005 15a.2 December 2005 | | | |
| | | | | 15b. Implement supervisory case review to assess both in-home and custody cases within 90 days to ensure diligent search for paternal and maternal relatives early in the case and that a FTM is held within 30 days to develop the initial ISP. | Region IE Regional Director Supervisory Review Committee | 15b.1 Implement supervisory case review and enter case review documentation into MACWIS. | 15b.1 MACWIS Supervisory Case Review Report | 15b.1 First Quarterly Report = January 2007 | | | |
| | | | | 15c. Implement the revised FCCR instrument and process to assess practice in custody cases related to relative placements | Foster Care Review Program Supervisor | 15c.1 Implement revised Foster Care Case Review instrument. | 15c.1 Foster Care Review Program Quarterly Reports | 15c.1 Implement = July 2005 First Quarterly Report = October 2005 | | | |
| | | | | 15d. If relative placements are identified through the county self assessment process as an area needing improvement and a permanency priority, strategies will be developed | RD and ASWS | 15d. Develop RAP to include improvement for relative placements if determined to be a permanency priority. | 15d. Approved RAP | 15d. May 2006 | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|---|---|---|---|---|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | and implemented in the RAP. | | | | | | | |
| | | | | 15e.Utilize technical assistance from Adopt US Kids to develop retention strategies to support relative caregivers as part of the development of the Statewide Recruitment and Retention Plan to include statewide and regional approaches. | Licensure and Adoption Program Directors | 15e.1 T/TA provided to develop Statewide Recruitment and Retention Plan. (Licensure and Adoption Program Directors) | 15e.1 Statewide Recruitment and Retention Plan | 15e.1 July 2005 | | | |
| | | | | 15f. Research and identify financial resources used by other states and models for best practice related to kinship care and relative support. | Licensure and Adoption Program | 15f.1 Identify other state models for kinship care and relative supports through NRC and ACF RO. 15f.2 Contact states identified for additional information. 15f.3 Make recommendations to DFCS Division Director and Placement Unit Director related to improving support and resources for relative caregivers. | 15f.1 State Models for Kinship Care and supports 15f.2 State Contacts 15f.3 Written recommendations | 15f.1 January 2006 15f.2 January 2006 15f.3 February 2006 | | | |
| Item 16: relationship of child in care with parents | X | | Item 16 Goal: Increase the statewide percentage of children in foster care with a pattern of visitation (at least monthly) | | Item 16 Goal Lead: Foster Care Review Program Supervisor | Item 16 Benchmark: Increase the statewide percentage of children in foster care with a pattern of visitation (at least monthly) with parents. | Item 16 Method: The method for measuring progress will be Foster Care Case Review. The revised instrument will be implemented July 2005, the first quarter of data will be | March 2006 | | March 2007 | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|---|---|---|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | with parents. Source: Revised Foster Care Case Review instrument and process. | | | | | July-September, in October a baseline and percentage of improvement will be established with ACF RO and once approved will be revised within the PIP. | | | |
| | | | | 16a. Provide training and concise practice guide on case planning that includes improving visitation between parents and siblings with children in foster care and the development of visitation plans. | Training Program Director | 16a.1 Develop curricula and concise practice guide for case planning including visitation between parents and sibling with children in foster care and the development of visitation plans. 16a.2 "Train the trainers" on case planning curricula and guide. 16a.3 Training staff will partner with RD to train ASWS and county social worker staff per region. | 16a.1 Curricula, Guide and Evaluation 16a.2 Training records 16a.3 Regional Training attendance records and evaluation | 16a.1 July 2006 16a.2 Training = August 2006 16a.3 Training completed = October 2006 Evaluation = November 2006 | | | |
| | | | | 16b. Utilize technical assistance from the NCWRCFCPP to provide recommendations for policy and practice changes related to FCP, FTM, and family centered CC to improve family engagement in decision-making, assessment and case planning. | Bureau Director of MACWIS, PIP and Special Projects Protection Unit Director/Practice Lead Training Program Director Placement Unit Director/Policy Lead | 16b.1 Incorporate NRC and Workgroup recommendations into policy and practice changes. (Policy- Placement Unit Director; Protection Unit Director) 16b.2 Implement practice and policy changes through statewide | 16b.1 Policy, Training Curricula and concise practice guides completed 16b.2 FCP, FTM, CC training completed and practice guides | 16b.1 July 2005 16b.2 October 2005 | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|--|---|-----|---|--|---|--|--|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | training on FCP, FTM and CC. (Training Program Director) | released | | | | |
| WB1: Families have enhanced capacity to provide for their children's needs. | X | | | | | | | | | | |
| CFSR Finding: Substantially Achieved 36% of cases reviewed | | | | | | | | | | | |
| Item 17: Needs and services of child, parents, foster parents | X | | Item 17 Goal: Increase the statewide percentage of parents (mother, father, foster parents) where services were provided to meet the identified and assessed needs. Source: Revised Foster Care Case Review instrument and process. | | Item 17 Goal Lead: Foster Care Review Program Supervisor | Item 17 Benchmark: Increase the statewide percentage of parents (mother, father, foster parents) where services were provided to meet the identified and assessed needs. Source: Revised Foster Care Case Review instrument and process. | Item 17 Method: Foster Care Case Review utilizing the revised instrument and process which will be implemented July 2005, after the first quarter July-September 2005, in October 2005 a baseline and percentage of improvement will be established with ACF RO and revised in the PIP. | March 2006 | | March 2007 | |
| | | | | 17a. Build process in MACWIS to effectively link appropriate and available support services to meet the needs of families identified through the safety and risk assessment. | Deputy Director of MACWIS, PIP and Special Projects | 17a.1 MACWIS System Requirements Document Designed, Developed and Tested for implementation into MACWIS 17a.2 Training provided to field staff | 17a.1 MACWIS Work Plan 17a.2 Training Schedule | 17a.1 February 2006 17a.2 April 2006 | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|---|---|--|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | 17a.3 MACWIS Release Notes and Concise Guide posted on the MACWIS Website 17a.4 Process deployed in MACWIS | 17a.3 MACWIS Release Notes and Concise Guide 17a.4 MACWIS screen shots | 17a.3 April 2006 17a.4 April 2006 | | | |
| | | | | 17b. Provide statewide training to include assessment, case planning and family/community engagement to enhance caseworkers skills to assess family needs and provide appropriate services to address those needs. | Training Program Director | 17b.1 Training completed and concise practice guide released on family/community engagement 17b.2 Training completed and concise practice guide released on assessment. 17b.3 Training completed and concise practice guide released on case planning. | 17b.1 Family Engagement training curricula and concise practice guide. 17b.2 Assessment training curricula and concise practice guide 17b.3 Case Planning training curricula and concise practice guide | 17b.1 October 2005 17b.2 April 2006 17b.3 October 2006 | | | |
| | | | | 17c. Utilize technical assistance from the NCWRCFCPPP for policy and practice changes related to FCP, FTM, and CC to improve family engagement in decision-making, assessment and case planning. | Bureau Director of MACWIS, PIP and Special Projects Protection Unit Director Training Program Director Policy Coordinator Placement Unit Director on Special Policy Assignment | 17c.1 Incorporate NRC recommendations into policy and practice changes. (Policy- Placement Unit Director; Protection Unit Director) 17c.2 Implement practice and policy changes through statewide training. (Training Program Director) | 17c.1 Policy, Training Curricula and concise practice guides completed 17c.2 FCP, FTM, CC training completed and practice guides released | 17c.1 July 2005 17c.2 October 2005 | | | |

Safety, Permanency and Well-being Matrix

| 1 | | 2 | | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|--|--|---|--|--|---|--|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | Goal/ Negotiated measure/ Percent of Improvement | | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| Item 18: Child and family involvement in case planning | X | | Item 18 Goal: Increase the statewide percentage of parents and the percentage of children actively involved in case planning. Source: Foster Care Case Review revised instrument and process. | | Item 18 Goal Lead: Foster Care Review Program Supervisor | Item 18 Benchmark: Increase the statewide percentage of parents and the percentage of children actively involved in case planning. Source: Foster Care Case Review revised instrument and process. | Item 18 Method: The revised Foster Care Case Review instrument will be implemented July 2005, the first quarter is July-September 2004. In October a baseline and percentage of improvement will be established with ACF RO and revised within the PIP. | March 2006 | | March 2007 | |
| | | | | 18a. Provide statewide training to include assessment, case planning and family/community engagement to enhance caseworkers skills to better engage family and children in decision-making and the case planning process. | Training Program Director | 18a.1 Training completed and concise practice guide released on family/community engagement 18a.2 Training completed and concise practice guide released on assessment. 18a.3 Training completed and concise practice guide released on case planning. | 18a.1 Family Engagement training curricula and concise practice guide. 18a.2 Assessment training curricula and concise practice guide 18a.3 Case Planning training curricula and concise practice guide | 18s.1 October 2005 18a.2 April 2006 18a.3 October 2006 | | | |
| | | | | 18b. Develop and implement statewide training on FCP, FTM and CC to improve family and child involvement in the case planning process. | Protection Unit Director Training Program Director | 18b.1 Policy, Training Curricula, and Concise Practice Guide developed. 18b.2 Train the trainers completed. | 18b.1 Revised Policy, Curricula & Practice Guide 18b.2 Training Records | 18b.1 Completed = July 2005 18b.2 Completed = August 2005 | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|--|---|--|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | 18b.3 Training staff and RD partner to provide drill down training to ASWS and county social work staff per region. 18b.4 Level 1 Intensive training curricula updated/ revised to include FCP, FTM, CC. | 18b3 Training Records Evaluation Results 18b.4 Revised Curricula | 18b.3 Completed = October 2005 Evaluation Report = November 2005 18b.4 Intensive training revised and updated annually = May 2006 | | | |
| | | | | 18c. RAP will include action steps to improve the engagement of families and children in case planning through FTM. | Regional Directors ASWS | 18c.1 Develop RAP to improve family and child involvement in case planning through FTM. | 18c.1 Approved RAP Implemented | 18c.1 May 2006 | | | |
| | | | | 18d. Implement the supervisory case review to include the assessment of practice related to family and child involvement in the case planning process. | Region IE Regional Director Supervisory Review Committee | 18d.1 Implement supervisory case review and enter case review documentation into MACWIS. | 18d.1 MACWIS Supervisory Case Review Report | 18d.1 First Quarterly Report = January 2007 | | | |
| | | | | 18e. Implement the revised FCCR instrument and process to assess practice of actively engaging parents and child/youth in case planning. | Foster Care Review Program Supervisor | 18e.1 Implement revised Foster Care Case Review instrument. | 18e.1 Foster Care Review Program Quarterly Reports | 18e.1 Implement = July 2005 First Quarterly Report = October 2005 | | | |
| Item 19. Worker visits with child | X | | Item 19 Goal: Increase the statewide percentage of face to face worker contacts with children in custody within 30 days from 67.1% to 71.1%. | | Item 19 Goal Lead: Deputy Director of MACWIS, PIP and Special Projects | Item 19 Benchmark: Increase the statewide percentage of face to face worker contacts with children in custody within 30 days from 67.1% to 69.1% | Item 19 Method: The source of the baseline data of 67.1% is based on two quarters, July-December 2004 of the MACWIS Custody Contact Report. MS is establishing an ambitious goal and percentage of | March 2006 | | March 2007 | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|---|--|---|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | Baseline: MACWIS Custody Contact Report (July – December 2004) | | | Baseline: MACWIS Custody Contact Report (July - December 2004) | improvement given the current staffing and caseload situation but understands the significance of caseworker contact to improve well-being outcomes for our families and children. Continue monitor the MACWIS Custody Contact Report | | | | |
| | | | | 19a. Provide statewide training to include assessment, case planning and family/community engagement to provide instruction related to the quality, frequency, purpose and structure of caseworker visitation with child. | Training Program Director | 19a.1 Training completed and concise practice guide released on family/community engagement 19a.2 Training completed and concise practice guide released on assessment. 19a.3 Training completed and concise practice guide released on case planning. | 19a.1 Family Engagement training curricula and concise practice guide. 19a.2 Assessment training curricula and concise practice guide 19a.3 Case Planning training curricula and concise practice guide | 19s.1 October 2005 19a.2 April 2006 19a.3 October 2006 | | | |
| | | | | 19b. Utilizing TA from NCWRCFCPPP to provide recommendations for policy and practice related to caseworker visitation as part of case planning to improve family engagement in decision-making. | Protection Unit Director Training Program Director | 19b.1 Policy, Training Curricula, and Concise Practice Guide developed. 19b.2 Train the trainers completed. 19b.3 Training staff and RD partner to provide drill down training to ASWS | 19b.1 Revised Policy, Curricula & Practice Guide 19b.2 Training Records 19b.3 Training Records Evaluation Results | 19b.1 Completed = July 2005 19b.2 Completed = August 2005 19b.3 Completed = October 2005 Evaluation Report = | | | |

Safety, Permanency and Well-being Matrix

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|---|---|-----|--|---|--|--|---|---|---------|----------------------|---------|
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| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | and county social work staff per region. 19b.4 Level 1 Intensive training curricula updated/ revised to include FCP, FTM, CC. | 19b.4 Revised Curricula | November 2005 | | | |
| | | | | 19c. Monitor the frequency of caseworker visitation with child(ren) through monthly MACWIS reports, monthly ASWS Progress Improvement Reports, and quarterly RD Progress Improvement Reports. | Bureau Director of MACWIS, PIP and Special Projects | 19c.1 Implement progress improvement reporting system to track improvements in caseworker contact with child or children every 30 days. | 19c.1 RD Quarterly Progress Improvement Reports | 19c.1 Implement Reporting System = May 2006 First RAP Quarterly Reports = September 2006 (covering the April-June Quarter) | | | |
| | | | | 19d. Implement the revised FCCR instrument to assess the quality of caseworker visitation with child(ren) and to use this information to inform practice. | Foster Care Review Program Supervisor | 19d.1 Implement revised FCCR instrument. | 19d.1 Foster Care Review Quarterly Report | 19d.1 Implement = July 2005 First Quarterly Report = October 2005 | | | |
| | | | | 19e. Implement the supervisory case review to assess both in-home and custody cases to ensure frequency and quality of caseworker visitation with children. | Region IE Regional Director Supervisory Workgroup | 19e.1 Implement supervisory case review and enter case review documentation into MACWIS. | 19e.1 MACWIS Supervisory Case Review Report | 19e.1 First Report Available = January 2007 | | | |
| | | | | 19f. Strategies will be developed and implemented as part of RAP if the county self assessment identifies caseworker visitation as an area needing improvement. | Regional Directors ASWS | 19f.1 Develop RAP to include strategies to improve caseworker visitation if identified through the County Self Assessment as a priority. (ASWS and RD) | 19f.1 Approved RAP | 19f.1 Approved and implemented = May 2006 | | | |

Safety, Permanency and Well-being Matrix

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| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| Item 20: Worker visits with parent(s) | X | | Item 20 Goal: Increase the statewide percentage of face to face contacts between caseworkers and parents at least monthly. Source: Revised Foster Care Case Review instrument and process. | | Item 20 Goal Lead: Foster Care Review Program Supervisor | Item 20 Benchmark: Increase the statewide percentage of face to face contacts between caseworkers and parents at least monthly. Source: Revised Foster Care Case Review instrument and process | Item 20 Method: The method of measuring progress will be implementing the revised Foster Care Case Review instrument July 2005, after the first quarter July-September 2005, in October establish a baseline and percentage of improvement with ACF R) and revise PIP. | March 2006 | | March 2007 | |
| | | | | 20a. Provide statewide training to include assessment, case planning and family/community engagement to provide instruction related to the quality, frequency, purpose and structure of caseworker visitation with parent. | Training Program Director | 20a.1 Training completed and concise practice guide released on family/community engagement 20a.2 Training completed and concise practice guide released on assessment. 20a.3 Training completed and concise practice guide released on case planning. | 20a.1 Family Engagement training curricula and concise practice guide. 20a.2 Assessment training curricula and concise practice guide 20a.3 Case Planning training curricula and concise practice guide | 20s.1 October 2005 20a.2 April 2006 20a.3 October 2006 | | | |
| | | | | 20b. Utilize TA from the NCWRCFCPPP to provide recommendations for policy and practice changes related to caseworker visitation as part of case planning to improve family engagement in decision-making. | Bureau Director of MACWIS, PIP and Special Projects Protection Unit Director Training Program Director Policy Coordinator Placement Unit | 20b.1 Policy, Training Curricula, and Concise Practice Guide developed. 20b.2 Train the trainers completed. 20b.3 Training staff and | 20b.1 Revised Policy, Curricula & Practice Guide 20b.2 Training Records 20b.3 Training Records | 20b.1 Completed = July 2005 20b.2 Completed = August 2005 20b.3 Completed = | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | | |
|---|---|-----|---|--|--|--|--|--|---------|----------------------|---------|--|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: | |
| | | | | | Director on Special Policy Assignment | RD partner to provide drill down training to ASWS and county social work staff per region. 20b.4 Level 1 Intensive training curricula updated/ revised to include FCP, FTM, CC. | Evaluation Results 20b.4 Revised Curricula | October 2005 Evaluation Report = November 2005 20b.4 Intensive training revised and updated annually = May 2006 | | | | |
| | | | 20c. Implement the revised FCCR instrument to assess the quality of caseworker visitation with parents and use this information to improve practice. | Foster Care Review Program Supervisor | 20c.1 Implement revised Foster Care Case Review instrument to review cases for the quality of caseworker visits with parents. | 20c.1 Foster Care Review Program Quarterly Reports | 20c.1 Implement = July 2005 First Quarterly Report = October 2005 | | | | | |
| | | | 20d. Implement the supervisory case review to assess both in-home and custody cases to ensure quality of caseworker visitation with parents. | Region IE Regional Director Supervisory Workgroup | 20d.1 Implement supervisory case review and enter case review documentation into MACWIS. | 20d.1 MACWIS Supervisory Case Review Report | 20d.1 First Report Available = January 2006 | | | | | |
| | | | 20e. If the county self assessment process identifies caseworker visitation as an area needing improvement and a priority to improve outcomes, strategies will be developed and implemented as part of the RAP. | Regional Directors ASWS | 20e.1 Develop RAP to include strategies to improve caseworker visitation if identified through the County Self Assessment as a priority. (ASWS and RD) | 20e.1 Approved RAP | 20e.1 Approved and implemented = May 2006 | | | | | |
| Outcome WB2: Children receive appropriate services to meet their educational needs | X | | | | | | | | | | | |
| CFSR Finding: Substantially Achieved 75.9% of cases reviewed | | | | | | | | | | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|--|---|---|----------------------------------|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| Item 21: Educational needs of the child | X | | <p>Item 21 Goal: Increase the statewide percentage of children who receive educational services based on identified needs.</p> <p>Source: Revised Foster Care Case Review instrument and process.</p> | | Item 21 Goal Lead: Foster Care Review | <p>Item 21 Benchmark: Increase the statewide percentage of children who receive educational services based identified needs.</p> <p>Source: Revised Foster Care Case Review instrument and process.</p> | <p>Item 21 Method: The method will be the revised Foster Care Case Review instrument and process. The revised tool will be implemented July 2005, after the first quarter July-September 2005, in October a baseline and percentage of improvement will be established with ACF RO and revised within the PIP.</p> | March 2006 | | March 2007 | |
| | | | | 21a. Provide statewide training to include assessment, case planning and family/community engagement to provide instruction related to engaging community partners such as education in the assessment and case planning process. | Training Program Director | <p>21a.1 Training completed and concise practice guide released on family/community engagement</p> <p>21a.2 Training completed and concise practice guide released on assessment.</p> <p>21a.3 Training completed and concise practice guide released on case planning.</p> | <p>21a.1 Family Engagement training curricula and concise practice guide.</p> <p>21a.2 Assessment training curricula and concise practice guide</p> <p>21a.3 Case Planning training curricula and concise practice guide</p> | 21a.1 October 2005 | | 21a.2 April 2006 | |
| | | | | 21b. Enhance the CC (six month administrative review) to be more family - centered and to encourage more community involvement such as teachers and educational providers. | <p>Foster Care Review Program Supervisor</p> <p>FCR/CC Workgroup</p> | <p>21b.1 Review and revise forms, procedures, and policy to be more consistent with family centered practice.</p> <p>21b.2 Develop Practice</p> | <p>21b.1 Revised forms, procedures and policy</p> <p>21b.2 CC Practice Guide for</p> | 21b.1 July 2005 | | 21b.2 July 2005 | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|---|--|---|----------------------------------|---------|--|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | Guide for CC for staff and families. 21b.3 Implement changes in CC practice. | staff and CC Guidebook for families 21b.3 FCR Program Quarterly Report | | | 21b.3 Implemented October 2005 | |
| | | | | 21c. Implement the revised FCCR Instrument to assess practice related to assessment, identification of educational needs and services provided and use the information to improve practice. | Foster Care Review Program Supervisor | 21c.1 Implement revised Foster Care Case Review instrument. | 21c.1 Foster Care Review Program Quarterly Reports | | | 21c.1 Implement = July 2005 First Quarterly Report = October 2005 | |
| | | | | 21d. Implement the supervisory case review to assess both in-home and custody cases to ensure quality of practice related to assessment, identification of educational needs and services provided to improve practice. | Region IE Regional Director Supervisory Workgroup | 21d.1 Implement supervisory case review and enter case review documentation into MACWIS. | 21d.1 MACWIS Supervisory Case Review Report | | | 21d.1 First Report Available = January 2006 | |
| | | | | 21e. Establish more collaborative efforts and partnerships between local DFCS offices and available Families First Resource Centers to improve access to educational services for children such as Parents as Teachers, after-school programs and tutorial programs. | Bureau Director of Support DFCS Prevention Unit Director | 21e.1 Listing of community-based services funded through MDHS and provided by Families First Resource Centers developed. 21e.2 List distributed to all regions, ASWS, counties and field staff. | 21e.1 Provider list completed 21e.2 Distribution list and memo | | | 21e.1 February 2005 21e.2 April 2005 | |
| Outcome WB3: Children receive adequate services to meet their physical and mental health needs | X | | | | | | | | | | |

Safety, Permanency and Well-being Matrix

| 1 | | 2 | | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|--|---|---|---|---|---|----------------------------------|---------|------------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | Goal/ Negotiated measure/ Percent of Improvement | | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| CFSR Finding: Substantially Achieved 52.4% of cases reviewed | | | | | | | | | | | |
| Item 22: Physical health of the child | X | | <p>Item 22 Goal: Increase the statewide percentage of children who receive health services based on identified and assessed physical health needs.</p> <p>Source: Revised Foster Care Case Review instrument and process</p> | | Item 22 Goal Lead: Foster Care Review Program Supervisor | <p>Item 22 Benchmark: Increase the statewide percentage of children who receive health services based on identified and assessed physical health needs.</p> <p>Source: Revised Foster Care Case Review instrument and process</p> | <p>Item 22 Method: The method will be the revised Foster Care Case Review instrument and process. The revised tool will be implemented July 2005, after the first quarter July-September 2005, in October a baseline and percentage of improvement will be established with ACF RO and revised within the PIP.</p> | March 2006 | | March 2007 | |
| | | | | 22a. Initiate meetings with the MS Department of Public Health to identify health programs and services and to improve coordination between state and local offices | DFCS Division Director Deputy Director of Support | <p>22a.1 Contact MSDH State Office and schedule a meeting to initiate discussions for coordination of public health services with MDHS DFCS.</p> <p>22a.2 Identify programs and services available and accessible to DFCS families and children.</p> <p>22a.3 Establish an agreement for coordination of services.</p> <p>22a.4 Establish educational opportunities for</p> | <p>22a.1 Confirmation letter of meeting</p> <p>22a.2 Directory or listing of programs and services.</p> <p>22a.3 Coordination agreement or MOU</p> <p>22a.4 Agenda Training Records</p> | 22a.1 September 2005 | | 22a.2 October 2005 | |
| | | | | | | | | 22a.3 November 2005 | | 22a.4 February 2006 | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|---|---|--|---|---------------------------------------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | staff from both agencies to learn about programs and services. | | | | | |
| | | | | 22b. Implement the revised FCCR Instrument to assess practice related to assessment, identification of physical health needs and services provided and use the information to improve practice. | Foster Care Review Program Supervisor | 22b.1 Implement revised Foster Care Case Review instrument. | 22b.1 Foster Care Review Program Quarterly Reports | 22b.1 Implement = July 2005 | First Quarterly Report = October 2005 | | |
| | | | | 22c. Implement the supervisory case review to assess both in-home and custody cases to ensure quality of practice related to assessment and identification of physical health needs and services provided and use information to improve practice. | Region IE Regional Director Supervisory Workgroup | 22c.1 Implement supervisory case review and enter case review documentation into MACWIS. | 22c.1 MACWIS Supervisory Case Review Report | 22c.1 First Report Available = January 2006 | | | |
| Item 23: Mental Health of the child | X | | Item 23 Goal: Increase the statewide percentage of children who receive mental health services based on identified needs. Source: Foster Care Case Review revised instrument and process | | Item 23 Goal Lead: Foster Care Review Program Supervisor | Item 23 Benchmark: Increase the statewide percentage of children who receive mental health services based on identified needs. Source: Foster Care Case Review revised instrument and process | Item 23 Method: The method will be the revised Foster Care Case Review instrument and process. The revised tool will be implemented July 2005, after the first quarter July-September 2005, in October a baseline and percentage of improvement will be established with ACF RO and revised within the PIP. | March 2006 | | March 2007 | |
| | | | | 23a. Revise policy related to the Psychological evaluation for children 4 years and older so that it is not automatically based on age, but based on assessed needs of the child. | Placement Unit Director Policy/Training Workgroup | 23a.1 Policy revised and issued. | 23a1 Policy Issuance | 23a.1 June 2005 | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|--|---|---|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | 23b. Collaborate with Dept. of MH to obtain a comprehensive family assessment for children in DHS custody. | DFCS Division Director and Deputies | 23b.1 MOU between DFCS and DMH related to collaborative comprehensive assessments for families and children. | 23b.1 MOU | 23b.1 September 2005 | | | |
| | | | | 23c. Develop policy and related practice guidelines to address comprehensive family assessment and accessing mental health services identified as needed in assessments | Placement Unit Director Policy/Training Workgroup | 23c. 1 Policy revised and issued. | 23c.1 Policy Issuance | 23c.1 October 2005 | | | |
| | | | | 23d. Continue DFCS participation with the Interagency Coordinating Council for Children and Youth (ICCCY) and the Interagency Systems of Care Council (ISCC) to address and improve mental health services to seriously emotionally disturbed children and youth. | DFCS Division Director Placement Unit Director | 23d.1 Continue to attend all ICCCY biannual meetings to have input into priorities and strategies to improve coordination among agencies. 23d.2 Actively participate in quarterly ISCC meetings with middle managers from other agencies to develop priorities and strategies to submit to ICCCY for improved coordination and collaborative efforts among the agencies. | 23d.1 Meeting agenda and materials 23d.2 Meeting agenda and materials. | 23d.1 Biannual 23d.2 Quarterly – January 2005 April 2005 July 2005 September 2005 | | | |
| | | | | 23e. Implement the revised FCCR Instrument to assess practice related to assessment, identification of physical health needs and services provided and use the information to improve practice. | Foster Care Review Program Supervisor | 23e.1 Implement revised Foster Care Case Review instrument. | 23e.1 Foster Care Review Program Quarterly Reports | 23e.1 Implement = July 2005 First Quarterly Report = October 2005 | | | |
| | | | | 23f. Implement the supervisory case review to | Region IE Regional Director | 23f.1 Implement | 23f.1 MACWIS | 23f.1 First Report | | | |

Safety, Permanency and Well-being Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|--------------------------------------|--|---------------------------------|----------------------------------|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (s) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | assess both in-home and custody cases to ensure quality of practice related to assessment and identification of physical health needs and services provided and use information to improve practice. | Supervisory Workgroup | supervisory case review and enter case review documentation into MACWIS. | Supervisory Case Review Report | Available = January 2006 | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|--|---|-----|---|---|--|---|--|----------------------------------|--------------------|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| Systemic Factor: Statewide Information System | X | | | | | | | | | | |
| Item 24: State is operating a statewide system that can readily identify the status, demographic characteristics, location and goals for the placement of every child | X | | Item 24 Goal: Increase the utilization of MACWIS by caseworkers entering data timely and appropriately to improve the quality of reports. Source: Targeted MACWIS Reports | | Item 24 Goal Lead: Deputy Director of MACWIS, PIP and Special Projects | Item 24 Benchmark: Increase the utilization of MACWIS by caseworkers entering data timely and appropriately to improve the quality of reports. Source: Targeted MACWIS Reports | Item 24 Method: The method of measuring improvement will be to monitor targeted data clean up projects on specific MACWIS reports and track data entry related to missing data elements and the reliability and accuracy of data reported. | March 2006 | | March 2007 | |
| | | | | 24a. Complete an assessment of MACWIS training and staff needs to improve worker utilization of the system. | Deputy Director of MACWIS, PIP and Special Projects | 24a.1 Utilize contractor to conduct assessment of MACWIS training and staff needs and based on findings make recommendations. 24a.2 Integrate recommendations for improving utilization into MACWIS program work plan and implement. | 24a.1 Assessment findings and recommendations 24a.2 Work Plan | 24a.1 March 2005 | 24a.1 March 2005 | | |
| | | | | 24b. Survey all users to determine training needs and provide | Deputy Director of MACWIS, PIP and Special | 24b. 1 Survey developed to assess all users | 24b.1 Survey | 24b.1 January 2005 | 24b.1 January 2005 | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|---|--|--|---|---|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | needed training to staff. | Projects | <p>specific training needs</p> <p>24b.2 Survey distributed to all DFCS staff users (Bureau Director of MACWIS, PIP and Special Projects)</p> <p>24b.3 Survey results compiled and training needs identified (Bureau Director of Support)</p> <p>24b.4 Integrate plans for MACWIS statewide training into Training Program Plan and implement (Training Program Director)</p> <p>24b.5 MACWIS training to users focusing on identified training areas completed (Training Program and MACWIS)</p> | <p>24b.2 Memorandum Distribution List</p> <p>24b.3 Report of compiled results completed</p> <p>24b.4 Approved Training Plan</p> <p>24b.5 Training records and evaluation</p> | <p>24b.2 January 2005</p> <p>24b.3 March 2005</p> <p>24b.4 May 2005</p> <p>24b.5 Training Completed = October 2005 Evaluation = November 2005</p> | <p>24b.2 January 2005</p> <p>24b.3 March 2005</p> | | |
| | | | | 24c. Build edits in MACWIS that will direct users to the appropriate screen to enter critical data to improve data entry and be more user friendly. | <p>Bureau Director of MACWIS, PIP and Special Projects</p> <p>MACWIS Unit</p> | <p>24c. 1 Edits moved into production</p> | <p>24c.1 Copy of screen shots when the new application build is in production</p> | <p>24c.1 September 2006</p> | | | |
| | | | | 24d. Incorporate all MACWIS related PIP strategies and action steps into MACWIS program work plan to | <p>Bureau Director of MACWIS, PIP and Special Projects</p> | <p>24d.1 Develop MACWIS program work plan to include MACWIS strategies and action</p> | <p>24d.1 MACWIS program work plan</p> | <p>24d.1 May 2005</p> | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|--|--|---|--|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | manage system changes, prioritize and track progress on the PIP for quarterly reporting . | MACWIS Unit | <p>steps to manage system changes, to prioritize actions and to track progress for PIP quarterly reporting.</p> <p>24d.2 Integrate strategies based on recommendations from assessment into MACWIS work plan.</p> <p>24d.3 Integrate MACWIS training plan into program work plan.</p> <p>24d.4 Evaluate progress with MACWIS work plan and report quarterly.</p> | <p>24d.2 MACWIS Program work plan</p> <p>24d.3 MACWIS Program work plan</p> <p>24d.4 MACWIS Program Quarterly Report</p> | <p>24d.2 May 2005</p> <p>24d.3 May 2005</p> <p>24d.4 September 2005 and on-going quarterly</p> | | | |
| | | | | <p>24e. Develop MACWIS Report based on "Family Team Meeting" narrative type to monitor the frequency of Family Team Meetings held within 30 days.</p> <p>See Safety Action Step 1h.</p> | <p>Bureau Director of MACWIS, PIP and Special Projects</p> <p>MACWIS Unit</p> <p>Training Director</p> | <p>24e.1 Develop MACWIS Report for ASWSs and RDs</p> <p>24e.2 Instructions on utilizing the MACWIS Report distributed to ASWSs and RDs through the MACWIS Website</p> <p>24e.3 Instructions incorporated into the Family Centered Practice training guide</p> | <p>24e.1 MACWIS Report</p> <p>24e.2 Completed instructions and MACWIS Website screen shot</p> <p>24e.3 Report and release notes</p> | <p>24e.1 May 2005</p> <p>24e.2 May 2005</p> <p>24e.3 June 2005</p> | | | |
| | | | | 24f. Utilize technical | Deputy Director | 24f.1 | 24f. 1 | 24f.1 | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|---|---|--|---|---|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | <p>assistance from the NCWRCCPS and the NCWRFCPPP to provide recommendations for improvement to safety and risk assessment policy, practice and assessment.</p> <p>See Safety Action Step 4a.</p> | <p>of MACWIS, PIP and Special Projects</p> <p>Protection Unit Director</p> <p>Training Program Director</p> <p>Placement Unit Director on Special Policy Assignment</p> | <p>Incorporate NRCs and Workgroup recommendations into policy for safety and risk assessment. (Placement and Protection Unit Directors)</p> <p>24f.2 Incorporate recommendations from NRCs and Workgroup into MACWIS for safety and risk assessment. (Deputy Director of MACWIS)</p> <p>24f.3 Implement recommendations from NRCs and Workgroup as part of the statewide training and release practice guides. (Training Program Director)</p> | <p>Training and Attendance records</p> <p>24f.2 Written recommendations for revisions</p> <p>24f.3 Written approval</p> <p>Training Evaluation Report</p> | <p>January 2006</p> <p>24f.2 April 2006</p> <p>24f.3 April 2006</p> <p>May 2006</p> | | |
| | | | | <p>24g. Ensure all children have correct placement data entered in MACWIS to improve the validity of data to monitor placement stability and that all children in custody have a placement entry.</p> <p>See Permanency Action Item 6a.</p> | RD ASWS | 24g.1 All children in custody have a current placement entered in MACWIS | 24g.1 MACWIS Missing Placement Report | 24g.1 May 2005 | | | |
| | | | | 24h. Develop and | Deputy Director | 24h.1 | 24h.1 | 24h.1 | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|---|---|---|--|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | implement edits in MACWIS that will enforce users entering placement data. See Permanency Action Item 6b. | of MACWIS, PIP and Special Projects | Edits in MACWIS Production | Edits | November 2005 | | | |
| | | | | 24i. Track use of shelter placements to reduce the inappropriate use of shelter placements and the length of stay in shelters. See Permanency Action Item 6i. | Deputy Director of MACWIS, PIP and Special Projects RD | 24i.1 Develop and implement MACWIS Shelter Report. (Administration Unit) 24i.2 RD and ASWS will monitor, track and review shelter placements monthly at staff meetings and develop regional procedures for approval of shelter placements for young children and stays beyond 45 days to reduce the inappropriate use of shelter placements. | 24i.1 MACWIS Shelter Report 24i.2 Staff Meeting records | 24i.1 Develop = April 2005 Implement = May 2005 24i.2 Implement = May 2005 | | | |
| | | | | 24j. Build process in MACWIS to effectively link appropriate and available placement resources based on needs and assessment. See Permanency Action Item 6j. | Deputy Director of MACWIS, PIP and Special Projects | 24j.1 MACWIS System Requirements Document Designed, Developed and Tested for implementation into MACWIS 24j.2 Training provided to field staff 24j.3 MACWIS Release | 24j.1 MACWIS Work Plan 24j.2 Training Schedule 24j.3 MACWIS Release | 24j.1 February 2006 24j.2 April 2006 24j.3 | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|---|---|--|--|---|------------------------------------|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | Notes and Concise Guide posted on the MACWIS Website 24j.4 Process deployed in MACWIS | Notes and Concise Guide 24j.4 MACWIS screen shots | April 2006 24j.4 April 2006 | | | |
| | | | 24k. Build process in MACWIS to effectively link tasks to specified goals to improve and monitor progress in meeting the permanency plan. See Permanency Action Item 7a. | Deputy Director of MACWIS, PIP and Special Projects | 24k.1 MACWIS System Requirements Document Designed, Developed and Tested for implementation into MACWIS 24k.2 Training provided to field staff 24k.3 MACWIS Release Notes and Concise Guide posted on the MACWIS Website 24k.4 Process deployed in MACWIS | 24k.1 MACWIS Work Plan 24k.2 Training Schedule 24k.3 MACWIS Release Notes and Concise Guide 24k.4 MACWIS screen shots | 24k.1 February 2006 24k.2 April 2006 24k.3 April 2006 24k.4 April 2006 | | | | |
| | | | 24l. Develop and implement in MACWIS the Transitional Living Plan as a part of the Independent Living Program. See Permanency Action Item 10b. | MACWIS Unit Independent Living Program | 24l.1 MACWIS updated to include Transitional Living Plan | 24l.1 Transitional Living Plan | 24l.1 October 2005 | | | | |
| | | | 24m. Develop a regional approval process for placements more than 50 miles | RD ASWS MACWIS Unit | 24m.1 Regional procedures developed for approval in | 24m.1 Written Regional procedures | 24m.1 May 2005 | | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|---|---|---|----------------------------------|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | from child's original home to enforce existing policy. See Well-being Action Item 11a. | | accordance with policy. 24m.2 Procedures implemented. 24m.3 MACWIS report developed to provide region with data on children placed outside of county and region. | 24m.2 Regional Staff Meeting Record Regional Report 24m.3 MACWIS report | 24m.2 May 2005 | | 24m.3 May 2005 | |
| | | | | 24n. Update MACWIS to include information necessary to track and monitor ICWA compliance. See Well-being Action Item 14c. | MACWIS Team | 24n.1 Revise MACWIS case narrative type to include ICWA contact and tribal contact s. 24n.2 Develop MACWIS report on ICWA and Native American Race data including % of open cases with ICWA contact and number of families with Native heritage. | 24n.1 Code table change in MACWIS 24n.2 MACWIS Report | 24n.1 April 2005 | | 24n.2 April 2005 | |
| | | | | 24o. Build process in MACWIS to effectively link appropriate and available support services to meet the needs of families identified through the safety and risk assessment. See Well-being Action | Deputy Director of MACWIS, PIP and Special Projects | 24o.1 MACWIS System Requirements Document Designed, Developed and Tested for implementation into MACWIS 24o.2 Training provided to field staff | 24o.1 MACWIS Work Plan 24o.2 Training Schedule | 24o.1 February 2006 | | 24o.2 April 2006 | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|---|---|---|--|---------|----------------------|---------|
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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | Item 17a. | | 24o.3 MACWIS Release Notes and Concise Guide posted on the MACWIS Website 24o.4 Process deployed in MACWIS | 24o.3 MACWIS Release Notes and Concise Guide 24o.4 MACWIS screen shots | 24o.3 April 2006 24o.4 April 2006 | | | |
| | | | | 24p. Develop a MACWIS tickler to notify ASWS that a Permanency hearing must be scheduled. See Well-being Action Item 27a. | Bureau Director of MACWIS, PIP and Special Projects MACWIS Unit | 24p.1 Tickler in MACWIS production | 24p.1 Tickler notification – process completed | 24p.1 October 2005 | | | |
| | | | | 24q. Develop a MACWIS Report to track the status of an adoption case at various stages of the adoption process. See Well-being Action Item 28b. | Bureau Director of MACWIS, PIP and Special Projects Administration Unit Program Manager Adoption Program Director | 24q. 1 Report Developed | 24q.1 Adoption Tracking Report | 24q.1 May 2005 | | | |
| | | | | 24r. Re-structure and implement the supervisory case review to include the assessment of practice on one in-home case per worker every 90 days. See Systemic Factor Item 31a. | Bureau Director of MACWIS, PIP and Special Projects Lead: Region I-E Regional Director Supervisory Review Committee | 24r.1 Narrative type added to MACWIS to include "Supervisory Administrative Review" 24r.2 Develop MACWIS report to pull case review data pertaining to "Supervisory Administrative Review" type report | 24r.1 MACWIS Report and MACWIS Release Notes 24r.2 MACWIS Supervisory Report | 24r.1 July 2005 24r.2 July 2005 | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | | |
|---|---|-----|--|--------------|--------------------------------------|--|--|---|---------|----------------------|---------|--|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: | |
| | | | | | | <p>24r.3 Supervisory Review Committee to revise MDHS – SS -408 Supervisory Administrative Review form to include in-home case information to be integrated into MACWIS</p> <p>24r.4 MACWIS System Requirements Document completed and shared with Supervisory Review Committee.</p> <p>24r.5 Change tickler from ISP due at 3 month to supervisory administrative review tickler to be sent to ASWS at two months and RD if not completed at 3 months to monitor supervisory reviews.</p> <p>24r.6 MACWIS System Requirements Documents designed, developed and tested for implementation in MACWIS.</p> <p>24r.7 Supervisory Administrative Review Concise Practice Guide</p> | <p>24r.3 Revised Supervisory Administrative Review form for both in-home and custody cases</p> <p>24r.4 MACWIS System Requirements Document</p> <p>24r.5 MACWIS Release note</p> <p>24r.6 MACWIS Work Plan</p> <p>24r.7 Practice Guide</p> | <p>24r.3 August 2005</p> <p>24r.4 September 2005</p> <p>24r.5 October 2005</p> <p>24r.6 March 2006</p> <p>24r.7 July 2006</p> | | | | |

Systemic Matrix

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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | <p>Completed</p> <p>24r.8 Training provided to ASWS on Supervisory Case Review, Practice Guide & MACWIS.</p> <p>24r.9 Release notes and concise practice guide posted on MACWIS website</p> <p>24r.10 Supervisory Administrative Review deployed in MACWIS and implemented in practice.</p> <p>24r.11 MACWIS report developed to pull case review data based on Supervisory Administrative Review.</p> | <p>24r.8 Training records</p> <p>24r.9 MACWIS Release Notes and Practice Guide</p> <p>24r.10 MACWIS Screen Shots</p> <p>24r.11 MACWIS Supervisory Case Review Report</p> | <p>24r.8 August 2006</p> <p>24r.9 August 2006</p> <p>24r.10 September 2006</p> <p>24r.11 First Quarterly Report = January 2007</p> | | | |
| Systemic Factor: Case Review system | X | | | | | | | | | | |
| Item 25: Provides a process that ensures that each child has a case plan to be developed jointly with the child's parents and that includes the required | X | | Item 25 Goal: Increase the statewide percentage of parents and percentage of children actively involved in case planning. | | Item 25 Goal Lead: Foster Care Review Program Supervisor | Item 25 Benchmark: Increase the statewide percentage of parents and percentage of children actively involved in case planning. Source: | Item 25 Method: The new Foster Care Case Review Instrument will be implemented July 2005, the first quarter of data collection will be July-September 2005; with the first quarter report in | March 2006 | | March 2007 | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|---|---|---|---|---|---|--|----------------------|---------|
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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| provisions | | | Source: Revised Foster Care Case Review Instrument and Foster Care Review Quarterly Program Reports. | | | Revised Foster Care Case Review Instrument and Foster Care Review Quarterly Program Reports. | October the baseline and percentage of improvement will be established for the goal and benchmarks with ACF Regional Office and revised within the PIP. | | | | |
| | | | | 25a. T/TA the NCWRFCPPPP to assist with policy and practice changes related to FCP, FTM and family engagement in case planning. | Placement Unit Director / Policy Training Program Director | 25a.1 Request TA through ACF RO and coordinate TA with NRC (Bureau Director) 25a.2 Initiate conference calls and develop work plan for TA (Bureau Director) 25a.3 Initiate on-site training and technical assistance at the CWTI Annual Conference (Protection Unit Director and Training Program Director) 25a.4 Incorporate NRC recommendations for FCP, FTM, and CC into training curricula and practice guide for statewide training. (Training Program Director) 25e.5 | 25a.1 ACF RO written approval and confirmation from NRC 25a.2 TA Plan 25a.3 CWTI Conference Agenda TA Report from NRC 25a.4 Policy, Training Curricula and practice guides Completed FCP, FTM, CC training completed and practice guides released | 25a.1 January 2005 25a.2 February 2005 25a.3 February 2005 25a.4 July 2005 October 2005 | 25a.1 January 2005 25a.2 February 2005 25a.3 February 2005 | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|---|---|--|----------------------------------|---------|----------------------|---------|
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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | Incorporate NRC recommendations into training curricula and practice guide for case planning. (Bureau Director) | 25e5 Policy, Training Curricula and practice guides completed. Case Planning training completed and practice guides released. | 25a5 July 2006 | | | |
| | | | 25b. Provide statewide training and release of practice guides on FCP to include FTM within 30 days and CC to implement practice changes | Training Program Director RDs ASWS | 25b.1 FCP Training curricula and practice guide developed in coordination with NRC technical assistance & Policy/Training Workgroup and approved. 25b.2 Train the trainers on FCP curricula and practice guide. 25b.3 Designated regional training staff, RD and ASWS drill down the FCP training to all county caseworkers per region. | 25b.1 Finalized FCP training curricula and practice guide 25b.2 Training records 25b.3 Training records Statewide Training Evaluation Report | 25b.1 Finalized = July 2005 25b.2 August 2005 25b.3 October 2005 November 2005 | | | | |
| | | | 25c. Provide training and concise practice | Training Program | 25c.1 Develop curricula | 25c.1 Curricula, Guide and | 25c.1 July 2006 | | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|--|---|---|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | guide on case planning that includes the practice of family and child engagement in case plans, FTM within 30 days to develop the initial ISP, concurrent permanency planning and transitional planning with youth. | Director Regional Directors ASWS | and concise practice guide for case planning with technical assistance and in coordination with the development of the on-going training system. 25c.2 Train the trainers on case planning curricula and guide. 25c.3 Trainers train county social worker staff per region. | Evaluation 25c.2 Training records 25c.3 Regional Training attendance records and evaluation | 25c.2 Training = August 2006 25c.3 Training completed = October 2006 Evaluation = November 2006 | | | |
| | | | | 25d. Each region will include in the RAP action steps to implement FTM practice standards and guidelines to comply with policy to engage family within 30 days to develop initial ISP. | Regional Directors ASWS | 25d.1 Develop and implement RAP. | 25d.1 Approved RAP. | 25d.1 Approved and Implemented = May 2006 | | | |
| | | | | 25e. Implement the revised FCCR instrument and process to assess practice on custody cases related to parent and child active involvement in case planning. | Foster Care Reviewers | 25e.1 Implement revised Foster Care Case Review instrument and process. | 25e.1 Quarterly FCR Reports. | 25e.1 Implement = July 2005 First quarterly report = October 2005 | | | |
| | | | | 25f. Implement the supervisory case review instrument and process to ensure that | Region IE Regional Director | 25f.1 Implement revised supervisory case review form and | 25f.1 MACWIS Supervisory Review Report | 25f.1 First Report = January 2007 | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--|--|---|--|--|---------|----------------------|---------|
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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | each child has a documented ISP that was developed with the engagement of the children and families. | Supervisory Workgroup | process. | | | | | |
| Item 26 Provides a process for the periodic review of the status of each child, not less frequently than once every 6 months, either by a court or by administrative review | | | Item 26 Goal: Increase the statewide percentage of children afforded a six month administrative review (CC) within 6 months of custody and within every 6 months thereafter. Source: Revised Foster Care Case Review and Quarterly Reports | | Item 26 Goal Lead: Bureau Director of MACWIS, PIP and Special Projects | Item 26 Benchmark: Increase the statewide percentage of children afforded a six month administrative review or CC within 6 months of custody and within every 6 months thereafter. Source: Revised Foster Care Case Review and Quarterly Reports | Item 26 Method: MACWIS generates reports to track CC including pending, overdue and CC not held. In addition the MACWIS report being developed for Youth Court Judges will include the date of the last CC held based on children in custody. In October, a baseline will be established and a percentage of improvement will be established with ACF RO and revised in the PIP. | March 2006 | | March 2007 | |
| | | | | 26a. Provide statewide training and release of practice guides on FCP, FTM, and CC to implement practice changes | Training Program Director | 26a.1 Training completed statewide | 26a.1 Training Evaluation Report | 26a.1 November 2005 | | | |
| | | | | 26b. Enhance the CC (six month administrative review) to be more family centered. | Foster Care Review Supervisor | 26b.1 Review and revise forms, procedures, and policy to be more consistent with family centered practice. 26b.2 Develop Practice Guide for CC for staff and families. | 26b.1 Revised forms, procedures and policy 26b.2 County Conference Practice Guide for staff and CC Guidebook for | 26b.1 July 2005 26b.2 July 2005 | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|---|---|---|---|--|--------------------------------------|---------|----------------------|---------|
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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | 26b.3 Implement changes in CC practice. | families 26b.3 FCR Program Quarterly Report | 26b.3 Implemented October 2005 | | | |
| | | | 26c. In collaboration with CIP and AOC distribute monthly reports for County Youth Court Judges that will assist with tracking six month periodic reviews (CC) on the status of each child. | DFCS Division Director Deputy of MACWIS, PIP and Special Projects Administration Unit | 26c.1 Develop Title IVE Compliance reports & Permanency Hearing Reports by County to provide to youth court judges to make them aware of Title IVE compliance or non-compliance per county and need for Permanency Hearings. 26c.2 As part of data clean up on both reports, the report will be sent to RD and county for review and corrections to ensure data accuracy prior to release to courts. 26c.3 DFCS Division Director and CIP Director met with Chief Justice to initiate monthly reports for judges through AOC. 26c.4 Send copies of reports to AOC. AOC will send the reports to the judges | 26c.1 Compliance Reports Permanency Hearing Reports 26c.2 Corrected or revised reports 26c.3 Cover Letter for Judges explaining the reports and expectations 26c.4 Memorandum of Reports forwarded to | 26c.1 Compliance Reports = June 2005 Permanency Hearing Reports = July 2005 26c.2 Compliance Reports Ready for Release = July 2005 then monthly 26c.3 July 2005 26c.4 | | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|--|---|-----|---|---|---|---|---|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | and request responses from the judges. AOC will forward reports and responses to the Chief Justice. 26c.5 DFCS Division and CIP Director will set up periodic meetings with the Chief Justice to address reports, court responses and other court & agency issues impacting timely permanency. | AOC 26c.5 Schedule of Meetings and notes | Initiate process = July 2005 then on-going monthly with PH Reports to be added in August 2005 26c.5 Initiate June 2005 | | | |
| Item 27 Provides a process that ensures that each child in foster care has a permanency hearing no less than every 12 months. | X | | Item 27 Goal: Increase the statewide percentage of children afforded an annual Permanency Hearings. Source: MACWIS report being developed – this report will be available August 2005 | | Item 27 Goal Lead: Deputy Director of MACWIS, PIP and Special Projects Administration Unit | Item 27 Benchmark: Increase the statewide percentage of children afforded an annual Permanency Hearings. Source: MACWIS report being developed – this report will be available August 2005 | Item 27 Method: A MACWIS report is being developed to provide information to Youth Court Judges on a monthly basis to track Permanency Hearings. This report will be available with reliable data by August 2005. In October a baseline and percentage of improvement will be established with ACF RO and revised within the PIP. | March 2006 | | March 2007 | |
| | | | | 27a. Develop a MACWIS tickler to notify ASWS that a Permanency hearing must be scheduled. | Bureau Director of MACWIS, PIP and Special Projects MACWIS Unit | 27a.1 Tickler in MACWIS production | 27a.1 Tickler notification – process completed | 27a.1 October 2005 | | | |
| | | | | 27b. Enhance the CC (six month administrative review) | Foster Care Review Supervisor | 27b.1 Review and revise forms, procedures, | 27b.1 Revised forms, procedures and | 27b.1 July 2005 | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|---|---|--|--|---------|----------------------|---------|
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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | to be more family centered. | | and policy to be more consistent with family centered practice. 27b.2 Develop Practice Guide for CC for staff and families. 27b.3 Implement changes in CC practice. | policy 27b.2 County Conference Practice Guide for staff and CC Guidebook for families 27b.3 FCR Program Quarterly Report | 27b.2 July 2005 27b.3 Implemented October 2005 | | | |
| | | | | 27c. In collaboration with CIP and AOC develop monthly reports for county youth court judges that will assist with periodic review of the status of each child. | DFCS Division Director Deputy of MACWIS, PIP and Special Projects Administration Unit | 27c.1 Develop Title IVE Compliance reports & Permanency Hearing Reports by County to provide to youth court judges to make them aware of Title IVE compliance or non-compliance per county and need for Permanency Hearings. 27c.2 As part of data clean up on both reports, the report will be sent to RD and county for review and corrections to ensure data accuracy prior to release to courts. 27c.3 DFCS Division Director and CIP | 27c.1 Compliance Reports Permanency Hearing Reports 27c.2 Corrected or revised reports 27c.3 | 27c.1 Compliance Reports = June 2005 Permanency Hearing Reports = July 2005 27c.2 Compliance Reports Ready for Release = July 2005 then monthly Permanency Hearing Reports Ready for Release = August 2005 then monthly | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|--|---|-----|--|--|---|--|---|---|---------|----------------------|---------|
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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | <p>Director met with Chief Justice to initiate monthly reports for judges through AOC.</p> <p>27c.4 Send copies of reports to AOC. AOC will send the reports to the judges and request responses from the judges. AOC will forward reports and responses to the Chief Justice.</p> <p>27c.5 DFCS Division and CIP Director will set up periodic meetings with the Chief Justice to address reports, court responses and other court & agency issues impacting timely permanency.</p> | <p>Cover Letter for Judges explaining the reports and expectations</p> <p>27c.4 Memorandum of Reports forwarded to AOC</p> <p>27c.5 Schedule of Meetings and notes</p> | <p>27c.3 July 2005</p> <p>27c.4 Initiate process = July 2005 then on-going monthly with PH Reports to be added in August 2005</p> <p>27c.5 Initiate June 2005</p> | | | |
| | | | | 27d. RAPs will include action steps to ensure timely permanency hearings if the county self assessment reports determine this to be an area needing improvement. | RD, ASWS, County staff | 27d.1 Develop RAP based on the county self assessment if timely Permanency Hearings is a permanency priority. | 27d.1 Approved RAP | 27d.1 Approved and implemented = May 2006 | | | |
| Item 28: Provides a process for termination of parental rights in accordance with ASFA. | X | | Item 28 Goal: Increase the statewide percentage of children in custody 15 of 22 months where a TPR has been requested form | | Item 28 Goal Lead: Deputy Director of MACWIS, PIP and Special Projects Administration Unit | Item 28 Benchmark: Increase the statewide percentage of children in custody 15 of 22 months where a TPR has been requested form 37.64% to 39.64%. | Item 28 Method: Utilize the MACWIS ASFA Compliance Report to monitor 15 or 22 months and TPR request and finalizations. The baseline is an average based on two quarters of data, | March 2006 | | March 2007 | |

Systemic Matrix

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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: | |
| | | | 37.64% to 41.64%. Source: MACWIS ASFA Compliance Report (July – December 2004 average) | | | | Source: MACWIS ASFA Compliance Report (July – December 2004 average) | July – Dec. 2004. These reports will be monitored monthly and progress on improving data and practice will be reported monthly by ASWS, quarterly by RD, and Quarterly by SO to ACF RO. | | | | |
| | | | | 28a. Continue MDHS and Mississippi School of Law collaboration to assist in timely finalization of adoption cases. | Placement Unit Director Adoption Program Director | 28a. 1 Evaluation of collaboration on expediting adoption finalizations on referred cases. 28a.2 Adoption staff and adoptive families educated regarding option of utilizing MS School of Law Project to handle adoption finalizations. 28a.3 Based on Annual Evaluation, consider expanding MOU to include cases needing TPR. | 28a.1 Annual Evaluation 28a.2 Annual Evaluation (Utilization of Project) 28a.3 Memorandum of Understanding | 28a.1 Sept.2005 28a.2 Sept.2005 28a.3 October 2005 | | | | |
| | | | | 28b. Develop a MACWIS Report to track the status of TPR and various stages of the adoption process by case to improve adoption practice. | Bureau Director of MACWIS, PIP and Special Projects Administration Unit Program Manager Adoption Program Director | 28b.1 Report Developed | 28b.1 Adoption Tracking Report | 28b.1 May 2005 | | | | |
| | | | | 28c. Implement reporting system for | Bureau Director of MACWIS, | 28c.1 Develop ASWS | 28c.1 Reporting forms and | 28c.1 Completed = | | | | |

Systemic Matrix

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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | the ASWS and RD to provide feedback about improvements on the MACWIS ASFA Compliance Report to track and address trends and patterns related to children in custody 15 of 22 months. | PIP and Special Projects SO PIP Consultant | Monthly and RD Quarterly Progress Improvement Reports. 28c.2 Train RD and ASWS on reporting. 28c.3 Implement reporting with implementation of RAP. | instructions 28c.2 Training records 28c.3 Monthly and Quarterly Progress Improvement Reports. | May 2005 28c.2 Completed = August 2005 28c.3 Implement ASWS report = May 2006 First RD Quarterly Report = September 2006 | | | |
| | | | | 28d. Enhance the CC (six month administrative review) to be more family centered. | Foster Care Review Supervisor | 28d.1 Review and revise forms, procedures, and policy to be more consistent with family centered practice. 28d.2 Develop Practice Guide for CC for staff and families. 28d.3 Implement changes in CC practice. | 28d.1 Revised forms, procedures and policy 28d.2 CC Practice Guide for staff and CC Guidebook for families 28d.3 FCR Program Quarterly Report | 28d.1 July 2005 28d.2 July 2005 28d.3 Implemented October 2005 | | | |
| | | | | 28e. Establish a State Level Task Force in collaboration with CIP to identify barriers to timely termination of parental rights and to develop solutions for barriers at various points in the TPR process. | DFCS Division Director Placement Unit Director CIP | 28e.1 State Level Task Force established and meetings initiated. 28e.2 Draft recommendations regarding possible legislative changes | 28e.1 List of members Minutes of meetings 28e.2 Written recommendations | 28e.1 May 2005 28e.2 July 2005 | | | |

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| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | <p>such as improvement to the Foster Care Review statutory process.</p> <p>28e.3 Recommendations presented to Sr. Mgt. & community partners for input and revisions.</p> <p>28e.4 Present recommendations to MDHS Executive Director for legislative action.</p> | <p>28e.3 Revised recommendations</p> <p>28e.4 Proposal for legislative changes</p> | <p>28e.3 September 2005</p> <p>28e.4 November 2005</p> | | | |
| | | | | 28f. Restructure the SO Adoption Program procedures to reduce internal agency barriers to timely TPR. | Adoption Program Director | <p>28f.1 Conduct a review of existing process and procedures for handling of TPR at State Office</p> <p>28f.2 Based on review implement changes within SO procedures to improve efficient handling of TPR packets.</p> <p>28f.3 Develop process for tracking TPR once sent to AG's office until the TPR order is received in SO</p> <p>28f.4 Orient staff and implement new procedures.</p> | <p>28f.1 Recommendations for improving TPR internal process and procedures</p> <p>28f.2 Written Procedures</p> <p>28f.3 Written Procedures for tracking TPR once sent to AG</p> <p>28f.4 Written Revised Procedures and</p> | <p>28f.1 March 2005</p> <p>28f.2 April 2005</p> <p>28f.3 April 2005</p> <p>28f.4 April 2005</p> | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|---|--|--|----------------------------------|--------------|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | | memorandum to staff | | | | |
| Item 29: Provides notification for foster parents, pre adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child. | X | | Item 29 Goal: Improve the CC notification process for foster parents, relative caregivers and pre-adoptive parents in preparation for court review and hearings. Source: Revised notification form letter in MACWIS and Youth Court Hearing Summary Reports. | | Item 29 Goal Lead: Deputy Director of MACWIS, PIP and Special Projects Foster Care Review Program Supervisor | Item 29 Benchmark: Revised notification form letter in MACWIS. Source: Revised notification form letter in MACWIS and Youth Court Hearing Summary Reports. | Item 29 Method: MACWIS Screen Shot and Release Notes | March 2005 | | March 2005 | |
| | | | | 29a. Provide facilitation training to FCR, ASWS and county social workers as part of the statewide training on FTM and CC along with the CC practice guide to improve the engagement of foster parents, pre-adoptive parents and relative caregivers in the CC. | Foster Care Review Program Supervisor | 29a.1 Training completed statewide | 29a.1 Training Evaluation Report | 29a.1 | October 2005 | | |
| Systemic Factor: Quality Assurance | X | | | | | | | | | | |
| Item 30: the State has developed and implemented | | X | | | | | | | | | |

Systemic Matrix

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| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| Quality Assurance standards | | | | | | | | | | | |
| Item 31: The State is operating an identifiable quality assurance system | X | | <p>Item 31 Goal: The state will have in place an identifiable quality assurance system that includes FCCR, Supervisory Case Review and MACWIS reports and will utilize this information to improve practice</p> <p>Source: Foster Care Review, Supervisory Review and MACWIS Reports</p> | | <p>Item 31 Goal Lead: Deputy Director of MACWIS, PIP and Special Projects</p> <p>MACWIS Unit</p> <p>Regional Directors/ASWS</p> <p>Deputy Director of Support</p> <p>Foster Care Review Program Supervisor</p> | <p>Item 31 Benchmark: The state will implement the revised FCR instrument and process and utilize reports to inform practice.</p> <p>The state will implement the supervisory case review instrument in MACWIS and use reports to inform practice.</p> <p>The state will implement the Progress Reporting System including progress on targeted MACWIS reports for the field.</p> | <p>Item 31 Benchmarks: First FCR Quarterly Report = October 2005</p> <p>First MACWIS Supervisory Review Report = January 2007</p> <p>First RD Quarterly Progress Report =September 2006</p> | <p>January 2007</p> | | <p>March 2007</p> | |
| | | | | 31a. Implement the supervisory case review instrument and process for in-home and custody cases. Utilize MACWIS Supervisory Review Reports to inform and improve practice. | Region IE Regional Director Supervisory Workgroup | <p>31a.1 Narrative type added to MACWIS to include "Supervisory Administrative Review"</p> <p>31a.2 Develop MACWIS report to pull case review data pertaining to "Supervisory Administrative Review" type report</p> <p>31a.3 Supervisory Review</p> | <p>31a.1 MACWIS Report and MACWIS Release Notes</p> <p>31a.2 MACWIS Supervisory Report</p> <p>31a.3 Revised Supervisory</p> | <p>31a.1 July 2005</p> <p>31a.2 July 2005</p> <p>31a.3 August 2005</p> | | | |

Systemic Matrix

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| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: | |
| | | | | | | <p>Committee to revise MDHS – SS -408 Supervisory Administrative Review form to include in -home case information to be integrated into MACWIS</p> <p>31a.4 MACWIS System Requirements Document completed and shared with Supervisory Review Committee.</p> <p>31a.5 Change tickler from ISP due at 3 month to supervisory administrative review tickler to be sent to ASWS at two months and RD if not completed at 3 months to monitor supervisory reviews.</p> <p>31a.6 MACWIS System Requirements Documents designed, developed and tested for implementation in MACWIS.</p> <p>31a.7 Supervisory Administrative Review Concise Practice Guide Completed</p> <p>31a.8</p> | <p>Administrative Review form for both in-home and custody cases</p> <p>31a.4 MACWIS System Requirements Document</p> <p>31a.5 MACWIS Release note</p> <p>31a.6 MACWIS Work Plan</p> <p>31a.7 Practice Guide</p> <p>31a.8</p> | <p>31a.4 September 2005</p> <p>31a.5 October 2005</p> <p>31a.6 March 2006</p> <p>31a.7 July 2006</p> <p>31a.8</p> | | | | |

Systemic Matrix

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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | <p>Training provided to ASWS on Supervisory Case Review, Practice Guide & MACWIS.</p> <p>31a.9 Release notes and concise practice guide posted on MACWIS website</p> <p>31a.10 Supervisory Administrative Review deployed in MACWIS and implemented in practice.</p> <p>31a.11 MACWIS report developed to pull case review data based on Supervisory Administrative Review.</p> | <p>Training records</p> <p>31a.9 MACWIS Release Notes and Practice Guide</p> <p>31a.10 MACWIS Screen Shots</p> <p>31a.11 MACWIS Supervisory Case Review Report</p> | <p>August 2006</p> <p>31a.9 August 2006</p> <p>31a.10 September 2006</p> <p>31a.11 First Quarterly Report = January 2007</p> | | | |
| | | | | 31b. Revise and implement current Foster Care Review Instrument to be more qualitative. | Foster Care Review Program Supervisor | <p>31b. 1 Draft revisions to current instrument to support CFSR outcomes and develop glossary of terms and instructions.</p> <p>31b.2 Request TA from NCWRCOI for review and feedback to improve quality of instrument.</p> <p>31b.3 Revise based on feedback from</p> | <p>31b.1 Draft instrument Glossary of terms and instructions</p> <p>31b.2 Feedback for draft instrument</p> <p>TA written comments</p> <p>31b.3 Revised draft</p> | <p>31b.1 February 2005</p> <p>31b.2 February 2005</p> <p>31b.3 April 2005</p> | <p>31b.1 February 2005</p> <p>31b.2 February 2005</p> | | |

Systemic Matrix

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| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: | |
| | | | | | | NCWRCOI. 31b.4 Submit for review and feedback to Unit Director and Sr. Mgt. Staff. 31b.5 Provide orientation to staff on new form and procedures for test and provide additional TA. 31b.6 Test new form and procedures for 1 case per region per worker for feedback and make final revisions. 31b.7 Submit revised draft instrument for final review and approval. 31b.8 Present tool to ASWS in field through Regional Staff meetings prior to implementation 31b.9 Implement revised instrument and process in all regions. | 31b.4 Revised draft 31b.5 Training record of meeting 31b.6 Recommendations from Test for final revisions or improvements. 31b.7 Approved instrument 31b.8 Regional Staff Meetings agenda and attendance records 31b.9 Quarterly Reports to Division Director, Deputies and Sr. Mgt. | 31b.4 April 2005 31b.5 May 2005 31b.6 May 2005 31b.7 May 2005 31b.8 July 2005 31b.9 Implement = July 2005 First Quarterly Report = October 2005 | | | | |
| | | | | 31c. Develop a tool to collect data from the FCCR Instrument that | Foster Care Review Program Supervisor | 31c.1 Develop spread sheet tool for monthly data | 31c.1 Spread sheet tool | 31c.1 | June 2005 | | | |

Systemic Matrix

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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | can be reported to DFCS Division Director and Bureau Director of MACWIS, PIP and Special Projects. | | collection and that automatically calculates percentages for monthly tallies 31c.2 Develop quarterly reporting system. 31c.3 Submit Quarterly Report. | 31c.2 Quarterly Report Format and tools 31c.3 Quarterly Report | 31c.2 July 2005 31c.3 First Quarterly Report = October 2005 | | | |
| | | | | 31d. MACWIS reports will be utilized as a management tool to track progress of regions and counties to improve the accuracy of data entry and to improve the quality of practice. | Bureau Director of MACWIS, PIP and Special Projects MACWIS Unit | 31d.1 Monthly distribution of regional and county data and reports distributed to RD to monitor progress within the region in reaching goals and desired outcomes. | 31d.1 Monthly statistical reports | 31d.1 February 2005 and on-going | | | |
| | | | | 31e. Implement reporting system to track improvements in practice based on targeted MACWIS Reports for the ASWS and RD to provide feedback about improvements. | Bureau Director of MACWIS, PIP and Special Projects SO PIP Consultant | 31e.1 Develop ASWS Monthly and RD Quarterly Progress Improvement Reports. 31e.2 Train RD and ASWS on reporting. 31e.3 Implement reporting with implementation of RAP. | 31e.1 Reporting forms and instructions 31e.2 Training records 231e.3 Monthly and Quarterly Progress Improvement Reports. | 31e.1 Completed = May 2005 31e.2 Completed = August 2005 31e.3 Implement ASWS report = May 2006 RD Quarterly Report = | | | |

Systemic Matrix

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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | | | September 2006 | | | |
| | | | | 31f. Run quarterly AFCARS and NCANDS reports utilizing the data utility tool to track progress on federal standards. | Administration Unit Program Manager | 31f.1 Test Reports validated. 31f.2 Information utilized in monitoring progress on goals in program improvement plans at state, regional and county levels. | 31f.1 Test Reports 31f.2 Quarterly Reports | 31f.1 April 2005 31f.2 July 2005 | | | |
| Systemic Factor: Training and Policy | X | | | | | | | | | | |
| Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP. | | X | | | | | | | | | |
| Item 33: The State provides for ongoing training for staff that addressed the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP | X | | Item 33 Goal: On-going training system implemented for DFCS staff statewide. Source: Training Program Records including curricula, training records and evaluation reports | | Item 33 Goal Lead: Bureau Director for Support Protection Unit Director Training Program Director | Item 33 Benchmark: On-going training curricula implemented and first full round of on-going training completed. Source: Training Program Records including curricula, training records and evaluation reports | Item 33 Method: First Round of On-training curricula implemented and trained statewide On-going training system fully implemented | October 2006 | | March 2007 | |
| | | | | 33a. Utilize technical assistance from the NCWRFCPPP to | Bureau Director of MACWIS, PIP and Special | 33a. 1 Request TA through ACF RO and | 33a.1 ACF RO written approval and | 33a.1 January 2005 | 33a.1 January 2005 | | |

Systemic Matrix

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|---|---|-----|--|--|---|--|---|--|---|--|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | provide recommendations for policy, practice, and training related to FCP, FTM, and CC to improve family engagement in decision-making, assessment and case planning. | <p>Projects</p> <p>Protection Unit Director (Practice Lead)</p> <p>Training Program Director</p> <p>Placement Unit Director (Policy Lead)</p> | <p>coordinate TA with NRC (Bureau Director)</p> <p>33a.2 Initiate conference calls and develop plan for TA (Bureau Director)</p> <p>33a.3 Initiate on-site training and technical assistance at the CWTI Annual Conference (Protection Unit Director and Training Program Director)</p> <p>33a.4 Incorporate NRC recommendations into policy and practice changes for FCP, FTM, and CC. (Policy Lead and Practice Lead)</p> | <p>confirmation from NRC</p> <p>33a.2 TA Plan</p> <p>33a.3 CWTI Conference Agenda TA Report from NRC</p> <p>33a.4 Policy, Training Curricula and practice guides Completed</p> <p>FCP, FTM, CC training completed and practice guides released</p> | <p>33a.2 March 2005</p> <p>33a.3 February 2005</p> <p>33a.4 July 2005</p> <p>October 2005</p> | <p>33a.2 March 2005</p> <p>33a.3 February 2005</p> | |
| | | | | 33b. Utilize technical assistance from the NCWRCCPS to provide recommendations for improvement to policy, practice and training for intake, screening, and investigation response and to develop training statewide. | <p>Deputy Director of MACWIS, PIP and Special Projects</p> <p>Protection Unit Director/Practice Lead</p> <p>Placement Unit Director/Policy Lead</p> | <p>33b.1 Request TA through ACF RO and coordinate TA with NRC (Deputy Director)</p> <p>33b.2 Initiate conference calls and develop plan for TA (Deputy Director)</p> <p>33b.3 Initiate on-site</p> | <p>33b.1 ACF RO written approval and confirmation from NRC</p> <p>33b.2 TA Plan</p> <p>33b.3 CWTI Conference</p> | <p>33b.1 January 2005</p> <p>33b.2 March 2005</p> <p>33b.3 February</p> | <p>33b.1 January 2005</p> <p>33b.2 March 2005</p> <p>33b.3 February</p> | | |

Systemic Matrix

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|---|---|-----|--|---|--|--|--|--|--------------------|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | <p>training and technical assistance at the CWTI Annual Conference (Protection Unit Director and Training Program Director)</p> <p>33b.4 Incorporate NRC and Policy and Practice Workgroup recommendations into policy and practice changes for intake, screening, and investigation response. (Placement Unit Director/Policy Lead and Protection Unit Director/Practice Lead)</p> <p>33b.5 Implement recommendations from NRC and Policy and Practice Workgroup as part of statewide training and release practice guides. (Training Program Director)</p> | <p>Agenda TA Report from NRC</p> <p>33b.4 Revised Policy Concise Practice Guides and related Training Curricula</p> <p>33b.5 Training curricula Trained statewide and practice guides released</p> <p>Training Evaluation Report</p> | <p>2005</p> <p>33b.4 October 2005</p> <p>33b.5 December 2005</p> <p>January 2006</p> | <p>2005</p> | | |
| | | | | 33c. Develop and implement Level 2 On-going training curricula and concise practice guides based on the three skill areas of Assessment, Case Planning and Family/Community Engagement in coordination with | <p>Protection Unit Director</p> <p>Training Program Director</p> | 33c. 1 Obtain and coordinate T/TA from the NRCS to assist with the development of curricula, practice guides, TOT and policy revisions for the on-going training system. | 33c.1 T/TA Reports Training Report Training materials | 33c1 Initiate T/TA= February 2005 | 33c.1 January 2005 | | |

Systemic Matrix

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|---|---|-----|--|-------------------|--------------------------------------|--|---|--|---------|----------------------|---------|
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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | policy revisions. | | <p>33c.2 (ASSESSMENT) Curricula, concise practice guide, and TOT materials Assessment including Safety and Risk Assessment developed in coordination with TA and policy revisions.</p> <p>33c.3 (ASSESSMENT) Train the trainers completed</p> <p>33c.4 (ASSESSMENT) RD and Training staff partners to provide drill down training for ASWS and county staff per region.</p> <p>33c.5 (CASE PLANNING) Curricula, concise practice guide, and TOT materials for Case Planning including ISPs, Caseworker Visitation, Concurrent Permanency Planning & IL Transitional planning for youth developed in coordination with policy revisions.</p> <p>33c.6</p> | <p>33c.2 Curricula, Guide, TOT materials</p> <p>33c.3 Training Records</p> <p>33c.4 Regional Training and attendance records Evaluation Results</p> <p>33c.5 Curricula, Guide, TOT materials</p> <p>33c.6</p> | <p>33c.2 Developed = April 2006</p> <p>33c.3 Completed = February 2006</p> <p>33c.4 Completed = April 2006 Evaluation = May 2005</p> <p>33c.5 Developed = July 2006</p> <p>33c.6</p> | | | |

Systemic Matrix

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|---|---|-----|--|--------------|--------------------------------------|--|--|---|---------|----------------------|---------|--|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: | |
| | | | | | | Train the trainers completed 33c.7 RD and Training staff partners to provide training for ASWS county staff per region. 33c.8 (FAMILY & COMMUNITY ENGAGEMENT) Curricula, concise practice guide, and TOT materials for Family & Community Engagement including FTM & CC and working with community groups, in coordination with policy revisions. 33c.9 Train the trainers completed 33c.10 RD and Training staff partners to provide drill down training for ASWS and county staff per region. 33c.11 Revise the Level 1 Intensive core training to be consistent with | Training records 33c.7 Training records 33c.8 Curricula, Guide and TOT materials 33c.9 Training records 33c.10 Training records Evaluation Results 33c.11 Revised Intensive Curricula | Completed = August 2006 33c.7 Training Completed = October 2006 Evaluation Report = November 2006 33c.8 Developed = July 2005 33c.9 Completed = August 2005 33c.10 Training Completed = October 2005 Evaluation Report = November 2005 33c.11 Revised Annually = May 2005 May 2006 | | | | |

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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | | changes in practice based on training and policy changes. 33c.12 Utilize evaluation summary results from on-going training evaluation to continuously inform & identify staff training needs; to upgrade existing curricula; to improve trainings; and for annual planning. | 33c.12 Compiled evaluation results | 33c.12 Annual revisions to Training IVB & IVE plan = May 2005 & May 2006 | | |
| | | | | 33d. Coordinate with IV-E CWTI to provide on-going training curricula for specialized areas including substance abuse, domestic violence, working with the courts and other targeted areas. | Bureau Director of Support Protection Unit Director Training Program Director | 33d.1 CWTI will implement through regionally based colleges or universities for regionally based training sessions. 33d.2 Training evaluation results submitted and specialized areas identified for next training year. | 33d.1 Training and attendance records 33d.2 Training evaluation | 33d.1 Completed = June 2005 33d.2 July 2005 | | | |
| | | | | 33e. Initiate curricula development for Level 3 Advanced Training building on the three skill areas of assessment, case planning and family & community engagement for on-going training curricula. | Protection Unit Director Training Program Director | 33e.1 Draft Level 3 curricula. | 33e.1 Draft curricula | 33e.1 January 2007 | | | |
| | | | | 33f. Develop and implement Level 1 Intensive supervisory curricula for all new | Protection Unit Director Training | 33f.1 Establish Supervisory Training Workgroup to | 33f.1 List of Workgroup | 33f.1 Initiated = August 2005 | | | |

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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | supervisors. | Program Director | <p>develop supervisory training system.</p> <p>33f.2 Access T/TA from NRC to assist workgroup in the evaluation of existing supervisory training curricula and the development of a Supervisory Training system.</p> <p>33f.3 Develop Level 1 Intensive Supervisory training curricula and evaluation and submit for approval.</p> <p>33f.4 Conduct training with RD and ASWS and provide evaluation results.</p> <p>33f.5 Implement a continuous process for Level 1 Intensive Supervisory Training for all new supervisors</p> | <p>33f.2 TA provided Evaluation</p> <p>33f.3 Approved curricula and evaluation</p> <p>33f.4 Training and attendance records Evaluation</p> <p>33f.5 Policy - procedure</p> | <p>33f.2 Initiate T/TA = August 2005 Evaluation of curricula = Sept. 2005</p> <p>33f.3 App. = January 2006</p> <p>33f.4 Training completed = March 2006 Evaluation = April 2006</p> <p>33f.5 Implement = May 2006</p> | | | |
| | | | | 33g. Continue coordination with CPS Supervisory Training Pilot in Regions IE, IW, II and IV. | <p>Protection Unit Director</p> <p>Training Program Director</p> | 33g.1 Based on the pilot evaluation results and proposal, plan to provide training to other regions to ensure supervisors | 33g.1 Evaluation; Proposal for Statewide expansion | 33g.1 Evaluation and proposal = January 2007 Plan for | | | |

Systemic Matrix

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|---|---|-----|--|--|--------------------------------------|--|---|--|---------|----------------------|---------|
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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | receive Level 2 supervisory training statewide. | | expansion = January 2007 | | | |
| | | | | 33h. Make Training schedule easily accessible to field. | Training Program Director | 33h.1 Schedule posted on MACWIS website | 33h.1 Training Schedule | 33h.1 Posted = Annually and updated quarterly | | | |
| | | | | 33i. Restructure Volume IV policy manual by separating practice and policy and developing a useable policy manual and corresponding practice guides that are consistent with training. | Placement Unit Director / Policy | 33i.1 Coordinate Technical Assistance from NRCFCPP and NRCCPS to assist with the development of policy in coordination with the on-going training system and concise practice guides. 33i.2 Separate existing Policy & Practice in preparation for policy work. 33i.3 Practice and Policy workgroup and committees to develop recommendations for policy revisions targeting the areas of assessment, case planning and family/community engagement and submit to Policy Lead and Practice Lead. 33i.4 Policy for | 33i.1 T/TA Report 33i.2 Policy Materials Practice Materials 33i.3 Written recommendations Based on targeted areas 33i.4 Draft Policy | 33i.1 Initiated = January 2005 33i.2 February 2005 33i.3 Family Engagement = May 2005 Intake, Screening and Response = June 2005 Assessment = September 2005 Case Planning = March 2006 33i.4 Family | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|---|--------------|--|---|--|---|---------|--------------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | <p>Assessment, Case Planning and Family/Community Engagement.</p> <p>33i.8 Revised draft based on input for final review and comment.</p> <p>33i.9 Finalize policy</p> <p>33j.10 Submit Policy for approval through MDHS procedures and channels.</p> | <p>33i.8 Draft policy revisions</p> <p>33i.9 Final Policy</p> <p>33j.10 Documentation of Official Approval</p> | <p>Engagement June 2005</p> <p>Investigation August 2005</p> <p>Assessment November 2005</p> <p>Case Planning May 2006</p> <p>33i.8 Per targeted time frames above</p> <p>33i.9 Per targeted time frames above</p> <p>33j.10 October 2006</p> | | | |
| <p>Item 34: The State provides training for current and prospective Foster parents, adoptive parents and staff of State licensed or approved facilities.</p> | X | | <p>Item 34 Goal: State will have a system for on-going training for licensed foster homes, relatives and adoptive parents.</p> <p>Source: Adoption and Licensure policy, procedures and training</p> | | <p>Item 34 Goal Lead: Adoption Program Director</p> <p>Licensure Program Director</p> | <p>Item 34 Benchmark: State will have implemented revised pre-service training curricula for prospective foster parents, adoptive parents, and relatives.</p> <p>Source: Revised Pre-service curricula and training records</p> | <p>Item 34 Method: Revised pre-service curricula and training records</p> <p>Adoption and Licensure policy, procedures and training resources</p> | <p>March 2006</p> | | <p>March 2007</p> | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|--|---|-----|--|--|---|---|--|--|---------|----------------------|---------|
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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | resources | | | | | | | | |
| | | | | 34a. Access T/TA from Adopt US Kids to "train trainers" pairing resource families with staff to provide training for responding to the call from prospective foster and adoptive families. | Adoption Director and Licensure Director | 34a. "Train the trainer" completed | 34a. Training records | 34a. July 2005 | | | |
| | | | | 34b. Coordinate with IVE CWTI to develop and implement on-going training for foster and adoptive parents for identified specialized areas. | Protection Unit Director Training Program Director Licensure & Adoption Units | 34b.1 CWTI implement through regionally based training sessions. 34b.2 Training evaluation results submitted and specialized areas identified for next year training plan. | 34b.1 Training and attendance records 34b.2 Training Evaluation | 34b.1 Completed = June 2005 34b.2 July 2005 | | | |
| | | | | 34c. Access T/TA from the National Child Welfare Resource for Special Needs Adoption and the NCWRFCFPPP to enhance the current pre-service training curricula to address the roles of foster and adoptive families in working as team members and based on programmatic changes to policy and practice | Adoption Director Licensure Director | 34c.1 T/TA to review and enhance PATHS curriculum based on dual certification and foster/adopt families role as team members with DFCS and working with birth families. | 34c.1 Revised Curriculum | 34c.1 October 2005 | | | |
| Systemic Factor: Service Array | X | | | | | | | | | | |
| Item 35 The State has in place an array of services that assess the strengths and needs of children | X | | Item 35 Goal: Increase targeted state level collaborative efforts and partnerships to | | Item 35 Goal Lead: DFCS Division Director Deputy Director of Support | Item35 Benchmark: Targeted Partners identified and written agreements developed. | Item 35 Method: List of partnerships established; Written Agreements in place MOU, Partnership Agreements or | March 2006 | | March 2007 | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|---|--|---|--|--|--|---------|----------------------|---------|
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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| and families to determine service needs and to address identified needs | | | improve coordination and access to existing services statewide. | | | | documentation of collaborative efforts | | | | |
| | | | | 35a.1 In partnership with the Dept. of MH research feasibility of expanding MAP Teams and developing consistent protocol for family involvement. | DFCS Deputy Director of Support | 35a.1 Model MAP Team Identified 35a.2 Research for funding conducted as a collaborative effort between MDHS and MDMH for expansion of MAP Teams 35a.3 Partner with MDMH to determine feasibility of expanding MAP Teams 35a.4 Draft structured protocol for family involvement in MAP Teams 35a.5 Protocol Implemented for each established MAP Team | 35a.1 List of MAP Team and identified Model Team 35a.2 Funding Opportunities Identified 35a.3 If feasible MOU - Minutes of Meeting 35a.4 Protocol 35a.5 MDMH MAP Team Report | 35a.1 August 2005 35a.2 August 2005 35a.3 September 2005 35a.4 December 2005 35a.5 June 2006 | | | |
| | | | | 35b. Expand CJA Multi-disciplinary Teams to all counties and replicate effective models on a statewide basis. | CJA Sub-grantees DFCS Prevention Unit Director | 35b.1 Identify counties with MDTS 35b.2 Evaluate MDTS to identify effective | 35b.1 MDT Listing 35b.2 Evaluation Results | 35b.1 April 2005 35b.2 April 2005 | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|--|---|---|--|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | model(s) in the community for replication. 35b.2 Statewide protocol for MDT's develop 35b.3 Train MDTS on Protocol 35b.4 Protocol implemented. | 35b.2 Statewide Protocol 35b.3 Training Records 35b.4 CJA sub-grantee Monthly reports | 35b.2 May 2005 35b.3 June 2005 35b.4 June 2005 | | | |
| | | | | 35c. Improve the effectiveness and impact of Project Homestead County Task Forces on the community to improve local service array and delivery of services. | DFCS Prevention Unit Director Project Homestead Program Coordinator | 35c.1 Programmatic evaluation of effectiveness of existing Project Homestead County Task Forces. 35c.2 Guidelines developed for Network Coordinators to replicate effective Project Homestead County Task Force models based on the evaluation results and based on program criteria. 35c.3 Expand Project Homestead County Task Forces into nine (9) new counties, at least one per region. 35c.4 Prioritize and target the Project | 35c.1 Evaluation Results 35c.2 Project Homestead Guidelines 35c.3 Monthly Network Coordinator Reports Sub-grantee monthly reports 35c.4 Service Inventory Results/Report | 35c.1 August 2005 35c.2 September 2005 35c.3 January 2006 35c.4 January 2006 Annually | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|---|---|--|---|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | <p>Homestead County Task Forces in areas of the state that are known to have limited access of services and conduct the service inventory to assess county service array and identify service needs.</p> <p>35c.5 Based on these targeted counties and the service inventory results, Regional Network Coordinators will work with the Project Homestead County Task Forces to develop and implement an annual plan to address the findings and improve the local service delivery.</p> | <p>35c.5 Project Homestead State Level Report and copies of County Task Force Annual Plans on file</p> | <p>35c.5 January 2006 Annually</p> | | | |
| | | | | 35d. Stabilize and support existing Project Homestead Network Coordinators. | <p>DFCS Prevention Unit Director</p> <p>Project Homestead Program Coordinator</p> | <p>35d.1 Programmatic Assessment completed to determine methods to stabilize and support nine (9) Network Coordinators for Project Homestead.</p> <p>35d.2 Strategies implemented to stabilize and support nine (9) Network Coordinators based on assessment results.</p> | <p>35d.1 Assessment Results</p> <p>35d.2 Network Coordinators and sub-grantee reports</p> | <p>35d.1 May 2005</p> <p>35d.2 May 2005</p> | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|---|--|---|---|---------|----------------------|---------|
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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | 35d.3 Staff meetings utilized to review results and monitor progress in stabilizing Network Coordinators and improving the effectiveness of the Project Homestead Program. | 35d.3 Agenda and minutes from staff meetings | 35d.3 May 2005 and on-going | | | |
| | | | | 35e. Enhance and expand foster and adoptive parent support groups and services. | Licensure Unit Adoption Program RDs and ASWSs | 35e.1 Current active foster and adoptive parent support groups and providers of support services identified statewide. 35e.2 Use information from research to develop a directory of foster and adoptive parent support groups and service providers and make available to families. 35e.3 Licensure and Adoption staff will partner with Adopt US Kids, foster & adoptive families and service providers to target areas of the state without access to a support group and plan efforts to expand coverage as part of the Statewide targeted Recruitment and Retention Plan. 35e.4 | 35e.1 List of support groups and providers 35e.2 Resource Directory 35e.3 Statewide Recruitment and Retention Plan and Progress Reports on Plan 35e.4 | 35e.1 April 2005 35e.2 May 2005 35e.3 July 2005 35e.4 | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|---|---|---|---|-------------------------|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | | Goal/ Negotiated measure/ Percent of Improvement | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | Provide T/TA to support groups and service providers on how to develop support services for foster and adoptive families through collaborative efforts and partnerships with local community stakeholders. | Record of T/TA provided by Licensure and Adoption staff | January 2006 | | | |
| | | | | 35f. Engage current foster and adoptive parent support groups and service providers to provide technical assistance to newly created support groups or foster and adoptive parents interested in starting groups. | Licensure Unit Adoption Program RDs and ASWSs | <p>35f.1 "Interest Survey" developed to identify interested groups or service providers.</p> <p>35f. 2 Survey disseminated to Foster/Adoptive parent and service providers</p> <p>35f.3 Results of survey compiled to determine the interest level for a foster/adoptive parent support groups and service providers.</p> | <p>35f.1 Survey completed</p> <p>35f.2 Distribution List</p> <p>35f.3 Report of results</p> | <p>35f.1 Jan. 2006</p> <p>35f.2 February 2006</p> <p>35f.3 May 2006</p> | | | |
| | | | | 35g. Offer workshop provided by members of effective Foster and Adoptive Parent Support Groups at the Annual Lookin to the Future Conference. | Licensure Unit Adoption Unit Training Unit | <p>35g.1 Agreement from Lookin to the Future Conference Planning Committee to add workshop to conference agenda.</p> <p>35g.2 Support provided to presenters to develop training presentation and materials for workshop.</p> | <p>35g.1 Workshop description and approval</p> <p>35g.2 Presentation and handouts</p> | <p>35g.1 March 2005</p> <p>35g.2 May 2005</p> | <p>35g.1 March 2005</p> | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|---|---|---|--|---|--------------------|----------------------|---------|
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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | | | | 35g.3 Workshop provided | 35g.3 Workshop evaluation report | 35g.3 July 2005 | | |
| | | | | 35h. Research available technical assistance and resource materials available for Foster/Adoptive Parent interested in establishing a Statewide or Regional Foster or Adoptive Parent Association. | Licensure Unit Adoption Unit | 35h.1 Research completed. | 35h.1 Report from research completed and available resource material obtained for distribution. | 35h.1 August 2005 | | | |
| | | | | 35i. Establish more collaborative efforts and partnerships between local DFCS offices and available Families First Resource Centers and other community - based providers funded through MDHS. | Bureau Director of Support DFCS Prevention Unit Director | 35i.1 Listing of all available community -based services funded through MDHS developed. 35i.2 List distributed to all regions, ASWSs, counties and field staff | 35i.1 Provider list completed 35i.2 Distribution list and memo | 35i.1 August 2005 35i.2 April 2005 | | | |
| | | | | 35j. Regional Directors and ASWSs develop community relationships and support MDHS service providers and other community based groups such as Project Homestead County Task Forces and parent support groups. | RDs and ASWSs | 35j.1 Improved utilization of MDHS providers by agency staff and clients. 35j.2 Evaluation of quality of services by RDs and ASWSs by April of each grant period. 35j.3 Improved visibility of DFCS staff support for service providers and community based groups. | 35j.1 Sub-grantee monthly reports 35j.2 Annual Service Reports 35j.3 Weekly Activity Reports | 35j.1 May 2005 then on-going 35j.2 May 2005 than annually 35j.3 May 2005 and on-going | | | |
| | | | | 35k. Continue DFCS participation with the Interagency | DFCS Division Director | 35k.1 Continue to attend all ICCCY biannual | 35k.1 Meeting agenda and materials | 35k.1 Biannual | | | |

Systemic Matrix

| 1 | | 2 | | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|--|----------------------------------|--|--------------------------------------|---|-------------------------------------|--|---------|----------------------|---------|
| Outcome or Systemic Factors and Item (S) contributing to Non-Conformity | | Goal/ Negotiated measure/ Percent of Improvement | | Action Steps | Assignment (person/Unit responsible) | Benchmarks Toward Achieving Goal | Method of Measuring Improvement | Benchmarks' Dates of Achievement | | Goals of Achievement | |
| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| | | | | Coordinating Council for Children and Youth (ICCCY) and the Interagency Systems of Care Council (ISCC) to address and improve mental health services to SED (seriously emotionally disturbed) children and youth. ICCCY meets biannually and is comprised of the executive directors of all agencies who provide services to children and is mandated by state legislation. ISCC meets quarterly and is comprised of middle managers from each of the mandated ICCCY agencies. ISCC develops priorities and strategy plans for ICCCY approval regarding coordination and collaboration among the agencies. | Placement Unit Director | meetings to have input into priorities and strategies to improve coordination among agencies. 35k.2 Actively participate in quarterly ISCC meetings with middle managers from other agencies to develop priorities and strategies to submit to ICCCY for improved coordination and collaborative efforts among the agencies. | 35k.2 Meeting agenda and materials. | 35k.2 Quarterly – January 2005 April 2005 July 2005 September 2005 | | | |
| Item 36: Accessibility of services across all jurisdictions | X | | | Please Reference System Factor Service Array, Item 35 above. | | | | | | | |
| Item 37: Ability to individualize services to meet unique needs | X | | | Please Reference System Factor Service Array, Item 35 above. | | | | | | | |
| Systemic Factor: Agency Responsiveness to the community | | X | In Substantial Conformity | | | | | | | | |
| Systemic Factor: Foster and Adoptive Parent | | X | In Substantial Conformity | | | | | | | | |

Systemic Matrix

| 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | |
|---|---|-----|--|--------------|--------------------------------------|----------------------------------|---------------------------------|----------------------------------|---------|----------------------|---------|
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| Systemic Factors | A | N/A | | | | | | Projected: | Actual: | Projected: | Actual: |
| Licensing, Recruitment and Retention | | | | | | | | | | | |

MISSISSIPPI'S MAJOR POLICY AND PRACTICE PROGRAM IMPROVEMENT PLAN STRATEGIES

| Program Improvement Plan Strategies | Family Centered Practice, Family Team Meetings and County Conferences | Intake, Screening and Response | Safety and Risk Assessment | Case Planning and Visitation |
|---|--|---------------------------------------|-----------------------------------|-------------------------------------|
| Technical Assistance | February – May 2005 | February – June 2005 | February – September 2005 | October – March 2006 |
| Policy | June 2005 | August 2005 | November 2005 | May 2006 |
| Training Curricula and Practice Guides | July 2005 | October 2005 | January 2006 | July 2006 |
| Train the Trainers | August 2005 | October 2005 | February 2006 | August 2006 |
| Statewide Training | October 2005 | December 2005 | April 2006 | October 2006 |
| Evaluation | November 2005 | January 2006 | May 2006 | November 2006 |