



Child and Family Services Reviews

State of Montana

Department of Public Health and Human Services
Children and Family Services Division

Statewide Assessment

July 2017



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR
CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.)

Integration of the CFSP/APSR and CFRS Statewide Assessment

The CFRS process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFRS.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFRS. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFRS process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: Montana Department of Public Health and Human Services, Children and Family Services Division

CFSR Review Period

CFSR Sample Period: October 1, 2015 through September 30, 2016

Period of AFCARS Data: 12-15-16 AFCARS (16a and 16b)

Period of NCANDS Data: 12-01-2016 NCANDS (10/1/2015 -9/30/2016, FFY2016)

(Or other approved source; please specify if alternative data source is used):

DPHHS/CFSD, MTROM database which uses extracts from CAPS

Case Review Period Under Review (PUR): April 1, 2017 through September 30, 2017 on-site review

Montana State Agency Contact Person for the Statewide Assessment

Name: Janice Basso

Title: IT and Data Systems Manager

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

Montana Response:

Insert names and affiliations of statewide assessment participants

Starting in March, and continuing through June of 2017, CFSD's CQI unit initiated meetings with stakeholders in Kalispell, Billings, Miles City, Great Falls, Missoula, and Helena. The meetings served as an introduction to the CFSD/Statewide Assessment/PIP process, and provided information about how stakeholders could become more involved with the division's decision making, provided a forum for meeting attendees to voice their thoughts regarding interactions with CFSD and the state of child welfare across Montana, and served as a preliminary effort to cultivate stakeholder participation and partnership with CFSD moving forward. The following individuals from Montana participated in these initial focus groups/meetings:

Leigh Lahlquist, In-Home Service Provider

Julie Burk, Court Assessment Program

Tim Billteen, Court Assessment Program/Youth Court

Laura Taffs, Children's Mental Health Bureau

Ericka Wimmer, Juvenile Probation, former CPS

Kendra Proue, CASA

Steffani Turner, Intermountain Children's Home

Kimberly Gardner, Intermountain Children's Home

Saray Amundson, Safecare Provider

Traci Shinabarger, Department of Justice, Office of Child and Family Ombudsman

Dana Toole, Department of Justice

Danialle Griffin-Streitz, Staff Development Specialist UM

Jodi Seitz, CASA

Sarah Penault, former CPSS

Loy Sprague, former CPSS/Tribal Community College

Jeremy Christiansen, Fort Peck Tribe

Sylvia Danforth, In-Home Service Provider

Cherie LeBlanc, CASA

Holly O'Toole, Staff Development Specialist UM

Barbara Cowan, Partnership for Children
Maureen O'Malley, Foster Care Services
Vicki Dundas, Missoula City County Health Department
Katie Petersen, Missoula Police Department
Shirley Tiernan, former CFS
Connie McDonald, YWCA
Patty Murphy, YWCA
Jessica Finley, County Attorney Office
Diane Conner, County Attorney Office
Jocelyn Nelson, In-Home Service Provider
Anna Marie White, ICWA/LaPaloma Agency GAL
Afton Russell, Children's Mental Health Bureau
Charity Stubb, CASA
Shawn Gray, CASA
Mary Pat Hansen, First Step
Kate Larcom, CFSD
Andrea Smith, CFSD
Jamie Robinson, CFSD
Diana Tolstedt, Wendy's Wonderful Kids Recruiter
Keely McCave, CASA
Amy Fandro, Center for Children and Families
Kathy Fuchs, Review Committee Member
Shawn Bryne, In Home Service Provider
Stacy Dreessen, Family Tree Center
Marci Buckles, Staff Development Specialist UM
Tim Callahan, Youth Court
Jana Hayes, Benefis Hospital
Valerie Winfield, Office of County Attorney
Noah Scott, Great Falls Police Department
Blue Corneliusen, Great Falls Police Department
Doug Otto, Great Falls Police Department
Dusti Zimmer, Center for Mental Health

Kasey Schendele, Center for Mental Health
Suzanne Call s, In-Home Service Provider
Maya Negrón, In-Home Service Provider
Stephanie Aurand, Placement Provider
Carissa Emmett, Placement Provider
Courtney Rudbach, Kalispell Regional Medical Center
Anne Lawrence, County Attorney Office
Marcus Brown, Placement Provider
Kim Brown, Placement Provider
Scott Warnell, RA, CFSD
Jason Larsen, RA, CFSD
Nicole Grossberg, RA, CFSD
Eric Barnosky, RA, CFSD
Jennifer Hoerauf, RA, CFSD

Dr. Joanne Oreskovich, Epidemiologist, DPHHS, CFSD

Erica Jones, Bureau Chief, DPHHS, CFSD

Maurita Johnson, MSW, Division Administrator, DPHHS, CFSD

Jack Clearman, CQI Development Specialist, DPHHS, CFSD

As much of the Statewide Assessment has been developed from information provided via the 2018 APSR, please see the Collaboration section of the 2018 APSR (page 4) for reference to collaborative partners.

Overview:

To set the stage, by land mass, Montana is the fourth largest state in the nation, yet just recently its population has grown to slightly over 1 million people within its borders. Per the U.S. Census Bureau's 2016 population estimates¹, there are 1,042,520 Montanans of which 227,611 (22%) are younger than 18 years of age. Much of the state is rural and travel between locations and to available services can be lengthy for workers and for families. There are only about 7 large micro and metropolitan statistical areas (MMSAs) in the state. Billings is the largest city with a population of approximately 160,000. The Division is administered from six geographical regions across the state (Eastern, North Central, South Central, Southwestern, Western and Northwestern) which all report to the central state office in Helena. Regional offices are in Miles City, Great Falls, Billings, Helena, Missoula, and Kalispell, respectively.

There are twelve Indian Tribes on 7 reservations: Ft Peck (Assiniboine and Sioux), Blackfeet, Rocky Boy (Chippewa and Cree), Ft Belknap (Assiniboine and Gros Ventre), Crow, Northern Cheyenne, Flathead (Salish, Pend d'Oreille, and Kootenai). Montana also has one landless tribe, the Little Shell Band of Chippewa Indians, which has received provisional federal recognition. In all areas of the state, our staff work closely with the Tribes on a regular basis to assist them in using the Child and Adult Protective Services (CAPS) system, and to assist them as needed in other areas of concern. Tribal Social Services staff are notified of all training opportunities and attend annual policy training alongside Division staff. They are also provided Montana Child Abuse and Neglect (MCAN) training (Montana's training for new workers) as needed. Montana CFSD through contractual agreements provides the social services for children and families of the Fort Peck reservation, while all other tribes provide social services through the tribal agencies.

Montana's Department of Public Health and Human Services (DPHHS) is legislated to provide protective services to ensure the health, welfare, and safety of children who are in danger of abuse, neglect, or abandonment within communities and to act as the lead agency in coordinating and planning services to children with multi-agency service needs. The Child and Family Services Division (CFSD), a part of the Department of Public Health and Human Services (DPHHS), is designated by statute as the agency responsible for the protection of children who are abandoned, neglected or abused. CFSD is specifically charged with the duty to respond to reports of child abuse or neglect and to provide protective services when necessary, including the authority to take temporary or permanent legal custody of a child when ordered to do so by the court. If a child is determined to be in imminent danger, CFSD is authorized to remove the child to an emergency placement. The Division then must file a petition to the Court within 5 days and an *ex-parte* order of immediate protection issued. The division provides child protective services to children and families; licenses family foster homes, child placing agencies and adoption agencies; and provides adoption services to children in the custody of the State of Montana (see 2008 Montana Statewide Assessment for further discussion).

¹ Montana Population Estimates, Bridged Race Population Estimates produced by the National Center for Health Statistics available at <http://dphhs.mt.gov/publichealth/Epidemiology>.

The department is legislated to establish a system of councils at the state and local levels to make recommendations and to advise the department on children's issues, (MCA 52-1-103). CFSD is designed to have citizen advisory councils in each of 6 regions and at the State level that meet regularly and provide consultation in the development of work plans, policy and practice. Working with stakeholders at all levels is an ongoing activity in communities throughout the state. The citizen advisory councils range from very active to minimally active across the state.

Montana statute recognizes the primacy of the family in the child's life by requiring that the Department place with family members whenever possible. The Division's mission is to "keep children safe and families strong." Underlying the mission is the belief that families are part of communities and that communities provide the best opportunity to support and nurture them. The programs administered by the division must protect and honor the strengths of families as well as respect the community's central role.

Section II: Safety and Permanency Data

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Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

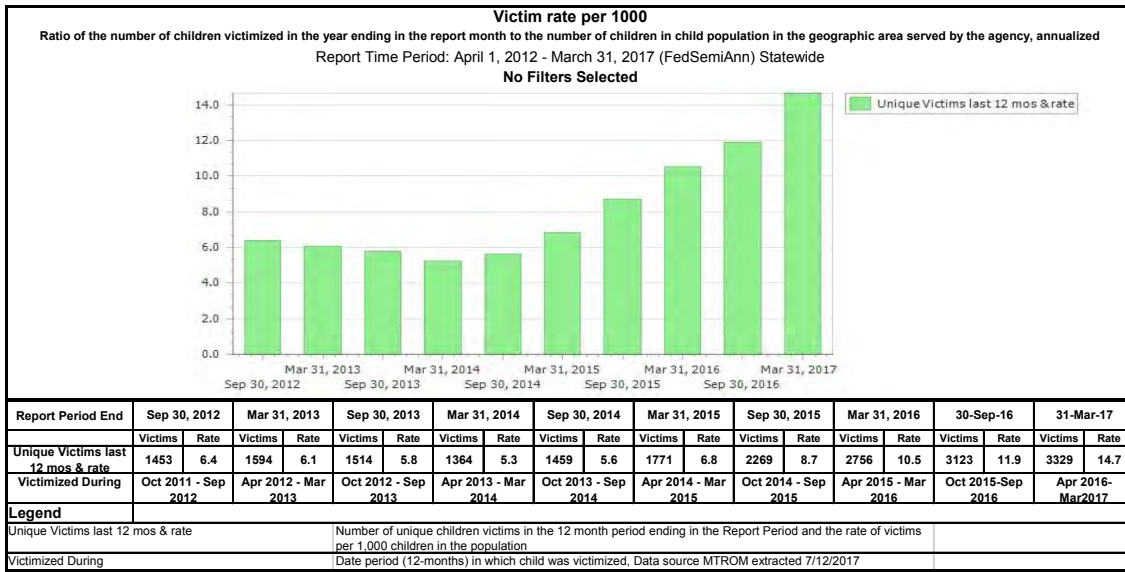
Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

Outcomes and Performance Standards Overview:

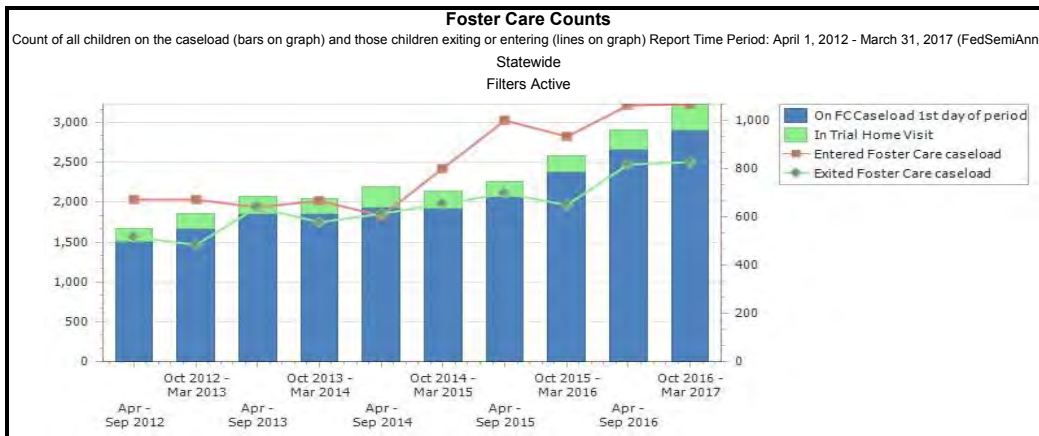
As discussed in the Children's Bureau Technical Bulletin #9 issued on October 16, 2016, states that have a CFSR in FY2016 or later, the CB will utilize the AFCARS data indicators for context, but will not utilize them for the final report on substantial conformity. Therefore, Montana's performance outcome measures will be based primarily on the CFSD case reviews conducted during the sample period of October 1, 2015 through September 30, 2016, as well as data reported through the Montana Results Oriented Management System (MTROM) as extracted from the state Child and Adult Protection System (CAPS) that are used for case management and to replicate federal CFSR measures and provide supplemental data.

As described above, by land mass, Montana is the fourth largest state in the nation, yet just recently its population has grown to slightly over 1 million people within its borders. Per the U.S. Census Bureau's 2016 population estimates², there are 1,042,520 Montanans of which 227,611 (22%) are younger than 18 years of age. As shown below, the ratio of the number of unique children with a substantiated report in the year ending in each report period to the number of children in the child population, ages 0-17, (per 1000) in the state, has steadily increased since the end of March 2014, with a rate that has almost tripled in size. In addition, in FFY2016, for children who came to the attention of the state and for which abuse and neglect was substantiated, 42% were under the age of five.

² Montana Population Estimates, Bridged Race Population Estimates produced by the National Center for Health Statistics available at <http://dphhs.mt.gov/publichealth/Epidemiology>.



Montana has a correspondingly high rate of removal of children from their homes, increasing from 5.2 children/1,000 in the population at the end of September 2012 to 9.4 children/1,000 in the population at the end of March 2017. From the beginning of FFY2013 to the middle of FFY2017 the percent of children in out-of-home care increased over 100% (as discussed in the 2018 APSR, pgs. 35-37).



At the same time, as discussed in the recent 2018 APSR (pages 6-8), Montana continues to face significant turnover in Centralized Intake (CI) and Child Protection Specialists (CPS) and many departing staff are leaving the agency less than two years after being hired. The entire CPS and CI workforce have only a median longevity of 2.8 years. The focus of the Division under the recently hired leadership of Administrator Maurita Johnson is to improve outcomes via three vital objectives: renew our commitment to our safety model; leverage our partnerships and service array; and strengthen our workforce.

Along with this state assessment, steps are being taken to examine operations, processes, and outcomes both internally and with input from stakeholder groups via an ongoing continuous quality improvement (CQI) process. Efforts are being focused on a strategic plan that focuses on seven key result areas (as described on page 2-3 of the 2018 APSR) and dashboards are providing metrics to serve as benchmarking tools to monitor progress and provide internal feedback toward progress goals. The findings in this assessment will be incorporated into the

CQI processes in working toward system improvements as described throughout the companion reports.

Performance Measure	Metric	Targeted Goal	Baseline						Sparklines
		EOM	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
1. Safely reduce the number of children in Foster Care (CM.1)	All Children (Includes Tribal & THV)		3460	3547	3599	3603	3660	3715	
	Non-Tribal First EOM		2992	3091	3143	3155	3219	3273	
	Trial Home Visit (THV) counts		343	345	345	340	358	329	
	State Served Childs in FC	2585 (20% ↓)	2649	2746	2798	2815	2861	2944	
2. Safely increase the number of children served In-Home (IC.1)	In Home Intact Counts (only includes VPAs paid through CAPS)	306 (45% ↑)	169	167	162	179	166	189	
3. Safely increase the percent of face-to-face caseworker visit monthly contacts for children in Foster Care (CV.1)	Percent of face-to-face visit months	66% (4% ↑)	65.2%	67.7%	68.1%	64.0%	64.4%	61.3%	
4. Safely reduce the average number of days children spend in Foster Care (IC.8.2)	Average number of days in FC (LOS)	365 (↓)	455	458	465	472	482	470	
5a. Increase the percent of children who achieve permanency within 12 months of entry into care (PA.7)	% Achieved Permanency in less than 12 months of Entry	42.1% (↑)	40.0%	29.5%	41.1%	38.8%	34.0%	52.0%	
5b. Increase the percent of children who achieve permanency within 24 months of entry into care (PA.8)	% Achieved Permanency in less than 24 months of Entry	70% (↑)	68.6%	60.7%	62.1%	62.8%	56.5%	70.5%	
6a. Reduce the number of all Pending Overdue (60+ days) CPS Assessments (CPS.4)	Number of all Pending Overdue Assessments	200 (↓)	907	976	850	864	907	883	
6b. Increase the percent of Investigations completed within 60 days or less of report received date (CPS.2)	Percent of Investigations completed in 60 days or less of receipt	85% (↑)	32.7%	34.5%	47.8%	47.4%	42.4%	39.0%	
7. Reduce the number of Children in Non-Family like Out of State Placements	Count of children in Non-family like Out of State Placements	44 (↓)	43	42	48	50	54	55	

In addition to the regular review of the performance dashboard, monthly caseworker reports are being provided to the Regional Administrators, Supervisors and subsequently the workers to prioritize staffing caseloads in the area of monthly caseworker visits and pending 60 day investigations of child abuse and neglect reports. The data reports are regularly used by the Regional Administrators in conjunction with their local workforce to identify systemic issues and to improve the overall performance and outcomes of services to children and families.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

Montana Response:

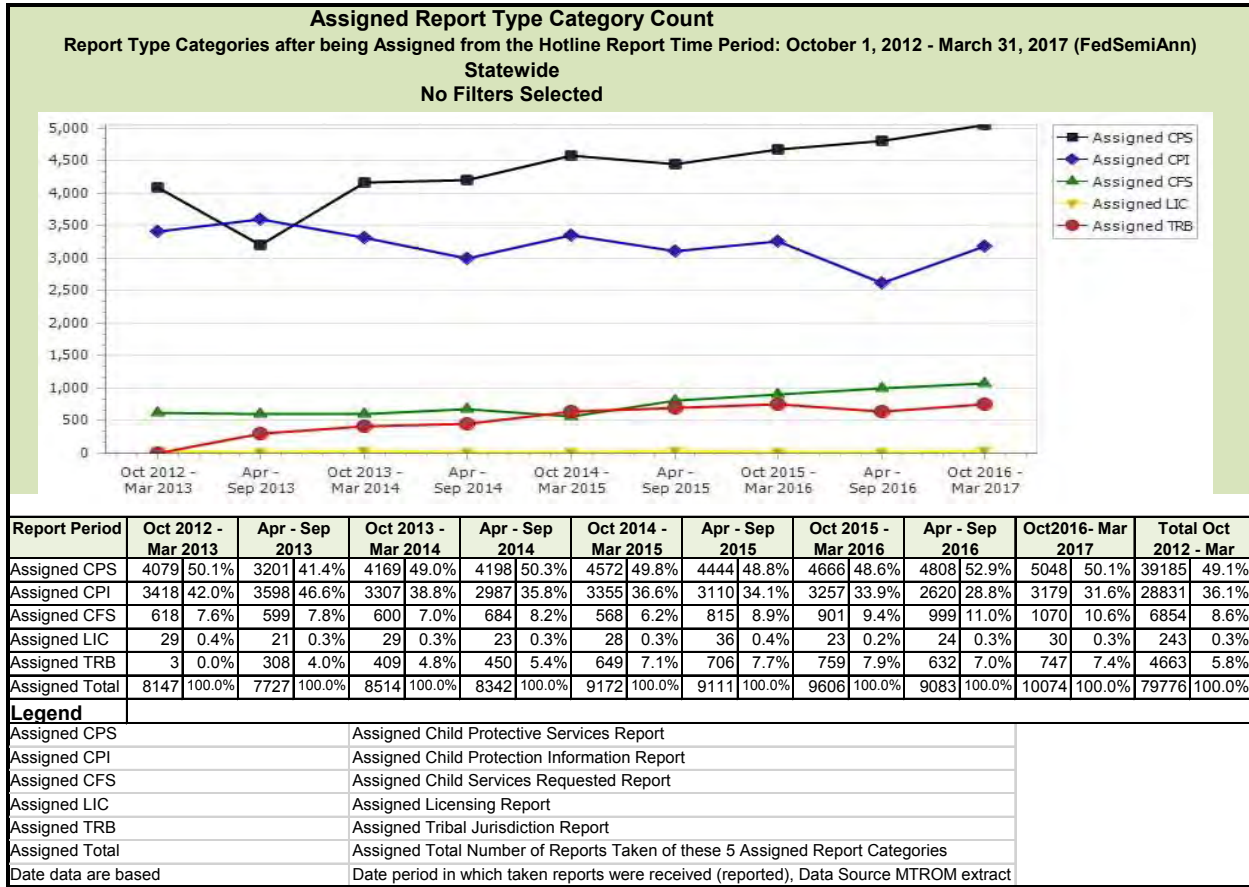
Safety Outcomes 1: Children are first and foremost protected from abuse and neglect (Please see 2018APSR and CB data profile for additional information)

Item 1: Timeliness of initial investigations of reports of child maltreatment

Centralized Intake (CI) is a responsive unit responsible for the assessment, documentation, and assignment of all reports of abuse and neglect in the state of Montana. Centralized Intake was designed to improve the consistency and efficiency of documenting reports and to ensure accountability (CFSD Policy 202-2). In the past year, Centralized Intake has received over 35,000 calls, with approximately one-half (>18,000) of those reports screened into the system and approximately one-half (>9,000) of those screened in becoming CPS reports requiring categorization and prioritization for investigation. In SFY2016, there were 13,307 unduplicated children reported in the 9,154 cases referred for investigation (CFSD 2017 Legislative report).

A breakdown of screened in reports since FFY2012 are presented in the table below for each six-month increment (April, October six-months of FFYs) from October 2012 through March 2017. During this period, there has been an almost steady increase in the number of reports that were assigned Child Protective Services (CPS) status, from 4,079 in October 2012, to 5,048 by the end of March 2017 or a 23.8% increase. In addition, the number of reports assigned for child services (CFS) and the number of cases assigned to tribal jurisdiction (TRB) have also increased substantially over the period.

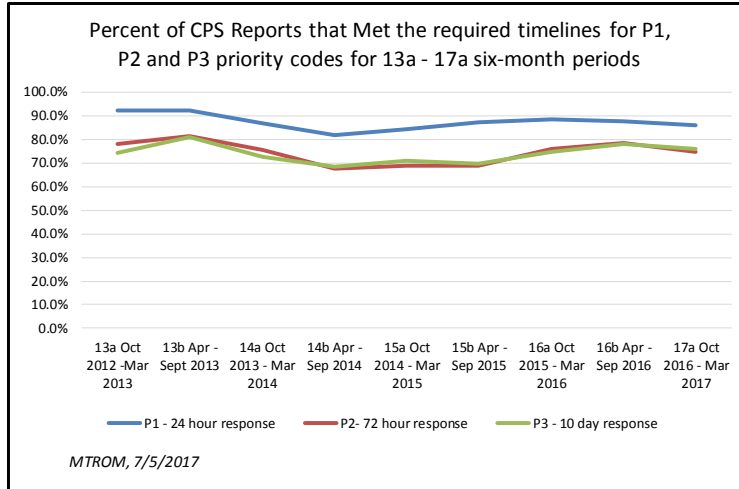
Section III: Assessment of Child and Family Outcomes and Performance on National Standards



Once a report has been screened-in and categorized as CPS it is assigned a priority level for investigation. There are six priority levels for investigation of reports with initiation time frames provided in the table column headers below and they are fully described in our CFSD policy manual on-line at: <http://dphhs.mt.gov/cfsd/cfsdmanual>. The following table supplements the timeliness of the initial investigation data by showing the percent of reports in each prioritized category that met the priority deadline.

Percent of CPS Reports that Met the required timeline for Initial Face to Face Contact by Priority Codes														
FFY six month period	P1 - 24 hour response		P2 - 72 hour response		P3 - 10 day response		P4 - 60 day response		P9 - Anonymous 48 hour response		P0 - not CPS		Total within time period MET	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N
13a Oct 2012 - Mar 2013	92.2%	910	77.9%	1383	74.1%	1003	0.0%	0	100.0%	1	0.0%	0	80.1%	3297
13b Apr - Sept 2013	92.1%	665	81.2%	1232	81.0%	746	0.0%	0	100.0%	1	88.9%	16	83.4%	2660
14a Oct 2013 - Mar 2014	86.9%	838	75.4%	1872	72.4%	497	50.0%	1	0.0%	0	68.8%	22	77.5%	3230
14b Apr - Sep 2014	81.8%	699	67.5%	1629	68.5%	602	25.0%	4	100.0%	1	94.1%	16	70.6%	2951
15a Oct 2014 - Mar 2015	84.1%	756	68.7%	1766	71.1%	707	11.0%	8	0.0%	0	50.0%	1	71.3%	3238
15b Apr - Sep 2015	87.0%	640	68.7%	1701	69.5%	801	11.6%	5	0.0%	0	0.0%	0	71.4%	3147
16a Oct 2015 - Mar 2016	88.4%	653	76.0%	1872	74.6%	1050	23.9%	17	0.0%	0	0.0%	0	76.6%	3592
16b Apr - Sep 2016	87.7%	923	78.4%	2126	77.8%	750	12.7%	8	100.0%	1	66.7%	2	79.5%	3810
17a Oct 2016 - Mar 2017	85.8%	976	74.5%	2015	75.9%	859	10.5%	9	50.0%	1	50.0%	1	76.2%	3861
Total Within Category Oct 2012 - Mar 2017 Met	87.2%	7060	74.6%	15596	75.2%	7015	14.7%	52	71.4%	5	70.7%	58	76.1%	29786
Total Accepted Reports by Category		8099		21115		9491		354		7		82		39148

The initial face-to-face contact timeliness of investigations for the top 3 priority codes show some variation over time. Priority One reports, which indicate a child may be in immediate danger of serious harm, have had timely investigations resulting in percentages that are higher than other priority codes, yet there has been a decline in the percent of P1 reports meeting the initial timelines - from 92% in March 2013 to 86% in March 2017. The six-month federal time increments from October 2012 through March 2017 show an average of 75% for P2 and P3 priority reports that met the required timelines.



The overall average of initial timeliness for all priority categories during the 4½ federal fiscal years was 76.1%.

Case Review Data (Sample periods held during October 1, 2015 through September 30, 2016)

Results from 67 cases

*75% Substantially Achieved
25% Not Achieved*

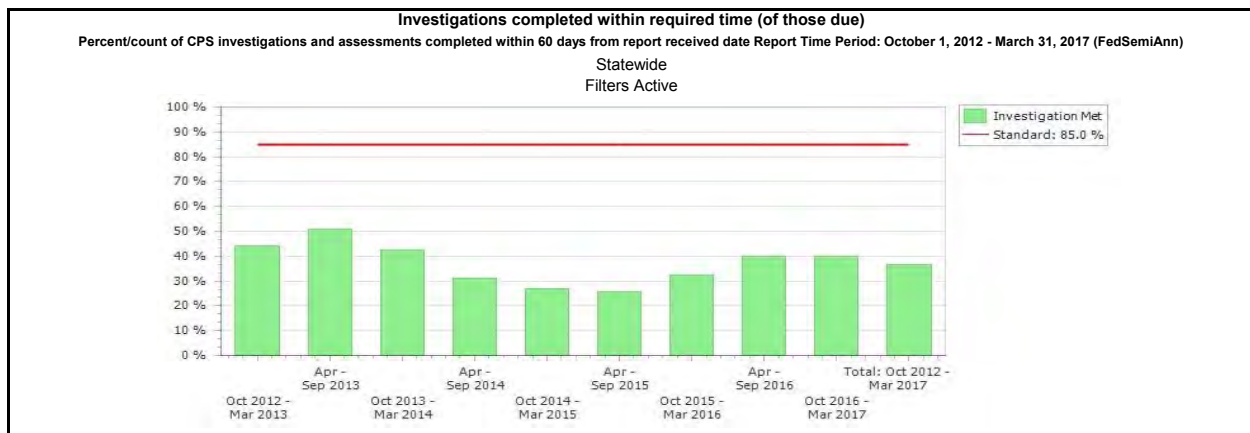
OUTCOME MEASURE AND Item#	Performance Item or Outcome Title	Strength	ANI	NA	Substantially Achieved	Partially Achieved	Not Achieved	NA
Outcome S1	Children are, first and foremost, protected from abuse and neglect.				75% n=21	0% n=0	25% n=7	n=39
Item 1	Timeliness of initiating investigations of reports of child maltreatment							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	75% n=21	25% n=7	n=39				

The division’s internal case review data for FFY 2016 is consistent in the findings shown above. Most often, the reasons noted for failure to initiate a report within the prescribed timeframe is either inability to make contact with the family for various reasons and the increased caseloads maintained by Child Protection Specialists.

Montana made a decision to move to a One Worker-One Case model beginning in 2014 to support the implementation of the Safety Assessment and Management System (SAMS) model. During the same time period we experienced an increase in reports as well as an increase in the number of children coming into care. CPS staff voiced their concerns about trying to meet the report timeframes while still responding to the requirements within their cases. The Family Functioning Assessment (FA) was also modified during this time to streamline the process and

focus more on those cases with identified risks. As caseloads continued to increase, the decision was made to allow offices to go back to having separate intake and on-going CPS units. Although this appears to have begun making a slight improvement in the timely initiation in reports, the continued increase in caseloads appears to have offset any real progress in this area.

The timeliness of the initiating investigations is related to the completion of the investigation within the required period of 60 days per Montana law and CFSD policy. Overall, the national standard is to complete at least 85% of the CPS investigations within 60 days from the report received date. Montana has fallen short of this target achieving only an approximate 40% completion of investigations within the 60-day timeframe.



As described in the 2018 APSR (pg. 20-21) there is considerable variation among the regions in completion rates. The trend in completion rates has fallen since FFY2010, though there appears to be the beginning of an upward movement in the right direction starting in FFY2016. With the creation of a sixth region in April 2016, and based on discussions with stakeholders, staff and leadership, it is hoped that the structural change will help to address the workload and resource issues and enhance child safety outcomes.

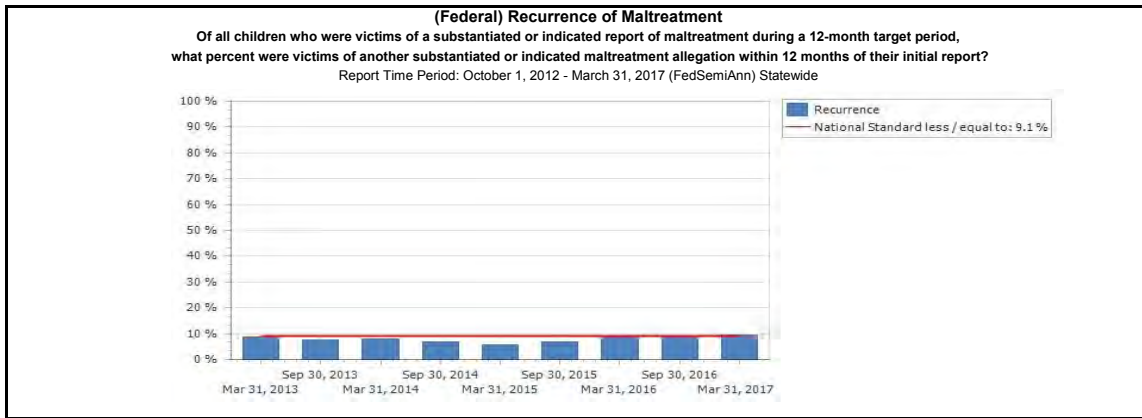
Additional data related to Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect

As discussed in the introduction to this document, Montana has a high rate of removal per 1000 children in the population and the number of children placed into foster care has grown substantially. The risk and safety assessments and monitoring of children while in out-of-home placements or in-home options are critical to ensuring the children’s safety. To monitor the safety of children while in placement or under state jurisdiction, metrics have been created to measure maltreatment recurrence as discussed below.

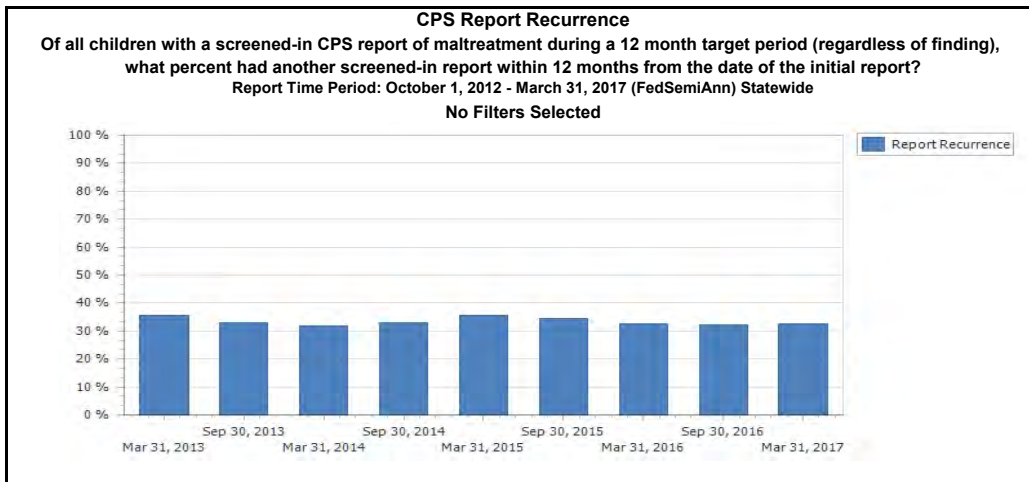
CFSR: Recurrence of Maltreatment (Federal)

The safety of children and the ability to protect them from harm is related to another metric called the CFRS measure of maltreatment recurrence as discussed in the 2018 APSR (pg. 19-20) and CB Data Profile of May 2017. The recurrence of maltreatment according to the federal measure definition states that “of all children who were victims of a substantiated maltreatment report during the 12-month period, the percentage who were victims of another substantiated

maltreatment report within 12 months will be 9.5% or less.” This measure gives states some indication of whether the initial report was prudent in its assessment of harm or risk to safety of child(ren). Since FFY2014, Montana has met the national standard in observed performance.



Using a slightly different way to examine the quality of the assessments, Montana also looks at whether there have been CPS report recurrences regardless of the finding of the prior reports. This measure asks, “for any screened in report of maltreatment in a 12-month target period what percent had another screened in report within 12 months of their initial report?” This data reveal that approximately one-third of all CPS reports, regardless of their initial findings, have another report screened into the system within 12-months of the target. Used in conjunction with the federal recurrence measure, this set of data can serve as a barometer for quality assurance of intake workers and monitoring of children and families by child protective specialists.



Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Case Review Data (Sample periods held during October 1, 2015 through September 30, 2016)

Results from 67 cases

*31% Substantially Achieved
28% Partially Achieved
40% Not Achieved*

Item 2:

100% strength (n=29)

Item 3:

*31% Strength (n=21)
69% Area Needs Improvement*

OUTCOME MEASURE AND Item#	Performance Item or Outcome Title	Strength	ANI	NA	Substantially Achieved	Partially Achieved	Not Achieved	NA
Outcome S2	Children are safely maintained in their homes whenever possible and appropriate.				31% n=21	28% n=19	40% n=27	n=0
Item 2	Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	100% n=29	0% n=0	n=38				
Item 3	Risk and safety assessment and management							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	31% n=21	69% n=46	n=0				

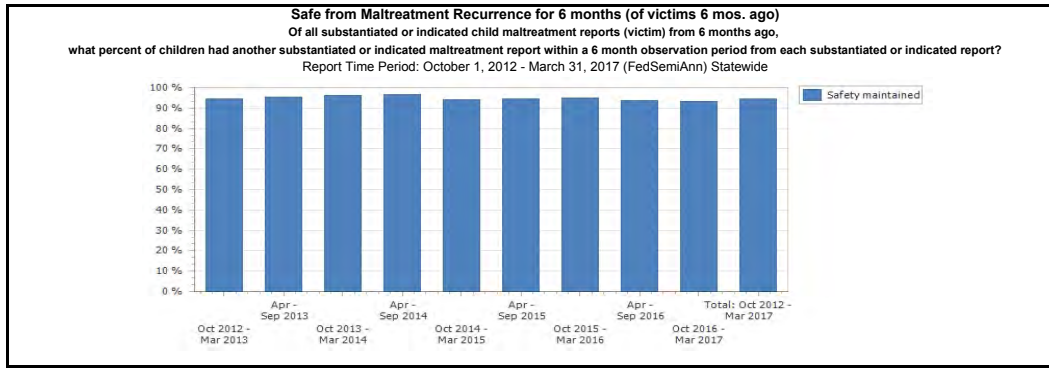
Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

The division’s internal case reviews looked at the initial court orders of the 67 cases to determine what services were provided to prevent removal of children. All of the court orders indicated what services were provided to keep the child(ren) from being removed or provided a clear reason as to why services would not be adequate to maintain the child in the home. However, the reviews also indicated that children were being removed who may have been able to remain in the home with more appropriate services and safety plans. The FFA is designed to assist workers in determining whether an in-home or out-of-home safety plan would be necessary to maintain the safety of children while providing services to families. Workers do not appear to be using this part of the assessment tool adequately and the division understands that this will need to be addressed going forward.

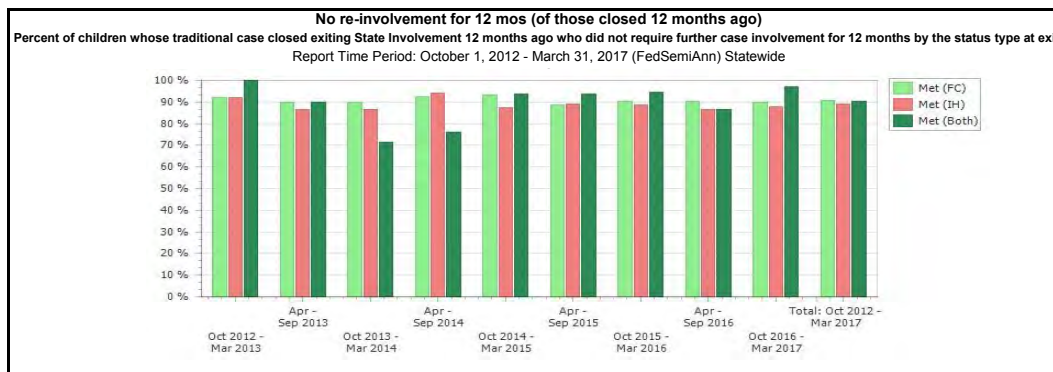
Additional data related to Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

Other metrics used to examine the safety of children who have been involved with the state for child protective services are those that look at what happens to the children when the case is closed or they have exited state care. MTROM provides two useful reports in this regard and while the findings are not easily related to other states, they do provide a picture of the safety of children who have exited the system.

The first measure looks at whether children are safe from maltreatment following state involvement by asking what percent of children exiting state involvement six-months ago, had a substantiated or indicated CPS report in the subsequent 6 months following their exit. Since the beginning of FFY2012, safety of the children has been maintained on average in 94.5% of the reports. This measure is related to the re-entry of children into foster care as discussed below.



The second measure looks at re-involvement of children whose cases were closed 12 months prior are also tracked for further involvement with the state. This measure distinguishes between children who were in court-ordered foster care from families who engaged in voluntary protective service agreements (VPSA) with the child remaining in the home. The VPSA is a more detailed service plan than the safety plan for foster care families and covers a longer period, typically 90 days. The CPS specialist and parents identify necessary services to address the safety factors identified, increase protective capacities and/or reduce child vulnerability to reduce the likelihood that the child will be harmed or will be at substantial risk of harm in the future. The agreed upon activities are then monitored by the child protection specialist for effectiveness and the family's ability to increase safety for their child is assessed. Access to voluntary services varies across the state depending on availability of services. Data show that over the 4½ federal fiscal years presented in the chart below, 90.7% of FC only cases, 88.9% of in-home (VPSAs) only cases and 90.2% of children having both interventions met the no-reinvolvement status over the 12-months following exit. Despite increasing caseloads and higher ratios of removals, 10% or fewer children become re-involved with the system 12 months after exiting care.



Appropriate use of the FFA by caseworkers and timeliness of data entry into CAPS may help to improve the safety of children and provide performance assessment readily to staff.

Item 3: Risk and safety assessment and management

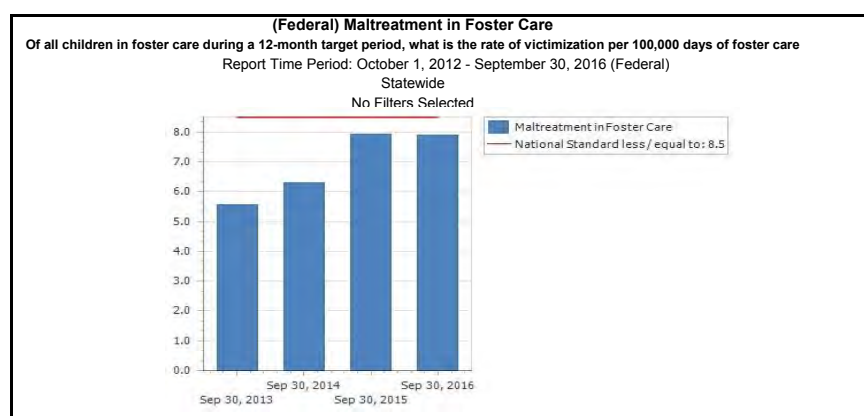
To consistently investigate all reports of abuse and neglect across Montana, all Child Protection Specialists use a tool for investigating reports and assessing the safety of children called the “Safety Assessment and Management System” (SAMS). This includes a series of questions in the “Family Functioning Assessment” (FFA) to determine immediate danger and impending danger. The resulting information provides Child Protection Specialists with the information needed to determine how to proceed in a way that is best for the child’s safety, meets the obligations and intent of State and Federal law, and follows best practice in child welfare. Based on the information gathered during the FFA, a report of abuse or neglect may or may not become substantiated. Child neglect constitutes by far the most prevalent type of child maltreatment substantiated in Montana.

One of the tenants of the SAMS model is the on-going safety assessments throughout the life of the case. During the internal case reviews, the reviewers found that while initial safety assessments in the case were completed in the form of the FFA, on-going assessments were not in the case file, even when safety concerns were noted. While most cases noted that the safety concerns were addressed, there was no assessment indicating how the concerns were addressed and who would be responsible for assuring concerns did not reoccur. The division does recognize this area as an area needing improvement.

Additional data related to Item 3: Risk and safety assessment and management

CFSR: Maltreatment in Foster Care (Federal Measure)

This metric measures of all children in foster care during a 12-month target period, what is the rate of victimization per 100,000 days of foster care? As presented in the CB Data Profile and discussed in the 2018 APSR (pg. 19-20), the rate of victimization while in foster care has met or been better than the national adjusted standard currently set at 9.68 or less, formerly $\leq 8.5\%$. However, the state trend for victimization rate while in out-of-home placements is rising.



Understanding what jeopardizes safety during a foster care episode can also be examined by looking at the number of screened-in reports for children occurring any time during a removal episode. The table below provides the number/percent of screened in victimization reports of maltreatment and identifies whether the perpetrator was or was not a foster care provider. The average percent of victimization reports was 19.3% and 85.5% indicated the perpetrator was someone other than a foster care provider. As discussed in the case reviews, collection of more

comprehensive information is needed to accurately assess the risk of future harm and child safety.

Maltreatment Reports During Foster Care										
Count of CPS screened-in reports for children occurring anytime during a removal episode reported by finding (disposition)										
Report Time Period: October 1, 2012 - September 30, 2016 (Federal)										
Statewide										
No Filters Selected										
Report Period	Oct 2012 - Sep 2013		Oct 2013 - Sep 2014		Oct 2014 - Sep 2015		Oct 2015 - Sep 2016		Total: Oct 2012 - Sep 2016	
Total	231	100.0%	307	100.0%	332	100.0%	452	100.0%	1322	100.0%
Victim	43	18.6%	52	16.9%	72	21.7%	88	19.5%	255	19.3%
Foster care provider is perp	6	14.0%	4	7.7%	12	16.7%	15	17.0%	37	14.5%
Foster care provider not perp	37	86.0%	48	92.3%	60	83.3%	73	83.0%	218	85.5%
Non-Victim	188	81.4%	255	83.1%	260	78.3%	363	80.3%	1066	80.6%
Pending	0	0.0%	0	0.0%	0	0.0%	1	0.2%	1	0.1%
Legend										
Total	#/100% of screened in reports of maltreatment during the report period that occurred during a foster care episode									
Victim	#/% of substantiated or indicated reports that occurred during a foster care episode									
Foster care provider is perp	The perpetrator is a foster care provider									
Foster care provider not perp	The perpetrator is not a foster care provider									
Non-Victim	#/% children with an un-substantiated report that occurred during a foster care episode									
Pending	#/% of reports screened in without a date of investigation completed as of the "Data Current through date" (at bottom of report page) that occurred during a foster care									

Summary of strengths and concerns of Safety Outcomes 1 and 2:

Montana uses the SAMS (Safety Assessment and Management System) during our child abuse/neglect investigations. CPS staff utilize the Family Functioning Assessment (FFA) to determine both immediate and impending dangers within the family as well as the family's protective capacities to keep their children safe.

Since the adoption of this model, there have been some modifications made to try and streamline the process as CPS staff were feeling overwhelmed due to the amount of reports being received and the changes in our practice moving from In-take and On-going units to One Worker-One Case.

Given that the division made several changes all around the same time, it had made it difficult to determine what was working and what needed to be modified or improved. We have determined that the best place to start to address these concerns is to re-instate the SAMS model with fidelity, develop a baseline and follow the process to identify where and how to make any changes to the model. The SAMS model also goes beyond investigations to assist workers in creating case plans for the parents that address the protective capacities that hinder their ability to safely parent their child. We are aware that we need to begin to expand our use of the model to ensure we are providing the most appropriate services to the family with the goal of increasing our use of In-home services while still addressing child safety.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the permanency indicators.

Montana Response:

Permanency Outcomes 1: Children have permanency and stability in their living situations

Case Review Data (Sample periods held during October 1, 2015 through September 30, 2016)

Results from 67 cases

*49% Substantially Achieved
48% Partially Achieved
3% Not Achieved*

OUTCOME MEASURE AND Item#	Performance Item or Outcome Title	Strength	ANI	NA	Substantially Achieved	Partially Achieved	Not Achieved	NA
Outcome P1	Children have permanency and stability in their living situations.				49% n=33	48% n=32	3% n=2	n=0
Item 4	Stability of foster care placement							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	69% n=46	31% n=21	n=0				
Item 5	Permanency goal for child							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	78% n=52	22% n=15	n=0				
Item 6	Achieving reunification, guardianship, adoption, or other planned permanent living arrangement							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	82% n=55	18% n=12	n=0				

Item 4: Stability of foster care placement

Case Reviews Item 4:

69% strength
31% Area needs improvement

During our internal case reviews, while the majority of children had only 1 placement, the reviewers did find of those that did change placements, were at the request of the foster care provider. This, along with feedback received during our stakeholder meetings, indicate a need to be more responsive to the needs of the providers. Concerns brought up by foster parents indicated receiving inadequate information about the children being placed in their home as well as CFSD staff not being responsive to their requests for support. This lead to requesting the child be removed from their care. Focus needs to be put on using Placement Stabilization plans to ensure that the foster providers have the support and services needed to adequately and safely maintain the child in their home.

Additional data related to Item 4: Stability of foster care placement

CFSR: Placement Stability (Federal Measure), see CB Data Profile, May 2017 and 2018 APSR pg. 23-25.

The metric asks: “Of all children who enter care in a 12-month period, the rate of placement moves, per 1000 days of out-of-home care will be 4.44 or less.” Data presented in this profile show the adjusted rates as follows:

FFY13b-14a = 3.97	RSP interval (3.7-4.27) better than national standard
FFY14a-14b = 4.49	RSP interval (4.2-4.8) no difference from national standard
FFY14b-15a = 4.29	RSP interval (4.01-4.59) no difference from national standard
FFY15a-15b = 4.34	RSP interval (4.09-4.61) no difference from national standard
FFY15b-16a = 4.05	RSP interval (3.83-4.28) better than national standard
FFY16a-16b = 4.58	RSP interval (4.34-4.83) no difference from national standard

Many data users find this measure difficult to assess as they typically are looking for the number of moves per year (or 365 days) for children in care rather than 1000 days in out of home care. Stakeholders also want to know the placement stability rate for all children in care, not just those that enter care during a period. Using results from the MTROM placement moves rate per 1000 days of foster provides the following observed performance for all children in care during the period indicated.

FFY13b-14a = 2.0
FFY14a-14b = 2.3
FFY14b-15a = 2.0
FFY15a-15b = 2.5
FFY16a-16b = 2.2

This measure reports on the group of children who were in foster care anytime during a month or other defined period, such as 6-month federal fiscal year. Monthly counts can be used to help assess instability and target services to reduce new placement moves for the child.

Item 5: Permanency goal for child

Case Reviews Item 5:	78% Strength
	22% Area Needs Improvement

The division’s internal case reviews indicate that the division establishes permanency goals within the required time frame for both the initial and concurrent goals and that the goals were appropriate to the circumstances in the case the majority of the time (58 out of 67 cases).

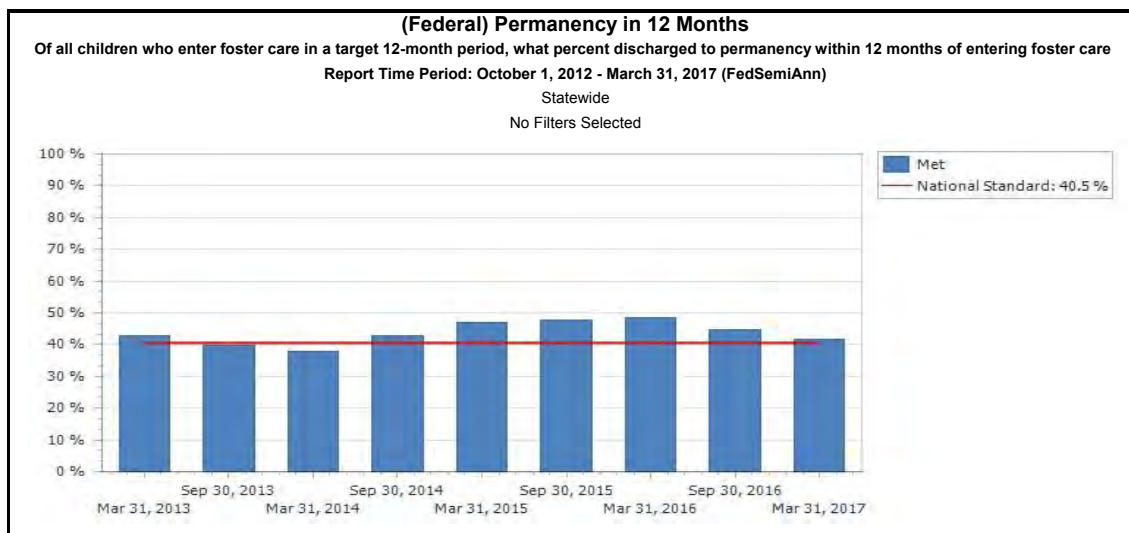
CSFR: Permanency in 12 months (entries) Federal Measure, (see CB Data Profile, May 2017 and 2018 APSR pg. 22-23 for this section.)

The metric asks: “Of all children who enter Foster care in a target 12-month period, the what percent discharged to permanency within 12 months of entering foster care?” As of May 2017, the national risk adjusted performance standard is greater than or equal to 42.1%. Data presented in the state data profile show the adjusted rates as follows:

- FFY11b-12a = 36.7% RSP interval (33.9-39.6) statistically worse than national standard
- FFY12a-12b = 40.0% RSP interval (37.4-42.7) no difference from national standard
- FFY12b-13a = 42.9% RSP interval (40.4-45.4) no difference from national standard
- FFY13a-13b = 44.1% RSP interval (41.6-46.7) no difference from national standard
- FFY13b-14a = 44.5% RSP interval (42.0-47.1) no difference from national standard
- FFY14a-14b = 40.6% RSP interval (38.1-43.2) no difference from national standard

MTROM data unadjusted, observed updates:

- FFY14b-15a = 46.8%
- FFY15a-15b = 47.8%
- FFY15b-16a = 48.5%
- FFY16a-16b = 44.5%
- FFY16b-17a = 41.7%



The national risk standardized performance target has increased from 40.5% to 42.1% as nationwide assessments consider state differences. These data are based on children who enter care two years prior to the targeted performance date. Montana shows a slight increase in children who achieve permanency in 12 months of entering foster care and is hopeful this trend will continue to increase.

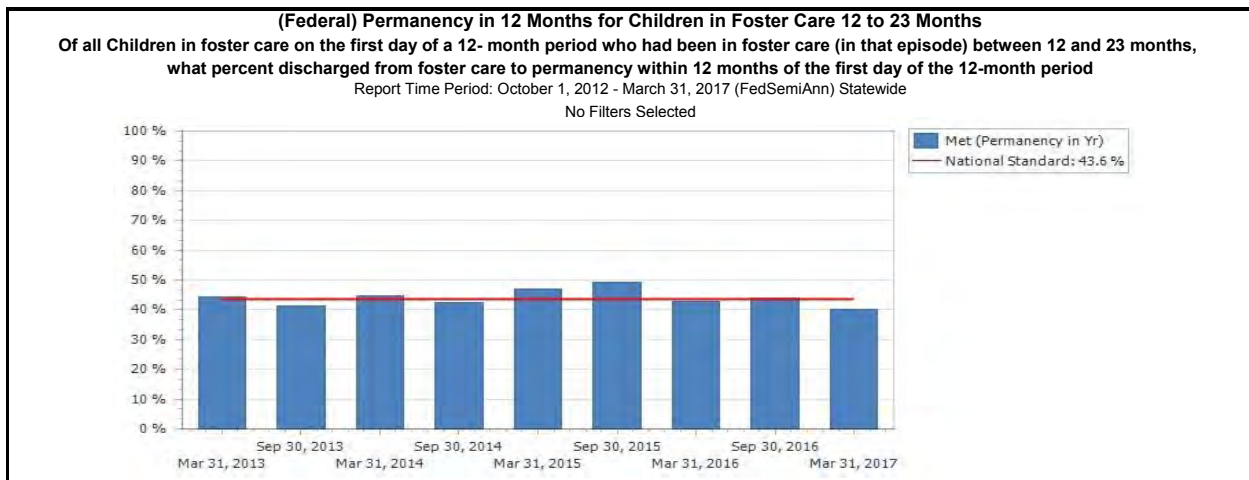
CFSR: Permanency in 12 months (in care 12-23 months) Federal Measure

The metric asks: “Of all children in Foster care on the first day of a 12-month period, who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?” As of May 2017, the national risk adjusted performance standard is greater than or equal to 45.9%. Data presented in the state data profile show the adjusted rates as follows:

- FFY13b-14a = 39.7% RSP interval (36.1-43.5) statistically worse than national standard
- FFY14a-14b = 37.1% RSP interval (33.7-40.7) statistically worse than national standard
- FFY14b-15a = 41.8% RSP interval (38.4-45.2) statistically worse than national standard
- FFY15a-15b = 43.9% RSP interval (40.4-47.4) statistically no difference
- FFY15b-16a = 38.3% RSP interval (34.8-41.9) statistically worse than national standard
- FFY16a-16b = 40.2% RSP interval (36.7-43.7) statistically worse than national standard

MTROM data unadjusted, observed updates

FFY16b-17a = 40.3%



The national risk standardized performance target has increased from 43.5% to 45.9% as nationwide assessments consider state differences. These data are based on children who were in foster care 12-23 months as of the first day of the 12-month period and were discharged to permanency. Montana is not meeting its targeted goal for this group of children.

CFSR: Permanency in 12 months (24+ months in care) Federal Measure

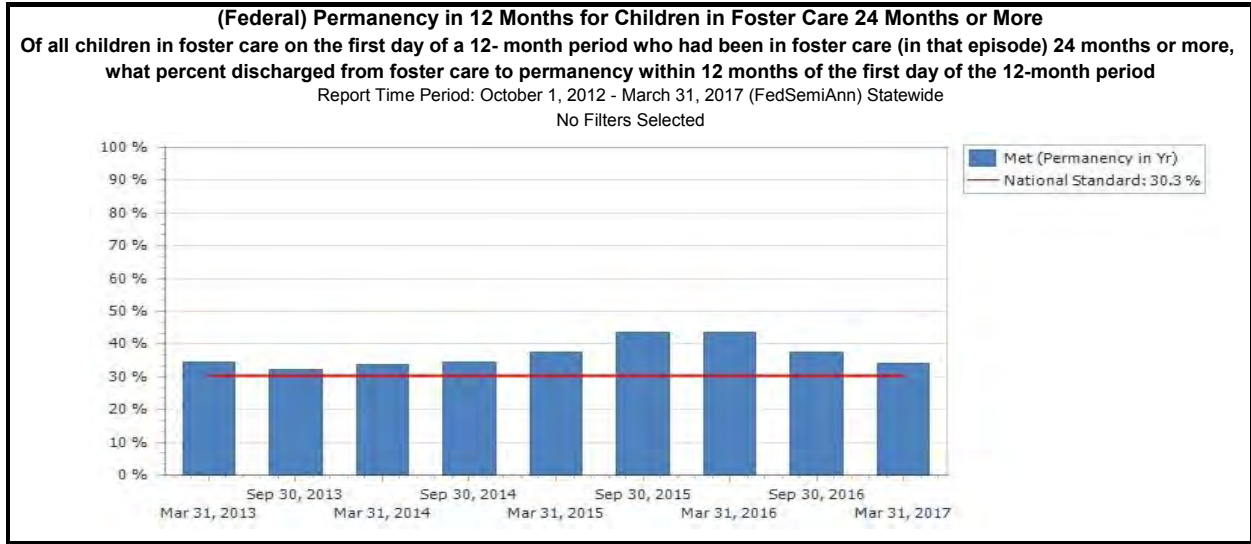
The metric asks: “Of all children in Foster care on the first day of a 12-month period, who had been in foster care (in that episode) 24months or more, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?” As of May 2017, the national risk adjusted performance standard is greater than or equal to 31.8%. Data presented in the state data profile show the adjusted rates as follows:

- FFY13b-14a = 25.3% RSP interval (22.5-28.2) statistically worse than national standard
- FFY14a-14b = 25.0% RSP interval (22.4-27.7) statistically worse than national standard

FFY14b-15a = 28.3% RSP interval (25.7-31.0) statistically worse than national standard
 FFY15a-15b = 31.6% RSP interval (29.1-34.1) statistically no difference
 FFY15b-16a = 31.6% RSP interval (29.0-34.1) statistically no difference
 FFY16a-16b = 27.6% RSP interval (25.0-30.2) statistically worse than national standard

MTROM data unadjusted, observed updates

FFY16b-17a = 34.0%



The national risk standardized performance target has increased from 30.3% to 31.8% as nationwide assessments consider state differences. These data are based on children who were in foster care 24 months as of the first day of the 12-month period and were discharged to permanency. For most time periods, Montana is not meeting its targeted goal for this group of children.

CFSR: Re-entry into Foster Care (Federal Measure)

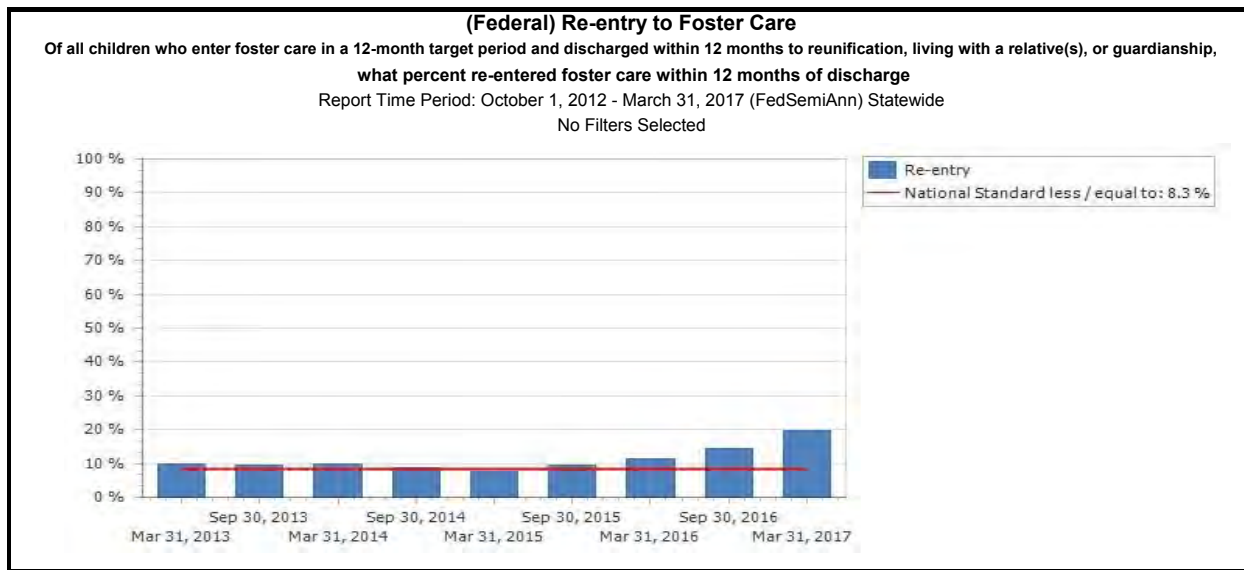
The metric asks: “Of all children who enter care in a 12-month target period and discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-entered foster care within 12 months of discharge?” The national risk standardized performance for this measure is less than 8.4%. Data presented in this profile show the adjusted rates as follows:

FFY11b-12a = 7.7% RSP interval (5.5-10.6) statistically no difference
 FFY12a-12b = 5.5% RSP interval (3.9-7.7) statistically better than national standard
 FFY12b-13a = 4.8% RSP interval (3.4-6.6) statistically better than national standard
 FFY13a-13b = 6.5% RSP interval (4.9-8.5) statistically no difference
 FFY13b-14a = 8.0% RSP interval (6.2-10.2) statistically no difference
 FFY14a-14b = 8.9% RSP interval (6.8-11.4) statistically no difference

MTROM data unadjusted, observed updates:

FFY14b-15a = 7.6%

FFY15a-15b = 9.5%
 FFY15b-16a = 11.2%
 FFY16a-16b = 14.55%
 FFY16b-17a = 19.6%



The national risk standardized performance target has increased from less than or equal to 8.3% to less than or equal to 8.4% as nationwide assessments consider state differences. These data are based on the number of children entering foster care in the 12-month target period (2-3 years prior to report) and discharged within 12 months to permanency. Unadjusted rates suggest that Montana is not meeting the performance standard and is showing signs of trending in the wrong direction, exceeding the recommended target.

Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangements

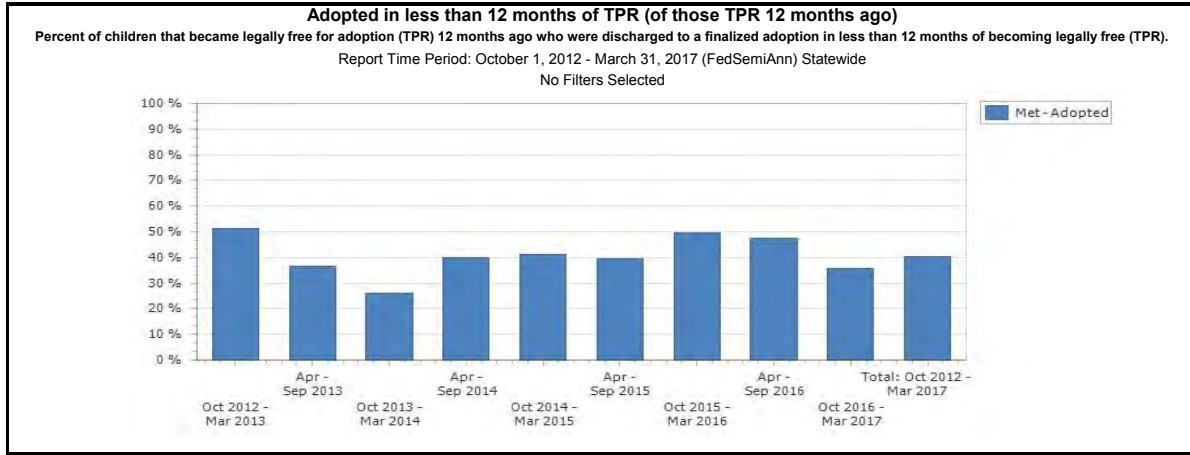
Case Reviews Item 6: 82% Strength
 18% Area Needs Improvement

Internal case reviews show that the division making concerted efforts to establish permanency in 56 of the 67 cases reviewed. Of the remaining 11 cases, once child had APPLA with the plan to remain with their foster family until graduating high school. The other 10 were cases where either additional time was given to parents by the division and/or courts (5 cases), or no reason was found as to why permanency had not been achieved.

Additional data related to Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

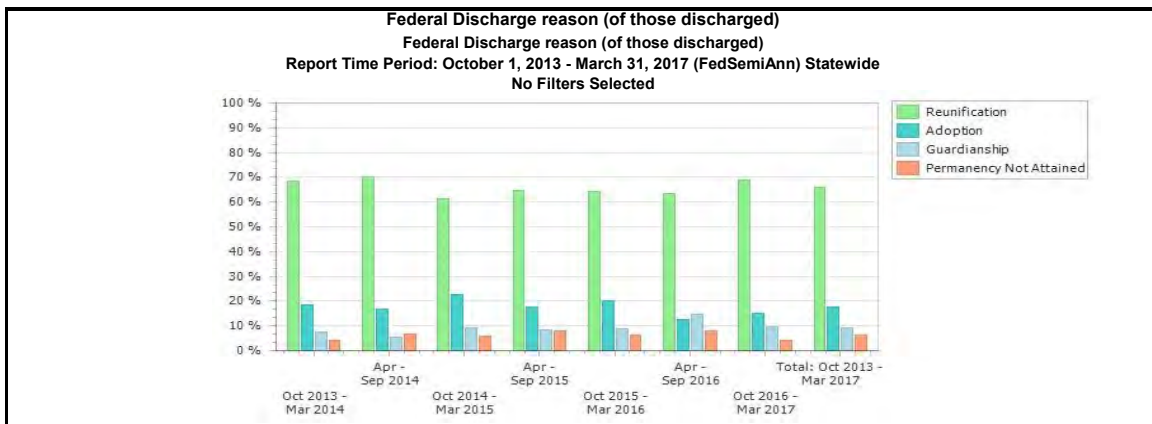
Proportion of children adopted in less than 12 months of TPR is one metric to indicate whether the needs of the child and permanency goals are appropriately matched and that the adoption is established in a timely manner. The MTRM reports the percent of children that became legally free for adoption (TPR) 12 months ago, who were discharged to a finalized adoption in

less than 12 months of becoming legally free (TPR). The following chart show the percent of children who achieved permanency through adoption in a timely manner. Over the 4½ FFYs the average percent of children who were adopted in a timely fashion was 40.3% and 59.7% remained in foster care, however 15.2% of these children were already in a pre-adoptive placement.



By tracking adoptions in this fashion, concerted efforts of staff to move children from pre-adoptive placements into permanent homes more quickly can help to impact the achievement of permanency.

Discharged to Permanency report presents the percent of children discharged to reunification, adoption or guardianship and provides a measure of the number of children who age-out of care or do not achieve permanency. During the 4½ FFY report period, 92.8% percent of Montana children were discharged to permanency through reunification (65.9%), adoption (17.5%), or guardianship (9.4%).



6.2% of children do not attain permanency and using the Montana ROM site discharge report we can distinguish the children that are emancipated (from those that age out of care). Most children who are identified by AFCARS as emancipated (3.6%) are aging out of care (3.4%) with only 0.1% being emancipated. The number of children at risk for aging out of care is tracked quarterly by CFSD Intensive Services Unit (ISU) to target those children for transitional living plans and educational training programs and resources if permanent placements cannot be developed.

Permanency Outcomes 2: The continuity of family relationships and connections is preserved for children.

Case Review Data (Sample periods held during October 1, 2015 through September 30, 2016)

Results from 67 cases

*31% Substantially Achieved
67% Partially Achieved
1% Not Achieved*

OUTCOME MEASURE AND Item#	Performance Item or Outcome Title	Strength	ANI	NA	Substantially Achieved	Partially Achieved	Not Achieved	NA
Outcome P2	The continuity of family relationships and connections is preserved for children.				31% n=21	67% n=45	1% n=1	n=0
Item 7	Placement with siblings							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	82% n=41	18% n=9	n=17				
Item 8	Visiting with parents and siblings in foster care							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	25% n=15	76% n=48	n=4				
Item 9	Preserving connections							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	72% n=48	28% n=19	n=0				
Item 10	Relative placement							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	74% n=48	26% n=17	n=2				
Item 11	Relationship of child in care with parents							

Item 7: Placement with Siblings

Case Reviews Item 7: 82% Strength
18% Area Needs Improvement

This is a strength for Montana. Most often, when siblings are not placed together, it is due to children being placed with their fathers or paternal relatives, or if one of the siblings needs a higher level of care that cannot be met by the foster parents of the other children.

Item 8: Visiting with parents and siblings in foster care

Case Reviews Item 8: 25% Strength
76% Area Needs Improvement

Reviewers could not find documentation to support that the visits with siblings and parents were occurring often enough to maintain the connections. Anecdotal information from the notes would lead reviewers to believe that these connections were being maintained however there were not enough specifics to indicate the number of visits or quality of visits were sufficient. Reviewers would rate this as an area needing improvement when the notes were not present in the case file.

Item 9: Preserving Connections

Internal case reviews show this to be a strength. Case notes did indicate that the child’s worker and placement provider made concerted efforts to ensure the child was able to maintain connections with family for children under school age, as well as friends and community connections for older kids in care. The lack of placements in some of the more rural areas as well as placing kids with family outside of the area removed from, caused challenges to maintaining these connections for a small percent of these children.

Case Reviews Item 9: 72% Strength
28% Area Needs Improvement

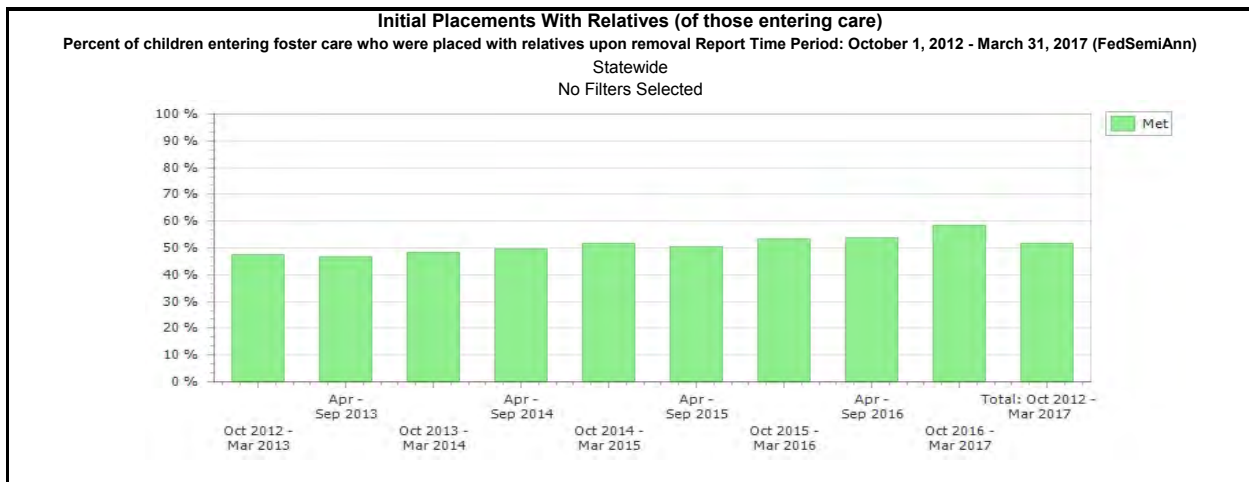
Item 10: Relative Placement

This is also a strength for Montana. Staff routinely ask parents who they would prefer their children placed with and will work to ensure that children can stay with people they know whenever possible. This reduces the stress on the child and helps maintain the parent-child relationship as parents are more likely to visit their children where they feel comfortable.

Case Reviews Item 10: 74% Strength
26% Area Needs Improvement

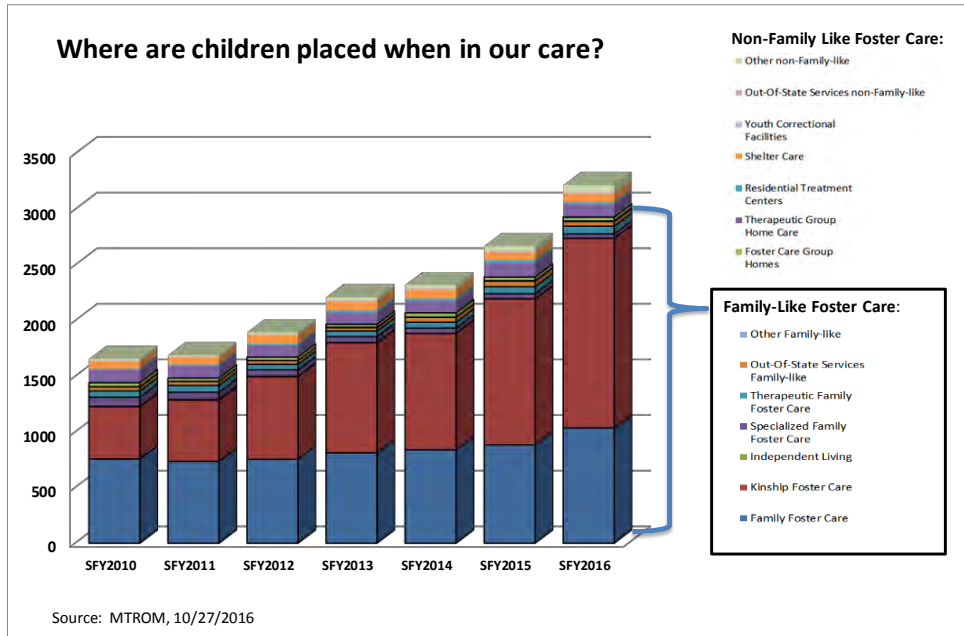
Additional data related to Item 10: Relative Placement (see 2018 APSR pgs.25-26)

Montana also monitors the ability to keep children with kin or relatives should the child need to be removed from their parents or guardians home. The initial placement with relatives provides the percent of children entering foster care who were placed with relatives upon removal and is reviewed monthly by management through team report reviews.



Montana is showing an increase in the percent of children who are being placed initially with relatives when entering care with 58.3% meeting this goal in the first half of FFY2017. The average over the 4½ year period was 51.6%.

The Department prioritizes the importance of maintaining family connections. Kinship placement options are given priority to assist the child in maintaining well-being, supporting culture and beliefs, and often being placed with individuals they already know or with whom they have a relationship. Kinship placements also support the child’s experience when they need to adjust to a new family setting. Priority to locate and identify kinship families accounts for the largest growth among the various types of out of home placements. If the child cannot be placed with an appropriate kinship family, the child will be placed with a foster family licensed by a CFSD Family Resource Specialist, either in a family-like setting or non-family like setting depending upon the needs of the child. In 2016, 90% of children in care were in family-like settings, including kinship care, as shown in the chart below.



Item 11: Relationship of child in care with parents

Internal case reviews found documentation lacking to support that parents are included in the activities of the child. Again, reviewers would indicate area needing improvement when the documentation did not indicate parents were involved as reviewers could not ascertain if the parent was encouraged to attend these activities and failed to follow through, if the worker did not encourage this attendance, or if the worker or foster care provider included the parents and it was just not documented.

Case Reviews Item 11: 31% Strength
69% Area Needs Improvement

Summary of strengths and concerns of Permanency Outcomes 1 and 2:

Montana’s current information system CAPS was not designed to be a case management system and therefore creates barriers to good documentation with the child’s case plan. This may contribute to the lack of documentation reviewers found around contact the child has with siblings, parents and others while in care. The development of our new system Montana Family

Safety Information System (MFSIS) should make it easier to ensure such document is in the case file for every child.

Montana does well in reunifying children with their parents within the first year of care and the low rate of reentry indicates that the reunification was successful. Given this information, the division believes many of these children could have been maintained in the home while services to the parents were provided. Re-engaging in the SAMS model will assist the division in better identifying those families that can be served while maintaining the child in the home. This model will also assist workers in engaging parents to take an active role in the case and identify services that will assist parents in reunifying with their children faster.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children’s needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state’s performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

Montana Response:

Well-Being Outcomes 1

Case Review Data (Sample periods held during October 1, 2015 through September 30, 2016)

Results from 67 cases

*9% Substantially Achieved
30% Partially Achieved
61% Not Achieved*

OUTCOME MEASURE AND Item#	Performance Item or Outcome Title	Strength	ANI	NA	Substantially Achieved	Partially Achieved	Not Achieved	NA
Outcome WB1	Families have enhanced capacity to provide for their children's needs.				9% n=6	30% n=20	61% n=41	n=0
Item 12	Needs and services of child, parents, and foster parents							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	21% n=14	79% n=53	n=0				
Sub-Item 12a	Needs assessment and services to children							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	78% n=52	22% n=15	n=0				
Sub-Item 12b	Needs assessment and services to parents							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	46% n=25	54% n=29	n=13				
Sub-Item 12c	Needs assessment and services to foster parents							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	36% n=23	64% n=41	n=3				
Item 13	Child and family involvement in case planning							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	23% n=14	77% n=48	n=5				
Item 14	Caseworker visits with child							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	4% n=3	96% n=64	n=0				
	Months Worker-Child Visit Made (non-tribal)							
Item 15	Caseworker visits with parents							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	5% n=3	95% n=52	n=12				

Item 12: Needs and services of child, parents, and foster parents

Case Reviews Item 12: 21% Strength
79% Area Needs Improvement

Sub- Item 12a: Needs assessment and services to children

Case Reviews Item 12a: 78% Strength
22% Area Needs Improvement

Internal case reviews show that while the case plan and/or case notes indicate most children receive the appropriate services to meet their needs while in foster care, there are few supporting documents in the child's case file. Most of the information comes from the provider when they complete the Child Assessment by Foster Parent form. While this provides good information about the functioning of the child within the family setting, there are children who could benefit from a more formal assessment and all children 3 and younger are to have an IDEA Part C assessment when coming into care. Documentation does not show that this is happening in all applicable cases.

Sub-Item 12b: Needs assessment and services to parents

Case Reviews Item 12b: 46% Strength
54% Area Needs Improvement

During our internal case reviews, reviewers found that many of the parents were not following through with the tasks on their treatment plans, to include completing assessments. When assessments were completed, workers had a hard time getting a copy from the parents to place in the file. Many of the parents were actively using drugs and would disengage from the case for long periods of time or end up incarcerated and then be required to start services over. It did not appear that parents were actively involved in developing their treatment plans, so the notes indicate what the parents were expected to do but workers would not know if they had followed through.

Sub-Item 12c: Needs assessment and services to foster parents

Case Reviews Item 12c: 36% Strength
64% Area Needs Improvement

Reviewers had a difficult time assessing this item as there is no policy or process in place that assesses the foster parent's needs, so notes may indicate that 'there are no needs noted at this time' but unsure how this is determined.

Item 13: Child and family involvement in case planning

Reviewers did not find much documentation to support that children and or families were involved in the case planning process. Reviewers found sparse notes on contact with parents and mostly only to indicate that they were unable to locate the parent or that the parent was refusing to comply.

Case Reviews Item 13: 23% Strength
77% Area Needs Improvement

Item 14: Caseworker visits with child

During the internal case reviews, reviewers found only 6 of the children received at least one visit a month by their CPS worker or designee. Of the visits documented, very few met the requirements outlined in the OSRI in discussing safety, permanency, well-being and progress toward case goals. Visit notes tend to be very generic and focused more on the provider than the child.

Case Reviews Item 14: 4% Strength
96% Area Needs Improvement

Additional data related to Item 14: Caseworker Visits (see 2018 APSR pgs. 21-22)

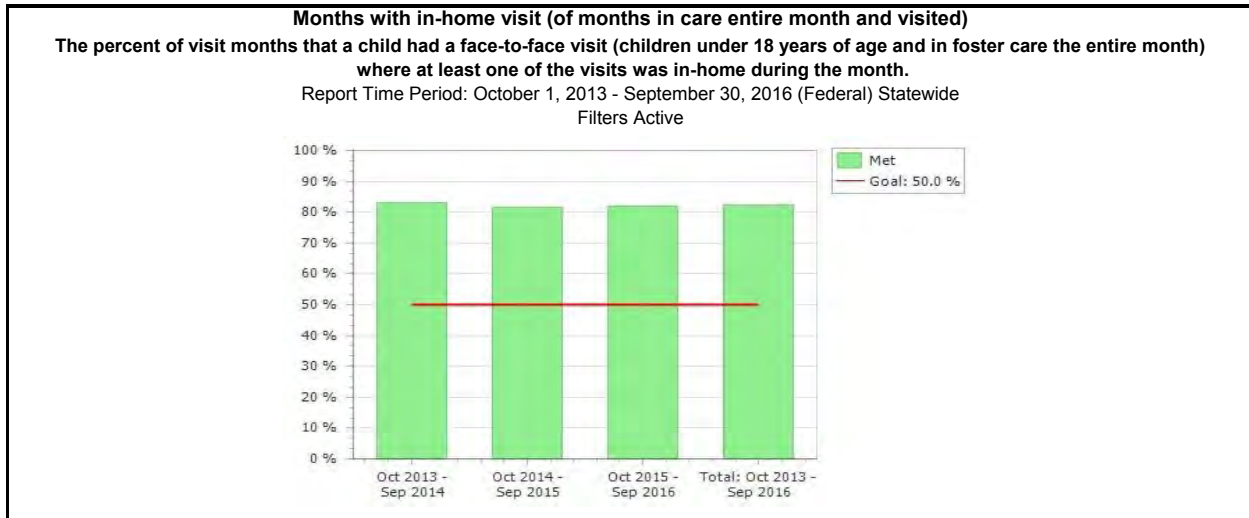
The percent of visit-months for children younger than 18 years of age and who were in foster care the entire month where at least one face-to-face visit occurred is presented in the chart below. During the FFY2014 through FFY2016, 62.4% of visit-months required by caseworkers was achieved. This percentage excludes Tribal children whose social services are provided, not by the state, but rather by tribal social services. Since Montana does not have jurisdiction over the actions and services tribal children may need, the percentage of visits by caseworkers is higher than reported in the 2018 APSR (55.9%) which uses the AFCARS definition and includes Tribal children in the counts regardless of who is providing the needed services. Still Montana is falling short of reaching the recommended target of 95%. During this period, 36.6% of children did not have a monthly face-to-face caseworker visit.



In addition, of the total visit months for all children in care as presented in the chart above, 51.3% of caseworkers visited the child in the home. While the number of caseworker monthly visits with the child fall short of the national performance standard the percentage of those visits that occur in the home is meeting the 50% target as shown below.

The percent of visit-months that a child had a face-to-face visit (children under 18 years of age and in foster care the entire month) where at least one of the visits was in-home during the month uses a different denominator than the chart above. The denominator in this metric is successful caseworker monthly visits only, so of those cases where a face-to-face visit was

made, at least 82% of children had at least one in-home visit. The national performance standard requires at least 50% of the monthly caseworker visits be conducted in the home.



Item 15: Caseworker visits with parents

Case Reviews Item 15:

5% Strength
 95% Area Needs Improvement

Documentation for caseworker visits with parents is very minimal in the case file. Notes from a permanency staffing or treatment team meeting would elude to the worker seeing or talking with the parent but the number of visits or quality of the visits could not be ascertained by these entries. Visit notes that were in the case file did not indicate that safety, permanency, well-being and progress on case goals were discussed.

Well-Being Outcomes 2: Children receive appropriate services to meet their educational needs

Case Review Data (Sample periods held during October 1, 2015 through September 30, 2016)

Results from 67 cases

*48% Substantially Achieved
4% Partially Achieved
48% Not Achieved*

OUTCOME MEASURE AND Item#	Performance Item or Outcome Title	Strength	ANI	NA	Substantially Achieved	Partially Achieved	Not Achieved	NA
Outcome WB2	Children receive appropriate services to meet their educational needs.				48% n=25	4% n=2	48% n=25	n=15
Item 16	Educational needs of the child							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	48% n=25	52% n=27	n=15				

Item 16: Educational needs of child

Case Reviews Item 16:

48% Strength
52% Area Needs Improvement

Internal case reviews found that very few children received formal educational assessments unless the child already had educational needs/services prior to our involvement. Informal educational needs were addressed within the case notes frequently and services were provided when necessary. Reviewers did note that the educational records of the child are not often found in their case file, even after the agency has requested them. The division recognizes the need to create a better partnership with the Office of Public Instruction (OPI) so that information sharing occurs consistently across the state and ensure the child's needs are being addressed and support both at school and in the home. We are currently working on an MOU between the two agencies that will support information sharing and are looking at ways to improve communication between our field staff and school personnel.

Well-Being Outcomes 3: Children receive adequate services to meet their physical and mental health needs

Case Review Data (Sample periods held during October 1, 2015 through September 30, 2016)

Results from 67 cases

46% Substantially Achieved
15% Partially Achieved
39% Not Achieved

OUTCOME MEASURE AND Item#	Performance Item or Outcome Title	Strength	ANI	NA	Substantially Achieved	Partially Achieved	Not Achieved	NA
Outcome WB3	Children receive adequate services to meet their physical and mental health needs.				46% n=31	15% n=10	39% n=26	n=0
Item 17	Physical health of the child							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	49% n=33	51% n=34	n=0				
Item 18	Mental/behavioral health of the child							
	Results from 67 PUR cases (Oct 1, 2015 through Sept 30, 2016)	66% n=19	34% n=10	n=38				

Item 17: Physical health of the child

Case Reviews Item 17:

49% Strength
51% Area Needs Improvement

Internal case reviews found documentation that:

- 49 of 67 children's health was adequately assessed during the PUR; 39 of 58 children received appropriate services for identified physical health issues
- 31 of 60 children's dental health was adequately assessed during the PUR; 25 of 54 children received appropriate services for identified dental issues
- 10 of 14 children had adequate prescription drug oversight by the agency

Reviewers found that medical records were not up to date in the child's file. When medical records were found in the file, they were most likely from when the child came into care but did not contain current medical records. Reviewers did find in some regions where requests for these records had been sent to the medical providers and staff report not having much success receiving them as requested.

In Missoula, Great Falls and Billings, the division has developed a pilot program for healthcare case management for children in foster care. This program is proving to benefit children in foster care by having a central point of contact for all scheduling, dissemination of information and continuity of care for these children. This also takes some of the burden off of the Child Protection Specialists who often does not have the time to follow up on scheduling and other medical needs for children on their case load.

Item 18: Mental/behavioral health of the child

Case Reviews Item 18:

66% Strength
34% Area Needs Improvement

Internal case reviews found documentation that:

- 23 of 29 children received a mental health assessment
- 23 of 26 children received services for the identified mental health needs
- 5 of 10 children received adequate prescription drug oversight by the agency

Most of the children receiving mental health services had documentation in their case file.

Summary of strengths and concerns of Well-being Outcomes 1, 2 and 3:

The lack of documentation in this area is concerning. Everyone working with these children need to be aware of the physical, dental and mental/behavioral health of a child to ensure adequate services and interventions are being utilized. The division recognizes that this is an area needing improvement and communication between the agency and health providers needs to be a focus.

Plans are in place to assess the service array more thoroughly around the state and to incorporate the needs and services into the service provider contractual language as well as developing provisions for accountability of providers and staff. (see Service Array Item 29, page 58 that follows)

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state 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?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

Montana Response:

Montana's SACWIS (CAPS) readily identifies the status, demographic information, location and placement goals for every child in foster care placement. While CAPS contains all of the data required, getting data into and out of the system can be challenging. CAPS is an antiquated COBOL based system with many screens and a multitude of fields per screen. Information entered on one screen may not automatically auto-populate to other areas of the system. The system is not intuitive and it's very time consuming to navigate the system and input data. CAPS requires significant funding and programmer time to make even the smallest changes. The system does not support CFSD's goal to utilize mobile technology for our field offices. CFSD and all stakeholders recognize the need for a new system to replace CAPS

After the 2015 legislature approved some funding to replace Montana's current legacy SACWIS system, the decision was made to build that system internally due to the limited funds. The new case management system, Montana Family Services Information System (MFSIS) is currently in development and is being completed in a modular approach with the current phase focusing on intake and investigation. The system will support CFSD's goal to utilize mobile technology in the field and significantly reduce the amount of duplicate entries and documents currently required of staff. The system is being built taking into consideration the CCWIS regulations and will integrate with the legacy system until all areas of the system are implemented. This means the current legacy system will be the system of record and used for reporting purposes until that time.

CFSD continues to work towards completion of the AFCARS Improvement Plan as well as focusing on the new AFCARS regulations that were finalized earlier this year. These changes must be balanced with other needed modifications to the system and prioritized in accordance with other changes required by changes in state law. The AFCARS and NCANDS exception reports continue to be used and help the division identify and correct errors prior to Federal report submission(s).

In the 2017 APSR it was reported that Montana would be developing Pentaho as a new data tool toward improving the division's ability to readily share data with internal and external stakeholders. Upon

reflection, the decision was made to continue contracting with the University of Kansas and utilizing the Results Oriented Management in Child Welfare (ROM) program. ROM is currently integrating data from multiple data systems into reports that can easily be shared with managers, staff, and other stakeholders. A key goal continues to be development of a data dashboard displayed on the CFSD website for easy public access.

Summary:

While Montana's current reporting system does not function as a case management tool or capture all of the data required for good case planning, the division does have a replacement tool in the works. Legislative funding has been written into our on-going budget ensuring we will have the funds required to complete a series of modules that will replace our current system and allow for a mobile, responsive case management tool and meet the federal data reporting requirements. Montana sees this item as an on-going area of focus but does not feel it is currently an area needing improvement since the work has already begun on this item.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

Montana Response:

The divisions internal case review process generates data on Child and Parent involvement in developing case plans. In 2016, 67 cases were reviewed using the OSRI electronic review tool. Children and Family Involvement in case planning was rated a strength only 23% of the time. Reviewers found that although it was difficult to find documentation indicating how and when the child and family were involved, this is an area needing improvement. Moving forward our intent is to strengthen our commitment to Family Centered Practice by integrating SAMS (Safety Assessment and Management System) into the entire life of the case. SAMS provides a framework for maintaining child safety while allowing families to take an active role in their case and provides clear goals and objectives to either keep children in their home or return children to their homes safely while addressing the issues that led to the agency involvement.

Also, as stated in item 19, Montana is in the process of creating a new computer system, MFSIS that will begin to phase out our current system, CAPS. CAPS was never designed to be a case management system and as such does not contain a true case plan for each child. CAPS contains the relevant case information on individual screens throughout the system and then interfaces with a document generator (DOCGEN) to produce required documents using stored information within CAPS. DOCGEN 427 is the case plan document utilized by Child Protection Staff to provide information on those areas of a case that are required by SSA Sec 475 (1). DOCGEN creates a PDF that must be stored outside of the system and cannot be updated without starting the process over (none of the narrative will be saved by the system). Given the limitations stated above, the case plan provides relevant information to inform the courts and foster care review committees of what has happened in the case but doesn't allow for a fluid process of updating the plan.

Given that the case plan is not stored within the system, we do not have data that informs us that all children have a current case plan in their file outside of our case reviews. However, the Case Plan is printed and stored in the child's hard file as well as uploaded into the child's electronic file every 6 months. With the development of our new system, MFSIS, we hope to enhance the ability to of our workers to create a fluid case plan and document how family was involved during the case.

Summary:

The divisions case review data indicates that CFSD staff have not made concerted efforts to engage children or their parents in developing their case plans. As a result, this is an area needing improvement.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

Montana Response:

Item 21: Periodic Reviews

Currently the division has limited ways to determine that periodic reviews are being conducted as required. Although staff are required to enter all court hearings into CAPS, this data is not currently available in report format. Having reports generated by our CAPS contract becomes time and cost prohibitive against the other changes needing to be made to CAPS and the development of MFSIS.

We also do not have a way to capture when a Foster Care Review Committee has taken place or what cases were reviewed. During the internal case review process, the reviewers do check the child's case file for the most current FCRC notes to respond to the OSRI items, but do not track if the review was within 6 months of the last review. The division is working on creating reports in our MT-ROM (Results Oriented Management) System that track all the court requirements for Child and Family Services as well as the Court Improvement Program. The Court Improvement Program has begun utilizing Full Court to track and report on court proceedings at the district court level. This information combined with the data located in CAPS will allow us to track all court action in our DN (dependency neglect) cases.

Summary:

While the division feels periodic reviews are being conducted for every child in foster care, there is currently no easy way to track when and how reviews are being conducted. The division is in the process of making the current data available for reporting, there will still be gaps in what can be collected so this is an area needing improvement.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Montana Response:

Item 22: Permanency Hearings

Currently the division does not have an easy way to retrieve this information from our CAPS system. Workers are required to enter permanency hearings into the system, but this data has not been a part of our reporting system. This is also something that we are coordinating with our Court Improvement Program and hope to have this data available within the next year.

Summary:

This is an area needing improvement as we currently have no easy way to ensure permanency hearings are occurring as required.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

Montana Response:

Item 23: Termination of Parental Rights (See page 27 of this report for timeliness of adoption data)

As indicated in Item 6, MTROM captures metrics detailing the length of time a child remains in care once termination of parental rights has been achieved. Another report which summarizes placement and permanency data for all children currently in care also captures the number of children where termination of parental rights has taken place. Currently of the 3379 children in foster care, 859 have had parental rights terminated. What MTROM does not currently capture is when the petition for termination is submitted to the court and the length of time between the petition and when termination is granted. We also do not have a way to determine why a petition is not submitted within the required timeframes or why a court does not grant termination timely. These are items where if the data are entered into our system, it is in a free text comment box making it difficult to extract in any meaningful way.

During the state's internal review process, reviewers do look to ensure that an exception to filing a petition for termination was submitted to the court or why an exception was not required. During the FFY2017, 67 cases were reviewed, 29 cases included a child who had been in care for 15 out of the last 22 months. Of these 29, 13 petitions for termination were filed within the required time frame. In 12 of the 16 where termination was not filed timely, there was an exception found in the case file. When a continuance is filed, the court screens are updated, but again the reason for the continuance is in a free text comment field that does not get extracted for reports. Having this information would assist the division in understanding barriers to timely termination and should allow for better collaboration with the courts in ensuring we are following the termination protocols.

Summary:

Internal case reviews indicate that while the division is meeting this requirement 85% of the time, there is no current way to track when a petition is filed and why the motion is not granted timely and therefore is an area needing improvement.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

Montana Response:

Item 24: Notice of Hearings and Reviews to Caregivers

Montana addressed this item during our last Program Improvement Plan. Foster Parents were not being informed of court hearings that pertained to the children in care. The division changed their policy and worked to ensure Providers were listed as a party to the case. This list is given to the attorney's office who then provides the notice. Staff also include foster parents on the foster care review committee notices. While providers indicate that they are now receiving these notices more often, it is still not known how often providers are given appropriate notice. The second part to this item was providers feeling they are not allowed to give their input into reviews and hearings. This is an item that where we do not have enough information to know if we have corrected this item or if it needs more attention. The division plans to include providers in more discussion around this area as we move forward.

Summary: Given that we are not able to show that providers receive notification and are included in reviews or hearings for children in their care, the division recognizes that this is an area needing improvement.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

Montana Response:

Item 25: Quality Assurance System

The division continues to develop a CQI approach to inform quality assurance and improvement efforts throughout the division with the intent of allowing CFSD to make on-going real-time modifications to practice and policy as indicated through analysis of data and stakeholder feedback.

CQI policy has been developed and outlines the philosophy of CQI as a catalyst for change. CFSD is striving to become a true learning organization that embraces change as a way to improve outcomes for children and families while improving workplace satisfaction and worker retention. To that end, CFSD has created a Data and Quality Improvement Unit encompassing two full-time CQI program managers. The division also has hired an epidemiologist to assist the CQI process by developing baselines and analyze data which will then inform the need for program and/or policy changes. Reports that assist field staff in identifying and completing missing data elements in the system to ensure data is entered timely and accurate have also been implemented.

CQI staff have begun to introduce and train all CFSD employees on the philosophy, purpose, and intent of CQI and how the data resulting from the case review process will be incorporated into program improvement. Toward that end, the CQI unit in Central Office has piloted initial process mapping with 3 of the units located in Central Office (SSI, IV-E and Fiscal Unit) with the intent of ensuring that the process these units are responsible for are achieving the desired outcomes and that processes are aligned with the division's vision and strategic goals. Ongoing, the intent is to use this approach to systematize processes and management of programs, funding mechanisms and work across the division relative to identified vital objectives.

The CQI unit has also facilitated stakeholder meetings (March through June of 2017) in each of the 6 regions with the goal of introducing stakeholders to the CFSD process, how stakeholders can be involved in the process, and how stakeholders can be involved in the resulting Program Improvement Plan (PIP). Moreover, during these meetings, stakeholders shared their thoughts and concerns pertaining to the division's work and interaction with stakeholders, and this feedback is being used to develop surveys and topical platforms for focus groups moving

forward. Stakeholders will additionally be invited to become part of ongoing work groups to further develop effective communication and collaboration between the division and child welfare stakeholders.

CFSD has opted to use the federal Onsite Review Instrument (OSRI) both internally as a case review tool, and during the September CFSR. Use of the OSRI should also assist with timely and accurate data entry as well as development a baseline that can be used to inform program and policy needs going forward. Other data sources include MT ROM, CAPS, AFCARS, NCANDS, and National Youth in Transition Database (NYTD), with reports from all of these sources being applied to achieve maximum efficiency and effectiveness from these currently available resources. The data baseline is expected to be completed this year, and in conjunction with ongoing case reviews, will contribute to timely decision making regarding goals, objectives, interventions, and toward improving identified core outcomes. The addition of a new case management system will allow for increased real-time data collection as well. While the course of constructing and implementing this new system is in initial stages, the system is expected to enhance the quality and timeliness of data entry/retrieval and will be tied closely to Montana's case review process.

CFSD has been working closely with the State's Court Improvement Program (CIP) staff to ensure data used by CIP as well as the Drug Court Pilot and the CASA programs are consistent with agency data and that these entities are working collectively toward the same end goal.

While the divisions internal case reviews are currently being completed by CQI staff out of Central Office, CFSD is evaluating transitioning case review practice to the Child Welfare Managers (CWM) and field staff selected by the CWM in each region utilizing CQI staff as QA to the field staff reviews. Direct involvement in the case review process, with training and ongoing support from the CQI unit, will avail field staff of an effective means of enhancing their understanding of the workings of the case practice model over the span of a case and to further allow for real-time adjustments to casework. Initial plans are for this transition to take place from October of 2017 through March of 2018.

As the CFSD internal CQI system becomes fully operational, CFSD will develop a more robust CQI system with stakeholders that will include more well-defined feedback loops, including informing our training partners of future training needs. Our current CQI system consists of performing regular reviews of a sample of cases in the region offices, looking at administrative data of each office collected during the same time period, and conducting stakeholder interviews to help frame what is observed by the quantitative processes. It is necessary to first implement this high quality internal system with established feedback loops in order to have baseline data to share with stakeholders in the external CQI engagement process, and establish consistency with this method to ensure we can develop a long term look at the success and struggles of our Child Welfare System.

Summary:

The division has embraced the use of a CQI system and supports the on-going efforts of the CQI unit to develop a robust feedback loop to ensure everyone involved with child welfare has a

voice in the development and implementation of a quality program. The division sees this as a strength moving forward.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

Montana Response:

CFSD staff training requirements are as follows:

- Mandatory in-person policy training for all staff typically occurs twice per year.
- All CFSD staff except administrative support and Fiscal Bureau staff are required to complete Montana Child Abuse and Neglect Training (MCAN) as soon as possible.
- All CFSD Supervisors, Child Protection Specialists, Centralized Intake Specialists, Family Resource Specialists and other specified employees are required to complete CAPS training within six months of their being hired.
- All field and Centralized Intake Supervisors will complete the New Workers Orientation Packet with all new Child Protection Specialists, Centralized Intake Specialists and, Case Aides if appropriate, within forty-five days of the child protection specialists, centralized intake specialists and case aides being hired or complete the New Workers Orientation Packet that is incorporated in the VISA/ Cookbook section of the University of Montana's Child Welfare Partnership, whichever is in place at the time of hire.
- All Centralized Intake, field and program staff are required to participate in all Policy Training.
- All Child Protection Specialists are required to complete Forensic Interviewing Training within eighteen months after being hired unless a Regional Administrator excuses them from this training.
- All Regional Child Protection Specialists, Family Resource Specialists and Supervisors are required to complete Keeping Children Safe (KCS) within twenty-four months after being hired.

- All Child Protection Specialists, Family Resource Specialists and Supervisors are required to complete annual blood-borne pathogen training.
- All new CFSD staff are required to complete HIPAA training within thirty days of being hired.

To ensure training occurs within required time frames and to track attendance, CSFD Central Office provides notice of new hires to the Training Unit and to the University of Montana so they can initiate registration for the MCAN online pre-service training that takes place prior to the in person MCAN training. This in turn generates email contact to new hires providing them with information regarding what trainings they need to register for and also regarding the registration process. As trainings are completed (initial and ongoing), the type of training, dates and attendee names are provided to CFSD Central Office so the information can be logged on an Excel training master list.

To ensure training is providing the basic knowledge and skills required the Training Unit is utilizing a competency assessment with attendees at the completion of MCAN training to assess attendee performance and determine knowledge and skills areas that may need further attention. This process was initiated In January of 2017 and as of this writing, scores for post testing are available regarding individual trainings but have not yet been merged to provide benchmark scores across the agency.

To augment the initial MCAN competency assessments currently in place, the Training Unit is working with the University of Montana to develop a comprehensive competency assessment for new workers specific to MCAN training. This includes a comprehensive list of skills and values required to perform the CPS position that will form the basis of the competency assessment. The first assessment will be given at the end of training (similar to what is currently in place) and then ongoing assessments will occur at defined times throughout the new hire's probationary period (1 year) to help the agency gauge the employee's performance. This will allow the agency to effectively hone in on performance coaching needs, acknowledge exemplary performance, target performance deficits, highlight skills and values that require additional training or practice and benchmark employee performance across our agency. Once this assessment process is in place and functioning, the possibility of utilizing this assessment method as a template for assessing efficacy of additional trainings can be explored.

Other areas the division is looking into around assessment of training needs are:

- Results First – On January 26 and June 29, 2017 Center staff had multiple meetings with PEW executive staff in Washington DC to discuss ways for Montana to improve coordination among its systems of care to improve outcomes for children, youth, and families who are commonly served. Center staff also consulted with the Washington Institute for Public Policy the origin of Results First evidence based budgeting methodology. The PEW foundation is now in discussions with the Legislature and DPHHS about bringing this highly successful model to Montana.
- Grant Proposal for Quality Improvement Center for Workforce Development (QIC-WD) - University of Nebraska – A grant proposal was written to engage Montana's CFSD in a comprehensive workforce analysis and assessment. The final draft was submitted to the Division Administrator on February 10, 2017 for final submission on February 15.

(Montana was selected for a site visit and will be notified of final selection in July or August, 2017).

Please reference the 2018 APSR (page 92-95) for a listing of initial trainings and descriptions offered by CFSD.

Summary:

The division understands the need for a solid training foundation that supports worker success and retention. Currently we do not have enough data or information to know if our training program is providing workers with all the information and tools necessary to succeed, and therefore believe this is an area needing improvement.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

Montana Response:

The division currently does not have a set number of hours of required on-going training for staff. However, on-going training opportunities are available to staff to support their continued professional growth. The division does not have a fully functional system to monitor completion of on-going training, however, as trainings are completed (initial and ongoing), the type of training, dates and attendee names are provided to CFSD Central Office so the information can be logged on an Excel training master list.

The University of Montana's Center for Children, Families and Workforce Development has released a series of web-based training modules (<http://health.umt.edu/ccfwd/>), podcasts, toolkits, policy updates, and innovative program ideas to provide current CFSD employees, foster parents and other professionals constant and no cost access to state-of the art training resources. The modules are embedded in a learning management system (Qualtrics) so the Center can track the names, job titles, and related demographic data of CFSD employees and foster parents who successfully complete the modules.

The Training Unit is also developing and presenting ongoing training called "brown bag trainings" that are designed to be trained in approximately 1 hour and can be provided over the lunch hour. Similar to the testing administered at completion of MCAN, the Training Unit is facilitating competency evaluations at completion of the "brown bag trainings" to assess attendee performance and determine knowledge and skills areas that may need further attention.

Please reference the 2018 APSR (page 96-100) for a listing of ongoing trainings and descriptions offered by CFSD.

Summary:

As is stated in Item 27, the division does not have enough information or data to determine if our on-going training program is currently providing workers with the tools and skills needed to perform their duties. This too would be considered an area needing improvement.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide 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?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Montana Response:

Resource families (including those licensed under the therapeutic foster care program) are required to complete an initial and ongoing training. Additional details regarding the rules relating to training can be accessed at:

<http://www.mtrules.org/gateway/ruleno.asp?RN=37%2E51%2E1401> and
<http://www.mtrules.org/gateway/RuleNo.asp?RN=37%2E51%2E1410>.

ARM <http://www.mtrules.org/gateway/ruleno.asp?RN=37%2E51%2E1404> allows for there to be exemptions to training under the written authorization from the Regional Administrator.

In order to ensure that families have completed required training, Montana's renewal application requires a list of completed training hours that includes the date completed, training topic, presenter/author and resource parent attending. Families have the flexibility to obtain their training in a variety of methods, including reading books, attending conferences/lectures, online webinars, podcasts etc. The training must total either 15 or 30 hours depending on the type of license and if no exception is granted. The completion of training is required for renewal of licenses on an annual basis. Training is listed on CAPS screen PRTL. In practice, staffing limitations sometimes result in this screen not being fully completed (hard copies of files are maintained documenting completion of required trainings).

Families who are caring for children under a specialized license are expected to focus portions of their training hours on the identified special need of the child.

Families can also, based on recommendations of licensing or placing staff, be referred/required to complete specific trainings based either on the need of the children they're caring for, or gaps in skills identified by staff.

Families complete written renewal applications (listing their training hours) and the training hours are verified by an FRS and an FRSS prior to approval for renewal. Adoptive approval is reviewed by the Foster Care Licensing Program manager prior to final approval. For therapeutic families, the families complete the application. The Child Placing Agency reviews and submits the application for approval, and Foster Care Licensing Program Manager and staff review and approve the application for renewal.

In March through June of 2017, CFSD's CQI unit facilitated initial focus groups with a range of stakeholders in all 6 regions. Attendees included Child Protection Team members, Foster Care Review Committee representatives, foster parents, State Advisory Council members, In-Home Service Providers, CASA representatives, court representatives, mental health providers, law enforcement, tribal representatives, and former CPS employees. One of the reoccurring themes voiced by participants was that provider families were uninformed of reunification intent, of the need to work with birth families, and of any issues/needs children being placed in their home might have. A desire for additional training, support, and communication for resource families was also a prevalent theme.

Montana CFSD is currently developing a new training process based on a review of the current information available linking training to success of resource families. There is not currently an evidence based curriculum that has shown to increase placement stability/limitations on disruptions. Current research actually shows that resources families' success (fewer disruptions, increased reunifications) is based on relationships with placing or supporting staff.

Montana CFSD pre-licensing training will be 8 hours. Ongoing training will be topic specific the first year and available through collaboration with the University of Montana totaling 15 hours. Therapeutic families will be required to complete their 30 hours based on those standards. Additionally, regular licenses will be available to extend to two years. This will allow for current staff to have greater time to spend in interactions with families and supporting their efforts and needs. Additionally, Montana will make use of community partners to assist in providing training which will further allow staff to focus on supporting families and not on acting as trainers.

In conjunction with the Division, the University of Montana's Center for Children, Families and Workforce Development has released a series of web-based training modules (<http://health.umt.edu/ccfwd/>), podcasts, toolkits, policy updates, and innovative program ideas to provide current CFSD employees, foster parents and other professionals constant and no cost access to state-of-the-art training resources. The modules are embedded in a learning management system (Qualtrics) so the Center can track the names, job titles, and related demographic data of CFSD employees and foster parents who successfully complete the modules.

The center also offered monthly workshops on topics designed to improve workforce knowledge and skills for those employees working with foster and adoptive youth and/or their families. These statewide cross-system training workshops reached 488 professionals and families in 11

different communities and included professionals working for CFSD, public health departments, schools, law enforcement, justice, private non-profit agencies, faith-based organizations, and independent practitioners.

Summary:

While the division strives to provide adequate training to foster parents, the only way to determine if a provider is attending all required training is on a case by case basis. Montana does not have a system in place to track provider training in a way that would assist the state in knowing how training is assisting providers in meeting the needs of children. This makes this item an area needing improvement.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

Montana Response:

Given Montana's very large geographic area and relatively small population, geographical accessibility continues to be a factor in providing and sustaining effective services.

In March through June of 2017, CFSD's CQI unit facilitated initial focus groups with a range of stakeholders in all 6 regions. Reoccurring themes from participants regarding service array and resource development included:

- concerns that transitions between systems/agencies are often not seamless, with involved parties often not working in concert toward the same goals, resulting in clients experiencing gaps in and incongruent services;
- a desire for significant funding, development, and support for prevention based services;
- a need for community outreach to assist the community in understanding CFSD's role and to facilitate meaningful support from the community;
- recognition that geography and the differences between metropolitan and rural areas need to be considered when developing resources;
- concern that significant service availability gaps exist in many Montana communities (i.e. substance abuse treatment, mental health services);
- and acknowledgement that definitions in policy and statues pertaining to child abuse need to be aligned as misalignment is hampering agencies ability to

communicate/cooperate toward consistent and effective interventions with mutual clients.

The divisions management team is in the process of conducting a statewide service array needs and gaps assessment. The goals of the assessment is to gain a better understanding of the services currently available, geographical gaps in service availability, the number of people who can currently be served by available services, the different funding sources available to support service access, and finally those services that have been identified as necessary but are currently not available. At the same time, the MT Children's Trust Fund is partnering with the University of Montana, Department of Social Work to complete a Statewide Child Abuse and Neglect Needs Assessment largely based around the Essentials of Childhood work laid out by the CDC. The intent of the evaluation is to gain an understanding of the available data regarding risk factors and risk populations for abuse and neglect across Montana and to identify/map the current child abuse and neglect prevention initiatives currently in place across the State—with a particular focus on primary and secondary prevention efforts. Using the information and data gathered through these assessments, the division will have a clearer understanding of the need for services based on the risk factors and risk populations identified as well as the gaps in available services statewide. This will also assist in moving toward evidenced-based services to ensure better outcomes for children and families.

For example, one of the division's goal over the next year is to significantly increase the number of children safely maintained and provided services in their home while parents are completing treatment plans thereby reducing the number of children placed into foster care. This will require reviewing our current array of services and collaborating with current providers to provide a more robust array of services designed to maintain children in their homes. In addition, CFSD will be looking to augment its Title IV-B services by looking to see if there are services currently being paid from IV-B that can be shifted to Medicaid to maximize the IV-B funding available. As stated above, CFSD will also be working more closely with the department's Human and Community Services Division (HCSD) (i.e. division that houses the TANF Program) and look for opportunities to increase the provision of services to families through the programs housed in HCSD.

Summary:

The division is aware that without a better understanding of our service array needs and gaps, making changes like the one listed above will be difficult and frustrating to staff and families alike. Developing a comprehensive service array is a primary goal for the division and will be a central part of our Program Improvement Plan and CFSP moving forward. As such, this is seen as an area needing improvement.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

Montana Response:

Item 30: Individualizing Services

As stated in Item 29, without a comprehensive understanding of our current service array it is difficult to individualize services, especially in rural areas where there are very few providers available to work with our children and families.

Feedback from our stakeholder groups indicates dissatisfaction with the lack of services available in their regions, especially around prevention and family preservation. There were also concerns as to how services are determined for the children and parents and concerns that those providing services were not included in discussions even though they had information that would be beneficial in determining progress and next steps needed. Another area discussed was around non-traditional services and ensuring division staff understood the benefits in engaging clients in situations that normalize their integration into their community as opposed to only engaging clients around their problems.

Once our service array needs and gaps assessment is complete, we can begin to identify the programs needed in the different communities, service providers who are willing to expand their service arrays to include trauma informed services and developing case plans that capture the unique individual needs of the child and family.

Summary:

The concerns identified by our stakeholder as well as our lack of a comprehensive service array makes individualizing services an area needing improvement.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, 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, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, 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, objectives, and annual updates of the CFSP.

Montana Response:

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

As outlined in the 2018 APSR, CFSD views building and maintaining relationships with stakeholders at the local, regional and state levels as foundational to the development of effective collaborations. While working relationships are helpful toward facilitation of networking, expanding our tool kit and increasing awareness of and attention toward stakeholder feedback are essential for improvement. CFSD is committed to looking for opportunities to develop these working relationships with stakeholders into functioning collaborative partnerships statewide.

CFSD utilizes its State Advisory Council (SAC) to provide feedback on the CFSP/APSR and for on-going coordination and collaboration across the entire child welfare system. The Council also functions as the State's CAPTA Citizen Review Panel. The membership of the SAC includes, but is not limited to: a district court judge, legislator, former legislator/nurse, educator, retired chief juvenile probation officer, public defender (representing children), foster/adoptive parent, therapist, community members, former State Director of CASA, staff person from Office of Public Instruction (OPI), who works with homeless, dependent, and neglected youth, and a former county attorney. Additionally, in order to retain their valuable input, and despite CFSD discontinuing the Title IV-E Waiver Demonstration Project, a number of non-agency stakeholders who had been on the CFSD Title IV-E Waiver Steering Committee continue to be members of the SAC.

The SAC meets three times each year, receives information about CFSD activities, and provides feedback regarding those activities. The Council's feedback over the past year on the information presented to them was taken into account in the development of the goals and objectives listed in the 2015 – 2019 CFSP and updated in subsequent APSR.

There are currently two Regional Advisory Councils (RAC) that are operational, with recommendations from the SAC in place to activate the RAC in the remaining four regions to assist in engaging stakeholder groups and creating meaningful feedback loops between CFSD and stakeholders at the local, regional and state levels.

Other collaboration and coordination efforts at the state level that will continue over the year include, but are not limited to:

- CFSD representation on the State Systems of Care Statutory
- Montana Alliance for Families Touched by Incarceration
- Shaken Baby Prevention Task Force
 - State level coordination
- Delta Advisory Board
 - Family violence prevention
- Early Childhood Comprehensive System School Readiness Task Force
- Best Beginnings Governor's Advisory Council
 - To develop comprehensive early childhood systems in communities statewide
- Montana Fetal, Infant, Child Mortality Review Board
- Family Support Services Advisory Council
 - Services for children with developmental disabilities
- Lifespan Respite Committee
 - In coordination with DPHHS Senior and Long Term Care Division
- Office of Public Instruction Special Education Advisory Panel
- Montana Department of Justice Domestic Violence Fatality Review Commission

CFSD has continued to collaborate with the Public Health and Safety Division (PHSD) of DPHHS to implement SafeCare Augmented in counties across Montana. PHSD has leveraged their Maternal Infant Early Childhood Home Visitation Grant (MIECHV) funding to support the collaborative implementation of the model. SafeCare Augmented is a trauma-informed, evidence-based program for use with families with children five years of age and younger that have been identified as having issues concerning neglect of the children in the home.

CFSD began using SafeCare with Involuntary cases in September 2015. There are currently 18 involuntary and six voluntary sites, with some sites offering both voluntary and involuntary services.

There have been a total of 23 Involuntary SafeCare home visitor trainings since August 2015. Some Voluntary home visitors that were trained prior to August 2015 are also providing Voluntary and Involuntary SafeCare at this time. Referrals continue to increase and some home visitors have full caseloads. Each full-time home visitor is able to serve 10 to 15 clients. SafeCare caseloads consistently change during the year due to the short length of the program (six to nine months). In a year, a full time home visitor could potentially see 20 to 30 clients. To date the eleven counties in Montana serving SafeCare clients have received over 250 referrals. In April and October of 2016, six SafeCare coaches were trained. The home visitor coaching has now been transitioned from the National SafeCare Training and Research Center (NSTRC) in Georgia to Montana coaching. In July of 2017 a SafeCare Trainer training is scheduled, and three coaches will be selected to attend that training. This training will complete the final transition from NSTRC providing coaching to our Montana Coaches and will ensure our sustainability by allowing Montana to conduct trainings for new home visitors and coaches as needed. As of October 1, 2017, we are scheduled to complete the contract with NSTRC and further our implementation to move towards accreditation and finalizing sustainability of this evidenced based program.

This year the Montana legislature supported the passing of House Bill 303 which is an act creating a child abuse and neglect review commission for cases involving child abuse and neglect, including fatalities and near fatalities. This legislation allows CFSD to meet CAPTA reporting requirements and to continue to use a safety systems model to review such cases to best assist those individuals who work for this agency and the children and families CFSD serves.

As reported in the June 2016 APSR, Governor Steve Bullock announced the Protect Montana Kids initiative to improve systems serving children and families in the state in September 2015. The focus of the initiative was immediate system improvements, system reviews, and statutory recommendations for the 2017 legislative session.

The initiative includes the creation of the Protect Montana Kids Commission (PMK). Leadership at both the department and division levels participated in the Commission. The purpose of the Commission is to advise the Governor on an evidenced-based, comprehensive set of recommendations to align the Montana Child Protection System with national standards and best practices in the field of child welfare. The Protect Montana Kids Commission's responsibilities included:

- Fostering cooperation, communication and coordinated approaches to support improved outcomes in child abuse and neglect cases.
- Reporting to the Governor's Office on the status of abused and neglected children and their families receiving services from the child protection system.
- To work toward establishing permanent funding for child protection system improvement priorities.

The commission was charged with providing recommendations to the Governor by March 2016 regarding:

- Changes in Montana child abuse and neglect statutes necessary to align them with best practices and scientific evidence regarding what is necessary to protect the best interests of children.
- Structural changes and enhancements to the system that may result in improved outcomes for children and families who are served by the child protection system and lead to a decrease in the number of children in Montana being abused or neglected.
- Increasing transparency in the child protection system.
- The need for additional resources in the different agencies engaged in the work of protecting children, such as the Child and Family Services Division, the County Attorney's Office, the Office of the Public Defender, the Attorney General's Office and the Judicial Branch.

In May 2016 the Commission's final report was released. The Commission's final report is available through the DPHHS website using the following link: <http://dphhs.mt.gov/protectMontanaKids>. The report contained approximately fifty recommendations to address both immediate and long term needs of the State's child protection system. The recommendations included introducing legislation during the 2017 legislative session that will allow the State to comply with CAPTA reporting requirements of child fatalities and near fatalities and also to address the changes in permanency plan hearings that are necessary to comply with the Preventing Sex Trafficking and Strengthening Families Act of 214. House Bill (HB) 303 (CAPTA reporting) and HB 351 (permanency plan hearings) both passed out of the legislature and were signed into law by Governor Bullock. Other PMK suggested legislation passed and signed into law that will impact CFSD's work with children and families include:

- HB 173: will expedite the process of legally establishing permanency for children by establishing timelines for termination of parental rights hearings and treatment plans. Under the new statute a treatment plan must be ordered no later than thirty days after the date of the dispositional hearing and a hearing on a petition for termination of parental rights must be held no later than forty-five days from the date the petition was served on the parent or parents.
- Senate Bill (SB) 113: will provide for greater transparency within the child protection system. The new statute allows members of United States congress or members of the Montanan legislature the opportunity to review CFSD case files if the elected official receives a written inquiry regarding a child and whether the laws of the United States or the state of Montanan that protect children from abuse or neglect are being complied with or whether the laws need to be changed to enhance protections for children.
- HB 201: ensures children are represented by a Court Appointed Special Advocate (CASA) or guardian ad litem (GAL).

- Note: HB 182 was also proposed legislation coming out of the PMK. This bill was a declaration of policy detailing the rights of Montana children in foster care. The bill did not pass out of both houses of the legislature.

On-going collaboration efforts at the regional level include, but are not limited to CFSD representation on boards and councils such as:

- Local youth advisory boards (Missoula and Kalispell)
- United Way Youth Impact Council (Billings)
- Western Montana Addition Services Board (Missoula)
- Youth Services Center Board (Billings)
- Domestic violence prevention boards
- Children's advocacy center boards
- Local drug task force groups
- Best Beginnings Advisory councils/Early Childhood Coalitions
- Local CASA boards
- Malmstrom Air Force Base quarterly interdisciplinary team meetings
- Other multi-disciplinary teams

Montana CFSD also receives input and comments, as needed, from members of child protection teams, foster care review committees, and foster parent/adoptive parent groups. Regions II, and V have identified CFSD liaisons for each school in the larger communities, and all of the regions participate in training and regular meetings with school personnel. CFSD created a mini-grant program several years ago that encourages collaboration at the local level between different agencies, service providers, children in the custody of CFSD, and families. This program has increased collaboration at the local level between law enforcement, medical health providers, county attorney offices, local Multidisciplinary Teams and other stakeholders, because all agencies work together to apply for the funding available under the program. This program is still in effect.

CFSD staff members also continue to collaborate with the judicial system on the regional level in other forums. In judicial districts with family drug treatment courts, CFSD staff collaborate and coordinate with other family drug treatment court stakeholders. Many local communities have on-going meetings involving CFSD staff and county attorneys to discuss local judicial issues and cases.

CFSD also collaborates with the judicial system on both the state and regional level. On the state level, the director of the Montana Court Improvement Project (MCIP) is a key stakeholder in CFSD's work with the Courts and serves on the SAC. MCIP will be given an opportunity to review and respond to the plan on it is approved by the Children's Bureau. MCIP is also actively involved in the planning and coordination of CFSD's annual CAN Conference and has historically also been involved in other court related trainings for CFSD staff, stakeholders and court personnel.

Over the past year, CFSD has continued to collaborate with the Office of the Supreme Court and the MCIP to expand the Pre-Hearing Conference model (PHC), originally developed in district court in Yellowstone County. The expansion of the pilot court model developed in the most recent Child and Family Services Review (CFSR) Program Improvement Plan (PIP), to facilitate Pre-Hearing Conferences (PHC) and formal mediations. CFSD has also provided support for a position to serve as a coordinator and collect data to track the outcomes related to the pilot court project. The MCIP program has funded and trained the Pre-Hearing Conference model in an additional six judicial districts in 2015-2016. The Pre-Hearing Conference model has been widely accepted by the newly trained judicial districts and it is expected that more districts may participate in the future. The outcomes hoped to be achieved through the PHC pilot project are:

- Increased rate of family reunification;
- Decreased number of days to effective resolution (the date on which the case is resolved in some manner, e.g., terminating parental rights and thus granting the State permanent legal custody; dismissing the case with a return to a parent or parents; establishing a guardianship; establishing long-term foster care; or dismissing the case for any other reason);
- Increased buy-in from the parties by providing a safe and neutral environment;
- Decreased judicial workload.

The 2015 Montana legislature provided funding to implement a new pilot program, similar to the PHC. The model developed under this new statutory pilot will look slightly different from the current pilots, as it allows for extended informal handling of cases for up to six months while the PIP/MCIP funded pilot must operate under current statute that does not allow for this. The funding for this new pilot, available since July 2015, has gone towards to implementation of the Child Abuse Court Diversion Pilot Project in six judicial districts. While significant training by both the Office of the Supreme Court and CFSD has occurred, there is a lack of cases referred to the program. The 2017 Montana Legislature expanded this pilot program to increase the number of cases and improve the ability to assess outcomes. One of the supportive enhancements to the Court Pilot program is to focus efforts to improve the confidence of Child Welfare Staff to develop In Home Safety Plans with appropriate families while participating in the Mediation Process. A half day training was provided to the Pilot Child Welfare Offices to help support developing In Home Safety Plans. The next phase will include bringing in the court mediator, the involved attorneys, community service providers, and the Child Welfare Staff, to talk through how to develop an in home plan for a family, and how to collectively monitor safety of children while engaged in an In Home Safety Plan.

RAs continue to meet with the local courts, providers, and stakeholders in their areas on an ongoing basis. Community outreach is also being done by the Systems Integration and Innovation Unit Supervisor (formerly known as the Title IV-E Waiver Program Manager). The new role for this position is to work with community partners to implement the SafeCare Augmented and other evidence-based models with fidelity across the State.

DPHHS agencies, including CFSD, have been working together on two Substance Abuse and Mental Health Services Administration (SAMHSA) grants to increase access to and quality of substance abuse and mental health services for adolescents and youth aged 16 to 25 years of age. An Interagency Planning Council, that included members from various DPHHS divisions and other state agencies, was established to oversee the grant activities and to promote comprehensive, integrated services for the targeted youth. For example, this Council was instrumental in providing fiscal data used to develop two financial maps of state funded services to youth, and using that information to generate a list of recommended policy and procedure changes to improve access to treatment services. The Council has maintained and expanded the membership over the years in response to changing grant requirements and serves as an important collaborative body to guide state efforts to facilitate linkage and coordination between systems serving adolescents and transitional aged youth.

The project period of the first grant has ended. A subsequent grant was applied for and as requested, CFSD staff have, and will continue to participate in planning efforts for that grant.

As reported previously, a number of DPHHS divisions, including CFSD, are collaborating with the Montana Board of Crime Control (MBCC) on The Vision 21: Linking Systems of Care for Children across Montana project. The project is a cooperative agreement between the MBCC and the Office of Victims of Crime (OVC) in Washington D.C. The purpose of the project is to improve the response to every child victim and their family by providing consistent, coordinated responses that address the presenting issues and the full range of victim's needs. Using the System of Care committee and other state partner agencies as stakeholder partners, the MBCC will conduct a gap analysis and needs assessment of the current state of services across Montana that inform the policy and procedure recommendations in the final report to the OVC. There are three primary goals for the project:

- Every child who needs physical and mental health care in Montana will be assessed for victimization.
- Children and their families will be provided comprehensive and coordinated services to fully address their needs.
- Practices and policies will be established to sustain this approach.

The department continues to collaborate with MBCC on this project and updates will be provided in future APSR.

Individual regions have also actively engaged in collaboration activities. Yellowstone County (Billings) is in the process of implementing an Indian Child Welfare Act (ICWA) Court. The court will focus on ICWA cases involving children served in Yellowstone County from the Crow, Northern Cheyenne and Fort Peck – Assiniboine Sioux Tribes. The court will be the fourth of its kind in the nation. State District Court Judge Rod Souza has spearheaded the implementation of the court in Yellowstone County. The collaboration includes not only CFSD staff and court personnel but also social services staff and other members from the tribes listed above, attorneys from the public defender's office, attorneys in the county attorney office and staff from

Casey Family Programs have also provide technical assistance. Full implementation of the ICWA court will not take place until after the submission date of this report. More details will be reported in future APSR/CFSP.

CFSD continues to partners with Casey Family Programs on a variety of projects to work toward the shared goals of increasing youth permanency rates, improving youth well-being, reducing the number of youth in foster care and ensuring the safety of children. CFSD worked with Casey Family Programs to implement an evaluation component to the Montana Foster Child Health Program. In 2017 additional evaluation efforts as well as training for medical personnel are planned. CFSD and Casey Family Programs also worked to provide a Safety Science Institute for CFSD Supervisors and created a Critical Incidence Response Team to implement policies and procedures for reviewing and dealing with child fatalities or near fatalities. Finally, CFSD and Casey Family Programs have collaborated on a Systems Analysis Framework (SAF) project to identify appropriate levels of care and services for high needs youth and work towards an outcomes based cost benefit analysis. This project began in 2015 and, after analysis of CANS Assessment data on Montana youth, efforts began to pair appropriate services and supports to meet the identified needs while determining the costs associated with those levels of care. A final report of the project will be released soon. Montana continues to collaborate with Casey Family Programs to review the findings and implement strategies to best meet the needs of individual youths.

As reported in the 2018 APSR, the CFSD ICWA Program Manager collaborates with the seven federally recognized tribes of Montana to ensure the implementation of the CFSP. The ICWA Program Manager maintains consistent contact with the seven tribal social services agencies through phone calls, emails and face-to-face meetings which are typically held in local social services office on the reservations. Compliance with the Indian Child Welfare Act continues to be a priority for CFSD. Collaboration is done through meetings with individual tribes. (SEE 2018 APSR for more information on Tribal Collaboration).

In March through June of 2017, CFSD's CQI unit facilitated initial focus groups with a range of stakeholders in all 6 regions. The meetings served as an introduction to the CFSD/Statewide Assessment/PIP process, addressed how stakeholders might become involved, provided a forum for meeting attendees to voice their thoughts regarding interactions with CFSD and the state of child welfare across Montana, and served as a preliminary effort to cultivate stakeholder participation and partnership with CFSD moving forward. Attendees included Child Protection Team members, Foster Care Review Committee representatives, foster parents, State Advisory Council members, In-Home Service Providers, CASA representatives, court representatives, mental health providers, law enforcement, tribal representatives, and former CPS employees. Regarding engagement and consultation with stakeholders, recurrent themes voiced by participants included re-initiating Regional Advisory Councils in the 4 regions where they are inactive; the belief that it is critical to have the right people at the table (i.e. legislators, teachers, foster youth, service providers, resource families, medical partners, judicial partners etc.) to address program issues, enhance productive communication between agencies and stakeholders, to decrease barriers to providing and accessing coordinated and individualized

services, and to provide a broad spectrum view and understanding of issues facing internal and external child welfare stakeholders; and the belief that involvement of stakeholders as partners in initial stages of program decisions and development could result in more effective use of resources, an increase in involved stakeholders ability to work in concert, and improved outcomes for clients.

Summary:

The division is continually working to develop and strength collaboration among the many stakeholders involved with child welfare and feel that this is a strength for the division. Work will continue to strength our existing relationships while working toward developing new collaborations as we focus on expanding our service array.

Item 32: Coordination of CFSP Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

Montana Response:

Item 32: Coordination of CFSP Services with Other Federal Programs

Services to children under the age of five had been the focus of Innovation I of the Title IV-E Waiver. A primary objective of Innovation I was to make SafeCare Augmented available to families on both a voluntary and involuntary basis.

CFSD will also continue to work on implementing and identifying services and supports for youth under the age of five. In addition to SafeCare augmented, CFSD had previously provided training in the Circle of Security model and had collaborated with Parent-Child Interactional Therapy providers to ensure families are receiving appropriate services. Over the past year no additional training was provided on these models by CFSD. A variety of home visiting models are available to families in Montana for children under the age of five and communication between Central Office staff, field staff and providers continues in an attempt to identify model availability and match families to the appropriate model based on their individual needs.

Over the past year, CFSD has continued their partnership with Healthy Montana Families to train, coordinate and share funding to implement evidence based home visiting models for families with youth under the age of five. While this collaboration's primary focus is the implementation of SafeCare Augmented, the two divisions are also working to offer services to families to prevent their involvement with the child welfare system and strengthen families. Services are offered across the state and various models are used.

In spring of 2017, efforts also continued to update and restructure Title IV-B services and supports. Currently, Montana CFSD is looking into ways to develop outcome based in-home services through changes in contracts and the possibility of developing a rate and service matrix. The matrix would incorporate the various home visiting models available in the state and allows providers and staff to offer families services from a structured, yet flexible, service array. Over the next year, CFSD will work with Title IV-B providers and various stakeholders to implement changes ultimately decided upon. The goal is to achieve better outcomes for children and strengthen already existing referral process and service availability.

CFSD also continues to play an active role in the Governor's Best Beginnings Advisory Council. The task of this Council is to identify gaps in services for children in this age group in the State of Montana and to then make recommendations and strategic plans to fill in these gaps to ensure that the developmental needs of all children 0-5 in the State of Montana are being met by building comprehensive early childhood service systems in communities in collaboration with local community councils or coalitions. The Best Beginnings council focuses on the services and needs of all children in this age group, including children in the custody of CFSD. The Council has improved access for children ages 0-5 to evidence-based interventions; such as, home visiting models like Parents as Teachers, Circle of Security, Parent-Child Interaction Therapy, SafeCare Augmented, Nurse Family Partnership, and Early Head Start. By continuing to build strong partnerships between programs, including Head Start, Stars to Quality Child Care (a QRIS system), Home Visiting, and Part C, and CFSD, children age 0-5 have the benefit of receiving these services. The Best Beginnings Council continues to meet and develop its strategic plan for providing early childhood services to all children in Montana. Montana is considering the implementation of universal screening of this age group using the Ages and Stages Questionnaire in the next five years. Progress of this effort will be reported in future years.

CFSD will continue to provide training specific to the developmental and attachment needs of this age group to employees, foster parents (including kinship foster care providers), and other service providers across the state. This will include training on the ACEs study and other trauma-informed trainings. CFSD currently employs two ACES trainers that deliver detailed information to staff and stakeholders regarding trauma-informed care. ACES and trauma-informed training is provided to all new agency staff through the MCAN training. In addition, all CFSD supervisors received training in the winter of 2016 at the annual Supervisors meeting. As described in CFSD's training plan, there are many opportunities for this information to be delivered to a wide range of audiences.

Despite the efforts previously set forth, overall caseloads and specifically the number of children under age five in foster care continue to increase. The resurgence of methamphetamine in the State appears to be a significant contributor to the record high caseloads. Methamphetamine is particularly destructive to family functioning, creating conditions under which many children five years of age and younger are becoming increasingly vulnerable to abuse and neglect and being exposed to the drug itself. CFSD continues to look to increase its collaboration with the adult mental health and substance abuse provider community, as well as working with our common TANF recipients through our Office of Public Assistance in hopes of finding more effective interventions for these families. These interventions include the two described above; Mutual Homes and Addiction Recovery Teams. Both are collaborations with our Office of Public Assistance (TANF), Addictions and Mental Health, and other local community based providers. There is a plan for a Mutual Home with one of our tribal partners as well.

As reported previously, a number of DPHHS divisions, including CFSD, are collaborating with the Montana Board of Crime Control (MBCC) on The Vision 21: Linking Systems of Care for Children across Montana project. The project is a cooperative agreement between the MBCC and the Office of Victims of Crime (OVC) in Washington D.C. The purpose of the project is to

improve the response to every child victim and their family by providing consistent, coordinated responses that address the presenting issues and the full range of victim's needs. Using the System of Care committee and other state partner agencies as stakeholder partners, the MBCC will conduct a gap analysis and needs assessment of the current state of services across Montana that inform the policy and procedure recommendations in the final report to the OVC. There are three primary goals for the project:

- Every child who needs physical and mental health care in Montana will be assessed for victimization.
- Children and their families will be provided comprehensive and coordinated services to fully address their needs.
- Practices and policies will be established to sustain this approach.

The department continues to collaborate with MBCC on this project and updates will be provided in future APSR.

Additionally, we are exploring how we can leverage services for our families through collaborative work with our Office of Public Assistance (TANF) and through our office of Medical Assistance Programs (Medicaid).

Summary: The division has begun the process of utilizing other state and federal programs to augment the programs and services available to our children and families. However, we do not have any data that indicates how successful these collaborations are or where there are gaps within these collaborations. This item is an area needing improvement.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

Montana Response:

Item 33: Standards Applied Equally

Montana CFSD is a state administered program. All licensing rules, policies and programs fall under the auspices of the state agency. As such, all licenses are issued under the same standards.

As indicated, DPHHS QAD is responsible for licensing Youth Care Facilities.

To ensure uniformity in application of state standards, QAD Licensure Bureau Surveyors conduct annual licensing inspections on all Youth Care Facilities, utilizing surveyor tools that are completed during each licensure survey to assure all rules are being implemented.

In addition, QAD utilizes a separate IV-E eligibility form that has been approved by the IV-E audit team and has been in place for several years, last updated in 2015.

Summary:

In respect to licensing, the division feels this is a strength as there are measures in place to routinely ensure that the standards are being applied equally and all rules are being implemented.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that 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?

Please provide relevant quantitative/qualitative data or information that show the state is complying 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.

Montana Response:

Item 34: Requirements for Criminal Background Checks

Montana CFSD initiates the criminal background check process at the time of emergency placements under the MCA 41-1-304. This includes review of CPS and Department of Motor Vehicle (DMV) records, reviews of Sexual and Violent Offender Registries, and Tribal Law Enforcement checks for families that reside (or who have resided) on a reservation that are required at placement in an unlicensed kinship home regarding all adult household members.

Licensing standards require completion of background checks per:

1. Social Security Act SEC.471.[42 U.S.C. 671] (a) (20)(A) (B)(C) and
2. Administrative Rules of Montana (ARM) 37.51.310.

They include criminal, CPS and DMV checks on all adult household members.

Licensing applications are reviewed by FRS and FRSS before approval and require verification of the background checks.

TFF applications and adoptive approvals are required to meet the same standards.

Montana CFSD issues a letter of eligibility for licensure to indicate the compliance with the mandatory criminal background check licensing standards for those eligible applicants.

Montana requires annual DMV and criminal history checks for license renewal. Any CPS reports received during a licensing year are directed at the staff associated with the family.

Hard copies of files are maintained documenting outcomes of background checks.

Summary:

The division keeps provider files in central office and have dedicated staff to ensure that each provider file has the appropriate documentation to show requirements have been met. Although the department does not have a systemic way to capture this data, this is still seen as a strength.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

Montana Response:

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Per the 2018 APSR, Montana continues to have record numbers of children in care; the majority of whom are under age five. Of the children in care, approximately 32% are Native American. CFSD continues to work diligently to recruit relatives as well as non-relatives to provide placement for those children. Additionally, CFSD has worked to retain and support the relative and non-relative caregivers currently providing care for children. Currently 80% of children are placed with kin.

The continued use of Ask About Foster Care web link, and Answer.net generate ongoing inquiries that are then forwarded to state and Tribal staff. The National AdoptUsKids website also fields inquiries that are downloaded to an excel spreadsheet that is sent to Montana CFSD via email. Field staff respond individually to inquiries. Inquiries also come directly to field staff in local offices through family engagement meetings, community presentations and other stakeholder interactions. The Division has maintained its web presence with pages specifically directed at those interested in foster care and adoption on National sites, as well as on the sites within the agency. Staff continues to review contact information on numerous websites to be sure that contact links resulted in families having correct access to current Montana information.

CFSD has continued to benefit from the media presence of AdoptUsKids and other national ad campaigns on TV and radio that speak in general terms regarding the need for families but direct responses specifically to Montana's contact information via their web links and numbers. Montana will be working with Adopt Us Kids and the National Resource Center for Diligent Recruitment to add our state information to the national advertising for a more targeted recruitment approach. CFSD licensing staff continues, when able, to provide outreach through community events. Recruitment efforts have taken place on a smaller scale in the form of meet and greet opportunities with local staff.

The feedback loop regarding CFSD's inquiry and response process was reviewed and updates were made to increase the timeliness of the responses. Changes were made to the initial

response letter and accompanying information to make it easier to understand and more efficient to review. Additionally, a process change resulted in families being invited to pre-service training as soon as an application was received or when a kin placement was made. Additionally, families who express an interest in adoption are provided information regarding the eleven private licensed adoption agencies and families expressing an interest in therapeutic foster care are provided information on the child placing agencies in Montana. This sharing of information provides families an opportunity to be connected with a program that best suits their situation and increases the likelihood of licensure and a successful relationship between families and providers.

CFSD has continued to work to collaboratively with the seven Montana Tribes regarding the recruitment and retention of Native American families both on and off the reservation. CFSD staff is an active part of the Tribal Recruitment and Retention Team in Montana. Following our team trip to Denver, the tribal recruitment and retention team met in July at the ICWA training sponsored by NICWA to further develop recruitment and retention plans. CFSD staff collaborated with 3 of the 7 reservations (and provided recruitment information for all 7) in a recruitment event at the Native American Basketball Classic in Billings MT in December 2016. The result was 20 families recruited for the Crow Tribe and extensive amounts of information shared with attendees regarding the need for Native American Families. Tribal staff has attended two meetings with CFSD licensing staff to focus on recruitment and retention of Native American families off the reservation. In March of 2017, the National Resource Center for Diligent Recruitment and the Center for Tribes facilitated training for CFSD and tribal licensing staff on providing ongoing support and resources to supplement local efforts. In May 2017, CFSD licensing staff attended the Montana Tribal Social Services Conference to develop a greater understanding of tribal culture and best practices when working with tribal members and communities. Casey Family staff facilitated a breakfast meeting for tribal and CFSD staff to plan further recruitment efforts; including planned recruiting activities at upcoming community events.

The CFSD licensing program supervisor and field supervisors travelled to individual reservations to meet with tribal licensing staff. CFSD licensing staff has provided technical and programming support to Tribal licensing staff on an ongoing basis to support the licensing and retention of Native American Families.

The CFSD Licensing program manager and supervisors also travelled to all of Montana's six regional offices and all seven reservations to meet with both CFSD and Tribal licensing specialists to continue to identify gaps, challenges and successes in the resource family system with a goal of enhanced retention of resource families and increased recruitment of resource families. Efforts to provide internal training, supports to staff and development of resources for families will be a continued goal.

The Heart Gallery (Missoula and Billings), a portrait exhibit spotlighting children identified as needing permanent homes, continues to be a daily presence in the malls of these communities. The exhibit also provides information regarding becoming a foster or adoptive parent in Montana. A monthly news segment, "A Waiting Child", also features children awaiting permanent homes as well as information on becoming a licensed foster or adoptive parent.

Information regarding how to apply to be a foster or adoptive parent is also contained in articles that are written specifically in April and May during Child Abuse Prevention and Foster Parent Awareness Months. Additionally information regarding foster care and adoptive licensing is made available at conferences such as the CAN conference, the Office of Public Instruction Title 1 conference, as well as to community services provider's through IV-B, FVPSA and Chaffee programs.

Support group opportunities for resources families including kinship families are provided by numerous partners across the state:

- Child Bridge
- Missoula Alliance Church
- Yellowstone Foster and Adoptive parents Association
- Lewis & Clark County Foster Parents Association
- Butte and Dillon Foster parents association
- Forever Families of Billings
- Right Connection
- Alliance for Youth
- HI Line Foster Parent Support Group the state

The Montana Grandparents Raising Grandchildren Coalition and the Lifespan Respite Coalition have also provided supportive services and training specifically aimed at kin families. CFSD is collaborating with the University of MT to develop a more accessible and focused ongoing training curriculum for licensed families, and collaborative efforts with community stakeholders will continue toward identifying ways to provide and improve supports for families and enhance existing programs.

Because a large number of placements are with kin, family finding efforts will continue to be a focus of recruitment efforts. CFSD staff recently had the opportunity to meet with one of Arizona's Kinship Navigator program staff and will begin to review programs and services for kin families based on that experience. Staff have participated in recent webinars regarding the kinship care system and ways for Montana to enhance the recruitment and support of kin families. In addition, efforts to increase kin placements continued this year with the use of Family Engagement Meetings (FEMs) to recruit extended family members. These efforts were increasingly successful as indicated by the number of children in relative care compared to the population in care in general. Also, Safety, Permanency and Well Being (SPAW) Round Tables have resulted in the placement of older children from congregate care into less restrictive placements and development/support of lifetime relationships. The SPAW meetings make use of the family finding strategy by locating possible resources and then engaging those resources to be possible supports to youth, including placement. FEMs and SPAWs were seen as effective recruiting tools for specific children as well as providing information to others, including community members, about the ongoing need for foster and adoptive families.

The CFSD Licensing Program Supervisor is an active member of the NRCDR Diligent Recruitment Peer-to-Peer Network for States, Territories, and DRG Counties, as well as the National Association for Foster Care Managers (board member at large). Participation in these groups continues to offer CFSD the opportunity to be informed of the current efforts of other states regarding their recruitment and retention of families as well as their innovative programs. Additionally, both groups provide information regarding the most recent developments in services to families, allowing Montana to access information and programs it might not otherwise be aware of. Work with the Diligent Recruitment program was used to reframe the inquiry process, enhancing effectiveness and efficiency, toward the recruitment and retention of families' best suited to provide care to children experiencing abuse and neglect in Montana. Current efforts are focused identifying evidence based family assessment tools and developing a new format for training of families.

CFSD licensing staff numbers remained static this year while the number of children increased continually. The foster care licensing program was centralized this past year with an expectation of a more consistent response to inquiries and licensure. Centralization also allows for a more consistent approach to communication and an opportunity to develop statewide resources and programs.

The Licensing Work Group was reformatted and its membership is now made of up of CFSD licensing supervisors, the program bureau chief and the agency deputy director. A refined work plan focuses on increased efficiency in the licensing process, increased efforts to achieve permanency and collaboration between field and central office staff, and efficacy of efforts regarding recruitment and retention of families, including Native American Families. Initial efforts to increase the timeliness of licensing of kin families have been successful. Ongoing efforts are focused on enhancing permanency for children and families, increasing skills/abilities of foster and adoptive families through greater access to and enhanced development of training resources/materials, and developing a more responsive support system for families.

Efforts statewide and regionally continue regarding the provision of timely and effective training for foster and adoptive families. As access to ongoing training and increased skill development has been shown to enhance resource provider retention and increase better outcomes for children in care, CFSD has developed training regarding the Reasonable and Prudent Parenting Standards that is available online and in person for foster and adoptive families. Casey family has been approached to consider a culturally specific development of this training resource as well as possible collaboration with tribal colleges to translate this specific training into Native Languages. CFSD will continue to identify ongoing training needs, including those of families parenting LGBTQ youth, as well as working to distinguish the best means to educate and support families. Additionally, work with the University of Montana to develop ongoing training resources (both online and in person) has occurred and the CQI process has been initiated with a plan for reviews by licensed providers.

Montana is a very rural state and as a result, CFSD resource staff shared information regarding web based training through collaborative relationships with FVPSA program staff, Chaffee

program staff, IVB and In-Home program staff and ICWA programs. Additionally, programs such as AdoptUsKids, Foster Club, UNITY, Workforce of 1, NIWRC, NCDV, Child Welfare Information Gateway, Foster Parenting Toolbox, A Family for Every Child and the National DEC, have trainings that are regularly shared with licensing staff for tribes, private programs and families/staff involved with CFSD. Information regarding local training available through local stakeholders is shared with tribal licensing staff and private providers and CFSD licensed families. Families were also provided access to training presented by UM Staff Development Specialists that mirrors training provided to CFSD CPS staff. Foster and Adoptive parents are also included in the annual Montana Prevent Child Abuse and Neglect Conference that offers resource family focused topics, fee waivers for hotels and registration, and reimbursement for travel expenses. CFSD continues to work internally with the Systems Innovation and Integration Unit in this area to identify that the trainings that are available are trauma informed and evidence based.

In addition to training efforts mentioned, staff have participated in appreciation events in some communities; including picnics, dinners and Christmas parties and potlucks. The continued increase of children in care has resulted in a large increase in the numbers of families needing licensure. Meeting the licensing needs of these families has resulted in less time for staff to initiate and participate in appreciation events. As a result, local staff work have worked cooperatively and collaboratively with community stakeholders and other agencies to support their efforts to host appreciation events and support groups.

Efforts are ongoing to develop supports and services that are trauma informed and evidence based. Targeted recruitment efforts for placement of children in out of state care have begun and are being developed in the collaboration with the residential specialist at CFSD and the Developmental Disabilities Division and the Children's Mental Health Division. Future efforts will include development of in state placements able to meet the requirements of children with dual diagnosis and significant needs.

CFSD has entered into a MOU with Child Bridge, a faith based entity, who actively recruited for some difficult special needs children in care of the Division. It is hoped that over the next year we are able to advance our relationship with Child Bridge, offering another tool to assist workers toward achieving permanency for children in our care.

Summary: The division does not have a systemic way to capture recruiting and retention efforts in Montana. While there is still a shortage of foster placements available for children, the division cannot determine what is working well and what we need to focus more attention on, so this is an area needing improvement.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

Montana Response:

The division has an ICPC process where all requests from the regions filter through central office. This ensures the same process is used with all requests and then can be followed up by central office to enhance the timeliness of the responses. MTROM has just recently created a number of reports specific to In-Coming and Out-Going ICPC requests which will assist central office staff in tracking and following up on all cases.

For FFY 2015 Montana CFSD requested home studies for placement of 294 children in parent, relative, foster or adoptive homes out of state. Of these 294 children, the receiving state provided a home study or other response for 277 children. Twenty-five percent, or 69, of the home studies or other responses were completed within 60 days.

For FFY 2016 Montana CFSD requested home studies for placement of 333 children in parent, relative, foster, or adoptive homes out of state. Of these 333 children, the receiving state provided a home study or other response for 278 children. Thirty-one percent, or 87, of the home studies or other responses were completed within 60 days.

Summary:

This process though not perfect is considered a strength since we are able to track all ICPC requests both generated by our division as well as those generated from other states attempting to place children in Montana.