



STATE OF MISSISSIPPI:  
2020-2024: CHILD AND FAMILY SERVICES PLAN  
(CFSP)

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2022 ANNUAL PROGRESS SERVICE REPORT (APSR)  
JULY 1, 2020 -JUNE 30, 2021

## Table Contents

I. Organizational Structure, Vision and Mission.....	4
A. State Agency Administering the Programs.....	4
B. Vision, Mission and Philosophy of the State .....	8
II. Collaboration.....	10
A. On-Going Collaborative Efforts .....	10
B. Collaboration with State Courts, Legal and Judicial Community.....	25
III. Assessment of Current Performance in Improving Outcomes.....	29
A. Safety Outcomes 1 and 2 (1355.34 (b)(1)(i)) .....	29
B. Permanency Outcomes 1 and 2 (1355.34 (b)(1)(i)).....	32
C. Well-being Outcomes 1, 2 and 3 (1355.34(b)(1)(iii)).....	38
IV. Plan for Enacting the State’s Vision .....	81
A. Updates to Goals and Objectives.....	81
V. Quality Assurance System .....	92
VI. Update on the Service Descriptions.....	92
A. Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1) .....	92
B. Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)).....	92
C. Services for Children Under the Age of Five (section 422(b)(18) of the Act).....	93
D. Efforts to Track and Prevent Child Maltreatment Deaths .....	99
E. Emergency Funding for MaryLee Allen Promoting Safe and Stable Families (Division X).....	100
F. Updates to Adoption Promotion and Support Services.....	106
G. Service Decision-Making process for Family Support Services (45 CFR 1357.15(r)) .....	111
H. Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act) .....	111
I. Kinship Navigator Funding (title IV-B, subpart 2) .....	114
J. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits .....	117
K. Additional Services Information.....	120
1. Adoption and Legal Guardianship Incentive Payments (section 473A of the Act) .....	120
2. Family First Prevention Services Act Transition Grants.....	122
VII. John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) (section 477 of the Act).....	122
A. Services .....	122
B. NYTD Data Collection and Collaboration .....	135
C. Coordinating Services with “Other Federal and State Programs for Youth .....	136
D. Education and Training Vouchers (ETV) Program (section 477(i) of the Act) .....	137
E. Chafee Training .....	138

## 2022 Annual Progress and Service Report

F. Consultation with Tribes (section 477(b)(3)(G) of the Act).....	138
VIII. Consultation and Coordination Between States and Tribes .....	140
IX. Supplemental CAPTA Funding (American Rescue Plan) .....	140
X. Updates to Targeted Plans within the 2020-2024 CFSP .....	141
XI. Statistical and Supporting Information .....	153
A. Information on Child Protective Service Workforce: .....	153
B. Juvenile Justice Transfers: .....	165
C. Education and Training Vouchers:.....	166
D. Inter-Country Adoptions: .....	166
E. Monthly Caseworker Visit Data:.....	166
XII. Financial Information .....	167
XIII. Publication and State Contact .....	168
A. Publication.....	168
B. State Contact.....	168
XIV. 2021 APSR ATTACHMENTS.....	168
A. CAPTA State Plan Requirements and Updates – See Attachment A.....	168
B. Financial Information – See Attachment B .....	168
C. MDCPS’s Organizational Chart – See Attachment C .....	168
D. ETV Attachment – See Attachment D .....	168

## I. Organizational Structure, Vision and Mission

### A. State Agency Administering the Programs

The Mississippi Department of Child Protection Services (MDCPS) is Mississippi's lead child welfare agency, responsible for administering Mississippi's programs under Title IV-B and Title IV-E of Social Security Act. MDCPS is led by a Commissioner who is appointed by the Governor, and who exercises complete and exclusive operational control of the Department's functions, except where she and the Executive Director of the Mississippi Department of Human Services agree to share administrative support services.<sup>1</sup> At this time, pursuant to a memorandum of understanding between the two agencies, MDHS provides administrative support services for MDCPS in the following areas: accounts payable, accounts receivable, purchasing, travel reimbursement, employee benefit coordination, subgrant monitoring and audit, cost allocation, property management, and network and hardware information technology services. MDCPS maintains sole responsibility for its programmatic functions.

Mississippi law assigns MDCPS responsibility for "[t]he programs and services [formerly] provided by the Office of Family and Children's Services of the Department of Human Services."<sup>2</sup> This statutory authority includes primary responsibility for protective services for children, foster care, adoption, interstate compact, and licensure.<sup>3</sup>

MDCPS is led by an executive leadership team, which includes a Commissioner, Principal Deputy Commissioner, Director of Communications, Deputy Commissioner of Child Welfare, Deputy Commissioner of Child Safety, Deputy Commissioner of Administration, Deputy Commissioner of Policy & Strategy/General Counsel, and Deputy Administrator of Human Capital. During the APSR timeframe, Taylor Cheeseman served as Interim Commissioner until September of 2020. As of September 15, 2020, Andrea A. Sanders was appointed Commissioner. A chart of the agency's structure is located under Attachment C.

The following predominant areas are detailed below:

- **Communications**-The Director of Communications oversees the agency's external and internal communications and informational messaging to stakeholders through media relations, advertising/marketing and publications. The Director of Communications is also responsible for website content management, social media platforms and digital communications
- **Deputy Commissioner of Child Welfare:** The Deputy Commissioner of Child Welfare leads MDCPS's field and programmatic staff through seven (7) direct reports: Director of Permanency Support Services; Director of Licensure, Director of Therapeutic and Prevention Services the Director of Field Operations, East; the Director of Field Operations, West; the Director of Field Operations, South and a Staff Officer.
  - **Permanency Support Services:** The Director of Permanency Support Services leads MDCPS's independent living program, state office support units for both termination of parental rights and adoption, and a specialized staff of adoption caseworkers across

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<sup>1</sup> Miss. Code Ann. 43-26-1.

<sup>2</sup> *Id.*

<sup>3</sup> Miss. Code Ann. 43-1-51.

- MDCPS's fourteen regions. An adoption caseworker is assigned in addition to a child's frontline caseworker when the child's permanent plan changes to adoption, and these caseworkers specialize in preparing the necessary paperwork for adoption and identifying an adoptive family if the child's foster family does not intend to adopt. A similar supervisory structure to that of the frontline staff exists for the adoption caseworkers, with adoption caseworkers reporting to adoption supervisors, adoption supervisors reporting to regional adoption supervisors, and the regional adoption supervisors reporting to adoption bureau directors for the eastern and western halves of the state.
- **Licensure:** The Director of Licensure manages MDCPS's efforts to recruit, and license foster homes (relative and non-relative) and manage ICPC placements. Bureau directors of foster-home licensure for the eastern and western halves of the state manage a staff of licensure workers that mirrors the structure of MDCPS's frontline and adoption workforce across the fourteen regions: i.e. licensure worker, licensure supervisor, regional licensure supervisor. The licensure workers have responsibility for licensing new MDCPS foster homes within prescribed time frames, performing periodic checks of existing MDCPS foster homes, renewing expiring foster home licenses, and assisting frontline staff with identifying available placements for children who enter custody. A bureau director manages Rescue 100, MDCPS's primary mechanism for foster-home recruitment through faith-based organizations. A division director manages the state office Licensure Unit which provides supportive services in the areas of Foster Board Payments, all Non- Expedited Foster Parent Applications, Expedited and Non-Expedited Licensure Process Training, and tracking all Expedited Relative Placements for the state. Finally, a division director manages a state office staff coordinating ICPC placements to and from Mississippi.
  - **Therapeutic and Prevention Services:** The Director of Therapeutic and Prevention Services has primary responsibility for managing MDCPS service contracts and coordinating the delivery of services to children and families served by MDCPS. A prevention services bureau director manages staff that coordinate referrals to community service providers for substance affected infants and their families as an alternative response to MDCPS intervention as part of Mississippi's implementation of the Comprehensive Addiction Recovery Act. The prevention staff also coordinates referrals to in-CIRCLE, MDCPS's primary intervention for preventing children's entry in foster care after a report of child maltreatment. The staff also administers MDCPS's primary prevention grants. The bureau director of therapeutic services' staff includes nurses, who assist frontline staff with coordinating and tracking medical services for children in custody; interpreters, who assist frontline staff serving children or families needing interpreter services; and the therapeutic placement unit, who assists frontline staff with finding placement for children in foster care with therapeutic needs. Additionally, there is a division director that manages the agencies efforts regarding state and federal compliance for Victims of Trafficking. Lastly, a division director manages the Interpreter Services Unit which provides interpreter services to all MDCPS staff and clients statewide.
  - **Field Operations:** The three directors of field operations are responsible for managing the frontline case-management workforce across the western, eastern, and southern thirds of the state. This staff is divided into fourteen (14) regions. Each region is led by

a regional director. Each regional director is supported by two or three regional supervisors, who supervise the frontline supervisors. Each frontline supervisor manages five caseworkers. These caseworkers have responsibility for investigating all allegations of child maltreatment reported to MDCPS except maltreatment in care, and to provide case management for children in foster care or receiving in-home services from MDCPS. MDCPS caseworkers in most counties carry mixed caseloads of investigations, in-home cases, and foster-care cases, however, in some of Mississippi's more populous counties investigations are specialized with dedicated units of caseworkers.

- **Deputy Commissioner of Child Safety:** The Deputy Commissioner of Child Safety leads MDCPS's efforts related to continuous quality improvement, federal data reporting, MSA data reporting, and special investigations.
  - **Continuous Quality Improvement (CQI):** The Director of Continuous Quality Improvement manages a staff of quality assurance reviewers across MDCPS's fourteen regions. The reviewers have responsibility for performing periodic and ongoing case reviews. These case reviews include the Foster Care Review which fulfills the 6-month administrative review for children who remain in foster care and Regional Reviews utilizes the federal onsite monitoring system. The reviewers are supervised by case review supervisors. The office of Congregate Care licensing is housed within the CQI unit. The office is managed by a director of Congregate Care. The Director of Congregate Care manages MDCPS's facility licensure staff, who has responsibility for licensing emergency shelters, group homes, and therapeutic group homes that accept children from MDCPS for placement, and for monitoring facilities' compliance with MDCPS contract requirements. Annual performance-based contract reviews are also conducted on these facilities to assess their compliance in service delivery and pursuant to their contracts and scopes of services. The Safety Review Unit is a functional area within the CQI unit. This area supports the quality assurance review of Maltreatment in care investigations and reviews screened out maltreatment in care reports to ensure adequate screenings were conducted.
  - **Office of Data Reporting:** The Director of Data Reporting manages the Office of Reporting. This area consists of Olivia Y. reporting and Federal data reporting of NCANDS and AFCARS.
  - **Special Investigations:** This unit is responsible for investigating all allegations of child maltreatment of children that are in MDCPS custody and any fatality reported to MDCPS statewide. The Unit is comprised of 14 investigators and managed by three Bureau Directors.
- **Deputy Commissioner of Administration:** The Deputy Commissioner of Administration has responsibility for finance, information technology, procurement, contracts, and eligibility.
  - **Financial Services:** The Chief Financial Officer supervises staff that manages MDCPS's budget, coordinates the use of children's funds, makes board payments for children in MDCPS custody, performs eligibility determinations, and administers federal claiming and financial reporting.
  - **Information Technology Department:** The Chief Information Officer manages the Information Technology Department. The Information Technology Department consists of the Development Services, Help Desk Services, Support Services, MACWIS Support, and CCWIS Support units. These units have the responsibility of

innovating, developing, and supporting all hardware, software, and applications utilized by MDCPS.

- **Procurement:** The Director of Procurement manages staff involved with planning, directing, and coordinating the purchase of materials, products, or services. Procurement includes the negotiation of contracts with vendors and suppliers, preparation of RFPs, review of bids, presentation of procurement information for contract approval, analysis of contracts for compliance with regulations. Director is also responsible for implementation of state and federal procurement regulations.
- **Deputy Commissioner of Strategy & Policy/General Counsel:** MDCPS's Deputy Commissioner for Strategy & Policy/General Counsel serves as the chief legal counsel for the agency and has responsibility for the Office of Legal Counsel and the Federal Reporting Unit. This role involves responsibility for all legal matters affecting the agency's operations, the development of agency policy, and federal reporting related to the CFSP, APSR, and CFSR PIP. This individual also coordinates all work with the Office of the Attorney General and outside counsel.
- **Deputy Administrator for Human Capital:** The Deputy Administrator of Human Capital has responsibility for human resources, professional development, and workforce wellbeing development.
  - **Human Resources:** The Director of Human Resources manages all hiring for MDCPS as well as all disciplinary actions involving MDCPS employees.
  - **Professional Development:** The Director of Professional Development manages a staff of trainers and coaches that provide preservice training to MDCPS frontline, licensure, and adoption workers, as well as clinical supervisory training for all new frontline, licensure, and adoption supervisors, and ongoing training for all MDCPS employees.
  - **Workforce Wellbeing Development:** The Workforce Wellbeing Director will focus on increasing workforce satisfaction, reducing burnout and staff turnover and improving service delivery to children and families through increased workforce stability and experience.



## B. Vision, Mission and Philosophy of the State

### **Vision**

MDCPS's vision is "Mississippi's children will grow up in strong families, safe from harm and supported through partnerships that promote family stability and permanency."

### **Mission**

Our mission is "to lead Mississippi's efforts in keeping children and youth safe and thriving by

- strengthening families;
- preventing child abuse, neglect, and exploitation; and,
- promoting child and family well-being and permanent family connections.

### **Safe at Home Philosophy**

The MDCPS Safe at Home philosophy is founded in the belief that the first and greatest investment of time and resources should be made in the care and protection of children in their own homes. With the appropriate investment of short-term services and intensive supports designed to strengthen families, even those who experience temporary family disruption can reach sustainable, long-term familial safety and stability. Through these supports, MDCPS can prevent unnecessary family separation and out-of-home placement, reducing additional trauma to children and families while also achieving safety and maintaining permanency.

However, when a child cannot safely remain in his or her own home because of eminent or actual danger, MDCPS recognizes immediate steps must be taken to protect and care for that child while simultaneously working toward timely reunification with the child's family whenever safely possible. When this is not an option, MDCPS works to assure timely completion of other permanent plans—adoption, durable legal custody, guardianship, or a successful transition to independence. Overall, MDCPS works to empower the family and encourage self-sufficiency while meeting the child's needs for safety and well-being and achieving timely permanency.

MDCPS's philosophy recognizes that Mississippi cannot achieve sustainable, long-term child and family well-being and permanent family connections simply by operating a foster care system in which government raises children in lieu of their families. Rather, MDCPS believes long-term wellbeing for children and families only can be achieved by ensuring foster care is one tool in a much broader child welfare system which seeks to preserve the family whenever possible. Key to this is establishment of a statewide partnership with community connections essential to the safety, well-being, and permanency of all Mississippi families. This safety net is particularly critical when a child is removed and placed into state custody. Immediate and diligent efforts must be made to place the child and/or sibling group with other relatives, if possible, or with a licensed foster family which can maintain the child and/or sibling group in their own schools and communities. The goal is to minimize trauma to the child and birth family as much as possible. In these situations, families can best be supported by a strong safety network, extended family, and community. Frontline staff and other partnerships supporting them are, cooperatively, leading agents of positive change in the lives of these



## **2022 Annual Progress and Service Report**

children, youth, and families working in tandem toward sustainable, long-term child and family well-being and permanent family connections.

## II. Collaboration

### A. On-Going Collaborative Efforts

To carry out its mission, MDCPS collaborates with stakeholders and those with lived experience on both an ongoing and as-needed basis. This collaboration occurs through a variety of commissions, committees, joint trainings, focus groups, and agreements. Also, for the development of the state's 2022 APSR, MDCPS contacted its stakeholders to provide the status of joint initiatives and service delivery information, successes, any perceived barriers, and strategies for improvement. These collaborative efforts are integrated throughout the APSR narrative. However, due to the coronavirus pandemic several collaborations were altered or postponed. The agency is making plans to resume our collaboration efforts through strategic planning, trainings, establishing working committees and creating avenues that foster community buy-in and feedback. These transformative efforts are all a part of the integrated and collaborative work the agency is set to do in order to increase the number of community and family voices to help carry out our mission. Examples of current partners and other stakeholders include:

#### Collaboration with Parents

MDCPS has required the case-level incorporation parental voice in case planning. The State has taken steps in that direction.

#### **2022 Update**

Currently, the Prevention Unit does not hold any focus groups. However, we are in the process of creating a Parent Advisory Council (PAC). The prevention subgrantees distribute surveys to participants upon completion of services/programs. PAC will assist in communication and collaboration of parents that have had services through MDCPS. Additionally, feedback will be received to assess and fill any gaps of services that can be beneficial to children, families, and communities.

MDCPS plans to ensure subgrantees continue/resume collaborative efforts with community and state agencies. These initiatives are often based on community family-engaged programs/activities. Activities are open to the community and other interested individuals. Also, Parenting programs are offered through the subgrantees. These programs are evaluated after completion for development, improvement, and effectiveness. All activities and programs are geared towards raising awareness of child abuse and neglect. The Protective Factors framework is also implemented to improve child and family health/functioning. The Prevention Unit plans to increase a collaborative effort with Head Start. Currently, the Prevention Unit is present as an exhibitor at the ICWA conference. Plans are to increase collaborative efforts with the tribes. The Prevention Unit have contractual agreements with various agencies regarding collaboration for child abuse and neglect prevention.

One of MDCPS's collaborative partners is Starkville Oktibbeha Consolidated School District Emerson Centers which offers the following services: Adult Education and Workforce Development, Family Education, Support Groups, Home Visits, Respite Services, and other Community Referrals Services.

Starkville offers two (2) programs. The Parent' Café Program is funded through the Mississippi Children's Trust Fund. Parent Cafes are offered in the following counties: Oktibbeha, Winston,

## 2022 Annual Progress and Service Report

Lowndes, Clay, and Noxubee. Parent Cafés are parent-led community groups in which parents share, learn, and find support. These parent groups provide opportunities for families to discuss matters important to them. The goal of group discussions and activities is to help families build the following protective factors which have been proven to be effective in strengthening families. These factors include Parental Resilience, Social Connections, Concrete Support in Times of Need, Knowledge of Parenting and Child Development, & Social and Emotional Competence of Children.

Parent Cafés are geared to prevent child abuse and improve well-being among children and families at risk, through the provision of supportive family services. Additionally, to support coordinated community-based efforts to develop, operate, expand, enhance, and where appropriate to network, initiatives aimed at the prevention of child abuse and neglect. This program goal is established by increasing community awareness of the protective factors that strengthens families and reduces the incidence of child abuse and neglect.

Project CARE is the 2<sup>nd</sup> program that MDCPS has a contractual agreement with. Services are offered in the same five counties as the Parent Cafes. Since the submission, the programs have been renamed Oktibbeha School District Discovery Center. Project CARE Project CARE focuses on families strengthening families. Additionally, they have a resource library that has materials that parents/caregivers can check out for use at home. Materials include parenting and marriage education, relationships, financial management, respite care, and children's educational activities. In addition, the Department of Family Centered Programs offer a variety of lifelong learning experiences designed to encourage and support strong, healthy families in Oktibbeha County and surrounding areas. Strong, healthy families create a thriving community. Year-round comprehensive programs assist children, support parents, and empower families to focus on the importance of family, school, and community working together. Within these programs, The Starkville Oktibbeha Consolidated School District renewed the contract for Parent Cafes from July 1, 2020, through June 30, 2021. Parent Cafés through Families Strengthening Families are parent-led community groups in which parents share, learn, and find support. These parent groups provide opportunities for families to discuss matters important to them. The goal of group discussions and activities is to help families build the following protective factors which have been proven to be effective in strengthening families. These factors include Parental Resilience, Social Connections, Concrete Support in Times of Need, Knowledge of Parenting and Child Development, & Social and Emotional Competence of Children.

Anyone in a parenting or caregiving role can attend Parent Café's. Locations and times are at various locations throughout the counties such as: daycares, schools, community facilities, churches, and businesses. Childcare is also provided during these cafés. The cafés and childcare are both free of charge. Cafés are held in Oktibbeha, Winston, Lowndes, Clay, and Noxubee counties.

For February 1, 2020, through May 31, 2021, Families Strengthening Families conducted 323 Parent Café's to the general population with 284 of the population being high-risk, 110 Teleconference calls, 40 ACT Raising Safe Kids, 24 Anger Management for high-risk participants, 6,557 Live Facebook Parenting Sessions, and served 1,359 individuals (2,008 children) during Child Abuse and Neglect Awareness events.

## 2022 Annual Progress and Service Report

Family services are designed to strengthen the family unit and incorporate the following five evidence-based protective factors: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Family Centered Programs include Family Education, Support Groups, Home Visits, Family Resource Center, Respite Services, Referral Services, and a Community Resource Guide to provide families information on additional support services in the community. From February 1, 2020, through May 31, 2021, 4,016 (this includes the number of Facebook Live Parenting Education) and 2,394 children (this includes food pantry, respite care, outreach events and 13 individuals with disabilities. MDCPS Prevention Unit continues to exhibit and sponsorship various conferences throughout the state. The Prevention Unit has been present as an exhibitor or sponsor at the following conferences:

<b>Fall Social Work Institute Conference (virtual)</b>	<b>9/11/2020</b>
<b>Trauma Conference (virtual)</b>	<b>9/22/2020 – 9/24/2020</b>
<b>National Association of Social Workers (virtual)</b>	<b>3/25/2021 – 3/26/2021</b>

\*Due to COVID-19, most of the conferences were postponed.

### **Victims of Trafficking Collaboration**

MDCPS efforts to address victims of child trafficking includes collaboration among professionals of varied disciplines. MDCPS participates in trainings to assist staff in fostering an effective, comprehensive response to victimization. Other collaborative efforts include on-going participation in a multidisciplinary team. MDCPS serves as a key partner with the Mississippi Human Trafficking Council. The daily work of the Council is handled by 5 subcommittees; (1) Outreach and Public Awareness; (2) Strategic Planning and Trafficking Protocol (3) Policy and Legislation; (4) Training; and (5) Victims Services. MDCPS, HT Coordinator is an active member/participant of the Mississippi Human Trafficking Victim Service & Training Subcommittee. The goal of the Victims Service Subcommittee is to enhance the quality and quantity of services available to assist all victims of Human Trafficking in achieving their goals, either in-house or through referrals. The purpose of the Training Subcommittee is to create a common training involving experienced trainers from a variety of fields, including law enforcement, victims' services, victim impact/survivor consultants, and other specialized services providers such as legal assistance of mental health.

### **2022 Update**

MDCPS continues to serve as a key partner with the Mississippi Human Trafficking Council. The Mississippi Human Trafficking Council (MHTC) is a council chaired by representatives from the U.S. Attorney's Office, Mississippi Bureau of Investigation, and Mississippi Department of Public Safety. The main Human Trafficking Council Chairs now meets virtually each quarter or on a schedule determined by the council (Please see Attachment G for a full list of the Multidisciplinary Team/Stakeholders).

## 2022 Annual Progress and Service Report

The MHTC Council had plans to hold a statewide Human Trafficking Summit annually in January of 2021 however due to the Covid-19 restriction, the 2021 Human Trafficking Summit was cancelled until January 2022. The MHTC subcommittees meets each month, and the meeting is ongoing. Each task force is made up of local, state, federal and tribal law enforcement and is led by the Assistant U.S. Attorney who in each meeting, solicits leads for and facilitates discussion of potential investigations as well as discussion of cases at various stages in the legal process to de-conflict and coordinate investigations. The MHTC also follows up on investigations as well as cases already pending in the court or the grand jury. Local victim services are included as part of the team. Victim services work with MDCPS and Child Advocacy centers throughout the state.

The Mississippi Interdiction for the Protection of Children training is conducted quarterly and is on-going. Mississippi is one of 13 states certified by the Texas Department of Public Safety to teach interdiction for the Protection of Children training (IPC) Upon certification, MS Public Safety (MDPS) agreed to teach the curriculum as trained to maintain the integrity of the program.

MDCPS also participates in national collaborative efforts to address victims of child trafficking. The MDCPS Human Trafficking Coordinator is a member of the National Child Welfare Anti-Trafficking Collaborative. The collaborative meets virtually every other month to hold targeted conversations on how members are addressing child trafficking through the child welfare system in their respective states. The discussions are often topical and focus on policy and practice related to child protection screening, investigations, case management, placement, training multidisciplinary approaches, specialized residential and community-based services, and other related topics. The Collaborative provides an open environment for asking questions and brainstorming solutions to complex problems within the child welfare sector's response to trafficking. The participants include those creating and implementing state-level child welfare policy and practice addressing human trafficking. In certain states, regional, county, or tribal participation may also be appropriate. Currently there are over 20 states representing both large and small states. In other efforts to address victims of child trafficking, On March 3, 2021, a meeting was held with MDCPS Supervisors and Investigators in collaboration with the Mississippi Specialized Emergency Human Trafficking Assessment Team to share input on best practices/protocols when responding to trafficking cases. The speakers included: Certified Human Trafficking Advocates, Law Enforcement Agents from the Mississippi Bureau of Investigation (MBI), the Attorney General's Office and the Mississippi Statewide Human Trafficking Coordinator.

MDCPS continues to use a multidisciplinary approach to identify and assess children who are sex trafficking victims. MDCPS requires that all child protective service workers receive appropriate training on trafficking and the utilization of a victims-centered/trauma informed approach. The Mississippi Interdiction for The Protection of Children training was scheduled to occur on April 15 & 16, 2020 but has not been rescheduled to date. This training is designed to educate patrol officers of the variety of resources available to assist them in establishing the status of a child who may be missing, exploited, or at risk of exploitation. Officers and CPS workers are both trained in their role when responding to children with suspicion of sex trafficking. Several members from MDCPS Special Investigations Unit were registered however this event was canceled due to COVID-19. MDCPS has reached out to Texas IPC for consent to teach virtually but has not received consent. The training cannot be rescheduled until consent is given for virtual training or

## 2022 Annual Progress and Service Report

state mandates are changed that will allow in person training. In November 2020, MDCPS developed a Human Trafficking training PowerPoint to assist MDCPS staff with the identification, assessment, and response protocols of children at risk for trafficking. In addition, the CSE-IT assessment tool is currently under review by leadership. The CSE-IT assessment tool is an evidence-based tool used to identify commercially sexually exploited children (CSEC). If adopted the tool will serve to implement a systematic screening protocol to identify youth who are exploited in a quicker manner.

Human Trafficking policies and procedures were reviewed during the reporting period to align with the updates to the July 2020, House Bill 1559. The changes to MDCPS current policy and procedures have been completed. There have been no changes to the information systems for victims of trafficking during this reporting period.

### **Citizens Review Panels**

#### ***The Mississippi Child Death Review Panel***

Mississippi law creates the Mississippi “Child Death Review Panel, whose primary purpose is to foster the reduction of infant and child mortality and morbidity in Mississippi and to improve the health status of infants and children.”<sup>4</sup> The panel’s membership consists of “one (1) representative from each of the following: the State Coroners Association, the Mississippi Chapter of the American Academy of Pediatrics, the Office of Vital Statistics in the State Department of Health, the Attorney General’s office, the State Sheriff’s Association, the Mississippi Police Chiefs Association, the Department of Human Services [MDCPS], the Children’s Advocacy Center, the State Chapter of the March of Dimes, the State SIDS Alliance, the Mississippi Children’s Safe Center, Safe Kids Mississippi, and the Mississippi State Fire Marshal’s office.”<sup>5</sup> Each year the panel is tasked with creating a report for the Mississippi Legislature outlining “appropriate recommendations to the Legislature on how to most effectively direct state resources to decrease infant and child deaths in Mississippi.”<sup>6</sup>

### **2022 Update**

The Child Death Review Panel (CDRP) continues to compile findings reports from each case based on sources such as Mississippi vital records, toxicology reports, autopsies, and death scene investigations. The CDRP identify factors that put children at risk of injury or death. The quarterly meetings were held July 9, 2020, September 10, 2020, October 29, 2020, November 19, 2020, February 25, 2021, and May 20, 2021. The Mississippi Health Department of Health is the state lead agency for the CDRP. The quarterly meetings were held more frequently over the past year to catch up from the COVID-19 related cancellations.

#### ***Mississippi’s Youth Advisory Council formerly Teen Advisory Board***

Engages youth in I.L. program and policy changes/updates through monthly regional meetings and quarterly state level meetings.

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<sup>4</sup> Miss. Code Ann. 41-111-1.

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

### **2022 Update**

Mississippi's Youth Advisory Council (YAC) formerly Teen Advisory Board (TAB) is a youth leadership and advocacy training platform coordinated through the YTSS Office. Meetings were held monthly within their respective regions to establish the topics to be addressed at the state level quarterly meeting. Each region is required to have a minimum of one youth to be considered an active board without a maximum limit of youth. The regional YAC participation fluctuates from month to month due to placement, custody status, extracurricular activities, etc. The regional YAC's are open for any youth in care age 15-18 to participate. The Transition Navigator for the region facilitates the meeting with a previously developed agenda to gather information at the regional level for discussion at the state level YAC meeting held quarterly. Information about the regional YAC meetings is shared with the youth, case workers, ASWS', and Regional Directors. There is a currently a 13-member state level YAC with one youth from each region. YTSS employs virtual as well as in person YAC meetings in order to accommodate the schedules of the youth.

Each regional YAC board identifies current practice they would like to work on and uses the current policy as a guide to make updates and suggested revisions. The state level YAC meetings are where agency leadership, YTSS leadership and YAC members meet to discuss and revise policy identified by the youth in their regional YAC meetings. These meetings resulted in the new structure that we have implemented, which includes each region having its own board to allow more youth participation and more youth involvement. These meetings also resulted in the creation of a curriculum that youth would work on in their Regional YAC meetings that includes:



## 2022 Annual Progress and Service Report

Education	Leadership and Advocacy	YAC Marketing/Program Awareness
<ul style="list-style-type: none"> <li>• Secondary and Post-Secondary Activities</li> <li>• Vo-tech/Career Trainings</li> <li>• Education Track Guide</li> <li>• Identify Educational Resources</li> </ul>	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Team Building/Teamwork</li> <li>• Commitment</li> <li>• Adaptive Change</li> <li>• Mentorship</li> <li>• Research and Public Speaking</li> <li>• Social Media</li> <li>• Professional Decorum</li> </ul>	<ul style="list-style-type: none"> <li>• Social Media</li> <li>• Newsletter</li> <li>• PowerPoint</li> <li>• Community Engagement</li> <li>• MPB</li> <li>• Flyer</li> <li>• Capitol Day</li> <li>• Conference Presentation</li> <li>• MS Youth Voice</li> <li>• Did You Know?</li> <li>• Email, Text, Apps</li> <li>• YAC Challenge</li> <li>• TIC TOC</li> <li>• Video</li> <li>• Foster Parents, Guardians, Adoptive Parents, Group Home Providers</li> </ul>

The Mississippi Youth Advisory Council will continue to focus on incorporating the voice of youth who are in the custody of MDCPS, into the policy surrounding the age group. Board advisors (staff) and members will collaborate on bringing awareness to the specific issues they face, adequately addressing the correct chains of command, and strategically having their voices heard. Activity goals, other than regional quarterly meetings, and state board quarterly meetings include collaborating directly with the MDCPS Commissioner as part of the Commissioner's Council for Change. The Commissioner's Council is a unique opportunity for older youth in care to share lived foster care experience with the Commissioner of MDCPS as advocates and stakeholders. The council will also serve a mentoring program for the youth to experience support and guidance from the Commissioner to develop mentoring skills that will foster a mentoring community among the youth. This program is designed to build a bridge between youth in care and the adults who develop policy and implement practice to improve the service delivery, supports and outcomes for youth in care through a partnership-based approach to child welfare. Additional activities goals include presenting at the quarterly Clinical Management Team meetings as well as providing leadership during our Annual Youth Conference and serving as a youth panel during the annual joint planning meeting. During the annual joint planning meeting there were a panel of three youth from different parts of the state presented on the topic "Permanency for Older Youth". During the session the youth answered questions, shared their experiences, and talked about their future plans. This platform gave them an opportunity to

## 2022 Annual Progress and Service Report

present to various stakeholders, such as representatives from the Children's Bureau and MDCPS along with judges, community organization representatives, and foster parents. The session aligned with the MDCPS goal to Increase Family Engagement and address permanency.

YTSS has implemented the practice of including at least two youth in care in all meetings, conference calls, trainings, and planning committees to allow a youth voice in all aspects of program development and improvement. Youth also have the opportunity to provide feedback and make suggestions regarding system improvement for youth who experience foster care through the Mississippi Youth Voice program when they exit foster care.

### ***Children's Trust Funds (CTF)***

The CTF Fund Advisory Council (CTF AC) meets on a quarterly basis. The members continually provide oversight and management for the Children's Trust Fund of Mississippi including the subgrant to the subgrantee – Starkville Oktibbeha Consolidated School District, MS SIDS Alliance, and Southern Christian Services for Children and Youth.

Children's Trust Fund Advisory Council Members consists of members from: MS Department of Health, MS Department of Mental Health, MS Department of Child Protection Services, MS Department of Education, Mental Health Treatment, Youth Court, and one member from each Congressional District. Currently, there is a vacancy for Congressional District 1.

The Children's Trust Fund funds community -based prevention services through Southern Christian Services for Children and Youth. These services are also geared to prevent child abuse and improve well-being among at-risk children and families. Southern Christian Services also offers the Parent Café's services. This organization is unique from the other subgrantee's, specifically because they are present in alcohol and drug treatment facilities and prisons. Services are offered at" Born Free/New Beginnings Residential Facility, Harbor House Chemical Dependency (parent and pregnant women), Central Mississippi Correctional Facility (for both men and women), and the Center Restitution Center.

### **2022 Update**

The CTF Advisory Council has agreed to act as a Citizen's Review Panel for MDCPS. The AC provides comprehensive input on prevention related activities. The AC has agreed to review policies, practices and procedures providing input and recommendations to the agency to improve the child welfare practice in Mississippi.

The CTF Advisory Council was able to meet in May 2021. There were no recommendations made during this time. The members were made aware of the Parent Advisory Council (PAC). PAC will provide additional recommendations and insight for the agency. The members were in favor of the new council. No other changes were made.

### ***Community Based Child Abuse Prevention (CBCAP)***

CBCAP funds targeted intervention services were provided to the general population. These targeted interventions focused on high-risk families, including those affected by homelessness; adults who were victims of child abuse, neglect, or domestic violence; adults affected by substance abuse, poverty, or single parenthood.

### **2022 Update**

The Prevention Unit continues involvement and collaboration with other state agencies and private entities, with the primary focus of improving well-being and safety of children. Such collaboration allows the opportunity for organizations to work together focusing on the improvement and safety of child welfare. The Prevention Unit collaborates with the MS Department of Health, MS Department of Mental Health, and Healthy Homes of Mississippi with the Comprehensive Addition and Recovery (CARA). Substance abuse services are provided to the mother and well-baby care is offered for the infant. Services for the Health Department specifically offers finding a medical home for the mother and infant, services such as Medicaid, food stamps, and WIC, referrals for family planning, transportation, health information, infant safety, and nutritional information. The program manager of this program consults with the mother and infant up to a year of age.

Due to COVID-19, collaboration was very limited last year. The Prevention Unit continues to seek additional collaboration with other agencies and entities.

### **Jackson State University- College of Public Service School of Social Work**

Jackson State University entered into a contractual agreement with through the Community- Based Child Abuse Prevention (CBCAP) grant. Efforts were being made to deter child abuse and neglect, and to promote healthy family functioning. The trainings were based on the Parent Academy, Respite Care/Parent Aide Services, and the Community Resource Center. The Parent Aide program is designed to serve at least 5-10 families monthly. The Community Resource Center served 25 families per month. Through the program, parents were made aware of services available in the community and to network with various agencies that would equip participants with different tactics and skills.

### **2022 Update**

Jackson State University (JSU) recently had a contract with MDCPS. The Capital Area Child Abuse Prevention Project was funded through the CBCAP grant. The Capitol Area Child Abuse Prevention Project (CACAPP) was designed to deter child abuse and neglect, and to promote healthy family functioning. Additionally, 467 families were serviced from February 1, 2020, through September 30, 2020. The contract expired on September 30, 2020. These services consisted of case managers assisting in community-based programs and activities for needy families. Also, JSU shared a Family Resource Center with a local church for families to go and check-out for various items such as games, videos, books. Additionally, the center offered diapers, milk, baby food, clothing for various ages and other family needs.

### **Southern Christian Services for Children and Youth (SCSCY)**

Southern Christian Services for Children and Youth (SCSY) entered into a contractual agreement with MDCPS to provide and support coordinated community-based efforts to develop, operate, enhance, and where appropriate, network initiatives aimed at prevention of child abuse and neglect. (Social Connections) understand everyone needs help at time (Concrete Support in Time of Need), being a parent is part natural and part learned (Knowledge of Parenting and Child Development), and parents need to help their children communicate (Social/Emotional Competence of Children) through educational topics. Parent Strong Prevention program will continue to implement public

## 2022 Annual Progress and Service Report

awareness through educating parents, caregivers, and the community on the lifelong effects of abuse and neglect.

### **2022 Update**

MDCPS renewed Southern Christian Services for Children and Youth on July 1, 2020, through June 30, 2021. SCSCY Prevention Program is a community-based program that helps parents by educating and empowering families to create safe, stable, nurturing, and healthy environments that protect children from violence and maltreatment. The Parent Strong program uses ACT/Raising Safe Kids model: American Psychological Association, which focuses on the understanding of children's needs, child development and parenting skills Southern Christian Services uses the PARENT STRONG program which is designed to help parents by educating and empowering them to create safe, stable, nurturing, and healthy environments that protect children from violence and maltreatment.

From February 1, 2020, through May 31, 2021, Southern Christian Services served 358 parents in the Parenting Training Classes, 3 served with disabilities, 73 in Parent Café's (Support Groups), 97 individuals served in Case Management including Infant Safe Sleep Initiative and donated items, and 43 individuals checked out from the Family Resource Center. Due to the COVID-19 pandemic, services were virtually offered for interested individuals.

The prevention program includes:

- Workshops for Parents/Caregivers (8 one-hour sessions)
- Parent Cafe Monthly Support
- Resource Directory and Library
- Mental Health or Family Counselor
- Employment seeking assistance
- Referrals to job training, violence prevention, childcare, respite, crisis care services, and basic economic needs

ACT/Raising Safe Kids Curriculum will help parents/caregivers:

- Learn basic elements of child development and how to better respond to their children's behavior
- Understand how young children can be exposed to violence, and the consequences in their lives
- Learn how to control and manage their anger
- Understand children's angry feelings and learn to teach them to control their anger
- Understand the impact of electronic media on their children's behaviors and given them options of how to reduce children's exposure to media
- Understand that the way they raise their children has an impact on their behavior that last for life
- How to prevent challenging behaviors and use positive ways to discipline their children

### **Baptist Children's Village-Dorcas In-Home Family Support Program**

The Dorcas In-Home Family Support Program continues to provide services to families within MDCPS. This is a time-limited support program offering a six (6) month initial course of care with

## **2022 Annual Progress and Service Report**

one three (3) month extension, provided progress is sufficient to make established goals attainable in that time frame. One goal of the program is to provide family-driven, youth-guided interventions to improve the stability of enrolled families. The program further seeks to improve enrolled families' ability to provide adequate care for the children they are responsible for. These interventions increase families' access to and utilization of community resources and assistance. Another goal is to reduce the likelihood of removal or other disruption of their living arrangement. The primary function is to facilitate the ability of enrolled families to provide for the safety, permanence, and well-being of their children. The Dorcas program is not a contractual service and MDCPS does not provide funding to Baptist Children's Village (BCV). BCV does not charge any fees for its Dorcas Program services; however, community service providers may charge fees based on the family's household income or enrollment and participation in public assistance programs intended for such purposes. BCV's Dorcas Program serves Region I-South, II-E, II-W, III-North, and III-South.

### **2022 Update**

The Dorcas Program through Baptist Children's Villages continues to provide services to families who that need support service to maintain their family. From July 1, 2020, through May 30, 2021, the program served 35 families with 78 children.

### **Foster Parent Support Groups**

The Foster Parent Liaison serves as a central point of contact for MDCPS foster parents and works to promote foster parent engagement and retention through open communication. This position began on August 1, 2019. The Liaison is also responsible for scheduling the foster parent support groups monthly across the state. The Liaison notifies the foster parents directly of the support group schedule via email. He also notifies the Licensure Unit, the Adoption Unit, and our partnering therapeutic foster care agencies of the schedule. The Liaison collects the sign in sheets of each group and distributes them to the licensure staff in each region. Additionally, MDCPS began utilizing the Guardian Tool which is a survey tool that allows MDCPS to receive real time feedback from foster parents. The data collected from the Guardian Tool monitors the quantity, quality, scope and effectiveness of contacts and visits between foster parents and MDCPS staff.

### **2022 Update**

Due to the shelter in place executive order by the Governor, face-to-face support group meetings were suspended in March 2020. Foster parent support groups were offered via Zoom to families statewide during the pandemic and continue to be virtual at this time. The meetings are hosted by the Foster Parent Liaison and foster parents receive training credit for participation online. The Liaison notifies the foster parents directly of the support group schedule via email. The Liaison also notifies the Licensure Unit, the Adoption Unit, and our partnering therapeutic foster care agencies of the schedule. The Liaison collects the sign in sheets of each group and distributes them to the licensure staff in each region each month. Face to face meetings can resume as of June 1, 2021. At the end of May 2021, the Liaison will resume emailing out the foster parent support group schedule June each month to make foster parents aware of the groups that are meeting each month.

In July, the training topic was Shared Parenting. The Foster Parent Liaison hosted 14 1-hour sessions and had 121 foster families (185 individuals) participate.

## 2022 Annual Progress and Service Report

In August, we had a panel from MS Youth Voice. MS Youth Voice is a group of young leaders working together to improve Mississippi's child welfare system. Each member was in foster care in MS. The Foster Parent Liaison hosted five 1-hour sessions and had 89 families (143 individuals) participate.

In September, we had staff from MDCPS's Youth Transition Support Services staff come and share about the unit and the opportunities and resources that are available for our older youth in foster care. The Foster Parent Liaison hosted six 1-hour sessions and had 112 families (167 individuals) participate.

In November, the topic was Frequently Asked Questions about MDCPS policy. The Foster Parent Liaison hosted five 1-hour sessions and had 98 families (151 individuals) participate.

There were no Zoom meetings scheduled for October or December.

In January 2021, MDCPS Adoption Staff lead four 1-hour sessions to explain the Termination of Parental Rights process to foster parents. Participation included 143 families (229 individuals).

In February 2021, a special Zoom session was held to discuss Shared Parenting. The 2-hour session featured a back-and-forth presentation and conversation between a foster mom and a birth mom -- sharing experiences about how they worked together to maintain parent/child bonding during the child's time in foster care. They also shared real-life examples of how "shared parenting" worked in their relationship -- which is continuing long after foster care concluded for the child.

As mentioned, due to COVID-19, face-to-face meetings were cancelled; thus, limiting collaboration of such activities. Moving forward, Foster Parent Forums will be implemented to increase collaboration within communities and MDCPS. Here Foster Parents Support Groups will allow foster parents and potential foster parents the resources and meaningful knowledge of how to provide a safe and stable environment for children. Additionally, collaborative efforts will increase with the front-line staff and supervisors to increase successful adoptions. These efforts will also allow MDCPS to collect data such as Parent Recruitment and Retention Survey's. MDCPS will continue to research methods of promoting successful Foster Care adoptions.

### **GUARDIAN TOOL**

Additionally, during Q4, MDCPS continued to utilize the Guardian Tool which is a survey tool that allows MDCPS to receive real time feedback from foster parents. The data collected from the Guardian Tool monitors the quantity, quality, scope and effectiveness of contacts and visits between foster parents and MDCPS staff. Between July 1 & May 18, more than 1,600 surveys were completed by our foster parents.

From the comments section at the end of each Guardian Tool survey, MDCPS is able to identify both areas of outstanding staff performance as well as specific issues that need to be addressed by supervisory and leadership staff. These comments are tracked and evaluated by MDCPS



## **2022 Annual Progress and Service Report**

Complaints Resolution staff as well as discussed and addressed by the agency's clinical management team, as appropriate.

In May of 2021, the Liaison emailed out a new survey to our foster parents. The purpose of the survey was to learn more about why our foster families chose to foster and continue to do so. The Liaison received 440 responses to the survey.

In addition to the survey the Liaison set up an ongoing Smartsheet for our foster parents to offer positive feedback when MDCPS staff goes above and beyond. The Liaison set this up on May 12, 2021, and to date he has received 69 completed forms of when MDCPS staff has gone above and beyond. The Liaison shares the positive feedback with the staff member and their chain of command up to the Deputy Commissioner.

### **FOSTER PARENT UPDATES**

The Foster Parent Liaison regularly emails a digital newsletter entitled Foster Parent Updates to keep foster parents updated on training opportunities, MDCPS Policy, and other helpful information.

### **FOSTER PARENT FEEDBACK GROUP**

Additionally, MDCPS has formed a Foster Parent Feedback Group to provide insight from a cross-section of foster families across Mississippi as it relates to our practice and policy. The group meets monthly (currently via Zoom because of COVID.) This group reviews existing and proposed changes to child welfare/foster care policies. It provides a clearinghouse of information from other foster parents related to key issues facing MDCPS. It will be the core group to assist MDCPS in developing a Foster Parent Mentorship program in the coming months. During the next quarter, MDCPS will discuss the CFSR/APSR/PIP in the feedback group.

The monthly meetings are hosted by the Foster Parent Liaison and the Director of Communications.

The first Foster Parent Feedback Group consists of six foster families. The eleven members of the group are from Alcorn, Oktibbeha, Bolivar, Hinds, Jones, and Jackson counties. The feedback group is intentionally kept small to increase the chances of getting feedback from all the members of the group. The meeting was held for 1 hour in January 2021. Members participating included a geographically and demographically diverse and representative group of foster parents. Some participants currently have foster children in their homes while others are awaiting their next placement. One foster mother has been fostering for more than 30 years and has cared for more than 300 children.

This group has already emerged as a key component in the agency's efforts to listen to stakeholders and to integrate their perspectives into new projects and policy reviews. One of the key suggestions emerging from the first meeting was to develop a mentorship program for foster parents to pair experienced parents with newly licensed homes. They have also offered to serve as models and coaches for other foster parents wanting to integrate active Shared Parenting efforts into their foster care experiences.



## **2022 Annual Progress and Service Report**

This group is currently working with MDCPS to re-write the Foster Parent Contract. They are also working with staff to develop a Foster Parent Information Packet and Handbook to assist new and longtime parents in expanding Shared Parenting concepts into their homes as well as to assist with clarification of MDCPS policies, standard operating procedures, and other topics.

### **FOSTER PARENT RECRUITMENT - SHARED PARENTING**

The MDCPS Communications Director has developed PowerPoint slides to explain Shared Parenting goals and objectives as well as to explore the role of foster families in the Shared Parenting relationship with the parents of foster children in their care. Utilizing the hashtag of #SafeChildrenStrongFamilies, the educational/public relations effort is focusing on how foster parents are needed statewide to both care for children and to serve as supports and role models/mentors for those children's parents and family.

The digital slides and accompanying handout materials have been integrated into the agency's ongoing foster parent recruitment efforts and are being used as part of the one-hour Orientation Sessions offered to individuals interested in becoming foster parents.

A fledgling social media push using Facebook and YouTube began in January to illustrate concrete examples of #SafeChildrenStrongFamilies practices through the Shared Parenting emphasis. Once fully developed, these examples will be used in social media as well as traditional Public Service Announcement spots statewide. They will also be available as part of the agency's foster parent recruitment and training sessions.

### **Division of Youth Services (DYS)**

MDHS, DYS is the division that administers probation, aftercare services, and institutional programs for juveniles who have been adjudged delinquent in the Mississippi Youth Courts or are at risk of becoming delinquent. MDCPS and the MDHS, Division of Youth Services (DYS)'s, Community Services Director met to discuss and track the status of youth that have been identified as "crossover" youth. This is a joint effort that targets open protective cases for clients that have been transferred to the state juvenile institution, Oakley Youth Development Center (OYDC). Additionally, the Director of Federal Reporting verifies those cases from the DYS, Community Services' monthly crossover report. Currently, there is no jointly established policy or procedure for identifying and tracking youth that are considered dual or cross over youth.

### **2022 Update**

The Mississippi Department of Human Services continues to provide administrative support services. In addition, MDCPS continues to collaborate with MDHS via the Division of Youth Services (DYS) to provide services for juveniles in risk of becoming delinquent.

### **Division of Economic Assistance (DEA)**

The Division of Economic Assistance is the division that administers the Supplemental Nutrition Assistance Program (SNAP), formerly known as the food stamp program, and the Temporary Assistance to Needy Families (TANF) cash assistance program formerly known as welfare. The State Refugee Coordinator (SCR) continues to collaborate with this division for the Refugee Cash Assistance Program (RCA). RCA is part of the Office of Refugee Resettlement (ORR) Program. It provides financial assistance to people admitted to the United States (U.S.) as refugees. The SRC

## **2022 Annual Progress and Service Report**

and DEA are in constant communication regarding refugees applying for RCA, the status of their applications, payment amounts, duration of payments, and federal reporting.

### **2022 Update**

MDCPS continues the collaboration with Division of Economic Assistance (DEA) to assist refugees applying for Refugee Cash Assistance Program with application status, payment amounts, etc.

### **Mississippi Department of Education (MDE)**

MDCPS Youth Transition and Support Services Unit and MDE work in partnership to promote the educational stability for all children in foster care. MDCPS, MDE and ABA currently have regular monthly calls and continue to develop guidance and policy to address educational stability for youth in care. The Joint Guidance provides clear and concise educational placement procedures to ensure educational stability by outlining the roles and responsibilities of each agency. In accordance with the state policy and procedure, MDCPS and MDE are committed to helping students in foster care remain academically stable while completing courses and advancing to the next grade/level. This partnership has been found to be a strength for both agencies as we work closely together to monitor and maintain as much educational stability for children in care by implementing Every Student Succeed Act. This law was signed, December 10, 2015, and the implementation began in January 2016. The law emphasizes the importance of limited educational disruption of children in foster care. This law has help to improve the awareness of the unique needs of children in foster care by creating and increasing meaningful dialogue specifically focusing on what is in the best interest of the child.

### **2022 Update**

MDCPS Youth Transition Support Services Unit works in collaboration with MDE to ensure the educational stability and improved educational and education related outcomes of each child/youth in MDCPS custody. This interagency partnership serves to ensure the educational stability and improved educational, and education related outcomes of all children/youth in MDCPS custody through the development, implementation, and continuous monitoring- and revision when needed- of policy and practices. The ABA Legal Center for Foster Care and Education continues to serve as a valuable source for guidance as both agencies work to draft a Joint Guidance document in accordance with federal statute (Fostering Connections to Success & Increasing Adoptions Act, 2008 and Every Student Succeeds Act, 2015). Two attorneys with the ABA Legal Center for Foster Care and Education facilitate monthly Joint Guidance planning and development meetings between MDCPS and MDE and provide both agencies with guidance as it pertains to the federal statutes governing Foster Care and Education. Upon its completion and implementation, the Joint Guidance document will provide clear and concise policy and procedures by outlining the role and responsibilities of each agency and relevant stakeholders. As both agencies continue the development and finalization of the Joint Guidance Document, two important procedural changes are being prepared for implementation by the start of the 2021-2022 academic school year. These procedural changes are comprised of an updated BID form and the introduction of a Notification of child/youth placement and placement change form, which will improve educational/school placement and transition processes for all children/youth in MDCPS custody, further ensuring educational stability improved education related outcomes. MDCPS and MDE remain committed to meeting the educational and social-emotional needs of each child/youth in MDCPS custody.

The continued work between MDCPS and MDE will have positive impacts on the lives and educational experiences of each child/youth who enters MDCPS custody.

### **MDCPS Workforce Wellbeing**

#### *Peer-to-Peer Support Process Groups*

The MDCPS Workforce Wellbeing Unit has worked to form the Peer-to Peer Support Process Groups. This group is still in the development stage and is scheduled to take full effect later this year. However, the groups will be designed to meet monthly in the county or region. County meetings shall be limited to Specialists from that county only, but specialists from other counties may attend regional meetings. The meetings will be facilitated by the Workforce Wellbeing Director. All Specialist- Adoption, Frontline, and Licensure are encouraged but are not required to attend. The WWB Director/Facilitator(s) shall keep attendees' identities and any specific information disclosed to protect participants confidential. Groups members must keep all disclosures and information covered and confidential. Groups will operate based on "Who you see here, and what you hear here stays here" model, exceptions to this shall be limited to "duty to warn". Topics that will be discussed within the meeting shall include: basic well-being strategies, talking stress, burnout, secondary trauma, increasing understanding, communication and collaboration, "check-ins", and debriefing incidents (as needed).

### **Joint Planning 2021**

On June 9, 2021, the MDCPS held its Annual Joint Planning meeting. The participant list included personnel CB, MDCPS staff, judges, court support staff, community organizations, college representatives, service providers, foster parents, and youth. The meeting was facilitated by Deputy Commissioner of Policy & Strategy/ Chief Legal Counsel, Taylor Cheeseman. Commissioner Andrea Sanders and Principal Deputy Commissioner David Barton greeted participants and provide agency updates. Deputy Commissioner of Child Safety, Dr. Jaworski Davenport provided data updates and Children's Bureau Region IV Specialist, Dianne Kelly presented on Strategic Planning. MDCPS staff presented during two sessions: *Efforts of Foster Parents and Placement Providers* and *Efforts of Case Planning and Case Management*. Judge John Hudson, Jurist in Residence, presented on the topic, *Efforts of the Courts*. The Joint Planning meeting also included a session entitled *Permanency for Older Youth*. This session was led by three youth panelists. The MDCPS feels the sessions aligned with meeting the goals of the PIP.

## **B. Collaboration with State Courts, Legal and Judicial Community**

The Mississippi Commission on Children's Justice has continued to meet quarterly and support ongoing efforts through several subcommittees and task forces that coordinate efforts across all three branches of Mississippi state government. The Mississippi Family First Initiative (MFFI), which is co-chaired by Mississippi Supreme Court Justice Dawn Beam and First Lady Elee Reeves, seeks to develop local, community-based initiatives that prevent child abuse and neglect. These efforts include participation from all three branches of Mississippi state government as well as many private partners. MFFI staff from the administrative office of courts, consultants from Casey Family programs, Justice Beam, CIP staff, and MDCPS Deputy Commissioner of Policy & Strategy/Chief Legal Counsel Taylor Cheeseman worked on a blueprint for child wellbeing in Mississippi that integrates plans across agencies, branches, and public/private partners to improve safety, permanency, and wellbeing for Mississippi families. This blueprint builds on the efforts of

MDCPS, the Supreme Court, the CIP, and the AOC as a foundation, but will be expanded to include the strategic improvement efforts of all who serve Mississippi families.

### **2022 Update**

During the past year, several collaborative efforts between MDCPS and Mississippi's judiciary have continued to advance Mississippi's CFSR PIP and CFSP goals and strategies.

**CFSR PIP:** MDCPS's collaboration with its judicial partners has been key in the implementation of its CFSR PIP strategies during the past year. Goal 1, Strategy 1 of the Mississippi CFSR PIP focuses on improving family engagement by improving the overall wellbeing of MDCPS's workforce. While this strategy was not originally framed as an area of collaboration with the judiciary, a partnership did develop that has impacted this strategy's implementation. In both January and April, MDCPS partnered with judicial leaders through the Mississippi Commission on Children's Justice to organize and participate in multi-disciplinary trainings on the Science of Hope. This training provided an important model rooted in positive psychological for both engagement with the families we serve and managing our workforce in a way that promotes wellbeing. The April training provided an opportunity for a cross-pollination of between the agency and local youth courts as each participated as part of a local court team, including the judges, CPS staff, attorneys, and court staff.

MDCPS's collaboration with the judiciary also advanced its progress during the past year on all its Goal 5 CFSR strategies, which explicitly focus on judicial/legal strategies to improve the State's performance on CFSR items and outcomes. Youth courts in nine Mississippi counties (Tippah, Benton, Marshall, Lee, Sunflower, Humphreys, Yazoo, Warren, and Copiah) completed the judicial practice model learning cycle during the past year. With models on being trauma focused, involving children and families in case planning activities, assuring safety, and managing risk, strengths and needs assessment, individualize cases planning, mobilizing services timely, and preserving and maintaining connects, the judicial PMLC is a holistic approach to aligning agency and court objectives and practices, eliminating barriers in communication across professional disciplines, increasing accountability, and improving performance outcomes.

As part of the CFSR PIP, MDCPS also has engaged with the judiciary in Hinds County as well as its partners in the Office of the Attorney General, to develop collaborative strategies to achieve permanency for children in that county. This effort has included a process for fast-tracking a backlog of cases awaiting termination of parental rights and adoption through the appointment of a special judge and agreed docket management system designed to reduce continuance and wasted time. The Hinds County Youth Court also has been placing a string focus on efforts to achieve reunification, convening a foster care roundtable to emphasize everyone's role is serving as a support for efforts to achieve reunification. The Court also has been working to improve MDCPS staff's efforts through meaningful and thorough reasonable efforts findings.

**Joint Planning:** In June, Mississippi convened a virtual joint planning event that focused on a multidisciplinary approach to achieving timely permanency. One of the breakout sessions focused on judicial efforts and strategies in this area. The breakout session served as an opportunity for an update and exchange of ideas across Mississippi's child welfare stakeholders.

**IV-E Reimbursement for Legal Representation:** As targeted in Goal 2, Objective 3 of the current CFSP, Mississippi still intends to expand parental representation in Mississippi youth courts through the utilization of IV-E funds. MDCPS currently is working with a consultant to develop necessary revisions to its cost allocation plan to allow for this claiming. In the meantime, draft memoranda of understanding between MDCPS and both the Office of the State Public Defender and the Administrative Office of Courts have been in development. These agreements are intended to provide a framework through which the State's entire investment of public funds in parent representation can be captured for purposes of determining the IV-E reimbursement available.

### **2022 Update**

**Collaboration between Access to Justice, Casey Family Programs, MDCPS, AOC, Mississippi Judicial College, Department of Education, Chancellors, Office of State Public Defender, Mississippi Center for Legal Services, Family Resource Center, Mission First Legal Aid Office (Mississippi College School of Law), Child Advocacy Center (Ole Miss School of Law) and Youth Court Judges.**

When the crisis passes, Mississippi will still have families without adequate transportation and without technology devices and without training on how to use devices. A major barrier now is access to the internet or lack of satellites in rural areas. A very strong concern was parents' ability to visit with their children and children to visit with their siblings. Access to Justice conducted a survey with judges and parent attorneys to determine where the needs exist. MDCPS provides laptops, cell phone and computers to frontline workers and requires workers to make visitation happen whether or not families have devices or knowledge to use devices for court hearings and visitation. Another barrier is amending State statutes to allow virtual hearings and visitation. Some judges in Mississippi implemented virtual hearings, monthly partner meetings and made technology available to parents quickly in response to the COVID-19 crisis.

### **Title IV-E PIP Collaboration (section 422(b)(13) of the Act) –**

Mississippi does not have an active Title IV-E PIP. However, MDCPS's eligibility unit continues to maintain a shared Smartsheet with the Administrative Office of Courts to identify cases with court order deficiencies so they may be addressed by AOC with the local youth court.

The Commission on Children's Justice and its subsidiary entities like the Parent Representation Task Force do portions of the State's collaboration related to CFSP goals. The Parent Representation task force meets quarterly, and its purposes is specifically to work to expand the availability of parent representation, which is an established goal in Mississippi's CFSP. Similarly, the Programs of Hope subcommittees work to improve Mississippi's service array by identifying and filling gaps through quarterly meetings convening participants from across Mississippi state agencies and the private provider community."

### **2022 Update**

In 2019-2020 the Mississippi Jurist in Residence and CIP Director monitored 34 counties where parent representation has been implemented. The 34 counties include both county court youth courts (full-time) and referee courts (part-time). Additionally, eight counties have been monitored which implemented the Mississippi Family First Initiative and notably, also have parent

## 2022 Annual Progress and Service Report

representation. The method to identify additional counties needing assistance is through review of the MYCIDS data for compliance with timeliness measures for hearings, adjudication permanency, reunification, or adoption. MDCPS and CIP collaborated on developing a tracking system for court orders with missing IV-E required language. The JIR works with individual counties where there is a pattern of missing IV-E language and/or reasonable efforts inquiry is not being made or not being spelled out in courts orders. The issue of missing “contrary to the welfare” language has almost completely been corrected. The JIR posts letters on specific topics to the Mississippi Supreme Court website and though emails to all judges and referees.

While Mississippi is celebrating the decline in the foster care population, the Judges caution there may be a significant surge in abuse and neglect cases as schools open. Children have not been seen by teachers or physicians as often as they would be under normal conditions. Stressors have increased and there is a realization that abuse, and neglect has not stopped, but is likely underreported.

The Courts and Agency collaborate regularly on a Quarterly basis through the Mississippi Commission on Children’s Justice and the Parent Representation Task Force meetings. This represents a multidisciplinary group of people (40-50 agency directors with decision-making capacity) who are tracking the reduction of children in Foster Care and working on programs to provide resources to parents so that children are not removed from the home, as well as working toward claiming reimbursement under Title IV-E for child, parent, and agency attorneys in Youth Court, as well as for guardians ad litem and parent advocates. All trainings sponsored with CIP Funds include the Courts, Agency and the Tribe and are well attended (1500 professionals).



### III. Assessment of Current Performance in Improving Outcomes

#### A. Safety Outcomes 1 and 2 (1355.34 (b)(1)(i))

**Safety Outcome 1:** Children are, first and foremost, protected from abuse and neglect.

- **Item 1:** Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

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

- **Item 2:** Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?
- **Item 3:** Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

The vision and mission of both Mississippi state government and MDCPS are outcome focused. Our work is dedicated to ensuring the safety and wellbeing of Mississippi's citizens. With that in mind, both Mississippi's assessment of current performance and goals for improvement over the next five years have been crafted to keep Mississippi's focus on outcomes. The state has entered an approved CFSR PIP with the Baseline measurements beginning July 1, 2019. Safety outcomes 1 and 2 are being addressed in Goal 2 and Goal 3 of the CFSR PIP. During Quarter 1, MDCPS reviewed and revised definitions of risk and safety for consistency, clarity and common understanding. MDCPS also reinforced its expectations of case staffing tools being used to staff all cases at least monthly. An ongoing monitoring process of the case staffing tools has been established and implemented for use by regional leadership. The desired outcome is to improve supervisor's ability to effectively use the tool to facilitate high quality case staffing and increase the quality of work in all aspects of practice.

A component of Mississippi's assessment of current performance is OSRI from MDCPS CQI reviews performed ongoing throughout Post Baseline period of July 1, 2020, through June 2021. The following regions were reviewed during this time: 2E, 1N, 3S, 4S, 3N, 4N, 5E, 7C, 2W, 1S, 5W, 7E, 6, and 7W.

#### **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

For Safety Outcome 1 (Item 1), the Practice Performance Report was exported from the Onsite Review Instrument (OSRI) for the Post Baseline Period of July 2020 to June 2021.

#### **Item 1: Timelines of Initiating Investigations of Reports of Child Maltreatment**

-	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period	July 1, 2019 - June 30, 2020	October 1, 2019 - September 30, 2020	January 1, 2020 - December 31, 2020	April 1, 2019 - March 1, 2020	July 2020 - June 2021
Number of Cases Rated as a Strength	87	98	100	102	115



## 2022 Annual Progress and Service Report

<b>Number of Total Applicable Cases</b>	136	155	159	160	170
<b>Performance (%)</b>	63.97%	63.23%	62.89%	63.75%	<b>67.65%</b>

MDCPS has made significant improvement in this item's rating. For the current reporting period, the goal of 68% of initiating investigations timely was met.

This item corresponds to goal 3 (Improving supervisory support), strategy 1/activities 1-3. To date, the strategy and related activities are complete. Timely and effective case staffing and using available data has led to the increase of performance for this item.

MDCPS will ensure that ongoing, consistent efforts are made to attempt to locate family according to the State policy for the level of the report received (Level 2 with timeframe of 72 hours or Level 3 with a timeframe of 24 hours). In addition, timely and effective case staffing and using available data will continue to be a practice of the agency.

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

For Safety Outcome 2 (and subsequent Items), the Practice Performance Report was exported from the Onsite Review Instrument (OSRI) for the Post Baseline Period of July 2020 to June 2021.

### **Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care.**

-	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
<b>Data Period (insert date or range)</b>	<b>July 1, 2019 - June 30, 2020</b>	<b>October 1, 2019 - September 30, 2020</b>	<b>January 1, 2020 - December 31, 2020</b>	<b>April 1, 2019 - March 1, 2020</b>	<b>July 2020 - June 2021</b>
<b>Number of Cases Rated as a Strength</b>	39	49	43	41	41
<b>Number of Total Applicable Cases</b>	71	80	70	73	71
<b>Performance (%)</b>	54.93%	61.25%	<b>61.43%</b>	56.16%	57.75%

The goal of 60% was met in reporting period 1. While the goal was met, there has been a decline in performance since that time. The decline observed through CQI reviews has been attributed to deficits in engagement with parents to assess the risks/safety factors around the home environment and the development of safety plans that lack necessary elements. Considering the decline in performance after the revised definition have been incorporated into training, MDCPS is considering what other barriers exist to improving the quality of these assessments.

## 2022 Annual Progress and Service Report

Field operations leadership is considering opportunities for increased specialization of investigation in certain areas across the state (most MDCPS caseworkers still carry mixed caseloads of investigations and ongoing casework). This approach is informed by the belief that specialization will allow better alignment of individual caseworkers' skills and job duties, ensuring that those with the best assessment skills are handling investigations and initial risk and safety assessments.

MDCPS also is considering how it can incorporate more experiential learning into its training programs. Though the revised definitions have been incorporated into training, MDCPS sees that the understanding of those definitions will not translate into improved performance unless staff have the skills to apply those definitions in their work.

This item corresponds to goal 2 strategy 1/activities 1-3. To date, the strategy and related activities are complete.

### Item 3: Risk and Safety Assessment and Management

-	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
<b>Data Period</b> (insert date or range)	<b>July 1, 2019 - June 30, 2020</b>	<b>October 1, 2019 - September 30, 2020</b>	<b>January 1, 2020 - December 31, 2020</b>	<b>April 1, 2019 - March 1, 2020</b>	<b>July 2020 - June 2021</b>
<b>Number of Cases Rated as a Strength</b>	185	192	200	209	223
<b>Number of Total Applicable Cases</b>	280	295	310	330	350
<b>Performance (%)</b>	66.07%	65.08%	64.52%	63.33%	63.71%

Item 3 does not correspond to a specific goal in the CFSR PIP however it is combined with Item 2 as a composite for overall safety outcome 2. This item's goal of 68% has not been met and the data suggests that performance is trending in the wrong direction.

Findings from the case reviews indicates reasons the department is not meeting the goal are related to the agency's formal written safety and risk assessments did not contain the quality or frequency expected / needed, however, informal efforts in practice were conducted more often and more frequently by speaking to the child(ren) and case key participants during contacts and home visits.

Additionally, item 3 reflected inconsistent contacts with parents was a contributing factor or barrier noted in the completion of comprehensive and ongoing assessments of the safety and risk factors. Lastly, in applicable cases where a safety plan was active or needed to be created with the family, the elements of the safety plan did not fully address or concretely define the activities

or arrangements needed to fully control the immediate threat to the child(ren). Regarding the safety plan, review results indicate that defined end dates (short term) was needed so that safety plan participants had a clear understanding of the plan agreed upon between the Agency and key participants of the safety plan.

Field operations will refer to ASWS/OMAP to monitor weekly staffing tools to ensure parent engagement and involvement in their case. MDCPS supervisors will provide assistance around formulating and implementing quality safety plans that address immediate safety concerns and threats to children and the importance of ongoing monitoring of the plans to ensure there are no gaps or prolonged agency involvement that is not warranted.

### **B. Permanency Outcomes 1 and 2 (1355.34 (b)(1)(i))**

**Permanency Outcome 1:** Children have permanency and stability in their living situations.

- **Item 4:** Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?
- **Item 5:** Did the agency establish appropriate permanency goals for the child in a timely manner?
- **Item 6:** Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

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

- **Item 7:** Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?
- **Item 8:** Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?
- **Item 9:** Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?
- **Item 10:** Did the agency make concerted efforts to place the child with relatives when appropriate?
- **Item 11:** Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

Permanency Outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children. This area of concern is being addressed in the CFSR PIP.

Relative data from the statewide data indicators (State data profile), indicates that the state is performing above the national standard of 42.7% for permanency within 12 months at 45.8%. For permanency within 12-23 months, the state is performing below the national standard of 45.9% at 40.0%. For the last permanency outcome group measured with this data, youth achieving permanency within 24 months or more, the state is performing above the national standard of 31.8% at 32.6%.

## 2022 Annual Progress and Service Report

Re-entry rates of children into foster care is another national performance standard measured using the state data profile. The national standard for this measure is 8.1% with preferred performance below that percentage. The state is performing at 4.3%.

Placement stability is measured by CFSR item 4 and is discussed further. The national standard for the measure is 4.44% or less and the state is performing at 4.20%.

Permanency outcomes 1 and 2 are addressed in Goal 1 of the CFSR PIP.

### **Permanency Outcome 1: Children have permanency and stability in their living situations.**

For Permanency Outcome 1 (and subsequent Items), the Practice Performance Report was exported from the Onsite Review Instrument (OSRI) for the Post Baseline Period of July 2020 to June 2021. The Practice Performance Report offers an analytical breakdown of practice elements measured from the rolling Regional Reviews that contribute to the overall Permanency Outcome 1. Placement stability (Item 4) is a continued ongoing strength for the State. Concerted efforts made by the State (in collaboration with courts) rates as Areas needing improvement.

#### **Item 4: Stability of Foster Care Placement**

-	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	July 1, 2019 - June 30, 2020	October 1, 2019 - September 30, 2020	January 1, 2020 - December 31, 2020	April 1, 2019 - March 1, 2020	July 2020 thru June 2021
Number of Cases Rated as a Strength	129	142	148	159	167
Number of Total Applicable Cases	168	177	186	198	210
Performance (%)	76.78%	80.23%	79.57	80.3%	79.52%

Item 4 corresponds to goal 1 strategy 1 activities 1-6 and goal 1 strategy 2 activities 1-5 of the CFSR PIP. The goal of 80% was met in reporting period 1 and continues to be met making this item's rating a strength.

The related strategies have had the intended impact in that for goal 1 strategy 1 activities 1, 2, and 5 are complete; activities 4 and 6 are on schedule and activity 3 is behind schedule. An extension request has been made to the Children's Bureau for activity 3 to work through logistics for expanding capacity.

For strategy 2, activities 4 and 6 are complete while activities 1, 2, 3 and 5 are on schedule.

Item 4 overall was a strength for Permanency Outcome 1. Most of the placements were considered stable at the time of the rolling Regional Reviews. However, for those cases rating area needing improvement concerted efforts to prevent the disruption of placement(s) is not

## 2022 Annual Progress and Service Report

always made by the assigned staff for the target child. MDCPS Field Operations' leadership will provide coaching related to efforts to prevent the disruption in placement. Supervisors will be encouraged to discuss potential placement disruptions regularly in case staffing. For youth with therapeutic needs, frontline staff will be encouraged to consult with the therapeutic placement units to identify resources that may prevent placement disruption.

### Item 5: Permanency Goal for Child

-	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	July 1, 2019 - June 30, 2020	October 1, 2019 - September 30, 2020	January 1, 2020 - December 31, 2020	April 1, 2019 - March 1, 2020	July 2020 thru June 2021
Number of Cases Rated as a Strength	74	75	72	67	67
Number of Total Applicable Cases	168	177	186	198	210
Performance (%)	44.05%	42.37%	38.71%	33.84%	31.9%

Item 5 corresponds to goal 1 strategy 1 activities 1-6 and goal 1 strategy 2 activities 1-5 of the CFSR PIP. The goal of 47% has not been met during any of the monitoring periods and performance has continued to decline since the baseline.

The related strategies have had the intended impact in that for goal 1 strategy 1 activities 1, 2, and 5 are complete; activities 4 and 6 are on schedule and activity 3 is behind schedule.

For strategy 2, activities 4 and 6 are complete while activities 1, 2, 3 and 5 are on schedule.

In assessing this item's rating, indications are that many of the permanency plans that were in effect for the period under review were established timely, however, less were considered appropriate for the timeline and case dynamics for the cases reviewed. Additionally, the performance measures that appeared to affect Item 5 included cases in which the child had two plans and one of those was plans was not appropriate to the case circumstances or changing circumstances of the case.

Another factor affecting this rating was that termination of parental rights petitions were not filed timely and an exception did not apply for many of the applicable cases.

The state would benefit from reassessing these strategies and activities related to this item to see gains in performance.

MDCPS Field Operations leadership continues to receive coaching around permanency along with completing and submitting timely TPR Packets. Permanency is an ongoing part of case staffing.

## 2022 Annual Progress and Service Report

MDCPS Field Operations leadership continues to receive coaching around permanency and completing and submitting timely TPR Packets. MDCPS has engaged with the Office of the Attorney General and the Administrative Office of Courts to expedite a backlog of termination of parental rights cases in Hinds County. A special judge was appointed by Mississippi's Chief Justice to increase docket capacity to hear these cases. And MDCPS and the Office of the Attorney General currently are in discussions of ways to increase capacity for litigating these cases. Permanency is an ongoing part of case staffing.

### Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

-	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	July 1, 2019 - June 30, 2020	October 1, 2019 - September 30, 2020	January 1, 2020 - December 31, 2020	April 1, 2019 - March 1, 2020	July 2020 thru June 2021
Number of Cases Rated as a Strength	52	57	53	57	56
Number of Total Applicable Cases	168	177	186	198	210
Performance (%)	30.95%	32.20%	28.49%	28.79%	26.67%

Item 6 corresponds to goal 1 strategy 1 activities 1-6 and goal 1 strategy 2 activities 1-5 of the CFSR PIP. The goal of 34% has not been met during any of the monitoring periods and performance has continued to decline except for a slight uptick immediately following the baseline making this item's rating an area needing improvement.

The related strategies have not had the intended impact in meeting this item although goal 1 strategy 1 activities 1, 2, and 5 are complete; activities 4 and 6 are on schedule and activity 3 is behind schedule. For strategy 2, activities 4 and 6 are complete while activities 1, 2, 3 and 5 are on schedule.

The state would benefit from reassessing these strategies and activities related to this item to see gains in performance.

Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangements is a collaborative effort. Achieving permanency timely requires collaboration with the youth court, service providers, family members and foster parents. MDCPS Field Operations leadership team is conducting regular reviews of agency data and using the information to inform practice and coaching needs.

**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children**

## 2022 Annual Progress and Service Report

For Permanency Outcome 2 (and subsequent Items), the Practice Performance Report was exported from the Onsite Review Instrument (OSRI) for the Post Baseline Period of July 2020 to June 2021. Placement with siblings and seeking relative placements for foster children are continued strengths. Concerted efforts in maintaining connections with separated siblings & parents, extended & community connections, and the promotion and encouragement of shared parenting activities rates Area Needing Improvement.

### **Item 7: Placement with Siblings**

For the current reporting period, item 7 rates as an area needing improvement. For the cases reviewed, 147 were applicable to the item. Findings indicate that 43.54% (n=64) of children were placed with all siblings who were also in foster care and 48.19% (n=40) had a valid reason for the child's separation from siblings in placement. The OSRI item rating summary for Item 7 indicated that more practice efforts are needed to place sibling groups back together when specific circumstances that separated the siblings change during the period under review. The report reflected that a common circumstance from the applicable cases is related to behavioral issues with one or more of the sibling groups. Furthermore, if separation occurred due to treatment needs and recommendations, efforts were lacking to readdress placement back with the separated sibling(s).

MDCPS notes that there is no specific measurement goal established for this item in the CFSR PIP.

MDCPS will ensure staff are appropriately assessing when siblings can be placed together and when placement together is not feasible due to behavior concerns, MDCPS will have ongoing assessment for sibling placement.

### **Item 8: Visiting with Parents and Siblings in Foster Care**

For the current reporting period, item 8 rated an area needing improvement. For the cases reviewed, 165 were applicable for this item. Findings indicate that 43.03% (n=71) of the cases revealed concerted efforts to ensure that the child in foster care visited with his/her parents and other siblings who were also in foster care. Practice Performance report reflects a need for increased frequency in the amount of and type of family visits between the target child and parents and target child and separated siblings. The OSRI item rating summary for Item 8 reflected those concerted efforts were not made consistently to promote both frequent and quality visitations consistently throughout the period under review particularly revisiting the visitations plans when case circumstances or case dynamics change (either positive or negative changes). The item rating summary report also revealed that the setting of the family and/or sibling visitations were not held in an environment conducive to promote the maintenance of a positive, quality connection between the parents and / or separated children. Furthermore, for the applicable cases where trial home visit occurred during the period under review, practice efforts to transition the child back into the home were not made.

MDCPS notes that there is no specific measurement goal established for this item in the CFSR PIP.



## 2022 Annual Progress and Service Report

MDCPS field operations leadership will ensure efforts are made to ensure frequency of visitations between parents and child(ren) is sufficient to maintain and promote the continuity of the relationship. Otherwise deemed inappropriate by the court.

MDCPS will continue to improve on efforts to provide visitation in an environment that is conducive for family engagement when possible.

For applicable cases, MDCPS will monitor stagnate trial home placements to ensure there are no barriers to timely reunification, in no attempt to show progression toward the child's transition to the home.

### **Item 9: Preserving Connections**

For the current reporting period, item 9 rated an area needing improvement. For the cases reviewed, 208 were applicable. Findings indicate that 64.42% (n=134) of the cases had documented concerted efforts to preserve connections with the child. Practice Performance results reflected those concerted efforts were not made consistently in cases reviewed to maintain the child's established connections (connections prior to entry into care) to community, faith, language, extended relatives, etc. However, practice performance was a strength in the agency's inquiry if the child was a member of or if eligible to be a member of a federally recognized Indian Tribe. The OSRI item rating summary for Item 9 reflected that practice was not as expected in seeking out and clarifying family connections (various degrees of familial connections such as siblings not in care, half siblings, extended family, or fictive kin). Furthermore, if the placement was not in close proximity of the child's original home, the practice measured did not meet the expectation of preserving existing community connections and existing friendships.

MDCPS notes that there is no specific measurement goal established for this item in the CFSR PIP. However, the MDCPS Leadership team will utilize the PMLC process, which includes discussions on connections, to combine efforts to focus on healing families.

### **Item 10: Relative Placement**

For the current reporting period, item 10 rated as area needing improvement. For the cases reviewed, 209 were applicable. Findings indicate that 68.42% (n=143) of the cases reflected that the agency made concerted efforts to place the child with relatives when such placement was appropriate.

MDCPS notes that there is no specific measurement goal established for this item in the CFSR PIP.

MDCPS will continue to identify appropriate relatives through family members and diligent searches who can provide care.

### **Item 11: Relationship of Child in Care with Parents**

For the current reporting period, item 11 rated area needing improvement. For the cases reviewed, 151 were applicable. Findings indicate that 40.4% (n=61) of the cases had concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been

removed through activities other than just arranging for visitation. Practice Performance reflected concerted efforts were not made to promote, support, or otherwise maintain a positive connection between the child and his/her mother and/or father. The OSRI item rating summary for Item 11 reflected that the Agency's practice in defining shared parenting activities (goal 1 strategy 2) or the possibilities of shared parenting activities were needing to be clarified for individual case circumstances with all key participants. Furthermore, the results reflected that shared parenting activities were not consistently encouraged and promoted for both parents (when more than one parent was applicable) although practice efforts were as expected for one of the parents. Also, results identified the need for a clear understanding of practice expectations when differentiating expected practice around shared parenting (defining the parental responsibilities that could be shared with the Agency and placement providers when safe and appropriate to do so in the applicable cases).

MDCPS notes that there is no specific measurement goal established for this item in the CFSR PIP.

Shared parenting is a pivotal piece in MDCPS practice. Currently, MDCPS is presenting shared parenting to foster parents during foster parent support groups. MDCPS educates and trains families and foster parents on shared parenting and it is an ongoing practice to improve the relationship between parent and child. Families and foster parents will engage in activities that are mutually agreed upon and that will be beneficial to the child.

### **C. Well-being Outcomes 1, 2 and 3 (1355.34(b)(1)(iii))**

**Well-Being Outcome 1:** Families have enhanced capacity to provide for their children's needs.

- **Item 12:** Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?
- **Item 13:** Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?
- **Item 14:** Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?
- **Item 15:** Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

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. This area of concern is being addressed in the CFSR PIP. Well-being Outcome 1 is addressed by Goal 1 of the CFSR PIP. MDCP requested a one quarter extension for Goal 1 of the CFSR PIP and it was approved. MDCPS conducted an organizational health assessment that revealed that the practices necessary for effective family engagement are not consistently modeled within the Agency. A positive parallel process should exist: practices fostering supportive work environment should be mirrored by staff in practices facilitating effective family engagement.

## 2022 Annual Progress and Service Report

MDCPS's primary strategy for addressing deficits in family engagement is to develop and implement a comprehensive workforce wellbeing initiative that stabilizes MDCPS's workforce and models supportive, empathetic, and strengths-focused relationships which can be replicated by staff with the families we serve. To foster real family engagement, the Agency first must model the behavior it expects staff to parallel in their interactions with family. MDCPS plans to use coaching, peer to peer support and interactive learning modules to achieve this strategy. MDCPS will determine training effectiveness through ongoing organizational health assessments, surveys, focus groups, evaluations, and any available outcome data. This process will involve the development and adoption of a vision defining workforce wellbeing and an aspirational philosophy utilizing feedback from MDCPS employees within various levels and units of the organization. The vision and philosophy will be introduced to the agency during a face-to-face kickoff for the workforce wellbeing initiative and an initial training at a leadership meeting.

### **Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.**

#### **Item 12: Needs and Services of Child, Parents, and Foster Parents**

Item 12 Overall are combined results from Items 12a, 12b, and 12c. There is no Practice Performance measurement for Item 12 overall. The OSRI item rating narrative summary also reflected that practice expectations were not met in engaging the parents for the assessment of needs and providing services for the identified needs. Each of the Items that measures those practice performances are further broken down by Item 12a (child or children), 12b (parents), and 12c (foster parents).

MDCPS will engage families when formulating the comprehensive family assessment/family service plan for the assessment of needs and providing services for the identified need.

-	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	July 1, 2019 - June 30, 2020	October 1, 2019 - September 30, 2020	January 1, 2020 - December 31, 2020	April 1, 2019 - March 1, 2020	July 2020 - June 2021
Number of Cases Rated as a Strength	81	91	95	95	100
Number of Total Applicable Cases	280	295	310	330	350
Performance (%)	28.93%	30.85%	<b>30.65%</b>	28.79%	28.57%

Item 12 corresponds to goal 1 strategy 1 activities 1-6 and goal 1 strategy 2 activities 1-5 of the CFSR PIP. The goal of 31% was met in reporting period 1 however has declined since that time. The OSRI Item Rating Summary also reflected that practice expectations were not met in engaging the parents for the assessment of needs and providing services for the identified needs.

The related strategies have not had the intended impact. For Well-Being Outcome 1 (and subsequent Items), the Practice Performance Report was exported from the Onsite Review Instrument (OSRI) for the Post Baseline Period of July 2020 to June 2021. Concerted efforts to assess for needs, identifying services necessary to achieve case goals, adequately addressing the issues relevant to the Agency's involvement with families, and providing appropriate services to case participants is an area needing improvement. Actively involving case participants in case planning and the practice around frequent and quality contacts with parents is also an area needing improvement.

### **Sub-Item 12A: Needs Assessment and Services to Children**

Item 12a rated an area needing improvement. Practice performance results reflected that initial and/or ongoing assessments were comprehensive and accurate to understand the child's well-being needs in 68% of the 350 applicable cases (n=238). The OSRI item rating narrative summary for Item 12a indicated that the Agency's formal written comprehensive family assessment of the child(ren)'s needs did not contain the quality or frequency expected, however, informal efforts in practice were conducted more often and more frequently by speaking to the child(ren) and case key participants during contacts, home visits, and with supporting service providers (as applicable to meet the identified need). Also, the report identified that practice was not as expected in assessing and addressing relationship needs of the child(ren) particularly around broken and/or dysfunctional family dynamics (mainly with siblings and / or parents). Furthermore, the item rating summaries reflected the need for improved practice around the assessment (knowing what skills were being learned and from what source) and providing of services (such as linking the foster youth with service providers) to improve the Independent Living skills for the applicable cases.

MDCPS will ensure CFA/FSP indicates frequency of services and document quality of service. Coaching will be provided to ensure the staff know how to appropriately review and update CFAs.

### **Sub-Item 12B: Needs Assessment and Services to Parents**

Item 12b rated area needing improvement for Well-Being Outcome 1. Practice performance results reflected those concerted efforts were not made consistently and/or at pivotal points in the case to assess and address the needs of the mothers and /or fathers. Of the 303 applicable cases, 72 or 23.76% rated as a strength. Item 12b also captures efforts around diligent searches for a parent when whereabouts are unknown or become unknown during the period under Review. The OSRI item rating narrative summary for Item 12b indicated that the Agency's formal written comprehensive family assessment and informal practice efforts of assessing both parents' needs (and any spouse or paramour to the biological parent) did not contain the quality or frequency expected for the applicable case dynamics. Also, the report identified that practice was not as expected in assessing and addressing relationship needs of the mother and/or father particularly around broken and/or dysfunctional family dynamics such as damaged relationships with familial support systems and attachment / bonding concerns with the child(ren). Additionally, the Agency did not make needed referrals that could directly impact the identified reasons for the Agency's involvement with the mother and/or father to strengthen the parental functioning and needed skill building. Furthermore, the item rating summaries reflected the need for improved practice in completing diligent searches for the applicable mother and / or father if whereabouts were or became unknown during the period under review for those applicable cases.

### Sub-Item 12C: Needs Assessment and Services to Foster Parents

Item 12c rated a strength. Practice performance results reflected those assessments were comprehensive and accurate to understand the foster parent's needs and that appropriate support services were provided as it related to caring for the children placed in their home in 157 (78.11%) of the applicable 201 cases. The OSRI item rating narrative summary for Item 12c reflected that improvement in practice was needed in cases where the child had multiple placements in the period under review (practice with each placement in the PUR) specifically to address behavioral issues. Furthermore, there appears to be needed practice improvement in comprehensive assessments of foster parent(s)' ability to cope and effectively manage any disruptive type behaviors of the child(ren) placed in their home. Consequently, information gathered from interviews with key participants disclosed that if the foster parent did not feel equipped or did not have the support of the Agency this often-effected placement stability (separately measured in Permanency Outcome 1 – Item 4).

MDCPs will continue to recruit and train foster parents on understanding trauma and its effects on behaviors of children in care. This will be provided during licensure process and ongoing foster parent training.

### Item 13: Child and Family Involvement in Case Planning

-	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
<b>Data Period</b> (insert date or range)	<b>July 1, 2019 - June 30, 2020</b>	<b>October 1, 2019 - September 30, 2020</b>	<b>January 1, 2020 - December 31, 2020</b>	<b>April 1, 2019 - March 1, 2020</b>	<b>July 2020 - June 2021</b>
<b>Number of Cases Rated as a Strength</b>	100	111	121	136	153
<b>Number of Total Applicable Cases</b>	261	276	288	306	326
<b>Performance (%)</b>	38.31%	40.22%	<b>42.01%</b>	44.44%	46.93%

Item 13 corresponds to goal 1 strategy 1 activities 1-6 and goal 1 strategy 2 activities 1-5 of the CFSR PIP. The goal of 41% was met in reporting period 2 and has continued to improve. For cases rating Strength, concerted efforts were made to actively involve foster children, all household children (in-home cases), mothers, and fathers consistently by consulting the parents in goal and task development.

The related strategies have had the intended impact. While the goal is met, some identified areas of practice that could improve are concerted efforts to actively involve the mothers and fathers consistently in case planning activities, tasks and goals could be clarified with case participants and updated as case participant's circumstances or case dynamics change and input from the mother and/or father in the creation of the tasks and goals could be better reflected. Additionally,

## 2022 Annual Progress and Service Report

achievement criteria updates of the agreed upon tasks and goals were needed to fully understand the progress being made or lack of progress being made by the applicable case participants.

The MDCPS will continue to utilize the Workforce Wellbeing to assist with continuing to strengthen this goal. The feedback from work sessions and peer groups will provide opportunities for the agency's leadership to hear from the frontline staff who engage with families. The information obtained will assist in developing more events, trainings and meetings that will assist in gaining more active involvement from the children and families.

### Item 14: Caseworker Visits with Child

-	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	July 1, 2019 - June 30, 2020	October 1, 2019 - September 30, 2020	January 1, 2020 - December 31, 2020	April 1, 2019 - March 1, 2020	July 2020 - June 2021
Number of Cases Rated as a Strength	207	220	242	250	271
Number of Total Applicable Cases	280	295	310	330	350
Performance (%)	73.93%	74.58%	<b>78.06%</b>	75.76%	77.43%

Item 14 corresponds to goal 1 strategy 1 activities 1-6 and goal 1 strategy 2 activities 1-5 of the CFSR PIP. The goal of 76% was met in reporting period 2 and continues to be met. It appears that the related strategies have had the intended impact.

Item 14 rated area needing improvement. The Practice Performance report reflects the typical frequency (or pattern) of visits (contacts) made between the Agency and child(ren) was less than once a week but at least twice a month and this was rated as sufficient frequency for the case. Furthermore, of the contacts made during the period under review, the quality of the visits (contacts) with the child(ren) shows progress as age-appropriate discussions were held with the child (or caregiver(s) of younger or developmentally delayed children) pertaining to issues of safety, permanency, and well-being. The OSRI item rating narrative summary for Item 14 reflected a higher number of in-home cases rating area needing improvement than that of foster care cases. In addition, it was noted the Agency did not meet the expected frequency and quality contacts with all household children in the applicable in-home cases as for the contacts that were made, those contacts were typically with the child(ren) of focus from the investigation phase of the Agency's involvement. Furthermore, the results identified that the Agency did not adjust engagements approaches with the applicable children when the child was displaying or providing challenges around engagement efforts during the contacts that occurred.

MDCPS will ensure that standards of care for foster care are the same for in home placements ensuring all children have required contacts.



**Item 15: Caseworker Visits with Parents**

-	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	July 1, 2019 - June 30, 2020	October 1, 2019 - September 30, 2020	January 1, 2020 - December 31, 2020	April 1, 2019 - March 1, 2020	July 2020 - June 2021
Number of Cases Rated as a Strength	63	69	79	91	102
Number of Total Applicable Cases	228	237	246	261	276
Performance (%)	27.63%	29.11%	<b>32.11%</b>	34.87%	<b>36.96%</b>

Item 15 corresponds to goal 1 strategy 1 activities 1-6 and goal 1 strategy 2 activities 1-5 of the CFSR PIP. The goal of 30% was met in reporting period 2 and continues to be met with significant increases each period. It appears that the related strategies have had the intended impact.

While the goal is met, some identified areas of practice that could improve are the quality of the visits (contacts) with the mother and father. The OSRI Item Rating Summary for Item 15 reflected that when contacts were made, discussions were not held consistently pertaining to issues of safety, permanency, and well-being (that the contacts with parents lacked purposeful conversations around reasons for case opening, progress made on tasks and goals, ongoing or changing circumstances of the parents, needs of the parents, and/or the setting for which the contacts were made were not conducive to have in-depth discussions).

MDCPS will make a concerted effort to target and address issues of reason case was open, safety, permanency, well- being, progress made on tasks and goals, ongoing or changing circumstances of the parents and needs of the parents when contacts are made with parents.

**Well-Being Outcome 2:** Children receive appropriate services to meet their educational needs.

- **Item 16:** Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?

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

- **Item 17:** Did the agency address the physical health needs of children, including dental health needs?
- **Item 18:** Did the agency address the mental/behavioral health needs of children?

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. This area

of concern is being addressed in the CFSR PIP. Well-being Outcome 1 is addressed by Goal 1 of the CFSR PIP. MDCP requested a one quarter extension for Goal 1 of the CFSR PIP and it was approved. MDCPS conducted an organizational health assessment that revealed that the practices necessary for effective family engagement are not consistently modeled within the Agency. A positive parallel process should exist: practices fostering supportive work environment should be mirrored by staff in practices facilitating effective family engagement. MDCPS's primary strategy for addressing deficits in family engagement is to develop and implement a comprehensive workforce wellbeing initiative that stabilizes MDCPS's workforce and models supportive, empathetic, and strengths-focused relationships which can be replicated by staff with the families we serve. To foster real family engagement, the Agency first must model the behavior it expects staff to parallel in their interactions with family. MDCPS plans to use coaching, peer to peer support and interactive learning modules to achieve this strategy. MDCPS will determine training effectiveness through ongoing organizational health assessments, surveys, focus groups, evaluations, and any available outcome data. This process will involve the development and adoption of a vision defining workforce wellbeing and an aspirational philosophy utilizing feedback from MDCPS employees within various levels and units of the organization. The vision and philosophy will be introduced to the agency during a face-to-face kickoff for the workforce wellbeing initiative and an initial training at a leadership meeting.

Well-being outcomes 2 and 3 are addressed in Goal 4 of the CFSR PIP. MDCPS is currently reviewing the language in the current in-Circle contracts and identifying ways to further step out the service to better meet the needs of children and families. A new procurement for a diversified array of in-home services programs will allow MDCPS to serve more families with the same level of financial resources. The RFP will be updated to clearly indicated that the agency is seeking providers to deliver both the current intensive model and a less intensive model.

### **Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.**

For Well-Being Outcome 2 (and the subsequent Item), the Practice Performance Report was exported from the Onsite Review Instrument (OSRI) for the Post Baseline Period of July 2020 to June 2021.). Concerted efforts to accurately assess the children's educational needs rates a strength for the State. The Agency's concerted efforts to address identified educational needs through appropriate services was also a strength but at a lower percentage. The breakdown of the Practice Performance elements measured for each item is notated below.

### **Item 16: Educational Needs of the Child**

For the current reporting period, item 16 rated area needing improvements. For the cases reviewed, 203 were applicable. Findings indicate that 77.83% (n=158) reflected that the agency made concerted efforts to assess the child's educational needs and appropriately address identified needs in case planning and case management activities. Practice Performance results reflect that the agency did make concerted efforts to accurately assess the children's educational needs in the majority of cases reviewed. At a slightly lower rating, Practice Performance results reflected those concerted efforts were made to address the identified educational or development needs through appropriate services for the applicable cases. The OSRI item rating narrative summary for Item 16 reflected practice improvements were needed during ongoing discussions with placement provider and/or parent(s) around struggles that the child(ren) faced in the

educational setting (informal assessments of educational needs), the need for Agency representation in IEP meetings, Agency follow up in connecting any services that are educational and /or developmental based (such as speech therapy), and formal and informal follow up with representatives from the educational setting for grades / attendance / and progress of the children in applicable cases.

MDCPS notes that there is no specific measurement goal established for this item in the CFSR PIP.

The revised best interest determination (BID) process and accompanying form for children/youth's educational stability will help drive improved practice and identify the educational needs of children/youth in MDCPS custody. The BID process serves as an opportunity for MDCPS field operations team members to identify and address a child/youth's educational, developmental, psychological, and social-emotional needs, assist the child/youth's biological or adoptive family in being an active parent and advocate on behalf of the child/youth's educational best interest, establish connections with Local Education Agency (LEA), request the LEA conduct comprehensive evaluations for children/youth suspected of needing special education and related services, and advocate on behalf of the child/youth's educational best interest. MDCPS YTSS team members provide assistance and guidance to field operations team members and LEA points of contact concerning all education related matters for each child/youth in MDCPS custody. The MDCPS YTSS team members also serve as advocates on behalf of the children and youth in MDCPS custody to ensure that the developmental, psychological, and social-emotional best interests are incorporated into each child/youth's education plan. MDCPS YTSS members participate in IEP meetings at the request of field operations team members and/or LEAs. MDCPS YTSS team members ensure educational rights, stability, needs, and best interest of each child/youth in MDCPS are upheld and met by each LEA across the state by ensuring the adherence to federal and state statute. To further support field operations team members and to effectively ensure improved educational outcomes, post-secondary education and career readiness, preparedness for transition into adult, and stronger long-term community support for each child/youth in MDCPS custody. MDCPS YTSS team members must be provided each child/youth's education records, completed BID forms, completed Notification of Placement form (for initial placement and each subsequent placement change), access to the child/youth's case plan and all legal documents.

### **Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

For Well-Being Outcome 3 (and the subsequent Items), the Practice Performance Report was exported from the Onsite Review Instrument (OSRI) for the Post Baseline Period of July 2020 to June 2021. Concerted efforts to accurately assess and provide appropriate services to children for dental health care needs and the Agency's appropriate oversight of prescription medications for physical health issues (only applicable to foster care cases) rated lowest in this practice performance item (Item 17). Accurate mental/behavioral health assessments, psychotropic medication oversight (according to Agency policy), and ensuring appropriate mental / behavioral health services rated as areas needing improvement.

### **Item 17: Physical Health of the Child**

For the current reporting period, item 17 rated area needing improvement. For the cases reviewed, 260 were applicable. Findings indicate that 52.31% (n=136) of the cases reflected that the agency addressed the physical health needs of the children including dental health needs. Practice Performance results reflect that the agency did not meet expectations in making concerted efforts to assess physical health needs, dental health needs, and have appropriate oversight of prescription medication for physical health issues. The OSRI item rating narrative summary for Item 17 reflected that the agency struggled with meeting all practice performance measures for this item. Review results identified that while the agency did assess and address physical health needs and dental health need, the practice was not always in a timely fashion (where no systemic barriers beyond the control of the Agency were found in the review process). Furthermore, it was revealed that in some applicable cases the agency was not aware of physical health services received by the child(ren) and had not performed any formal or informal follow up to ensure all physical health needs were met or to fully understood and to ensure recommendations made by physical health professionals were being followed by the parents or foster caretakers.

MDCPS notes that there is no specific measurement goal established for this item in the CFSR PIP.

The nursing staff utilize the snapshot for children coming into MDCPS custody to assist with ensuring our foster children are gaining medicals, EPSDT, and dentals. The nursing unit utilizes reports from Magnolia healthcare such as foster care members reports and EPSDT noncompliance reports.

MDCPS Field Support Unit revised the Health Care Oversight and Coordination Plan, which has been utilized effective January 2020. Initial medical timeframes, now being utilized show children should receive an initial medical within 72 hours of the child's entry into foster care. Initial EPSDT shall be completed within 30 days of the child entering foster care. Initial dentals are still reflecting 90 days of the child's entry into foster care. This plan's revision is a new focus to provide ongoing support to frontline staff to help meet the needs of the families and children they serve. The Health Care Oversight and Coordination Plan is designed to strengthen activities that improve the healthcare and oversight of children and youth in foster care. This plan is currently being utilized and implemented by the Nursing Unit.

### **Item 18: Mental/Behavioral Health of the Child**

For the current reporting period, item 18 rated as an area needing improvement. For the cases reviewed, 151 were applicable. Findings indicate that 37.75% (n=57) of the cases reflected that the agency addressed the mental/behavioral health needs of the children. Practice Performance results reflect that the agency did not make concerted efforts to assess and address the mental/behavioral health needs for the applicable cases. Practice Performance results also reflected that appropriate oversight (according to the State's policy) of psychotropic prescription medication was not performed consistently for the applicable cases. The OSRI item rating narrative summary for Item 18 reflected that the Agency did not consistently consult with the Agency Nurse when psychotropic medications were being recommended by a physician for the child in care for those applicable cases. Furthermore, results reflected that mental / behavioral health needs were not provided to the child in a timely manner once the need for such services were provided (where no systemic barriers beyond the control of the Agency were found in the

## 2022 Annual Progress and Service Report

review process). Furthermore, it was revealed that in some applicable cases the agency and had not performed formal and / or informal follow up to ensure all mental / behavioral health needs were met to fully understand and to ensure recommendations made for the child were being followed by the parents or foster caretakers.

MDCPS notes that there is no specific measurement goal established for this item in the CFSR PIP.

The nursing staff utilize the snapshot for children coming into MDCPS custody to assist with ensuring foster children are gaining mental health assessments. The nursing unit utilizes reports from Magnolia healthcare such as psychotropic medications/foster care report. Nurses use this report to drive the nursing support that is provided to caseworkers and foster parents. The nursing supervisor also uses the reports to determine strengths, weaknesses, needs and opportunities to assist with securing additional medical services.

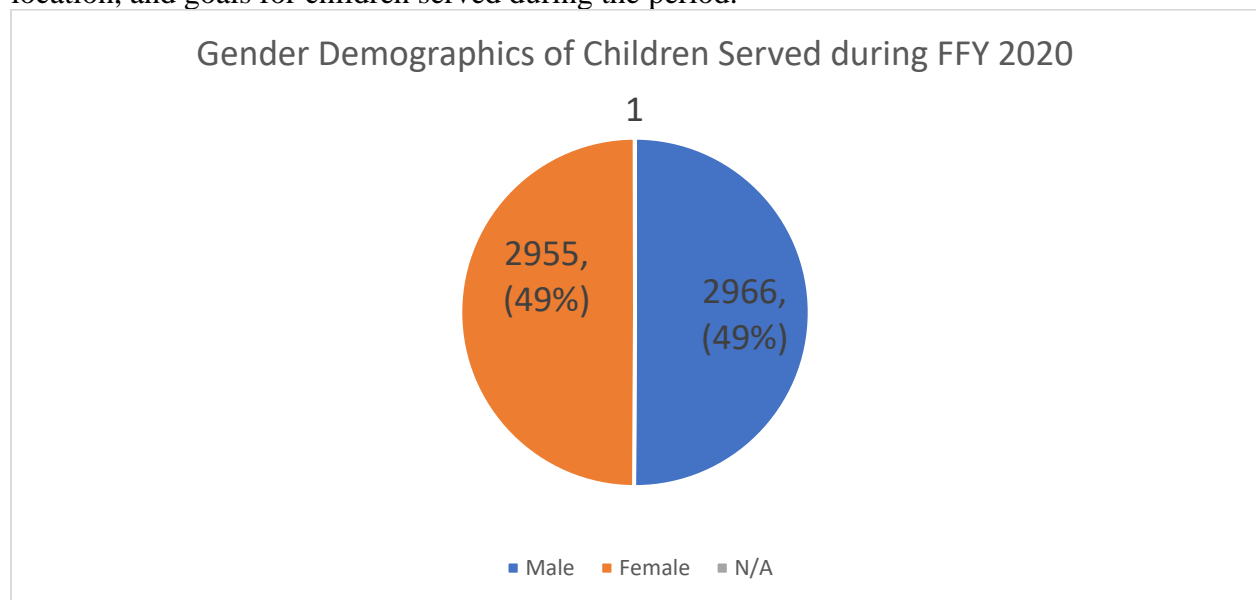
### D. CFSR Systemic Factors

#### Statewide Information System

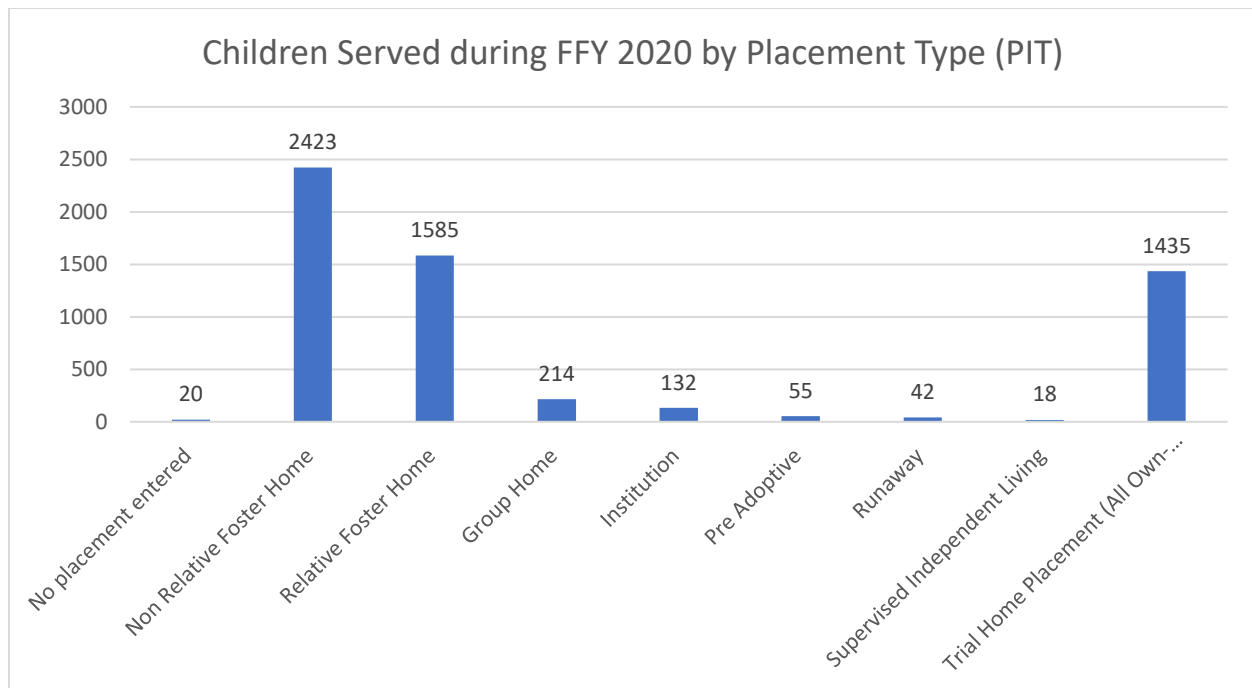
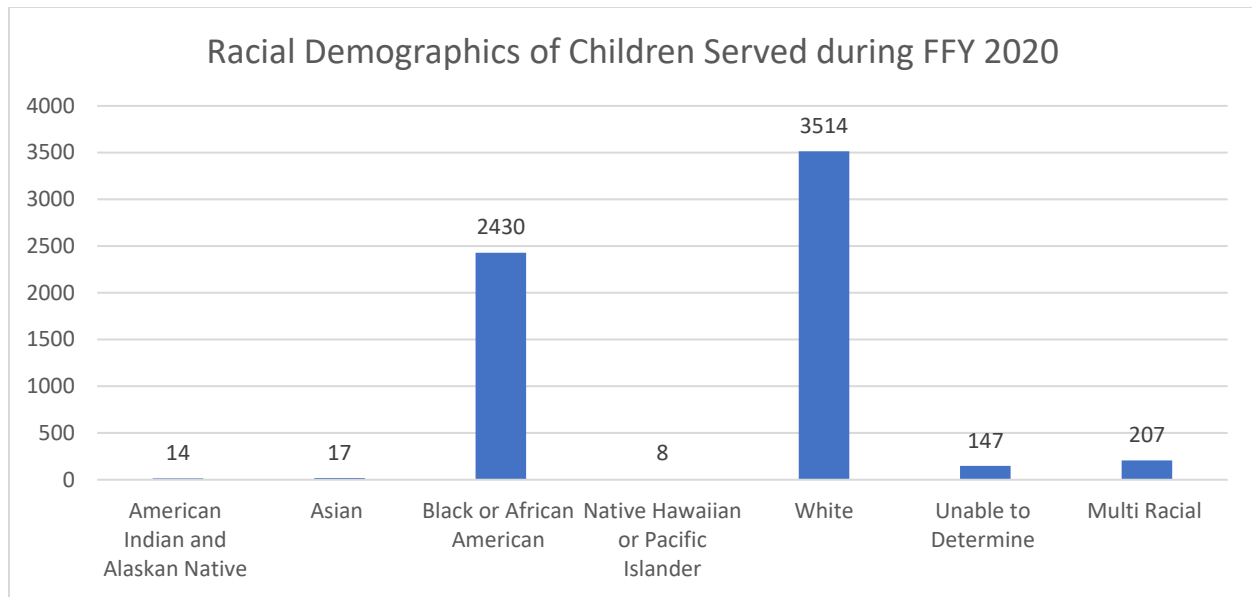
**Item 19:** How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

#### 2022 Update

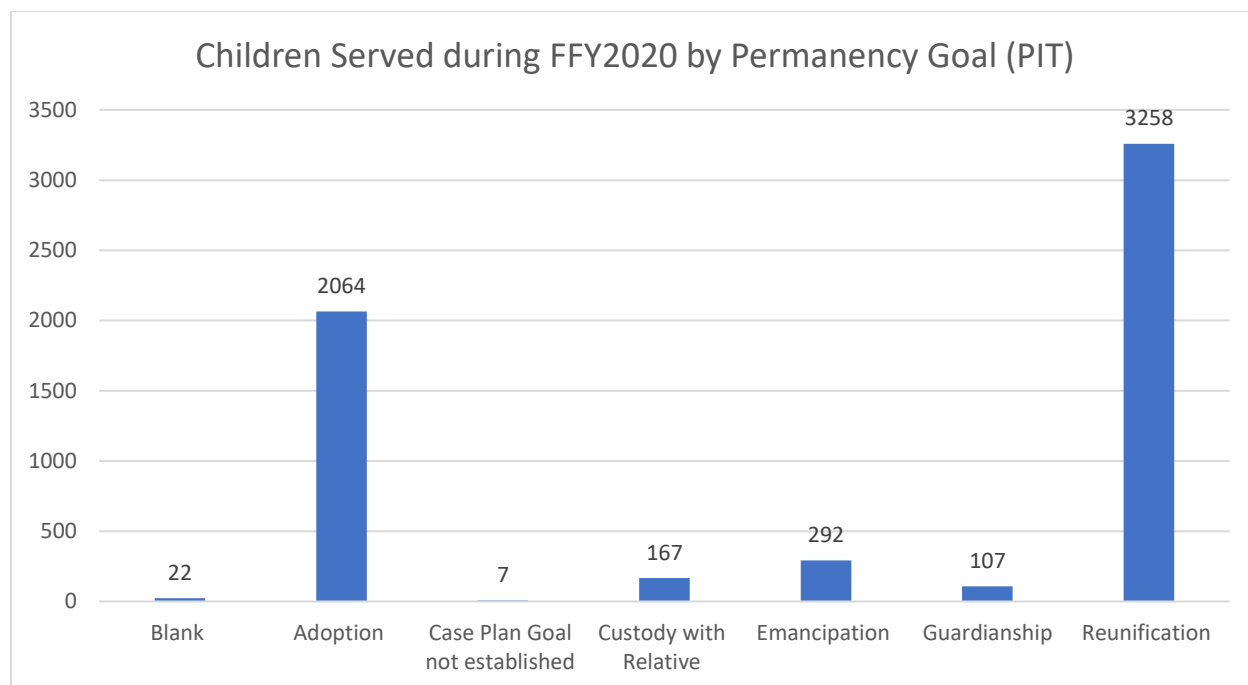
During FFY2020, MDCPS served 5,992 children in foster care. Data from MACWIS, submitted to the Children's Bureau, as required for AFCARS reporting was used as the basis for analysis for this systemic factor. The figures below display the status, demographic characteristics, location, and goals for children served during the period.



## 2022 Annual Progress and Service Report







## E. Case Review System

**Item 20: Written Case Plan.** The case review system is 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.

Information in the statewide assessment showed that although the Family Team Meeting process is used to develop case plans, it does not effectively ensure that parents are engaged in the development of initial and ongoing case plans. There is an opportunity through review processes (such as Foster Care Review and Regional Review) to further engage the parental involvement through parent interviews which would serve as another source to assess ongoing active case planning.

### 2022 Update

-	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	July 1, 2019 - June 30, 2020	October 1, 2019 - September 30, 2020	January 1, 2020 - December 31, 2020	April 1, 2019 - March 1, 2020	July 2020 - June 2021
Number of Cases Rated as a Strength	100	111	121	136	153
Number of Total	261	276	288	306	326

## 2022 Annual Progress and Service Report

Applicable Cases					
Performance (%)	38.31%	40.22%	<b>42.01%</b>	44.44%	46.93%

Item 13 Child and Family Involvement in Case Planning performance has steadily increased since baseline data collection began, and item 13 PIP measurement was met in measurement period 3. Children in foster care rate highly on item 13 as active participants and overall performance rating percentages indicate that fathers are less likely to be actively involved than mothers in both in home and foster care cases. Review results from the OSRI item rating narrative summary indicate the written case plan and case documentation often do not fully reflect the efforts to actively involve parents and children, however, the interviews reveal more involvement than what is captured in the written case plan. Other areas to strengthen include intentionally focusing on engaging mothers and fathers, clarifying the reason for developing tasks and goals and updating case plans as circumstances or case dynamics change during the period under review to evaluate progress. Also, results identified the lack of input from the mother and/or father in the creation of the tasks and goals as multiple interviews from the applicable cases reflected that the tasks and goals listed was more of an instruction from the agency rather than an opportunity to brainstorm together to develop solutions.

The MDCPS plans to strengthen the interview structure to provide opportunities for children, parents, and stakeholders to be more actively involved in the development of goals, plans, and solutions related to each circumstance.

**Item 21: Periodic Reviews.** The case review system is 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.

### **2022 Update**

This systemic factor continues to rate as a strength. An internal administrative review is held every 6 months for all children in foster care and a report entitled the Youth Court Hearing and Review Summary is submitted to the court after each review. The Foster Care Review Unit (a subunit of CQI) conducts the review which includes a comprehensive review of the child's electronic, paper and MYCIDS (youth court) file. A county conference is then held to discuss the child's plan, progress towards the plan and potential barriers. Parents, grandparents, caseworkers, resource parents/caregivers, the child and child's Guardian Ad Litem are required to receive invitation to participate in the county conference. All efforts are made to schedule and hold the conferences prior to the six-month timeframe and all children receive a review, but a percentage have a longer period under review (more than 6 months, generally 7-8 for those not held timely). The Youth Court Hearing and Review Summary outlines the discussion that took place at the 6-month review and provides the court with information related to the efforts made by the agency, the parents and resource parents to achieve permanency for the child. The agency has the option to request a court hearing when the Youth Court Hearing and Review Summary is submitted. In addition to the Youth Court Hearing and Review Summary, which is provided to the court, the Periodic Administrative Determination is provided to the County of Responsibility worker and Supervisor outlining documentation and practice areas that require follow up or recommending

## 2022 Annual Progress and Service Report

further assessment. The 6.4.a report is utilized to ensure that all children in state custody receive a timely periodic review. The report is reviewed quarterly to correctly identify the percentage of children overdue for a review due to potential reporting or reviewer data entry errors. MYCIDS court orders are reviewed for those children identified as overdue (the review was not held prior to 6 months) to determine if a review court hearing was held in between the 6-month administrative review. The data below represents the percentage of children due for a 6-month review in each MSA quarter and the review was held timely.

MDCPS continues this case review process. This data represents children due for a review in each quarter and the review was held timely.

Reporting period	Timely Administrative Review
Q3 2020 (July 2020 – September 2020)	83%
Q4 2020 (October 2020 – December 2020)	86%
Q1 2021 (January 2021 – March 2021)	95%
Q2 2021 (April 2021 – June 2021)	current quarter

**Item 22: Permanency Hearings.** The case review system is functioning statewide to ensure that each child has a permanency hearing in a qualified court or administrative body that occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

### **2022 Update**

The agency has and continues to collaborate with the AOC (Administrative Office of Courts), the Jurists in Residence, and local youth court judges in sharing data around timely hearings. Improving collaboration with courts that supports effective practice and timely permanency is addressed in Goal 5 of the CFSR PIP. See the table below for results from qualitative reviews conducted for the period April 2020 – March 2021 by the foster care review staff for Olivia Y. reporting. The method of analysis was related to provision 6.4.b. MDCPS will take all reasonable steps to ensure that a court review, which may be called a review, dispositional or permanency hearing, is held for each child in foster care custody within 12 months of initial placement and annually thereafter. The population of children represented in this data set include all children due for a foster care review during the PUR that have been in custody for at least 12 months. Starting in Q4, the method for collection was altered to reflect the reasonable steps taken by the agency to request a hearing. This represents the number of children due for a 6-month administrative review (please see item 21 periodic reviews) and the Reviewer found that either a permanency hearing was held timely or a request for a hearing was made timely.

### **2022 Update**

Reporting period	Reasonable Steps to ensure a Permanency Hearing
Q2 2020 (April 2020 – June 2020)	98.6%
Q3 2020 (July 2020-September 2020)	98%

## 2022 Annual Progress and Service Report

Q4 2020 (October 2020-December 2020)	99%
Q1 2021 (January 2021-March 2021)	99.7%

**Item 23: Termination of Parental Rights.** The case review system is functioning statewide to ensure that the filing of termination of parental rights proceedings occurs in accordance with required provisions.

### 2022 Update

Results from a qualitative review conducted for the period January 01, 2020, to December 31, 2020, found that **26%** of the applicable cases rated as compliant (351 children with timely TPR referrals or timely ASFA documentation out of 1380 children who reached 17 of 22 months in care prior to or during 2019). The method of analysis was related to provision 6.3.b.2.

Of the 1380 children reviewed who reached 15 of 22 months in foster care during the calendar years 2019 and 2020, 351 had timely TPR referrals made to the AG's office or valid ASFA Exceptions Noted.

- 2019 ASFA Exceptions – 6.3. b.2 - 61 Valid ASFA Exceptions (Numerator)/409 Total Population (Denominator)
- 2020 AFSA Exceptions – 6.3.b.2 - 71 Valid ASFA Exceptions (Numerator)/454 Total Population (Denominator)
- 2020 TPR Referrals – 6.3.b.2 - 220 Timely TPR Referrals (Numerator)/517 Total Population (Denominator)

The method of analysis was related to provision 6.3.b.2. A termination of parental rights (TPR) referral shall be made on behalf of a child before the child has spent more than **15** of the last 22 months in foster care unless an available exception pursuant to the federal Adoption and Safe Families Act (ASFA) has been documented by MDCPS in the child's case record. Subsequent to the initial ASFA exception, MDCPS may continue the exception for only one additional six-month period unless continued invocation of the exception is reviewed, approved and documented semi-annually by the RD assigned to the county of responsibility for the child.

This quality assurance process has been established within the permanency support unit as part of the Olivia Y. CQI plan to ensure proper tracking, reporting and accountability to this provision. MDCPS details a process of leveraging timely termination of parental rights through court engagement and collaboration to ensure timely permanency for all children in care in the CFSR PIP.

The data presented was collected from MACWIS by the Data Reporting Unit and analyzed by the TPR Unit Staff and Staff Attorney.

The barriers and compelling reasons observed for not filing/referring a TPR packet to the AG's office in a timely manner include: (1) the county not submitting the packet to State office in a timely manner; or (2) a TPR packet may contain deficiencies that must be corrected on the county level before the packet can be referred to the AG's office.

## 2022 Annual Progress and Service Report

MDCPS Field Operations leadership continues to receive coaching around completing and submitting timely TPR Packets. MDCPS has engaged with the Office of the Attorney General and the Administrative Office of Courts to expedite a backlog of termination of parental rights cases in Hinds County. A special judge was appointed by Mississippi's Chief Justice to increase docket capacity to hear these cases. And MDCPS and the Office of the Attorney General currently are in discussions of ways to increase capacity for litigating these cases.

**Item 24: Notice of Hearings and Reviews to Caregivers.** The case review system is functioning 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.

### **2022 Update**

The table below shows results from qualitative reviews conducted for the period April 2020–March 2021 by the foster care review staff for Olivia Y. reporting. The method of analysis was related to provision 6.4.a. A child's permanency plan shall be reviewed in a court or administrative case review at least every six months. Foster care reviews shall satisfy this administrative case review requirement. MDCPS will take all reasonable steps, including written notice, to ensure the participation of the child, parents, caregivers, and relevant professionals in court or administrative reviews. MDCPS has begun developing plans for improving notifications to parents, foster parents, and others. The MDCPS will evaluate opportunities to collect data to identify the percentage of foster parents attending the hearings in an effective way. See the table below for results of the foster care review performance for the periods covered in this update: MDCPS began collecting the data by participant in 2020 and that information was included in each quarterly report submission. Also, the report data for each quarter submission from the MSA Quality Case Review Summaries report (the methodology to obtain the data is included on that can be found below.

Reporting Period	FCR results and reasonable steps to ensure participation
Q2 2020 (April 2020 – June 2020)	54.9% all participants (78% caregivers)
Q3 2020 (July 2020-September 2020)	56% all participants (74% caregivers)
Q4 2020 (October 2020-December 2020)	52% all participants (73% caregivers)
Q1 2021 (January 2021-March 2021)	52% (77% caregivers)

## 2022 Annual Progress and Service Report

Reporting Period	2 <sup>nd</sup> MSA Provision	Provision Description	Performance: 90%
April 2020 - June 2020	6.4.a, 6.4.a.2	Reasonable steps, including written notice, for participation in FCR	54.9% - All relevant parties invited 80.4% - Mother invited 75.4% - Father invited 77.9% - Child invited 71.2% - GAL invited 78% - Caregivers invited 100% - Relevant Professionals invited
<p>Provide a written summary of the findings including the strengths and the areas needing improvement, methodology and description of the data presented (include the review tool used for measuring the provision): Children included in this data set represent all cases that received foster care review between April 2020-June 2020. 2,129 children were applicable and 54.9% (n=1,169) of the children reviewed in the PUR indicated that reasonable steps, including written notice, was made to ensure participation of the child, parents, caregivers, and relevant professionals for the county conference. The review team found evidence that the foster care reviewer (quality assurance coordinator), social worker (caseworker), and social work supervisor (casework supervisor) were invited to 100% of the county conferences. The mother was invited in 1,712 (80.4%) of the county conferences. The father was invited in 1,606 (75.4%) of the county conferences. Caregivers were invited in 1,651 (77.5%) of the county conferences. Foster children were invited in 1,658 (77.9%) of the county conferences. Guardians-ad-litem were invited in 1,516 (71.2%) of the county conferences. The Foster Care Review Supplement form question #8 was used to collect and guide the review determination. This question's guidance and answer options were edited on the 3-10-20 Foster Care Review Supplement Form to remove the answer option of grandparents and clarify "relevant parties" and timeframes for notice. Edited guidance and answers were implemented 4-1-20: Relevant parties include: the parents, caregivers, child, and relevant professionals (GAL, Social Worker, Adoption Worker). Reviewer will consider if at least 10-day notice was given to invite the participants. Reviewer will look at the following: County Conference in MACWIS, case narratives, letters in case file, etc. Answer Choices: Yes- all relevant parties invited; No Mother, No- Father (including Putative), No- Child (age appropriate), No-GAL, No Caregiver(s), No- Relevant Professional (QAC/ Adoption Specialist), No- Multiple participants (explain), No- No one invited. This question's guidance and answer options were 35 edited again on 4-17-20 and 5-14-20 to remove answer options and address typos: No-No one invited and an extra Yes- all parties invited. Select All that apply was added after Answer Choices: Relevant parties include: the parents, caregivers, child, and relevant professionals (QAC, Adoption Specialist). Reviewer will consider if at least 10-day notice was given to invite the participants. Reviewer will look at the following: County Conference in MACWIS, case narratives, letters in case file, etc. Answer Choices: Select all that Apply: Yes- all relevant parties invited; No- Mother, No- Father (including Putative), No- Child (age appropriate), No GAL, No- Caregiver(s), No- Relevant Professional (QAC/ Adoption Specialist).</p>			



## 2022 Annual Progress and Service Report

Reporting Period	2 <sup>nd</sup> MSA Provision	Provision Description	Performance: 90%
July 2020 - September 2020	6.4.a, 6.4. a.2	Reasonable steps, including written notice, for participation in FCR	56% - All relevant parties invited 80%- Mother invited 75%- Father invited 77%- Child invited 70%- GAL invited 74%- Caretakers invited 100% - Relevant Professionals invited

**Provide a written summary of the findings including the strengths and the areas needing improvement, methodology and description of the data presented (include the review tool used for measuring the provision):** Methodology for determining total applicable: Filter excel for the column MSA 6.4.a, 6.4.a.2 for all Yes and No answers- record total (Denominator). To obtain the percentage that meet MSA standard: Filter for just Yes answers- record total (Numerator), then use the total Yes answers (numerator (n)) divided by the total applicable (denominator). Children included in this data set represent all cases that received foster care review between July- September 2020. 2,142 children were applicable and 56% (n=1,210) of the children reviewed in the PUR indicated that reasonable steps, including written notice, was made to ensure participation of the child, parents, caregivers, and relevant professionals for the county conference. To get the total number to indicate the relevant professionals were invited to the county conference, select in the filter for column AU. MSA 6.4.a> does not contain> No- relevant professionals. Record this number and divide by Denominator. The review team found evidence that the foster care reviewer, caseworker, and casework supervisor were invited to 100% of the county conferences. To get the total number to indicate the mother was invited to the county conference, select in the filter for column AU. MSA 6.4.a> does not contain> No- Mother. Record this number and divide by Denominator. The mother was invited in 1,707 (80%) of the county conferences. To get the total number to indicate the father was invited to the county conference, select in the filter for column AU. MSA 6.4.a> does not contain> No- Father. Record this number and divide by Denominator. The father was invited in 1,605 (75%) of the county conferences. To get the total number to indicate the caretakers was invited to the county conference, select in the filter for column AU. MSA 6.4.a> does not contain> No- Caretaker. Record this number and divide by Denominator. Caretakers were invited in 1,583 (74%) of the county conferences. To get the total number to indicate the child was invited to the county conference, select in the filter for column AU. MSA 6.4.a> does not contain> No- Child. Record this number and divide by Denominator. Foster children were invited in 1,659 (77%) of the county conferences. To get the total number to indicate the GAL was invited to the county conference, select in the filter for column 8. MSA 6.4.a> does not contain> No- GAL. Record this number and divide by Denominator. Guardians-ad-litem (GAL) were invited in 1,499 (70%) of the county conferences. The Foster Care Review Supplement form question #8 was used to collect and guide the review determination.

## 2022 Annual Progress and Service Report

Reporting Period	2 <sup>nd</sup> MSA Provision	Provision Description	Performance: 90%
October 2020- December 2020	6.4.a, 6.4. a.2	Reasonable steps, including written notice, for participation in FCR	52% - All relevant parties invited 78%- Mother invited 74%- Father invited 76%- Child invited 68%- GAL invited 41 73%- Caretakers invited 100% - Relevant Professionals invited
<p>Provide a written summary of the findings including the strengths and the areas needing improvement, methodology and description of the data presented (include the review tool used for measuring the provision): Methodology for determining total applicable: Filter excel for the column MSA 6.4.a, 6.4.a.2 for all Yes and No answers- record total (Denominator). To obtain the percentage that meet MSA standard: Filter for just Yes answers record total (Numerator), then use the total Yes answers (numerator (n)) divided by the total applicable (denominator). Children included in this data set represent all cases that received foster care review between October- December 2020. 1914 children were applicable and 52% (n=999) of the children reviewed in the PUR indicated that reasonable steps, including written notice, was made to ensure participation of the child, parents, caregivers, and relevant professionals for the county conference. To get the total number to indicate the relevant professionals were invited to the county conference, select in the filter for column MSA 6.4.a, 6.4.a.2. MSA 6.4.a&gt; does not contain&gt; No- relevant professionals. Record this number and divide by Denominator. The review team found evidence that the foster care reviewer, caseworker, and casework supervisor were invited to 100% of the county conferences. To get the total number to indicate the mother was invited to the county conference, select in the filter for column MSA 6.4.a, 6.4.a.2. MSA 6.4.a&gt; does not contain&gt; No- Mother. Record this number and divide by Denominator. The mother was invited in 1,491 (78%) of the county conferences. To get the total number to indicate the father was invited to the county conference, select in the filter for column MSA 6.4.a, 6.4.a.2. MSA 6.4.a&gt; does not contain&gt; No- Father. Record this number and divide by Denominator. The father was invited in 1422 (74%) of the county conferences. To get the total number to indicate the caretakers was invited to the county conference, select in the filter for column MSA 6.4.a, 6.4.a.2. MSA 6.4.a&gt; does not contain&gt; No- Caretaker. Record this number and divide by Denominator. Caretakers were invited in 1403 (73%) of the county conferences. To get the total number to indicate the child was invited to the county conference, select in the filter for column MSA 6.4.a, 6.4.a.2. MSA 6.4.a&gt; does not contain&gt; No- Child. Record this number and divide by Denominator. Foster children were invited in 1452 (76%) of the county conferences. To get the total number to indicate the GAL was invited to the county conference, select in the filter for column 8. MSA 6.4.a&gt; does not contain&gt; No- GAL. Record this number and divide by Denominator. Guardians-ad-litem (GAL) were invited in 1294 (68%) of the county conferences. The Foster Care Review Supplement form question #8 was used to collect and guide the review determination.</p>			

## 2022 Annual Progress and Service Report

Reporting Period	2 <sup>nd</sup> MSA Provision	Provision Description	Performance: 90%
January 2021-March 2021	6.4.a, 6.4. a.2	Reasonable steps, including written notice, for participation in FCR	52% - All relevant parties invited 78%- Mother invited 75%- Father invited 73%- Child invited 67%- GAL invited 77%- Caretakers invited 100% - Relevant Professionals invited

**Provide a written summary of the findings including the strengths and the areas needing improvement, methodology and description of the data presented (include the review tool used for measuring the provision):** Methodology for determining total applicable: Filter excel for the column MSA 6.4.a, 6.4.a.2 for all Yes and No answers- record total (Denominator). To obtain the percentage that meet MSA standard: Filter for just Yes answers-record total (Numerator), then use the total Yes answers (numerator (n)) divided by the total applicable (denominator). Children included in this data set represent all cases that received foster care review between January-March 2021. 1997 children were applicable and 52% (n=1042) of the children reviewed in the PUR indicated that reasonable steps, including written notice, was made to ensure participation of the child, parents, caregivers, and relevant professionals for the county conference. To get the total number to indicate the relevant professionals were invited to the county conference, select in the filter for column MSA 6.4.a,

6.4.a.2. MSA 6.4.a> does not contain> No- relevant professionals. Record this number and divide by Denominator. The review team found evidence that the foster care reviewer, caseworker, and casework supervisor were invited to 100% of the county conferences. To get the total number to indicate the mother was invited to the county conference, select in the filter for column MSA 6.4.a, 6.4.a.2. MSA 6.4.a> does not contain> No- Mother. Record this number and divide by Denominator. The mother was invited in 1565 (78%) of the county conferences. To get the total number to indicate the father was invited to the county conference, select in the filter for column MSA 6.4.a, 6.4.a.2. MSA 6.4.a> does not contain> No- Father. Record this number and divide by Denominator. The father was invited in 1493 (75%) of the county conferences. To get the total number to indicate the caretakers was invited to the county conference, select in the filter for column MSA 6.4.a, 6.4.a.2. MSA 6.4.a> does not contain> No- Caretaker. Record this number and divide by Denominator. Caretakers were invited in 1536 (77%) of the county conferences. To get the total number to indicate the child was invited to the county conference, select in the filter for column MSA 6.4.a, 6.4.a.2. MSA 6.4.a> does not contain> No- Child. Record this number and divide by Denominator. Foster children were invited in 1454 (73%) of the county conferences. To get the total number to indicate the GAL was invited to the county conference, select in the filter for column 8. MSA 6.4.a> does not contain> No- GAL. Record this number and divide by Denominator. Guardians-ad-litem (GAL)

were invited in 1330 (67%) of the county conferences. The Foster Care Review Supplement form question #8 was used to collect and guide the review determination.

### Quality Assurance System

**Item 25:** 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 Child and Family Services Plan (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?

### 2022 Update

There have been no significant changes to the Quality Assurance system or processes during the reporting period. While the CQI processes and activities are functioning as designed, the agency must stay up to date with changes in federal and state programs. As such, CQI will continue their core functions already imbedded in the agencies work and will also lend itself, as applicable, to any new programs introduced and implemented under the CFSP.

Results of the required 6-month periodic reviews (Foster Care Reviews) are presented in item 21 and the results of the CFSR reviews (for PIP monitoring) can be found throughout the Assessment of Current Performance in Improving Outcomes section.

To meet the requirement outlined in ACYF-CB-IM-12-07, Mississippi has embedded the collection, tracking and analyzation of data into review activities and process led by multiple units within MDCPS. Units responsible for tracking and collecting data produce analyses that is shared with executive leadership, managers, and stakeholders to achieve performance improvement at least quarterly and monthly whenever possible. To measure CFSR systemic outcomes and measures on an ongoing basis a review process was established with a dedicated set of reviewers in the Regional Review Unit utilizing the federal On-Site Review Instrument (OSRI). 15 foster care and 10 in home/prevention cases are selected each month for the review. After the completion of the regional review, reports outlining the case review results and any trends / reoccurring practices that emerged during the regional review process are released to regional and executive leadership and a meeting is held to explain the review results. The regional leadership is then expected to meet with staff and key participants to discuss the results, analyze the data provided, and identify goals for practice improvement moving forward. Those goals should be outlined in the Regional Action Plan. Quarterly meetings (within every 90 days after the plan is approved) are held to track progress, activities, and discuss efforts or revisions to the plan. Regional reviews occur yearly, therefore after the yearly follow up review, the plan is revisited and revised based on the new data and improvement needs of the Region. While many Regions have successfully engaged in discussion and analysis of the data, others have struggled to develop Regional Action plans with measurable goals.

### **REGIONAL ACTION PLAN Process and Activities**

After the regional review process has been carried out, a report will be compiled with the gathered data and provided back to the region and internal stakeholders. The Regional Corrective Action Plan process and timeline is outlined below: After the completion of the regional review, a final report will be compiled by the Quality Assurance Case Review Unit Administration that encompasses the case review results and any trends / reoccurring practices that emerged during the regional review process. The compiled report will be released to the region by the last working day following the Regional Review Month and a scheduled meeting will occur to explain the review results, clarify questions prior to the creation of the action plan. {60 days from the start of the review month}

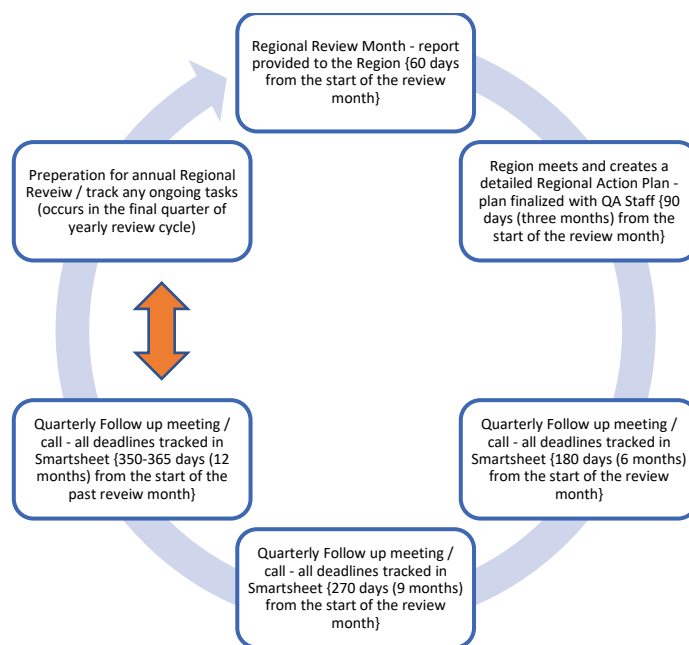
The region will then meet with staff and key participants to discuss the results, analyze the data provided, and identify goals for practice improvement moving forward. The Region will provide Quality Assurance Case Review Unit administrative staff with a drafted Regional Action Plan with identified goals, tasks, achievement criteria, and responsible staff. A template of the Regional Action Plan will be provided. The identified action items should be considered as overarching areas of practice that if improvement was seen, many areas of practice would be positively, qualitatively affected. Ongoing communication between key regional staff and Quality Assurance Case Review Staff is encouraged.

Once a draft plan is received from the region, Quality Assurance Case Review Unit staff will provide feedback of the plan in the assessed areas of focus (2-3 identified action items). A call or meeting will occur between Quality Assurance Case Review Unit staff and the region's key participants to clarify the plan and address action steps. {90 days (three months) from the start of the review month}

Conversations will be ongoing between the Quality Assurance Case Review Unit staff and the regional key participants. Quarterly meetings (within every 90 days after the plan is approved) will be held to track progress, activities, and have discussions about efforts and any needed revisions to the plan. The identified tasks could have an end date or may be considered ongoing especially for overarching practice improvements. {6 months, 9 months, and 12 months from the original regional review month}

Regional reviews occur yearly, therefore after the yearly follow up review, the plan will be revisited and revised based on the new data and improvement needs of the Region. Continuous Quality Improvement is a continuous cycle to move towards improved practice and service to clients. Efforts to prepare for the yearly review will occur within the last quarter of the yearly cycle.

## 2022 Annual Progress and Service Report



### **CREATING THE REGIONAL CORRECTIVE ACTION PLAN**

The Regional Corrective Action Plan is an individualized document intended to target specific areas of practice that are needing improvement. The review results provided should guide the region in narrowing down the areas of focus and should guide the goal setting process. Once the Region has been provided the review results, the region has 30 days to finalize the Regional Corrective Action Plan. Key participants in the formation of the plan should be identified. Core participants include internal stakeholders such as Regional Director, Regional Area Social Work Supervisor(s), Coaches/trainers, and other key staff assigned tasks in the plan. It is recommended that regional leadership include all pertinent staff in the creation of the region's plan (as everyone will have some part of the improvement process). The identified action items should be limited 2-3 items that are on the macro level (although it is understood micro / mezzo level work will have to occur for and during improvement efforts). Below are definitions and explanations of the key components in the Regional Corrective Action Plan to offer guidance in the development of the plan. The attached template should be utilized for each region.

- **Related Performance/Outcome Item:** The performance/outcome item identified during the regional review as an ANI will be summarized here. The specific Safety, Permanency, and/or Well-Being outcome with the corresponding item will need to be identified.
- **Goal / Expected Outcome:** Any overarching goal(s) should be clearly and concisely stated. An expected outcome should be included with each goal listed to reflect the overarching concept and intended outcome due to efforts being made (tasks).
- **Action Steps:** The steps towards progress can also be considered tasks. Steps that can be taken towards achieving the goals needs to be specific in description and concrete as possible. There could be multiple action steps (tasks) listed for each of the goals. The action steps may need to be paced and a specific time frame placed upon that action in order to reach the achievement of the goal.



## 2022 Annual Progress and Service Report

- Responsible party: For each action step, a responsible party (or group of people) must be identified as the responsible person(s) carrying out the identified action step.
- Deadline: Reasonable deadlines must be established and met. In setting the deadlines, available resources and any known or anticipated barriers must be considered (including the time frame given to overcome or surpass said barriers).
- Resources: The region must consider what is needed to complete the agreed upon task. The resources could be identified as a separate supportive unit, Focus on Data reports, items from the Regional Review (CFSR Instrument), tracking methods from within the region, etc. The resource identified could be what is known and available or could be created by the region in attempt to implement a pilot project (the creation of a new pilot may require additional action steps prior to implementation).
- Potential Barriers: The potential barriers or anticipated hurdles need to be identified and then solution focused approaches considered or implemented to prevent barriers from forming. It is normal to not foresee every potential barrier; however, it is imperative to plan for and plan actions to overcome the known / anticipated barriers.
- Results: The result is the projected outcome of the action steps taken. This will be updated via Smartsheet links at the given deadline time.

Prior to the deadline of the needed plan approval, a meeting or conference call will occur to discuss specifics of the draft action plan. Conversations will occur with Quality Assurance Case Review Unit staff to thoroughly understand all actions steps, measurement approaches, achievement criteria, and responsible parties or groups. The plan will be reviewed quarterly (or every 90 days / 3 months) as needed to assess the progress of the plan and revise the plan as needed.

During the last quarter of the yearly cycle, the region along with the Quality Assurance Case Review Unit staff will begin preparing for the next annual review by repeating the process starting with a new case sample and elimination phase prior to the scheduled annual review.

The Regional Action Plan activities have been scheduled and facilitated by CQI: Regional Review Unit. The RAP process is tracked using Smartsheet. The Regional Action Plan is approached in a uniform method to focus the region's rolling calendar year quarters. Quarter 1 is focused on Safety Outcomes (Items 1-3). Quarter 2 is focused Permanency Outcomes (Items 4-6, 11). Quarter 3 is focused too Well Being Outcomes (Item 12). Quarter 4 is focused to Well-Being Outcomes (Items 13-15). Although there may be specific focus given to PIP items during the quarters, discussions are about overall best practice approaches that would be rated in all the OSRI Items. Minutes are taken at each of the quarterly meetings and are completed as the review year progress. At the start of each Region's minutes, a chart identifies what tasks the region's created or were agreed upon in order to approve practice.

All regions have complied with the RAP process and scheduled meetings. The Regional Review team has struggled with the remote engagement with the regions. There is an assessed disconnect between the Regions and the Regional Review staff, however, there has not been any defined

## 2022 Annual Progress and Service Report

underlying reason for that disconnect. Different facilitation approaches have been taken to generate quality discussions such as asking open ended questions in an understanding, empathic manner for best rapport and promote understanding of the qualitative practice that is measured. There have been pivotal points since the launch of the RAP process where Field Operations has informed Regional Review Staff of collaborative efforts such as CIP meetings, HOPE efforts, as well as the roll out of the investigation and case staffing forms.

Although the plan is functioning, it has not reached its full potential and could need revisiting or elements of functionality be revised. Although compliant, there appears to be a lack of ownership to the RAP even though the regions do own the results of the data and practice that was measured. To clarify, there could be confusion by all (between Regional Review Unit and Field Operations) on what is needed or expected of the RAP process so that the full potential of the process is reached. Furthermore, the process has struggled with defining measurement of success for the RAP. While a wealth of information was discussed in the quarterly meetings, there has not been as concrete agreed upon measurement tool(s) such as using other types of data and comparing that data to the annual Regional Review Results specific to that region. An identified barrier to achieving a uniform approach to the RAP process is mastering how to get each individual region to work on achieving improvement statewide. Improvements may can be seen at different levels for individual regions.

### Staff and Provider Training

**Item 26:** 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 Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

#### 2022 Update

MDCPS continues to rate the initial training as a strength of the agency. Beginning in March 2020 the training was transitioned to a virtual based training in conjunction with the on-the-job field-based training. Initial, Pre-Service training remains a 270-hour, 8-week training program where staff are trained on all areas of casework with the agency. When new staff joins MDCPS they have a large amount of information they are required to learn and go through in Pre-Service training. While we know this information is vast and difficult to retain all of it, all case carrying staff and supervisors must attend this training as the first step of employment. When staff has completed training, we know their knowledge is still very basic as the true learning process takes place once they begin to do the work. To assist with this transfer of knowledge, we have Professional Development team members who work with new staff for 18 months after completion of training to ensure they are supported, coached, and brought up to speed on process of the agency. With the support they are given for the next 18 months, staff are then equipped with the knowledge.

Data such as attendance data, test scores, evaluations, and numbers are collected for all staff trained. In the reporting period 264 staff completed Pre-Service training. All staff begin training within the month in which they are hired. Of those 264, 100% completed training by passing the test. Staff who do not successfully pass the test on the first attempt are given one additional attempt. If they do not pass the second attempt they are dismissed from the agency.

## 2022 Annual Progress and Service Report

In addition, there were concerns that there were no measures in place to ensure new staff understood certain definitions such as risk and safety. Staff were trained on the definitions, but the MDCPS wants to ensure staff is equipped with the tools needed for work-readiness. There has been discussion regarding plans to ensure Field Operations' staff understand this is a new definition.

The Parents As Tender Healers (PATH) Curriculum has been updated regularly to meet the needs of the Mississippi Department of Child Protection Services. We require portions of the MS. Path curriculum to be trained in an online format and portions to be trained in person. This 15–18-hour curriculum is required before a family can be licensed to foster our children. All household adults who will be in a caregiving role are required to complete that PATH training.

In that curriculum we address Orientation to foster parenting; Developmental Stages; Trauma, removal, separation, and attachment; Child Safety; Finance and Travel; Permanent Connections; Shared Parenting; and Teamwork and Children Served.

**Item 27:** 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 regarding the services included in the CFSP?

### **2022 Update**

MDCPS sees our staff training as a strength. We deliver most of our training via an online learning system, Cornerstone. All caseworker staff are required to complete 40 hours of annual ongoing training and supervisors 20 hours of ongoing training. The plan varies each year. Currently all training is assigned to all staff. At the close of the 2020 calendar year, MDCPS achieved 100% completion of this requirement.

In the 2020-2021 training year, COVID caused many changes and things that had to be communicated with the staff via online training as well as virtual training. We receive feedback on each training and input on future trainings from the administrative arms of the agency.

To provide ongoing training to our foster parent providers, MDCPS contracts with Foster Parent College to provide a wide variety of topics that a foster parent can choose from. The family completes this education online. This training is free to the foster parent. Training topics with Foster Parent College include anger management, eating disorders, sleeping problems, running away, Reactive Attachment Disorder, sex trafficking, mental health, problematic sexualized behaviors, lying, self-harming, fire play, and Autism. The Licensure Supervisors and Bureau Directors also approve most training opportunities that are educational in nature and relate to fostering. If the family requests to go to workshops or conferences that offer hours, those are typically approved. As professionals reach out to the agency with their curriculum/workshops, we forward those on to the foster parent through a mass email/newsletter.

MDCPS is charged with starting and maintaining support groups that meet in most regions monthly. At those support group meetings, the foster parent can discuss issues they are having but an agenda is set for some type of educational opportunity where ongoing hours can be offered to that foster parent for relicensing their home at the end of the 2-year license.

**Item 28:** 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 needed to carry out their duties with regard to foster and adopted children?

### **2022 Update**

The MDCPS Licensure Unit continues to use the same curriculum (PATH) to train prospective foster parents. Due to COVID restrictions, we have done the in-person portion of training via Zoom/Facetime. Rescue 100 stopped all weekend events a year ago but are assisting the Licensure County staff with conducting initial training via Zoom/Facetime as well as licensing homes in some of the counties where there are staff shortages. We also uplifted the requirement for 5 hours/yearly face to face training and have allowed them to receive those hours via on line courses during most of 2021. We plan to transition all in-classroom training for PATH and ongoing training in August 2021. (See attached Smartsheet for tentative Zoom training dates for 2021)

Foster Parents are not licensed unless they attend the initial PATH/PREP training. It is completed immediately after MDCPS has received their application and conducted a walk-through of their home along with background checks. It is also completed, typically, before the home study interviewing. Part of training is done online through the Cornerstone system. Families sometimes have issues maneuvering that system but for the most part, we work through those issues and help one on one when needed. As mentioned earlier, due to COVID the Face-to-face portion of PATH has been on Zoom, for the last year and a half. The trainings are conducted in small groups to allow for questions and to check for learning. While the training covers a huge amount of information, trainers with MDCPS try to take the time to go over certain issues that will arise when we complete the interviewing portion of the Home Study so participants can ask anything that needs clarifying. Until the child is placed in a home, it's difficult to apply has been learned.

In 2020, 515 Non-relatives' homes were approved; 390 Relative Homes were approved. All of these families were trained. Thus far in 2021, 261 non-Relative homes were approved, 140 Relative homes were approved. All these families were trained.

We continue to contract with Foster Parent College to provide online training opportunities to existing foster parents (relative or non-relative). (See the attached listing of provided topics for online training). Support Groups ceased meeting in person due to COVID, but the Foster Parent Liaison continued to provide ongoing training via Zoom/Facetime meetings. Some support groups are beginning to meet in person again in some parts of the state but are not provided consistently across the state. (See attached Support Group newsletters that provided opportunities for meetings via Zoom as well as July 2021 schedule)

Trauma Informed Training was rolled out in April/May 2021 for all current relative and non-relative foster parents. The curriculum was created in conjunction with consultants at Public Knowledge. We sent it out to all foster parents via Smartsheet with a YouTube video. Once they completed their evaluation, they received credit for completing the training. Their certificate was

## 2022 Annual Progress and Service Report

uploaded in their SharePoint file. Any family who did not complete the training will be required to complete the training before they can be relicensed.

Also, MDCPS contracts with an online agency, Foster Parent College.org, to provide ongoing on-line training to our foster families. The families are required to complete a certain number of hours per year and are not relicensed unless those ongoing training hours are completed. Foster parents are referred to area conferences and training opportunities as they become available.

If MDCPS requires a family to complete training on a specific topic on Foster Parent College website, as a means of Corrective Action, there is an evaluation (to check for understanding) conducted to complete a final Corrective Action Plan and show that the family has completed that requirement. All training for Relatives, Non-Relatives and Adoptive Families are the same.

In addition, the Foster Parent Liaison utilized Zoom to train foster parents due to not being able to meet face to face during the pandemic. In July 2020 seven sessions were held focusing on Shared Parenting. In August 2020 five sessions were held with a panel from MS Youth Voice sharing their personal experiences of being in the foster care system. In September 2020 six sessions were held where the MDCPS Youth Transition Support Services Staff shared about their program and the opportunities that are available to our older youth. In November 2020 5 sessions were held where we went over some frequently asked question in MDCPS policy Section D Foster Care. In January 2021 five sessions were held with the MDCPS Adoption Staff. The Adoption Staff focused on the process of terminating parental rights. In February 2021 three sessions were held with a mother whose child was in foster care and the foster parent that cared for her child while he was in care.

**Item 29:** 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 Child and Family Services Plan (CFSP)?

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

### 2022 Update

Service array and resource development continues to be areas needing improvement. MDCPS provides services to address the safety, permanency and well-being of families and children through internal service provision and in collaboration with other child and family service providers. At this MDCPS does not have a system in place that collects information by jurisdiction. Based on anecdotal information and informal polling of regional directors, service needs vary across the state. It has been consistently noted that there is limited access to services in some of the more rural parts of the state and that there is a growing need for additional adolescent substance abuse programs. The aforementioned factors can cause service gaps. MDCPS currently has a statewide coverage for in-home services through two contracted providers. We have identified many of the services and initiatives below.

## 2022 Annual Progress and Service Report

1. Services that assess the strengths and needs of children and families and determine other service needs:

The Mississippi Department of Child Protection Services continues to assess the strengths and needs of children and families through two core formalized assessment tools: CFA and Safety and Risk Assessment. The Safety and Risk Assessment is completed during all open investigations. This tool is used to help assess the safety and risk of children and to determine if ongoing services are needed with the family. If it is determined that ongoing services are needed, the appropriate case type is opened and/or relevant referrals are made for the identified services. When an ongoing service case is opened, the Child and Family Assessments (CFA) are completed. This tool helps to identify areas to be addressed within the family to mitigate harm and/or risk factors and is listed as tasks/goals in the Family Service Plan (FSP). Together the CFAs and FSPs are jointly developed with the family, within 45 days of case opening, and updated every 90 days thereafter for as long as the case remains open. In addition, staff may reach out to other professionals including educators, medical professionals and mental health providers who may be involved with the child and family to gain information when completing an assessment.

2. Services that address the needs of families in addition to individual children in order to create a safe home environment:

The Mississippi Department of Child Protection Services uses a Safety Checklist during the initial assessment (investigation) with a family to identify the presence or absence of safety issues within the physical home environment. This tool is used to bring awareness and attention to safety issues such as poisons, fire hazards, drowning hazards, firearm hazards, car safety, general safety (including safe sleep) and other areas within the home that could potentially cause safety concerns. The Safe Sleep protocol was implemented in Fall 2016 with families that had children 18 months and younger. The goal is to identify unsafe sleep situations and assist the family in correcting any unsafe sleep situations as part of prevention of co-sleeping fatalities.

The safety of each child in the home is continued to be individually and collectively assessed during investigations and monthly through ongoing casework. To make reasonable efforts to prevent removal, MDCPS also uses safety plans that allow the agency and families to provide alternative living arrangements to reduce harm and risk in unsafe living situations for a limited time with the infusion of the supports from service providers.

3. Services that enable children to remain safely with their parents when reasonable:

The Mississippi Department of Child Protection Services continues to receive support from local boards of supervisors within all 82 Mississippi counties. The amount of the financial support varies from county to county, however. These funds allow counties around the state to provide informal support to children and families. These allocations have been used to meet an array of needs so that children can remain safely in their homes. More specifically, county funds have been used to assist families in the community who are experiencing financial difficulties with paying utilities, food or for housing/rental assistance. In addition, these funds have been used to assist with purchasing furniture such as beds to ensure appropriate sleeping; drug screenings to support the verification that a parent is free of illegal substances; intake fees for assessments at local mental health or outpatient substance abuse clinics as well as other identified family needs as presented. These families may or may not have cases with MDCPS.



## 2022 Annual Progress and Service Report

MDCPS has contracted with Canopy and Youth Villages to provide family preservation and reunification services through our program called In-Circle.

The DORCAS program is available, by referral, for in home family support services. The purpose of the Dorcas In-Home Family Support Program is to provide family-driven, youth guided interventions to improve the stability of enrolled families and their ability to provide adequate care for the children for whom they are responsible. These interventions increase families' access to and utilization of community resources and assistance. The goal is to reduce the likelihood of removal or other disruption of their living arrangement.

4. Services that help children in foster and adoptive placements achieve permanency: The Mississippi Department of Child Protection Services understands the importance of finding the most appropriate, family-like placement setting for children and youth who must enter the states' foster care system. Additionally, in order of succession, permanency plans are determined in conjunction with the youth court, and case practice is aligned based on the established plan to aid in achieving permanency. Moreover, families can be re referred to In-Circle (reunification) for more intensive family supports.

If a child must enter foster care, the agency seeks family or fictive kin first to provide care to the child(ren). These families are afforded the opportunity to become licensed relative foster parents through the expedited licensing process. The training is abridged, to expedite the supports offered with being fully licensed and to maintain the child with relatives; hopefully to expedite permanency, but still fully trains the family in providing care for the child(ren).

MDCPS has an administrative structure (resource unit) that supports each of its fourteen (14) regions that is staffed with licensure specialists, adoption specialists, supervisors, and bureau directors. Their focus is on the recruitment and retention of foster and adoptive parents at the county and state level. All the Resource Unit staff (both Licensure and Adoption) work hand-in-hand to provide recruitment, pre-service training, in-service training, and home studies in order to license foster/adoptive homes across the state. Adoption Specialists also work with all children/youth in care whose permanent plan is adoption.

MDCPS continues to engage the faith-based community through Rescue 100 recruiting efforts.

When reunification is no longer an option, other permanency options are explored including adoption. MDCPS closely tracks children, when their permanent plan changes to adoption, to ensure that they are achieving permanency timely. Although a manual process, in the fall of 2017, MDCPS identified the children with a plan of adoption and begin tracking them through regional calls to get a status and address barriers known that is preventing the case for moving forward to TPR and adoption. These calls have proven to be effective in getting children to permanency sooner. In SFY 2021, 518 children were permanently connected with a family through adoption.

Mississippi Department of Child Protection Services continues to utilize additional services and resources to ensure permanency, regardless of type of permanency (reunification, durable legal custody, Adoption, APPLA). Those services include:

## 2022 Annual Progress and Service Report

- MYPAC Services to stabilize placement, and reduce placement disruptions
- Local Mental Health for assessments and to address behavioral concerns for child(ren) in care placed in a foster home
- Respite Services – contracted through Southern Christian Services for Resource Parents
- CAP (Correction Action Plan) - to correct minor policy violations with resource families
- Ongoing training - 10 hours yearly; 20 hours for re-evaluation of license
- Ongoing advocacy and support - through one-on-one contact with CPS staff (Frontline, Resource and Adoption)
- Adopt US Kids Website (National Database) - recruitment of permanent homes for all children free for adoption with no identified families
- Heart Gallery – recruitment for permanent families (through visuals of children free and history of their experience with foster, etc.)
- Wendy’s Wonderful Kids (Wendy’s Foundation) - child specific recruitment for hard to place children (teenagers and children with major behavioral issues and medically fragile) in collaborations with Mississippi Families for Kids and Southern Christian Services Placement Committee Meetings (Regional, Multi-Regional and State Placement)
- Adoption Status Meetings - these meetings are held monthly throughout the state for all children with a plan of adoption. These collaborative meetings are held with various disciplines (Adoption Unit, Resource Unit, Frontline Staff, Regional Directors, and Attorney General’s Office).
- Independent Living Services were previously provided through a sub-contract through Southern Christian Services. The services are now provided internally through our Youth Transition Support Services. Each region of the state has a designated Youth Transition Navigator whose role is to provide intensive support to youth 14-21. This includes assisting youth with the development of an Independent Living Plan that supports the participants’ capability to acquire basic life skills in their progress from dependency toward self-sufficiency.

Item 30: 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?

**Update:** Both MDCPS CQI data and CFSR performance ratings confirm that improvement is needed in the area of Service Array and Resource Development. For these reasons, improved service array and delivery is an area of focus in the CFSR PIP. The expected outcome for strategies and key activities that MDCPS selected for Goal 4 of the CFSR PIP are improvements in service array and development by diversifying intensive In-home services and expanding available funding for services by implementing the Families First prevention Services Act. All key activities can be found within the CFSR PIP. To date, MDCPS is strategically working through these activities to accomplish this goal. Scopes of services for the current in-Circle program are under review and MDCPS plans to expand available level of services to children and families. MDCPS utilizes frontline case worker staff, MDCPS Prevention and Therapeutic Services and in-Circle program to ensure that children have access to an array of services in all political jurisdictions. Additional information is available in Promoting Safe and Stable Families in-Circle updates and data.

## 2022 Annual Progress and Service Report

Also, as indicated in the CFSR PIP turnover with two key staff delayed work in this area, but the MDCPS prevention unit continues to work to meet the requirements.

### Goal 4 of PIP

#### Agency Responsiveness to the Community

**Item 31:** How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (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?

#### **2022 Update**

MDCPS rated this item as a “Strength.” The state readily and consistently engages its stakeholders with its major initiatives, goals, and objectives that are in pursuant to the CFSP and APSR. This is done to increase communication, understanding, and collaboration strategies across service systems with the goal of strengthening families and communities. The department continues to meet regularly through monthly, bi-monthly, quarterly, annual, and as needed meetings with its stakeholders including the Administrative Office of the Courts, Children Advocacy Centers of Mississippi, Tribal partners, Mississippi Association of Child Caring Agencies, representatives from mental health, education, state universities, and others to discuss the progress and/or barriers to the goals, objectives, interventions identified under the 2020-2024 CFSP. For the development of the state’s APSR, the MDCPS Division of Federal Reporting contacts its stakeholders to request quarterly and periodic updates about any joint initiatives, service delivery information, successes, any perceived barriers, and strategies for improvement. These collaborative efforts are integrated throughout the APSR narrative. As Mississippi works toward implementing and completing the collaboration strategies identified in the 2020-2024 CFSP, the periodic updates provide valuable insight into the effectiveness of each strategy. This also serves as an internal/ external feedback loops to ensure that these activities were joint activities, each entity fulfilled their obligations, and initiatives were completed by established target dates. MDCPS also shares the Program Instructions and APSR with the Mississippi Band of Choctaw Indians (MBCI) and its stakeholders. Currently, there is not a significant opportunity for this collaboration. Member of the tribe are invited to participate in Mississippi’s joint planning and other statewide meetings through the Commission on Children’s Justice. And these meetings inform the CFSP/APSR to a degree. But there is not a more robust partnership in framing the actual text of the CFSP/APSR at this time.

**Item 32:** How well is the agency responsiveness to the community system functioning statewide to ensure that the state’s services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

#### **2022 Update**

MDCPS rates this item as a “Strength.” MDCPS heavily depends on the coordination and integration of services from its stakeholders to help with the development and revision of its policies and programs that supports the agency’s vision and mission. MDCPS continues to

## 2022 Annual Progress and Service Report

collaborate with other agencies by establishing Memorandum of Understandings (MOU) that strengthen and aid in coordinating services or benefits with other federally assisted programs that serve the same population. A Memorandum of Understanding has been developed with MDCPS and the Division of Medicaid, Mississippi Department of Human Services, the Office of the Attorney General, Department of Mental Health, the Mississippi Department of Education, the Mississippi Department of Health, Mississippi Band of Choctaw Indians and contractual agreements are in place with Baptist Children's Village, Mississippi State University, Casey Family Programs, and the University of Mississippi Medical Center. These cooperative arrangements are examples how the MDCPS is partnering statewide to ensure services, funding, and efforts are not duplicated. MDCPS has updated the current MOU between the agency and the tribe. (See attachment F)

There were meetings held to assist with the development of PIP goals, key activities, and strategies. The Joint Planning meeting was also used as an avenue for all stakeholders to express any major concerns as well as be involved in agency planning. MDCPS also utilizes the Foster Parent Liaison as a means for communicating information with foster parents and lifting their concerns to executive leadership.

Also, the agency currently contracts with the following federally assisted programs that serve children and families:

Provider	Brief Description of Services
Catholic Charities	Provides resettlement services to unaccompanied refugee minors placed in MDCPS custody. The URM program ensures eligible youth receive the full range of assistance, care, and services available to all foster children in MDCPS custody. Some of the services provided are family tracing and reunification, case management, English language training, and education supports.
Catholic School Services	Provides resettlement services to newly arriving refugees and their families. Services provided include employability services, English language instruction, translation and interpretation, case management, information and referral services, and citizenship and naturalization preparation services.
Hope Villages	Provides temporary placement services to youth that are enrolled in post-secondary education schools and programs. Temporary placement services will be available for

## 2022 Annual Progress and Service Report

	youth when school dormitories are temporary closed during scheduled breaks
MS Children's Home Dba Canopy	Services provided through the subgrant are In-Home Services focused on assisting children and families improving parenting and family functions
MS SIDS	Services include reducing the infant mortality rate in Mississippi. To reach new parent and caregivers with targeted safe sleep messaging tailored to targeted communities/audiences. Increase the number of maternity hospital programs certified as Safe Sleep Certified. Provide safe sleep educational resources and infant safe sleep resources (such as cribs, play yards, sleep sacks, crib sheets, etc.) to new parents and caregivers
Southern Christian Services	Provide services centered program to strengthen area families and improve child, family well-being and reinforce family connections
Starkville Oktibbeha Consolidated School District	Provide services for comprehensive evidence-based child abuse and neglect prevention services via Project Care. Project Care is expected to provide Parenting Skills, Home Visiting, Respite Services, Interactive Activities, Case Management, and Public Awareness Outreach Education on child abuse and neglect prevention with this subgrant for Oktibbeha County residents
Starkville Oktibbeha Consolidated School District	Provide services centered program to strengthen area families and improve child, family well-being and reinforce family connections
JSU School of Social Work <i>Contract ended 9/30/20</i>	Services will include the Parent Academy sessions for vulnerable children and families. Parent Aides will assist parents with life challenges and parenting skills.
Youth Villages	Services provided through the subgrant are In-Home Services focused on assisting

	children and families improving parenting and family functions
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### **Foster and Adoptive Parent Licensing, Recruitment, and Retention**

**Item 33:** 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 childcare institutions receiving title IV-B or IV-E funds?

The agency is required to license all Expedited Relative homes within 90 days and non-Relative homes within 120 days. At the end and throughout the process, the Licensure Staff and ASWS are staffing the homes in progress weekly and any barriers to becoming licensed are assessed. Expedited Relative homes are allowed a few exceptions to our requirements in two areas: 1) the age of the relative applicant can be less than 21 years old and 2) the applicant doesn't have to be legally married or divorced. Expedited homes are tracked by the State Office Licensure Unit to assure we are being consistent and addressing safety and non-safety issues as well as timeliness. The CQI Unit reviews every home within 30 days, once an action is taken, to make sure that a third level of review is held.

### **2022 Update**

At the end of each quarter, the MDCPS evaluates for quality by reporting to Public Catalyst the results of our review. This typically shows that reviews are between 85-95% correct when reviewed. During 1<sup>st</sup> quarter 2021, MDCPS had a 93% rating for quality and an 86% rating for quality during 2<sup>nd</sup> quarter 2021.

Based on the summary of needs for 2<sup>nd</sup> quarter 2021, The MDCPS will ensure the quarterly report will be shared with all staff so they can see where the errors are occurring and continue to strive to reduce the number of errors. The current Case File Checklist is in SharePoint and the checklist has been added to DocuSign to ensure it has been used. The Regional ASWS is viewing the SharePoint file while completing their review so they should be able to assure the correct forms are being used and address the issues with the ASWS's where they see a pattern. The ASWS will do a more thorough job of reviewing the file for quality and get necessary paperwork uploaded before approving the home. All staff are back in the office so this should help with weekly staffing and reviews should be handled timely. The Master Smartsheet has been filtered to give each Regional/ASWS their own listing so they can keep up with entering their review in the time frames created. The Bureau Directors will address the continued issues with reviews in their monthly staffing with all ASWS's and Regionals. Strengths: MDCPS is close to having adequate staff in all regions and there is ample supervision for each region (except for Region VII Central). There are a few new ASWS's that will need more detailed training on this process but for the rest of the state, we should have seasoned supervisors who know how to properly staff and train their staff on this process. We should see an increase in their attention to quality before approving homes.

**Expedited Relative homes are allowed a few exceptions to our requirements: 1) the age of the relative applicant can be less than 21 years old, and 2) the applicant does not have to be legally married or divorced.** Expedited homes are tracked by the State Office Licensure Unit to assure we



## 2022 Annual Progress and Service Report

are being consistent and addressing safety and non-safety issues as well as timeliness. The Continuous Quality Improvement Unit reviews every home within 30 days, once an action is taken, to make sure that a third level review is held. We report these findings monthly and quarterly to Public Catalyst. We had action taken on 460 homes since July 2020.

- July 2020: 42 homes
- August 2020: 47 homes
- September 2020: 50 homes
- October 2020: 56 homes
- November 2020: 40 homes
- December 2020: 67 homes
- January 2021: 32 homes
- February 2021: 34 homes
- March 2021: 32 homes
- April 2021: 29 homes
- May 2021: 31 homes

Non-relative homes are reviewed by a third level review team (within the Licensure Unit) for documentation and quality, within 7 days of approval by the Area Social Work Supervisor. So far in 2021, we had action taken on 137 homes:

- May 2021: 24 homes
- April 2021: 25 homes
- March 2021: 44 homes
- February 2021: 25 homes
- January 2021: 19 homes

No Expedited Relative family is to receive a board payment until their home is fully licensed. The County Worker assists the family with any needs that child might have while being licensed such as a clothing allowance and monthly allowance.

### Recruitment:

The Licensure Unit has a recruitment plan that is completed each year and it details examples of what each region and county can do to recruit foster parents. There is also a required quota of how many foster homes each county must license throughout the year. This is evaluated each month for completion. Licensure staff can look up data based on their region so they can more easily report on what the demographics are of the children in care. Licensure also reports monthly/quarterly on all activities that took place during that period. We have begun to recruit more heavily for teens and sibling groups and have changed our brochures and website to show the need for homes who will accept this population. We list all the requirements to becoming a foster parent and go through those requirements during our one-hour Orientation that is required of all applicants.

Rescue 100 is another Unit in Licensure that is charged with going out into the community, through churches, to get the word out about the needs of our agency. They plan activities in the church where they can provide education about fostering as well as speaking engagements where they can garner more foster families for our agency. We typically plan one large event a quarter where training and fingerprinting is completed for prospective foster families. Once the family has

## 2022 Annual Progress and Service Report

attended this event, a contracted practitioner will come out to conduct the home study on their home. These events are held in one region per quarter. With Covid, we have temporarily suspended these large gatherings, but an event is scheduled for October 2021 where we will have national speakers to come and assist us in training current foster parents as well as getting media coverage to help us recruit more foster families.

On our website, there is an on-line application that requires the applicant to choose from the following age brackets: 0-5, 6-11, 12-18 or 0-18. We also ask that they specify if they are willing to take a sibling group. See the 2021 Quarterly Recruitment calendar for all recruitment activities that have been reported thus far. See Also Revised Recruitment Brochures.

### Retention:

Retention is being addressed by good communication and working relationships between the foster parent, Licensure Staff, Front Line, as well as the Adoption Unit. We have a Liaison for Foster Parents who provides Support Group leaders/speakers each month and is the State Office person to call if the foster parent cannot get through to their worker or has a complaint/concern. He sends out a Newsletter at least monthly, to provide on-line training opportunities for existing foster parents. There has been an ongoing push for our agency to work in a Shared Parenting capacity so that same message is being mirrored with all foster parents. Having similar goals in mind will only enhance the fostering experience and help with any retention issues where foster parents are not interested in working with the agency or the biological family. Foster parents are also asked to complete a survey after every home visit they receive. In that survey, they are asked how their experience has been with our agency. When a complaint or compliment is received, it is elevated to the person that is over that area of the state and it is dealt with in a timely manner. We feel this is helping in the retention of foster parents as they feel like they are being heard and are receiving a response in a timely manner. See Attached Newsletter to foster parents.

**Item 34:** 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?

Based upon the 2018 CFSR final report, this systematic factor was rated a strength.

### **2022 Update**

The MDCPS Licensure Unit continues to educate the applicant during orientation about this requirement and explains that the agency also completes fingerprints on anyone in their household that is 14 years and older. We explain to them what documentation is needed to complete their fingerprints so they can begin collecting needed documents early on.

MDCPS has challenges with completing fingerprints timely (within 45 days) due to the applicant not having adequate identification. With office closing due to COVID, there was a huge delay in completing fingerprints timely due to Social Security cards and Driver's Licenses not being obtained timely as well as office restrictions. The agency has been able to streamline the process for fingerprinting because the State Office Fingerprinting Unit approves them, so there are no

## 2022 Annual Progress and Service Report

longer large delays in that area. For the most part, any delays are with the family failing to attend their appointments, and documents being delayed so we can submit their fingerprints.

Our Licensure Unit currently completes the local background checks as well as a walk-through of the non-relative home before scheduling the family for fingerprints and enrolling them in training. Licensure is given a 45-day deadline, from the date of the inquiry, to complete these fingerprints so we will know if we can proceed with licensing. If the child was placed in a relatives' home, the County Worker for the child conducts the walk through and local background check before handing off the COR packet to the Licensure Unit. The Licensure Unit then conducts a second walk through of the home and looks over the local background checks to know whether we can proceed. With relatives who already have a custody child in the home, this assures that we do not leave a child in a placement that could be at risk.

Licensure uses the Adam Walsh Act to determine what findings are not allowed for a foster parent to have on their record. Should they have other charges on their record, we request in writing a justification letter to get a better explanation of their charges. The ASWS and Regional ASWS review any charges that are questionable to determine if that applicant could safely be approved for fostering. If it is determined that they cannot be licensed, the applicant receives a Notice of Action letting them know the reason we weren't able to license them. We do not list the charges and will only discuss those charges with the applicant in question.

Current foster parents must notify us if any family members move into the home, so we can quickly get that person fingerprinted as well. We have 30 days to get those additional family members printed. With existing foster homes, we re-license their home every two years and re-fingerprint all eligible participants every four years.

The table below contains fingerprint data for June 2020- May 2021.

Month	Non-Relative Resource Applicant	Relative Resource Applicant	ICPC	Adoption	Youth in the home	Total	Adam Walsh Disqualifier
Jun-20	75	103	0	0	2	180	0
Jul-20	101	80	5	1	6	193	0
Aug-20	160	77	7	1	6	251	0
Sep-20	126	76	7	0	8	217	1
Oct-20	140	91	3	0	10	244	1
Nov-20	128	98	0	0	15	241	4
Dec-20	8	76	32	0	7	213	1
Jan-21	110	77	0	0	12	199	0
Feb-21	85	50	0	0	7	142	0
Mar-21	169	82	0	0	14	265	0
Apr-21	131	55	0	0	12	198	0
May-21	118	94	0	0	11	223	0
Grand Total	1351	959	54	2	110	2566	7

**Item 35:** 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?

### **2022 Update**

MDCPS continues to look for possible placements for a child based on their family's connections to the community. We have local staff recruiting in the county/region they work. They can access demographics about their community and can gear their recruitment toward a population that will most closely match the children in care. We recruit with all populations by explaining the data/demographics we have for that area. While recruiting for foster parents, the Licensure Unit continues to complete a monthly calendar of events for each region to show recruitment efforts. They often conduct activities such as speak to civic groups, post social media blasts about the needs in their community and hand out flyers and hang posters in area businesses. We have updated our brochures and posts to include our current need for more placements of teens and sibling groups. Our Licensure staff have statistics about children in their community. (See attachment) Our application requires the applicant to mark an age range, so the applicant must choose ages 0-5, 6-11, 12-18 or 0-18. We also ask that they mark if they are willing to accept a sibling group. We do not ask them if they prefer a specific race or ethnicity when a child is needing a placement in their home. If the foster parents tell us to be specific in which child we place in their home, we keep that in mind when seeking the most appropriate placement for that child. See application attached.

Our statewide recruitment is mainly done by Rescue 100 as well as social media pushes that are done by various Licensure Bureau Directors. Rescue 100 Unit is a faith-based foster parent recruitment initiative that is run by MDCPS. Rescue 100 does try to saturate a certain area of the state and moves around the state throughout the year so that every region has an event or a push for foster parents in that area. Their main focus is on the churches, so we have to rely on the County/Regional staff to dig deeper in their communities to recruit for the children that we have the larger need for. This tends to be teenagers and sibling groups in most areas of the state. Demographic stats have been utilized more in 2021 to recruit for families that most closely match to that population. MDCPS has been sending staff the data quarterly so they can look at trends to decide where to target their recruitment efforts. Those are captured each month and sent in monthly and quarterly to our monitors. They have training events which are typically held in churches for various denominations in each community. Using this forum attracts diverse families reflective of the foster care census statewide. Those churches often offer wrap around services such as ongoing support groups for any families that go thru the training events. We ask our foster parents to assist us in recruiting for other foster parents. If there is a child who has special needs or their primary language is not English, we do seek assistance from the schools, courts, and community to find foster family resources for that family. To align with the National model standards, MDCPS requires that the family be able to communicate with the child, agency, and community.

**Item 36:** 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

## 2022 Annual Progress and Service Report

resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

### **2022 Update**

MDCPS encountered some strengths and challenges as it relates to the ensuring effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. Some of the strengths were: The years of experience and knowledge of ICPC staff to be able to work through challenges quickly to resolve issues; having a well-defined network of individuals to be able to seek/obtain needed documentation from other states as well as within MDCPS. Some of the challenges were: Developing an effective method with the Professional Development Division for county staff to be trained on how to process ICPC cases. This should be part of the initial pre-service training with the agency; Providing an overview of ICPC to the training curriculum; Working with county staff to make sure services such as Medicaid benefits, etc... are set up for children placed in ICPC placements and understanding the documentation required to be more efficient in providing these services; Obtaining additional staff to divide up caseloads to provide better case management and processing through the ICPC office.

ICPC continues to work with local offices and other states to adhere to and promote the standards set forth in the Safe and Timely Act of 2006 encouraging timely home studies. ICPC also has on going collaboration with Administrative Office of Courts (AOC) Court Improvement Program for educational training and collaboration with judges to work through permanency barriers. Additionally, ICPC works with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) on the process to introduce the “New Interstate Compact for the Placement of Children” to the legislative body within the state.

During this reporting period, the Division Director and staff participated in the following national capacity building activities: AAICPC Training Committee in preparation of the National ICPC Training, Business Meeting and Child Welfare Conference. The AAICPC Conference for 2020, scheduled to be in Denver, Colorado, was cancelled due to the COVID-19 pandemic. The AAICPC organization decided to hold the AAICPC Virtual Business and Health and Human Services Update conference, in which all ICPC Staff participated. This forum was also available for local agency staff to attend nationwide in which MDCPS staff from various areas within the state participated. County Front Line, Licensure and Adoptive staff were able to be trained and become familiarized with the ICPC process. This meeting was held in October 2020. Currently, ICPC staff are encouraged to attend all monthly AAICPC conference calls which gives updates on processes or accomplishments that have taken place nationwide. These conference calls also place emphasis on new national initiatives, Executive Committee decisions, updates on the AAICPC National Conference, financial reports, state fees, updates on NEICE and other national committees or conferences that members of the AAICPC have participated.

ICPC remains in partnership with MDHS, Division of Youth Services (DYS), Interstate Compact on Juveniles (ICJ), private adoption agencies, and attorneys for processing of private adoptions. Prior to COVID 19, MDCPS was working with Alabama to amend its border agreement to include all bordering counties along the Mississippi/Alabama border.

## 2022 Annual Progress and Service Report

The ICPC office has not been made aware if this has been completed during this reporting period. ICPC staff also serve on various committees under the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC). There are fifteen (15) committees under the body of AAICPC. The committees in which the MS ICPC Division participate include: The Annual Business and Conference Planning Committee, Data Collection Committee, New ICPC Committee, Nominations Committee, Parental Placement Committee, Training Committee and NEICE Committee. These committees require meetings in the form of teleconferences and webinars that range from bi-weekly to quarterly. Due to COVID 19, many of the committees were inactive during the reporting period. MDCPS staff did participate on the national Training Committee in preparation for the October 2020 Virtual conference.

The ICPC Unit always has at least one ICPC consultant available during business hours to assist field staff as well as outside agencies, attorneys, prospective placement resources, and any public inquires on the ICPC process regarding placement in another state. The ICPC Division regularly seeks legal advice and assistance from the Attorney General's office when dealing with situations beyond the scope of the division's daily policies and procedures. ICPC requires legal guidance on cases to remain in compliance with state and federal law. The ICPC office also works with various adoption attorneys and licensed adoption agencies in Mississippi in order to help facilitate private adoptions for permanency. The Division also aims to maintain a professional and positive working relationship with private agencies and attorneys as the state works through the ICPC process.

When new incoming ICPC home study requests are received, data entry is completed in two separate systems: Smartsheet and the NEICE Database. Significant improvement has been seen in case management due to staffing increases. In the past year, the ICPC staff has increased from two members to a total of five. The increase in staff has been very beneficial in the intricate coordination of ICPC case work. Thanks to Mississippi being in the NEICE nationwide system, we can now process cases quicker, deliver them to participating states on the same day as well as receive approvals quicker. This can readily be seen in private adoption cases. Some cases have been received and approved in the same day. NEICE has also provided more quantitative and detailed reports on cases being processed by the ICPC Division. We are still in the process of utilizing all that NEICE offers as well as working to manage cases within the system which can sometimes be a time-consuming task. The NEICE team is working to present an updated version of the NEICE database in the near future in 2021. NEICE has allowed for better accountability of caseloads as it documents when cases were entered. It has made it easier and more efficient in corresponding with participating states. It has been most effective in lowering cost for postage as well as for paper.

Due to the agencies Macwis system being limited in how it can assist the ICPC Unit, a Smartsheet spreadsheet was created to better organize what tended to be a paper process. This Smartsheet has afforded a better grasp of assigned caseloads and the monitoring of functions to be conducted on each case. The spreadsheet's "filter" function is used so that staff can see specific cases that are assigned to them and makes it easier to identify what processes need to be completed on each case. The Smartsheet also allows access to the status of a case and where each case is in the process to permanency for each child. It also allows for anyone in



## 2022 Annual Progress and Service Report

the ICPC Unit to get updates on all ICPC cases that have been entered. For example, the Compact Administrator position is not housed in State Office, so they can also check on the case status remotely. Other benefits of the Smartsheet include identifying active and non-active cases, case assignment, overdue cases, supervision reports, county worker assignment, and license and re-evaluation information. Both the Niece and Smartsheet systems have been very effective in the processing of cases during the COVID-19 pandemic since physical case files are not readily available while staff are teleworking. Our previous issue with downloading narrative reports from MACWIS has been resolved. We can now print and save the document as a PDF file which makes it easier to save, upload and forward to other states. Although the pandemic has caused us to work differently, it has helped to open our minds to discover new and supportive ways to accommodate office processes.

Many technological advances have been utilized to enhance our work process. We attend weekly individual staff meetings, via the TEAMS platform to review and update the Smartsheet for ICPC case management. The division developed a SharePoint link to create paperless, electronic case files. Staffing documentation is also housed in a SharePoint file under the Licensure Division. Moving to more electronic platforms have been beneficial at easily accessing ICPC case files.

### **As mentioned above, we use two tools to track ICPC cases to provide data:**

- **NEICE: 461 cases handled for Regulation 7 (parent, foster, public adoptions, private adoptions, residential placements, and court jurisdiction only cases)**
  1. **Regulation 1-21**
  2. **Regulation 2 -Parent, Foster, Public Adoption, Court Jurisdiction-339**
  3. **Regulation 4 -Residentials 65**
  4. **Regulation 7- 12**
  5. **Regulation 12-Private Adoptions-24**
- **SMARTSHEET REPORT: 460 cases handled for Regulation 7 (parent, foster, public adoptions, private adoptions, and residential placements)**
  1. **Parent and Foster-331**
  2. **Public adoptions-34**
  3. **Private adoptions-24**
  4. **Residentials -71**
  5. **Court Jurisdiction Only - 0**
  6. **Known illegal placements - 0 (not included in overall number).**

**The total number of homes for licensure between July 1, 2020 – Jan. 31, 2020, was 227.**

**These homes were assessed for a total of 189 children for incoming cases. Some of these homes were for placement of sibling groups. The homes were categorized as single child placement and sibling group placements along with the percentages represented by each category.**

<b>Single child placement homes completed timely</b>	<b>53 (61%)</b>
<b>Single child placement homes not completed timely</b>	<b>14 (16%)</b>
<b>Sibling group homes completed timely</b>	<b>54 (53%)</b>

## **2022 Annual Progress and Service Report**

**Sibling group homes not completed timely 40 (39%)**

\* 60 days for relative placements but MS state policy is 90 days if the child is already placed.

**The total number of homes for licensure between Jan. 1, 2021 – Jun. 22, 2021, was 253.**

**These homes were assessed for a total of 174 children for incoming cases. Some of these homes were for placement of sibling groups. The homes were categorized as single child placement and sibling group placements along with the percentages represented by each category.**

<b>Single child placement homes completed timely</b>	<b>25 (14%)</b>
<b>Single child placement homes not completed timely</b>	<b>5 (3%)</b>
<b>Sibling group homes completed timely</b>	<b>58 (33%)</b>
<b>Sibling group homes not completed timely</b>	<b>25 (14%)</b>

## IV. Plan for Enacting the State's Vision

### A. Updates to Goals and Objectives

As indicated in the 2020-2024 CFSP, MDCPS five-year goals are guided by three priorities:

- **Safety and Wellbeing:** Mississippi intends to ensure the safety and wellbeing of its children by preventing child maltreatment.
- **Trauma Reduction:** When primary prevention efforts fail, Mississippi wants to avoid further damage to child wellbeing caused by the trauma of removing a child to foster care whenever safely possible to maintain the child in the birth home.
- **Permanency:** Mississippi seeks to achieve lasting permanency as rapidly and safely as possible for every child who must enter foster care.

During the next two quarters MDCPS will evaluate the agency's goals and methods in which the goals are assessed. As indicated in the narrative below, there are several programs and initiatives, the agency has continued or implemented. In addition, there are several proposed changes in which the development of action plans has not yet begun. The agency will continue to evaluate the effectiveness of the programs and initiatives and adjust the goals and objectives as necessary. There are plans to create a Task Force within the agency that will ensure the programs and initiatives align with the agency's goals and feedback impacted, data driven decisions are made. The agency also will continue to provide training and resources to staff that may be utilized in their respective units to assist with meeting the agency's goals. In addition, where applicable, the agency will utilize contractor services and other stakeholders to ensure the goals are met. The MDCPS is committed to ensuring safety and wellbeing, trauma reduction, and permanency guide our goals.

**Goal 1: Mississippi will ensure the safety and wellbeing of its children by reducing rates of child maltreatment through community collaboration to identify and develop local resources, and increased access to civil legal aid.**

**Objective 1: Prevent child maltreatment through local community collaboration to identify and develop resources that strengthen families' capacity to care for their children.**

A survey assessment was conducted February and April 2020 to help identify relatability of the Judicial PMLC modules. The results identified that the Trauma Informed Module was the highest rated and the one viewed as most relevant to the work of the respondents. It appears the respondents did not connect as well to the Mobilizing Services Timely Module and the Assuring Safety and Managing Risk Modules. The survey identified no significant areas of concern in satisfaction with the training. The results of the survey were shared with CSF for consideration on ways to make the Mobilizing Services Timely and the Assuring Safety and Managing Risk modules more relatable for the judicial participants. CSF drafted some ideas for potential changes to the Judicial PMLC module based on the participant feedback. Potential changes proposed included:

- Adding discussion about the results that have been evidenced in other court partnerships and regions.
- Editing video selections and adding discussion around the ACE pyramid and potential consequences if a quality risk and safety assessment is not performed up front in addition

## 2022 Annual Progress and Service Report

to placing more emphasis on the importance of conducting ongoing safety and risk assessments.

- Threading through all the sessions — bits of new information on Brain Science and Trauma - and include real time examples of success to discuss.
- Focus all discussions around areas targeted for growth with MDCPS staff and repeatedly request the courts reinforcement of best practices when they observe examples by MDCPS staff.

The proposed changes were discussed among MDCPS and CSF coaches. The changes have been discussed with CSF coaches who facilitate the judicial PMLC sessions and has been incorporated. The changes have also been included into the proposal to the Judicial College for CLEs and were incorporated.

Judicial PMLC Court Sessions have begun in the following counties:

- I-N: Tippah/Benton combined and Marshall
- I-S: Lee
- II-W: Sunflower and Humphreys (combined)
- III-N: Yazoo
- V-W: Warren County
- V-E: Copiah

MDCPS began planning efforts to implement the Judicial PMLC in Region III-S (Hinds County) during year two of the CFSR PIP. May 2021 was the target month; however, significant staff turnover created a delay.

As it relates to education on trauma, its effects, and the importance of avoiding compounded trauma through removal to foster care, MDCPS adopted Programs of Hope initiative.

H – Housing and Transportation

O - Opportunities for Treatment

P – Parent, Child and Family Supports

E – Economic Security

Programs of Hope provide resources to families before MDCPS becomes involved with the family. The training includes the science of how the trauma of removal impacts children worse than the situation from which they were removed in many cases in Mississippi, which are “Neglect” cases. Programs of Hope include Four Statewide Community Committees, with agency and community leaders who are decision makers, to provide resources to families without involvement by MDCPS.

Feedback from the survey also revealed a necessity to grow a culture among resource families of shared parenting focused on the importance of reunification. MDCPS developed PowerPoint slides to explain Shared Parenting goals and objectives as well as to explore the role of foster families in the Shared Parenting relationship with the parents of foster children in their care. The educational/public relations effort focuses on how foster parents are needed statewide to both care for children and to serve as supports and role models/mentors for those children's parents and family. The digital slides and accompanying handout materials have been integrated into the

## 2022 Annual Progress and Service Report

agency's ongoing foster parent recruitment efforts and are being used as part of the one-hour Orientation Sessions offered to individuals interested in becoming foster parents.

The Foster Parent Liaison serves as a central point of contact for MDCPS foster parents and works to promote foster parent engagement and retention through open communication. This new role began on August 1, 2019. Due to the shelter in place executive order by the Governor, face-to-face support group meetings were suspended in March 2020. Foster parent support groups were offered via Zoom to families statewide during the pandemic and continue to be virtual at this time. The meetings are hosted by the Foster Parent Liaison and foster parents receive training credit for participation online. In July 2020, the training topic was Shared Parenting. The Foster Parent Liaison hosted 14 1-hour sessions and had 121 foster families (185 individuals) participate. In January 2021, a special Zoom session was held to discuss Shared Parenting. The 2-hour session featured a back-and-forth presentation and conversation between a foster mom and a birth mom - sharing experiences about how they worked together to maintain parent/child bond during the child's time in foster care. They also shared real-life examples of how shared parenting worked in their relationship -- which is continuing long after foster care concluded for the child.

**Goal 2: Mississippi will safely reduce the rate at which substantiated victims of maltreatment are removed from their homes and placed in foster care through improved risk and safety assessment, a diversified and expanded array of services designed to safely maintain children at home, and implementation of statewide parent representation.**

**Objective 1: Increase the number of children safely maintained at home through improved risk, safety, and family needs assessment.**

The State completed its first draft of the safety and risk definitions on February 10, 2020. During the time of development, MDCPS had reviewed its current definitions and the definitions used by child welfare agencies in other states. The safety and risk definitions were approved by the MDCPS executive leadership team on April 22, 2020.

MDCPS launched a Safety and Risk training in June that informs and trains all agency staff on the new definitions and explanations of Safety and Risk. MDCPS expects to see improvements in staff understanding of and ability to perform risk and safety assessments by revising the definitions and trainings. All existing staff received the training as it is part of the online training assigned to all newly hired caseworkers and supervisors. In addition, the definitions have been updated in Pre-Service training where discussions will take place to reinforce these concepts. The revised safety and risk definitions have been incorporated in pre-service training. The training is assigned on a rolling basis as staff are hired with the agency.

MDCPS reviewed feedback from the MS CFSR Annual Meeting in May 2021 regarding the new risk and safety definitions. The training was not from a perspective of old vs new. Therefore, some workers were unaware the definitions were revised, and it caused confusion. Field Operations has plans to revisit the risk and safety definitions while collaborating with deputy directors to ensure everyone understands all changes: from previous to current. The collaboration will also include conversations with regional staff to provide appropriate assistance going forward so that everyone is aware and fully understands the current risk and safety definitions.

## 2022 Annual Progress and Service Report

In addition, MDPCS Professional Development has collaborated with our partners from CSF/SLI to develop and deliver training modules to inform and train staff. The partnership worked together with MDCPS administration to create new definitions for Safety and Risk for the agency. These definitions were then incorporated into all levels of training. The online training is being delivered statewide as well as definitions incorporated into Pre-Service and Clinical Supervisory Training. MDCPS continues to work with CSF/SLI, and they will assist by infusing the new definitions into the coaching throughout the state. In addition, CSF/SLI developed the Case Staffing Learning Modules that are being delivered to Field Operations leadership and supervisors. These modules are being delivered in an online format and then followed with virtual classroom settings to reinforce the skills that have been learned. MDCPS will continue to participate in collaborative work with CSF to determine if the case staffing tool and associated modules are having the intended impact of improving supervisor support.

MDCPS uses monthly reviews of randomly selected case staffing tools to assess for quality and focus work on continuing improvement around risk and safety assessment practices. Risk and safety assessment practices are included in the concise guide to case staffing that was developed November 2020. MDCPS developed separate case staffing tools for Investigations, Foster Care Cases, and In-home Cases. The risk and safety definitions are imbedded in the Investigations concise guide and the case staffing process. During Foster Care case staffing and qualitative reviews, MDCPS staff ask about ongoing needs assessment that is in the investigations review if there is quality risk assessment done. MDCPS will develop a method to determine if the quality of the work is impacted by the inclusion of the shared parenting questions. The method will also determine whether foster parents and others are supporting shared parenting.

MDCPS still has not met this goal. The agency experienced a slight decline in its performance related to risk and safety this reporting period. The decline observed through CQI reviews has been attributed to deficits in engagement with parents to assess the risks/safety factors around the home environment and the development of safety plans that lack necessary elements. Bearing in mind the decline in performance after the revised definition have been incorporated into training, MDCPS is considering what other barriers exist to improving the quality of these assessments. Needed improvements include clearly identifying the safety threat including who is responsible for managing the threat, clearly documenting assessment of the caregiver's capacity to implement the plan, and defining the end dated of tasks to clarify the urgency to control the safety threat.

In applicable cases where a safety plan was active or needed to be created with the family, the elements of the safety plan did not fully address or concretely define the activities or arrangements needed to fully control the immediate threat to the child(ren). Regarding the safety plan, review results indicate that defined end dates (short term) was needed so that safety plan participants had a clear understanding of the plan agreed upon between the Agency and key participants of the safety plan.

MDCPS is considering opportunities for increased specialization of investigation in certain areas across the state (most MDCPS caseworkers still carry mixed caseloads of investigations and ongoing casework). This approach is informed by the belief that specialization will allow better alignment of individual caseworkers' skills and job duties, ensuring that those with the best assessment skills are handling investigations and initial risk and safety assessments.



## 2022 Annual Progress and Service Report

MDCPS also is considering how it can incorporate more experiential learning into its training programs. Though the revised definitions have been incorporated into training, MDCPS sees that the understanding of those definitions will not translate into improved performance unless staff have the skills to apply those definitions in their work. In early May, MDCPS's senior leadership participated in a demonstration of simulation training for investigations through Mississippi Children's Advocacy Centers. Other opportunities for experiential learning are being considered as well.

Risk and Safety Assessment and Management Improvement Goal: 68%

-	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3
Data Period	July 1, 2019 - June 30, 2020	October 1, 2019 - September 30, 2020	January 1, 2020 - December 31, 2020	April 1, 2019 - March 1, 2020
Number of Cases Rated as a Strength	185	192	200	209
Number of Total Applicable Cases	280	295	310	330
Performance (%)	66.07%	65.08%	64.52%	63.33%

MDCPS reports a slight decline for this reporting period from the baseline. A noted factor from the case reviews aiding in sustaining the rating is that contact/engagement is made with parents, particularly with the plan of reunification, to assess the risks/safety factors around the home environment. A related factor that relates to the slight decline in performance is around the safety plan and the quality of the safety plan not meeting all elements. Additionally, there are strong assessments for children in care and assessing the child in their placement setting.

The OSRI Item Rating Summary indicated the following practice trends:

- The Agency's formal written safety and risk assessments did not contain the quality or frequency expected / needed, however, informal efforts in practice were conducted more often and more frequently by speaking to the child(ren) and case key participants during contacts and home visits.
- Findings narratives for Item 3 reflected inconsistent contacts with parents was a contributing factor or barrier noted in the completion of comprehensive and ongoing assessments of the safety and risk factors.

In applicable cases where a safety plan was active or needed to be created with the family, the elements of the safety plan did not fully address or concretely define the activities or arrangements needed to fully control the immediate threat to the child(ren). Regarding the safety plan, review results indicate that defined end dates (short term) was needed so that safety plan participants had a clear understanding of the plan agreed upon between the Agency and key participants of the safety plan.

**Objective 2: Increase the number of children safely maintained at home through an expanded array, and increased quantity, of intensive in-home services.**

**Update:** During the 2020 Joint Planning meeting, MDCPS conducted a breakout session to identify requirements for alternative intensive in-home services programs. The session created the opportunity to gather feedback about MDCPS's current in-home services programs from a diverse group of stakeholders and identify any gaps in the current service structure. MDCPS is reviewing the language in the current in-Circle contracts and identifying ways to further service the needs of children and families. A new procurement for a diversified array of in-home services programs will allow MDCPS to serve more families with the same level of financial resources. The RFP is being updated to clearly indicate that the agency is seeking providers to deliver both the current intensive model and a less intensive model to support this objective. In addition, MDCPS prevention unit continues to work on the development of these requirements. Multiple drafts of an overall plan for prevention services have been provided to senior leadership for feedback. A completed plan and the requirement are expected to be completed for inclusion in the CFSR PIP Quarter 6 update.

Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care Improvement Goal: 60%

-	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3
Data Period (insert date or range)	July 1, 2019 - June 30, 2020	Oct 1, 2019 - Sept 30, 2020	Jan 1, 2020 - Dec 31, 2020	April 1, 2019 - March 1, 2020
Number of Cases Rated as a Strength	39	49	43	41
Number of Total Applicable Cases	71	80	70	73
Performance (%)	54.93%	61.25%	<b>61.43%</b>	56.16%

MDCPS met this goal in reporting period 1 however, performance has declined 5.09% since that period. Current performance is below the goal, but MDCPS continues to assert that the goal has been met.

Practice Performance results in the applicable cases reflected a small number of cases where concerted efforts were made to prevent entry or re-entry into care and the child(ren) entered custody regardless of the efforts made due to the circumstances of cases reviewed. Additionally, the practice Performance results reflected that a number of cases reviewed reflected that concerted efforts had been made and the child(ren) did not enter the agency's care. The agency did not make concerted efforts to prevent entry or re-entry and the removal of the child(ren) action was necessary to ensure the child(ren)'s safety as identified in the practice performance results. The OSRI Item Rating Summary report for the period under review indicated the following practice trends that effect the ratings:

## 2022 Annual Progress and Service Report

- Safety related activities were not attempted or explored at the pivotal moments in the period under review where safety threats were present for the applicable cases.
- For some cases, even though some safety related activities may have been implemented to address the safety threat, they were not specific enough to address the immediate threat.

### **Objective 3: Increase the number of children safely maintained at home through implementation of statewide parental representation in youth court.**

This objective is supported by CFSR PIP Goal 5, Improve Collaboration with courts that supports effective practice and timely permanency. In addition to working to improve collaboration with courts MDCPS is engaged in statewide parental representation efforts.

On March 1, 2021, representatives of MDCPS and the Office of the Attorney General met with Mississippi's jurist-in-residence, who has an appointment from Mississippi's Chief Justice to serve as a special youth court judge in Hinds County. The purpose of the meeting was to develop a plan to clear a backlog of termination of parental rights cases in Hinds County and expedite permanency for the children involved in those cases. The planning that day focused on two cohorts of children. The first included 25 children (19 cases when considering sibling groups) whose cases had been completely processed through MDCPS and were with the Attorney General's Office. Of these, 14 children (11 cases) had TPR petitions filed with the Court and the remaining 11 children (8 cases) need petitions prepared. The second cohort was 33 children whose cases have been supplied to MDCPS State Office, but whose files have deficiencies preventing them from moving to the AGO.

Those in attendance agreed to a plan that was to coordinate with the Court to have a system of docket calls/initial hearings followed by several weeks of TPR trials. The docket calls/initial hearings will be used to ensure we had good service process, appoint counsel for the parents as necessary, address other preliminary matters, and set the actual trial dates. For Cohort 1, the first docket call/initial hearing will to be held on Friday, April 16th followed by trial dates on the five following Fridays. The goal was to have all the cases in Cohort 1 set for this initial docket call/initial hearing. This was to consist mostly of getting new AGO attorneys onboard and up to speed so that they are ready to litigate these cases. Trial dates for the individual cases were to be set at the docket call/initial hearing. Cases wherein the parents are already represented by counsel will be scheduled first so that new attorneys on other cases have more time to prepare for trial. The Court is to supply us a list of the cases wherein the parents already have counsel. The Court is also planning for virtual participation by incarcerated parents. For Cohort 2, the goal was to have the cases in Cohort 2 ready for a docket call/initial hearing by Friday, May 28th following five weeks of trials on Cohort 1. To do so, the Agency needed to first clear the deficiencies preventing the cases from going to the AGO.

After this plan was developed, some additional challenges with petitions already filed were discovered delaying the initial hearing until May. So, the remainder of March and April was spent with the AGO hiring its new attorneys and preparing new petitions. Additional updates will be provided in the Q6 report for activities occurring in May along with other efforts occurring in May related to achieving reunification for children in Hinds County.

**Goal 3: Mississippi will increase the percentage of children entering foster care who achieve timely and lasting permanency, preferably through reunification.**

**Objective 1: Increase the number of children safely reunified through improved family needs assessment.**

MDCPS Data Office of Reporting provided Field Operations with random case samplings that required weekly case staffing's. Case types were the following:

- Investigations screened in and assigned
- Foster Care Cases
- In-Home Cases

Regional Social Work Supervisors (RSWS) from each region reviewed the sampling of cases to ensure that the case staffing tools were being used properly and were having the intended impact. The RSWSs were responsible for completing a report of cases reviewed and submitted findings to their Regional Directors and Office Directors periodically. For each case type reviewed, the quality of the following components was reviewed and reported:

- **Investigations:** (1) timely initiation; (2) efforts to make face-to-face contact; (3) quality initial risk and safety assessment.
- **In-Home:** (1) quality ongoing risk and safety assessment; (2) family involvement in the identification of needed services
- **Placement:** (1) family involvement in case planning; (2) quality needs assessment

The data shows there are areas where moderate improvements have been made, such as Foster Care Case Staffing Review (Quality Needs Assessments, Documented Case Staffing & Family Involvement in Case Planning). There are some notable declines demonstrated in In-Home Case Staffing Review (Quality Ongoing Risk & Safety Assessments, Documented Case Staffing & Family involvement in Identification of Needed Services). Additional declines were noted in Investigation Staffing Review (Documented Weekly Staffing, Efforts Made for Face-to-Face Contacts, Timely Initiation & Quality Initial Risk and Safety Assessments).

Data demonstrates a moderate decrease in the staffing of cases in December 2020 and January, February, and March 2021 statistical data.

<p>December-January Foster Case Staffing</p> <ul style="list-style-type: none"> <li>• Quality Needs Assessment improved by 3.65%</li> <li>• Documented Cases Staffing decreased by 4.38%</li> <li>• Family involvement in Case Planning was steady.</li> </ul> <p>In home Case staffing</p> <ul style="list-style-type: none"> <li>• Quality ongoing Risk and Safety Assessments decreased by 1.65%</li> <li>• Documented Case Staffing decreased by 4.1%</li> </ul>	<p>January-February Foster Care Case Staffing</p> <ul style="list-style-type: none"> <li>• Quality Needs Assessment increased by 6.83%</li> <li>• Documented Case Staffing increased 5.65%</li> <li>• Family involvement in Case Planning decreased by 9.1%</li> </ul> <p>In Home Cases Staffing</p> <ul style="list-style-type: none"> <li>• Quality ongoing Risk &amp; Safety Assessments increased by .65%</li> <li>• Documented Case Staffing decreased by 2.47%</li> </ul>
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## 2022 Annual Progress and Service Report

<ul style="list-style-type: none"> <li>Family Involvement in Identification of Needed Services decreased by 3.34%</li> </ul> <p>Investigation Staffing</p> <ul style="list-style-type: none"> <li>Documented Weekly Staffing decreased by 2.69%</li> <li>Efforts to Make Face-to-Face Contacts decreased by 5.38%</li> <li>Timely Initiation decreased by 1.13%</li> <li>Quality Risk and Safety Assessment was steady.</li> </ul>	<ul style="list-style-type: none"> <li>Family Involvement in Identification of Needed Services decreased by 7.73%</li> </ul> <p>Investigation and Staffing</p> <ul style="list-style-type: none"> <li>Documented Weekly Staffing decreased by 1.97%</li> <li>Efforts to Make Face-to-Face Contacts decreased by 1.82%</li> <li>Timely Initiation increased by 1.37%</li> <li>Quality Initial Risk and Safety Assessment remains steady.</li> </ul>
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A plan of action is developed to address the practice concerns identified in staffings. The Director of Field Operations will:

- Meet with all ASWS staff to explore their understanding of the data and its significance.
- Provide education on the purpose of the data.
- Identify trends across regions and develop consistent strategies for completing staffing and reporting in a timely manner.

Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement Improvement Goal: 34%

-	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3
Data Period (insert date or range)	July 1, 2019 - June 30, 2020	Oct 1, 2019 - Sept 30, 2020	Jan 1, 2020 - Dec 31, 2020	April 1, 2019 - March 1, 2020
Number of Cases Rated as a Strength	52	57	53	57
Number of Total Applicable Cases	168	177	186	198
Performance (%)	30.95%	32.20%	28.49%	28.79%

The Agency did not meet this goal however there was a slight increase in performance from measurement period 3 over period 2 but a decrease in performance from baseline and measurement period 1.

- Federal timeframes for plan types are considered (Reunification – 12 months, Guardianship - 18 months, and Adoption – 24 months). Individual case dynamics / circumstances of cases reviewed were considered and justification given if federal timeframes were not achieved.
- The Agency and Courts collaborative efforts are considered in the practice performance measurements. While there were a small number of children with a plan of APPLA (other planned living arrangement), only one of those cases rated as a strength.
- The OSRI Item Rating Summary indicated that the services needed for those youth to successfully live independently were not consistently provided (some services but not all were provided throughout the PUR).

**Objective 2: Increase the percentage of children achieving timely permanency through implementation of statewide parental representation in youth court.**

Update: This objective is addressed in Goal 5 of the CFSR PIP. MDCPS is actively working to improve collaboration with courts that supports effective practice and timely permanency by:

- 1) Expanding judicial involvement in the Practice Model Learning Cycles to additional jurisdictions
- 2) Implementing progress monitoring and CIP/MDCPS State office support for local court team improvement plans
- 3) Improving Guardian ad Litem practice through new standards

MDCPS has identified additional youth court jurisdictions that are willing to participate in the Practice Model Learning Cycle during 2020. The invited counties were strategically targeted to maximize the impact of this work on Mississippi's child welfare system. During the first year of the PIP, some of the work is being targeted in rural counties adding parent representation and counties with disproportionality high numbers of children in custody as compared to population. The following counties have been selected for the judicial PMLC in 2020: Region 1 North-Tippah, Benton, Marshall; Region 1 South-Lee; Region 2 West- Sunflower and Humphreys Region 5 East-Copiah. Counties were selected for the judicial PMLC in 2020. Additional counties will be identified for the following year.

In alignment with the CFSP, the CQI/QA system will continue to identify strengths as well as areas needing improvement.

MDCPS has seen indications in its data that the judicial PMLC and other interventions have collectively worked to improve the quality of efforts to prevent removal and removal decisions. One of the best quantitative indicators of the number of unnecessary removals in a child welfare system is the number of "short stayers," meaning those children who enter custody but quickly are returned home. While there are circumstances where it is necessary for a child to enter custody for only a matter of days, a high number of short stayers indicates the presence of some unnecessary removals. Accordingly, when efforts intended to improve the quality of reasonable efforts findings and efforts to prevent removal is underway, a good indicator of the interventions' efficacy is whether the number of short stayers is declining during the time the interventions have been implemented. That is the case over the course of 2020 in Mississippi.

**Children Exiting Custody w/n 5 Days of Removal:** One useful measure of short stayers is the number of children who exit custody within five days of removal. This approximates the number of children who are returned either before or at the initial hearing following the removal. During calendar year 2020, 139 children exited custody within five days of removal. Each quarter the number of children exiting custody in this timeframe declined. In Q1, the number was 51. In Q2, 37. In Q3, 27. And in Q4, 24. This is a **47% reduction** over the course of a year.

**Children Exiting Custody w/n 30 Days of Removal:** Another useful measure of short stayers is the number of children who exit custody within thirty days of removal. This approximates the number of children who are returned before they reach adjudication. During calendar year 2020,



243 children exited custody within thirty days of removal. Each quarter the number of children exiting custody in this timeframe declined. In Q1, the number was 92. in Q2, 55. In Q3, 54. And in Q4, 42. This is a **46% reduction** over the course of a year.

### Implementation & Program Supports

- To promote successful implementation of current CFSP and PIP goals, MDCPS aligned the goals, strategies, and activities of the statewide strategic plan performance benchmarks for child welfare in Mississippi with the 2<sup>nd</sup> Modified Settlement Agreement and Reform Plan (2<sup>nd</sup> MSA). MDCPS is following the timelines set forth in the CFSR PIP and timelines identified in the strategic plan and the 2<sup>nd</sup> MSA. In FY 2021, MDCPS plans to continue working with CSF, AOC, the States Court Improvement Program, and other entities to work towards successful implementation of current CFSP and PIP goals.
- The Judicial Practice Model Learning cycles have been significant in improving collaboration with courts to support effective practice and timely permanency. MDCPS conducted a baseline survey with Judicial PMLC participants to further assess the effectiveness of the training. The survey did not identify any significant areas of concern with the training but revealed that participants connected best with the Trauma Informed Module. The results were shared with CSF and some potential updates to the modules were identified and are being considered. Additional counties have been identified and committed to participation in the Judicial PMLC module. MDCPS will also host leadership training related to the agencies well-being initiative and modeling engagement. Training will also be provided to foster parents around the Shared Parenting initiative. MDCPS will continue to identify opportunities to provide training and technical assistance to counties and other local or regional entities that could positively impact the achievement of the CFSP/CFSR goals and objectives.
- MDCPS Professional Development has collaborated with our partners from CSF/SLI to develop and deliver training modules to inform and train staff. The partnership worked together with MDCPS administration to create new definitions for Safety and Risk for the agency. These definitions were then incorporated into all levels of training. The online training is being delivered statewide as well as definitions incorporated into Pre-Service and Clinical Supervisory Training. MDCPS continues to work with CSF/SLI and they will assist by infusing the new definitions into the coaching throughout the state. In addition, CSF/SLI developed the Case Staffing Learning Modules that are being delivered to Field Operations leadership and supervisors. These modules are being delivered in an online format and then followed with virtual classroom settings to reinforce the skills that have been learned. MDCPS will continue to participate in collaborative work with CSF to determine if the case staffing tool and associated modules are having the intended impact of improving supervisor support.
- In partnership with the Mississippi Department of Information Technology Services (ITS), MDCPS has completed the technical requirements and procurement documents for the final draft of the RFP for the CCWIS project. MDCPS has also shared this information with the ACF for an initial informal review. Based on the informal review, MDCPS received technical assistance and three requirements for incorporation into the RFP. The RFP has been completed and will be submitted to ACF for review. Additionally, the MS Legislature has included specific dollars in the MDCPS appropriation for IT projects for state fiscal year 2020.

## 2022 Annual Progress and Service Report

- In partnership with the Mississippi Department of Information Technology Services (ITS), MDCPS has been evaluating (individually reviewing and scoring) CCWIS proposals received from DDI (Design, Development, and Implementation) vendors who responded to the RFP. This evaluation was followed by consensus scoring in collaboration with ITS for consideration at a future board meeting. Next steps include compiling DDI vendor references, demonstrations presented by finalist vendors. After ITS selects the successful candidate, contract negotiations will begin before an anticipated onboarding in Q3.

### V. Quality Assurance System

There have been no changes or updates made to the Quality Assurance System during this period. A description of how the CQI/QA system was used to revise goals, objectives and interventions is addressed in the Assessment of Current Performance section.

A description of how feedback loops are being utilized as part of the CQI/QA system is addressed in Regional Action Plan included in the Assessment of Current Performance in Improving Outcomes section. There have been no changes to the Regional Review plan that was addressed in the CFSR.

### VI. Update on the Service Descriptions

#### A. Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

In the 2020-2024 CFSP, the State identified that 100% of these funds would be for board payments of children that are not IV-E eligible. For the 2021 APSR funds continued to be used for board payments for children that were determined not to be IV-E eligible.

#### **2022 Update**

In the 2020-2024 CFSP, the State identified that 100% of these funds would be for board payments of children that are not IV-E eligible. For the 2022 APSR funds continued to be used for board payments for children that were determined not to be IV-E eligible.

#### B. Services for Children Adopted from Other Countries (section 422(b)(11) of the Act))

Children adopted from other Countries are eligible to utilize post adoption services that are provided through Southern Christian Services for Children & Youth's Adoption Permanency Division (APD). These post-adoption services consist of counseling, mental health treatment, family preservation and stabilization, crises intervention and management, peer support, and respite. During this reporting period, no families and/or children, adopted from other countries, utilized post adoption services.

#### **2022 Update**

During this period, Southern Christian Services did a push during the months of July and August 2020 to raise awareness of the services that are available to support the families of children adopted from other countries. The push included sending out a detailed flyer to community partners and stakeholders, creating social media posts. Southern Christian Services also created an Adoption Permanency Division Campaign which also included international post adoption.

They will be doing another push to raise awareness during the month of April 2021 and will also add information to their upcoming newsletter.

During this reporting period, the Adoption Permanency Division Director had an informational session with one family, who had adopted internationally, about the need for her children and family to have therapy. Due to COVID restrictions, the family decided to wait for these services.

### **C. Services for Children Under the Age of Five (section 422(b)(18) of the Act)**

The MDCPS continues to use the following services and activities directly or through contractual agreements for children to address their overall safety, permanency, and well-being needs. In addition, the agency will work over the next 12 months to ensure there is a plan in place specifically related to services for children birth to five years old.

- ***Permanency and Concurrent Planning-*** Caseworkers engage in permanency and concurrent planning regardless of the age of the child to facilitate permanency for children in foster care. Mississippi's family centered practice uses an approach to permanency and concurrent planning that involves the immediate and ongoing implementation of strategies designed to assure the healthy development of children through a sense of continuity and connectedness.

Adoption is also added to a child's permanent plan when all other plans are no longer appropriate. When this happens, an adoption specialist is assigned to the case to hold regular adoption status meetings. Weekly adoption status meetings are required for infants up to twelve months of age until permanency is achieved. MDCPS continue to have adoption status meeting for children who are free for adoption, but without an identified adoptive placement. These meetings are held monthly for children over twelve months of age. Typically, by the time a child under the age of five is freed for adoption, the adoption finalization can take place within 60-90 days. Rapid Permanency Supports (RPS) were discontinued and replaced with regional conference calls that are held quarterly. Progression towards Permanency (termination of parental rights and adoption) is assessed during these quarterly calls for children in care with a plan of adoption. RPSs and the quarterly conference calls are not the same processes.

- ***Parent-Child Visitation-*** Caseworker visits to families are essential to engaging families and assessing safety and well-being. It is the policy of MDCPS that all families, with whom the agency is engaged, be seen at a minimum twice a month. A successful, purposeful visit ensures a worker develops a connection with a parent/guardian/child, identifies the parent/guardian/child's needs and engages each family member in case planning decisions. During contacts with parent(s)/guardian, the worker should assess and document progress on case plans, address the safety and well-being of all children involved and problem-solve situations that are identified.
- ***Safety and Risk Assessment and Child and Family Assessments-***The Safety and Risk Assessment is completed during all open investigations. This tool is used to help assess the safety and risk of children and to determine if ongoing services are needed with the family. If it is determined that ongoing services are needed, an In-Home services case is to be opened or appropriate referrals are made for the identified services. When an ongoing service case is opened, the Child and Family Assessments (CFA) are completed.

This tool helps to identify areas to be addressed within the family to mitigate harm and/or risk factors and is listed as tasks/goals in the Family Service Plan (FSP). Together the CFA's and FSP's are jointly developed with the family, within 45 days of case opening, and updated every 90 days thereafter if the case remains open.

- ***Health and Developmental Screenings-*** Children entering foster care receive an EPSDT or other comprehensive medical exam within 30 days of entering foster care. EPSDT is Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. EPSDT is:
  - **Early:** Assessing and identifying problems early
  - **Periodic:** Checking children's health at periodic, age-appropriate intervals
  - **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
  - **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified, and
  - **Treatment:** Control, correct or reduce health problems found
- ***Family, Preservation, Family Support and Family Reunification-*** MDCPS Prevention Unit continues to offer services through the in-CIRCLE program. The in-CIRCLE program is an intensive, home and community-based family preservation, reunification and support services program for families with children who are at risk of out-of-home placement. The program works by implementing: Crisis intervention, Child and family team meetings, individual and family therapy, case management and service coordination, Trauma-focused cognitive behavioral therapy, Active parent and life skills training, Behavior management planning, and Wraparound services. It was designed and implemented to help break the cycle of family dysfunction by strengthening families, keeping children safe, and reducing foster care and other forms of out-of-home placements. The primary goal of the program is to remove the risk of harm to the child rather than removing the child by (1) reducing unnecessary out-of-home placements, (2) preventing and/or reducing child abuse and neglect, (3) improving family functioning, (4) enhancing parenting skills, (5) increasing access to social and formal and informal concrete supports, (6) addressing mental health and substance use issues, (7) reducing child behavior problems, and (8) safely reunifying families. The target population for this program: (1) Families with children birth to 18 who were under the care and jurisdiction of MDCPS, who were at-risk of being removed from the family and placed in foster care, group care, psychiatric hospitals, or juvenile justice facilities, or who had been removed and for whom reunification was an appropriate option. (2) Families with pregnant mothers who were at high risk of the child being removed due to substance use issues once the child was born. Family Preservation is designed to keep families together, particularly in situations where children and adolescents are at risk of being removed from their homes. Family Reunification is focuses on families where youth have been removed from their home and placed in MDCPS custody.

Pregnant mothers are being served through the Program; as of October 1, 2018; however, the referral process has been revised to include those mothers who do not have other children in the home and methods to engage these families as well. Referrals to the program may come from the court system or MDCPS staff who identified the family and child(ren) as appropriate for and in need of program services. MDCPS currently have two staff serving as in-CIRCLE Program Coordinators, one for the northern part of the state and one for the southern part of the state.

- ***Maternal, Infant, and Early Childhood Home Visiting*** – MDCPS continues collaboration with MDHS, Division of Early Childhood Care and Development (DECCD) and the Maternal Infant and Early Childhood Home Visiting (MIECHV) Grant. This Grant funds the Healthy Families Mississippi program. This is a voluntary comprehensive home visiting support program that provides family support workers to assist families by linking them to the following community services and resources: child development, nutrition, financial and safety education, and referrals for family support services. Healthy Families Mississippi serves pregnant mothers or families with children from birth to three (3) years of age, who are low-income families, families with a history of substance abuse, families with a history of domestic violence, and families with a history of incarceration. Also, Healthy Families Mississippi has implemented the Healthy Families America home visiting model and the Partners for a Healthy Baby parenting curriculum. Healthy Families also serve mothers that are referred by the Comprehensive Addiction and Recovery Act (CARA) program. All services are provided free of charge. The program serves families in Claiborne, Coahoma, Copiah, Holmes, Humphreys, Issaquena, Jefferson, Neshoba, Sunflower, Sharkey, Tallahatchie, Tunica, Washington, and Wilkinson counties. MDCPS continues to serve as a representative on the Mississippi Home Visiting Partnership Advisory Group. Due to the limited counties that are served by Healthy Families, enrollment to Healthy Families continues to be very limited. At this time, there has been a total of 13 families referred and services have been rendered to families.
- ***Project Care and Families Strengthening Families***-Starkville Oktibbeha School District Family Centered Programs has two (2) contractual agreements with MDCPS. These agreements consist of Project Care which is funded by the state's CBCAP Grant and Families Strengthening Families which is funded by the Children's Trust Fund. Project Care provides child abuse and neglect prevention services to increase protective factors that include parental resilience, knowledge of parenting, social connections, concrete supports, and social and emotional competence in children for Oktibbeha County families. These services are administered through a two-tiered program focusing on parental educational and support services. Universal services include alerting the public about child abuse and neglect prevention to include identifying and reporting child abuse and neglect. Family services are designed to strengthen the family unit and incorporate the following five evidence-based protective factors: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Support groups are offered to allow parents to receive and provide support and information from other parents who have similar issues and problems come together for sharing coping strategies. Using the relaxed, informal



Parent Café model, these support groups offer adults an accepting environment as they learn from each other. Home Visitation provides one-on-one personal support to help parents deal with the stress associated with caring for infants, information on normal development of infants, and techniques for bonding with your child. Respite services are available to provide parents of young children childcare support while attending adult education classes, job interviews, doctor visits, etc. These services are provided for families 4 mornings a week, 8:00 – 12:00. Adult Education Classes aids adults seeking a high school equivalency, high school diploma (on-line), and/or Work Keys certification. Classes are offered at Emerson Family School Monday – Thursday 8:00 – 5:00 and until 8:00 PM on Tuesdays. Additionally, other referral services are available to link families to community agencies to help them secure support for basic needs (e.g., housing, food, clothing, medical needs, etc.).

- ***Emerson Family Resource Center activities*** -The Starkville Oktibbeha Consolidated School District sub-grantee through the Community Based Child Abuse Prevention Grant (CBCAP) provides services through their Emerson Family Resource Center activities. The program used the Active Parenting curriculum to provide parent education on a weekly basis for parents, grandparents, caregivers, and future parents. Temporary respite services are provided Monday through Thursday for children eight (8) weeks through five (5) years old to allow parents time for doctor's appointments, grocery shopping, adult education, job interviews, training, etc. Staff administers a home visiting program for families with pregnant mothers or families with newborn children. The program provides for support services and parenting education through the Nurturing Parenting curriculum. In addition, education on child development, breastfeeding and infant safe sleep education is provided. Support Services in the way of case management and support groups are also provided to families and parents in need of support. The Family Resource Center affords parents the opportunity to check out resource materials such as parenting, marriage and relationships and financial management, as well as laminate instructional materials and use dye cuts for home-based activities with their children. Family interactive activities provide fun learning activities for the whole family. The center is open year-round, Monday – Friday, 8:00 – 5:00.
- ***IDEA (Individuals with Disabilities Act)*** - Individuals with Disabilities Education Act (IDEA), seeks to ensure services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to eligible infants, toddlers, children, and youth with disabilities. Infants and toddlers with disabilities (birth-2 y/o) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B. The purpose of IDEA is to ensure that all children with disabilities have available to them a free appropriate public education (FAPE) that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living; to ensure that the rights of children with disabilities and their parents are protected; to assist localities and educational service agencies in providing for the education of all children with disabilities; and to assess and ensure the effectiveness of efforts to educate children with disabilities.



Mississippi's Early Intervention (Part C) program, First Steps- administered by the Mississippi State Department of Health, evaluates infants and toddlers (birth – 3yrs of age) to determine their need and eligibility for early intervention services. First Steps program services are implemented through an Individualized Family Service Plan (IFSP) which is developed by the child's family in coordination with qualified First Steps Team members. For children receiving Early Intervention services, six to nine months prior to their third birthday they will be referred to the local school district so the Part B (Special Education) evaluation process can begin.

For children in MDCPS custody receiving Early Intervention (Part C) services, the MDCPS caseworker will monitor the provision and continuation of Early Intervention services and assist First Steps agency team members and the child's family with timely referral to the local school district to begin the evaluation process for Special Education and Related Services. IDEA provides for a FAPE (Free Appropriate Public Education) for every eligible student. Mississippi Local Education Agencies are responsible for ensuring all eligible students receive FAPE and are responsible for identifying and evaluating children and youth with a disability or suspected of having a disability.

Local Education Agencies are responsible for providing Special Education and Related Services (Part B). Special Education and Related Services are implemented through an Individualized Education Program (IEP), which is developed by an IEP committee. An IEP committee is comprised of the child/youth's parent (Parent-as defined by IDEA), a school representative qualified to provide or supervise special education and knows general education curriculum and resources available in the district, at least one special education teacher, at least one general education teacher (if applicable), qualified professional(s) to interpret evaluations and the instructional implications, and other appropriate individuals.

MDCPS Division of Youth Transition Support Services provide educational, and education related support services to compulsory school age (6 years of age - 17 years of age) children/youth in MDCPS custody by advocating for educational best interest on behalf of child/youth, helping identify children/youth in need of Special Education & Related Services, identifying educational needs through retrieving and reviewing education records, attending IEP meetings, collaborating with Local Education Agencies to ensure educational stability and improved educational outcomes for each child/youth in MDCPS custody.

- ***Comprehensive Addiction Recovery Act (CARA) referral services*** – As defined in the program instruction, MDCPS is in compliance with the federal requirements for CARA. The agency receives and accepts referrals from medical staff regarding infants born and testing positive for substance use by their mothers. The calls are received by MCI (Mississippi Centralized Intake) and in addition to an ANE screening, a CARA screening is completed to inform if the criteria are met for a CARA referral versus an ANE referral. The Office of Therapeutic and Prevention Services staff will receive MACWIS tickler notification when a referral is determined to be a CARA intake and then reviews and screens the referral to an appropriate collaborating partner for services. MDCPS

therapeutic and prevention services staff works, through Memorandum of Understandings (MOUs), with the Department of Mental Health's bureau of Alcohol and Drug Services, MS State Department of Health (MSDH), Healthy Families of MS, and previously Families First of MS, to refer children and their caregivers for appropriate CARA related services to include a single or combination of addiction services (in and out patient), home visiting services, and healthy parenting learning opportunities. CARA has received and processed 695 referrals for services. CARA Coordinators offers education to providers, parents, caregivers, medical personnel as needed and/or requested.

- ***Professional development to foster and adoptive parents regarding the care of children zero (0) to five (5)***- The state requires its foster and adoptive parents to complete pre-service training prior to being licensed, and regular ongoing training on an annual basis. Currently, MDCPS is contracting with two providers to offer pre-service training to its foster and adoptive parents. MDCPS collaborates with Family Resource Center of North Mississippi (FRC) who provides the training in North Mississippi, and Mississippi Community Education Center (MCEC) who provides the training in Central and South Mississippi. Training timeframes consists of three (3) sessions per quarter per region. Training topics include the following:
  - Characteristics of Children Served
  - Separation and Attachment
  - Developmental Stages
  - Behavior Management
  - Adoption Issues
  - Blood Borne Pathogens
  - Child Safety Course
  - First Aid/CPR
  - Travel and Finance

***Evaluation of the Safe Babies Courts-*** This evaluation includes the Mississippi Infant-Toddler Court Program Sites in Forrest County and Rankin County. In September of 2020, MDCPS entered into a data sharing agreement with RTI International, who is conducting a program evaluation of the Infant-Toddler Court Program for the Zero to Three. While MDCPS has completed its data sharing obligations under that agreement, MDCPS currently is working on the completion of an expanded agreement with RTI and it will likely continue this partnership going forward. In November, The Children and Families Program/Survey Research Division submitted a draft data agreement to MDCPS. The primary goal of the evaluation is to identify changes in the main child welfare outcomes, including child safety, placements/permanency, and child and parent well-being. Data about child and parent well-being will be collected directly from parents when the family enters the court program and again in the month before case closing or month 30 of the project, whichever comes first. Parents will be asked to complete a computer-based interview using an audio-computer assisted self-interviewing (ACASI), allowing parents to listen to the questions and answer choices on headphones as they see them on the screen. The Community Coordinators will provide a private place for parents to complete the ACASI on the study laptop. The parent ACASI covers Parent Interview

ACASI: questions on education, receipt of economic support, and economic struggles, and receipt of parenting services. The parent ACASI includes two instruments: The Child Behavior Check List (CBCL) as the main indicator of child well-being, and the Depression assessment, the main indicator of parent well-being. For children placed in out-of-home care, their main caregiver will be asked to complete the computer-based interview, but their interview only covers child well-being by using the CBCL.

### **D. Efforts to Track and Prevent Child Maltreatment Deaths**

All child deaths that are suspected to be the result of abuse or neglect must be reported to MDCPS's Child Abuse Hotline. This information comes from many sources including law enforcement, the medical examiner's office, hospitals, medical staff or any other with knowledge or suspicion of a child abuse related death. The MCI unit maintains the Child Abuse Hotline which collects initial information regarding the child's death and enters it into the MACWIS system. Following the initial report, an investigation is assigned to the Special Investigation Unit to assess for maltreatment that may have resulted in the fatality. Safety Review Unit. During the investigation, all the child's death information that has been collected and reviewed is entered into MACWIS. This information is stored and reported to NCANDS annually.

#### **2022 Update**

MCDPS continues the efforts to track and prevent child maltreatment deaths by requiring all child deaths that are suspected to be the result of abuse or neglect to be reported to MDCPS's Child Abuse Hotline. The MCI unit maintains the Child Abuse Hotline which collects initial information regarding the child's death and enters it into the MACWIS system. Following the initial report, an investigation is assigned to the Special Investigation Unit to assess for maltreatment that may have resulted in the fatality. "During the investigation, information related to the child's death that is collected, reviewed and obtained from participating in the postmortem examination, reviewing the initial coroner's report and final autopsy is entered into MACWIS, including a disposition of the alleged maltreatment."

The Office of Data Reporting continues to submit NCANDS reports, work with field staff to improve data quality, and work with the Special Investigations Unit to identify and correct issues in MACWIS related to NCANDS reporting. NCANDS federal report for FFY2020 was accepted on 03/19/2021.

The Office of Data Reporting communicates with field staff through emails, phone calls and Microsoft Teams to provide training on how to correct the data issues in MACWIS. Currently, we do not have a plan of correction.

See Citizens Review Panels/The Mississippi Child Death Review Panel section for additional discussion.

### **Mississippi Child Death Review Panel**

MDCPS continues to participate in the Mississippi Child Death Review Panel. Mississippi law creates the Mississippi "Child Death Review Panel. The purpose is to foster the reduction of infant and child mortality and morbidity in Mississippi and to improve the health status of

infants and children. The panel's membership consists of "one (1) representative from each of the following: the State Coroners Association, the Mississippi Chapter of the American Academy of Pediatrics, the Office of Vital Statistics in the State Department of Health, the Attorney General's office, the State Sheriff's Association, the Mississippi Police Chiefs Association, MDCPS, CAC, the State Chapter of the March of Dimes, the State SIDS Alliance, the Mississippi Children's Safe Center, Safe Kids Mississippi, and the Mississippi State Fire Marshal's office. The panel is tasked with creating a report for the Mississippi Legislature outlining "appropriate recommendations to the Legislature on how to most effectively direct state resources to decrease infant and child deaths in Mississippi through case review.

As stated in the states 2020-2024 CFSP, CDRP aspires to:

- Identify factors that put children at risk of injury or death
- Share information among agencies that serve children and families
- Improve local investigations of unexpected child deaths
- Identify and fill gaps in existing service systems
- Reveal trends in unexpected child injury and death
- Educate the public about child injury and death prevention strategies

The Child Death Review Panel (CDRP) continues to compile findings reports from each case based on sources such as Mississippi vital records, toxicology reports, autopsies, and death scene investigations.

The link to the MS State Department of Health website where CDRP annual reports are located is: [https://msdh.ms.gov/msdhsite/\\_static/31,0,392,63.html](https://msdh.ms.gov/msdhsite/_static/31,0,392,63.html)

### **2022 Update**

The Mississippi Health Department of Health is the state lead agency for the CDRP. Quarterly meetings were held July 9, 2020, September 10, 2020, October 29, 2020, November 19, 2020, February 25, 2021, and May 20, 2021.

### **E. Emergency Funding for MaryLee Allen Promoting Safe and Stable Families (Division X)**

As additional funding through Title IV - B and E under the Consolidation Appropriations Act, is available to us, we are currently discussing with Senior Leadership our options for this funding which will be allocated for this fiscal year.

#### **PSSF Services**

*in-CIRCLE* Family Support Services Program through Youth Villages and Canopy continue to provide services for families, however, only Youth Villages provides services funded by PSSF funds. Canopy Children's Solutions utilizes state general funds to provide services. Both vendors continue to provide Family Preservation Services as defined in "Title IV-B, SUBPART 2 – Promoting Safe and Stable Families" regarding pre-placement preventative services designed to help children at risk of foster care placement remain safely with their families. However, the expanded definition of Reunification Services within the *in-CIRCLE* program and the blended funding provided to each vendor continue to offer different

## 2022 Annual Progress and Service Report

definitions for each vendor, but both fit within the PSSF definition structure. Canopy's definition of Reunification Services and those cases they served meet both the Time-Limited Family Reunification Services definition and the Family Preservation Services definition under PSSF of service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement. There is no 15-month time limit as in the definition required to meet criteria under the definition for Family Preservation Services and Time Limited Family Reunification Services. No Family Support Services are currently being provided by either vendor under PSSF through this program. Originally, Canopy was providing in-home services under PSSF; however, with the expansion of services, Canopy was then funded through PSSF and TANF. Currently, Canopy is now solely through TANF funding while Youth Villages is paid entirely through PSSF.

Family Support Services which the state offers are provided through in-CIRCLE services as all families who are referred, receive Family Support Services. The number of families and children who receive this service for this FFY are below

Family Preservation	132 families and 315 children
Family Reunification	55 families and 142 children
Family Support	187 families and 457 children*
Totals:	<b>187 families and 457 children*</b>

### **\*All children and families served through in-CIRCLE receive Family Support Services**

*in-CIRCLE* continues to be an intensive, home and community-based family preservation, reunification, and support services program for families with children who are at risk of out-of-home placement. It was designed and implemented to help break the cycle of family dysfunction by strengthening families, keeping children safe, and reducing foster care and other forms of out-of-home placements. The primary goal of the program is to remove the risk of harm to the child rather than removing the child by (1) reducing unnecessary out-of-home placements, (2) preventing and/or reducing child abuse and neglect, (3) improving family functioning, (4) enhancing parenting skills, (5) increasing access to social and formal and informal concrete supports, (6) addressing mental health and substance use issues, (7) reducing child behavior problems, and (8) safely reunifying families.

The target population for this program remains the same: (1) Families with children birth to 18 who were under the care and jurisdiction of MDCPS, who were at-risk of being removed from the family and placed in foster care, group care, psychiatric hospitals, or juvenile justice facilities, or who had been removed and for whom reunification was an appropriate option. (2) Families with pregnant mothers who were at high risk of the child being removed due to substance use issues once the child was born. Pregnant mothers are being served as well through *in-CIRCLE*. Referrals to the program continue to come from the court system or MDCPS staff who identified the family and child(ren) as appropriate for and in need of program services. MDCPS currently have two staff serving as in-CIRCLE Program Coordinators, one for the northern part of the state and one for the southern part of the state. As of November 16, 2019, a Division Director was hired to

provide oversight to the 2 staff coordinators over the program. The duties of the two (2) program coordinators have not changed, and consist of the following:

- Review referrals from CPS, Courts, and Judges' staff to determine eligibility for in-CIRCLE or Dorcas by reviewing the online form (Smartsheet), attachments, etc., and reviewing the case in MACWIS.
- Assess families for alternative services.
- Review current case files to determine if cases are handled appropriately in MACWIS.
- Assist with drafting updated policy.
- Meet with the in-CIRCLE staff; attend home visits as needed.
- Provide technical assistance/training as needed.
- Revise packet for staff on the in-CIRCLE referral process as needed.

The North Coordinator continues to be responsible for managing through tracking and assigning referrals, maintaining programmatic data, correcting, and requesting any missing documentation from the providers through Smartsheet. Smartsheet is a web-based software service application that is used for collaborating with providers to manage the in-Circle program. Information is also assessed and compiled from Smartsheet along with the caseload data from the states' two contractual providers to generate weekly and monthly reports to senior and executive leadership for review and feedback. The coordinator is also responsible for reviewing child fatality reports to determine if they had received *in-CIRCLE* services. The referral process for the In-Circle program consists of the following procedures:

- *in-Circle* referrals are submitted through Smartsheet. Referral sources completes the information on the web-based form and uploaded in an *in-CIRCLE* Participation Form. Smartsheet provides a secure method of distribution of referrals to the providers. All providers have access to their specific referrals via a secure email and password protected process through Smartsheet.
- Applications are reviewed for suitability for the program by the in-state coordinators and then forwarded to providers for consideration for services. Once a valid referral is made, the family is visited by program staff within 48 hours. If deemed an emergency, the family is visited as soon as possible, but within 24 hours. Once a Provider receives the referral, attempts are made to contact the family to set a schedule of service delivery. If after contact are made and it is deemed that the family is not in need of the intensity of services provided by the *in-CIRCLE* program, Providers worked with MDCPS and the family to make a more appropriate referral to a community resource that would better suit the needs of the family. Some alternative referrals include referrals to MYPAC (Mississippi Youth Programs Around the Clock) services, Families First for Mississippi Centers, local mental health professionals, and community mental health or substance use disorders treatment facilities.
- **Assessment Phase-** During the initial visit, any immediate crisis will be diffused, and the family functioning assessment process began. The *Program* worker(s) assess family functioning and develop an assessment report within 3 working days of referral. Once the family functioning assessment is completed, a Family Service Plan



(FSP) is developed with and for the family within seven (7) working days of referral. During this assessment, however, any needed crisis services deemed necessary to protect the child(ren) is to be provided by appropriately licensed and/or credentialed program staff. Once completed, a copy of the family functioning assessment is submitted to MDCPS. A Family Service Plan (FSP) is developed for each family and includes at a minimum the following:

- Family outcome goals
  - Strategies and procedures for achieving the goals
  - Specific therapeutic, social, and psychological services to be delivered, including intensity, provider(s), tenure, etc.
  - Specific parenting, social, employment, educational, home economic, and other identified concrete supports to be provided, including method for acquiring, provided by whom, intensity, etc.
  - Responsibility of parties
  - Methods for measuring impact of each service and support, as well as progress toward overall goal
  - Timeframe for completion-once completed, a copy of the FSP is submitted to the MDCPS.
- **Program Components and Strategies-** The primary intervention components of the program is engaging and motivating family members, conducting holistic, functional assessments, developing outcome-based goals, using evidence-based practices and interventions, teaching skills to facilitate behavioral change, and developing and enhancing ongoing community supports and resources. The core strategies to be utilized are:
- **Crisis Management** – program staff are to intervene as soon as possible (within 24 hours of referral) if family is deemed to be in a crisis situation.
  - **Accessibility** – Services are provided in the family’s home and community at times convenient to families. Appropriate staff are available 24 hours a day, 7 days a week for crisis intervention.
  - **Flexibility** – Intervention support strategies and methods are tailored to meet the needs, values, and lifestyles of each family, as well as, to provide a wide range of services/supports, such as meeting basic needs of food, clothing, and shelter, home economics and management, job readiness, parent education, substance abuse issues, medical care, and navigating public services system to individual and family therapy, individual and family case management, and crisis intervention.
  - **Time limited and low caseload** – Families receive 8-12 weeks of intensive interventions with 8-10 hours of face-to-face contact per week. *Program* staff (teams) served a limited number of families at a time so that at least 80-100 hours of services could be provided per family during this period. The family can continue to receive services and supports up to another 12 weeks (period) with reduced intensity if deemed necessary for child safety and family preservation by program staff and MDCPS. Finally, program staff are able to maintain a casual, professional relationship with families in a soft support stage for up to 1 year from time of entering the program to check on from time to time or to

receive a call seeking advice or information. Under certain circumstances, a family can be referred back to a more intense stage if in the opinion of the program and MDCPS staff involved it is necessary for child safety and family preservation.

- **Family-centered assessments and service planning** – Assessments were strengths-based and family-focused. Plans were individualized with measurable goals, developed collaboratively with the family, and in sync with the MDCPS plan for the family.
- **Research-based practices** – Program staff use evidence-based interventions, such as (but not limited to) motivational interviewing, behavioral parent training, cognitive-behavior therapy strategies, wraparound, and relapse prevention. Family members are taught a variety of skills, including child behavior management, effective discipline, positive behavioral supports, communication skills, problem-solving skills, mood management skills, safety planning, and routine daily planning.
- **Community engagement and resource building** – Appropriate program staff encourage and facilitate the family's involvement and engagement in the community for continued relationships and supports, and help families assess their formal and informal support system, develop, and enhance ongoing resources needed to facilitate and maintain change after program is concluded.
- **Collaboration with Families First for Mississippi Programs** – Where available and appropriate, program staff utilize the family-supporting services provided through the Families First for Mississippi Centers, or similar entities, throughout the state.
- **Termination of Program Services and Supports**- When the family is ready to function safely on their own, based on family functioning evaluation scores, FSP goal accomplishment, and consensus of MDCPS and program staff, a termination summary report is submitted to MDCPS and to the court, if applicable, providing an assessment of the family functioning and outcomes of FSP goals. Peer support for the family is still accessed at this time, when possible. When convinced that program efforts are not enough to ensure sufficient family functioning and child safety, program staff submits a termination report to MDCPS and court, if applicable, providing evidence of a lack of family effort, capacity, and/or willingness to implement the elements of the FSP which may result in termination of parental rights.

Due to the high volume of referrals in Region I South, Region II East, and Region 3 South, there is waiting list that is managed by the two state program coordinators in order to provide for expeditious entry into the program. Additional teams for both providers are also added to reduce the numbers on the wait list. Although similar, each vendor has a different scope of services as to how each accomplish the above criteria.

### **2022 Update**

In-Circle was offered through Canopy and Youth Villages. In-Circle is an intensive in-home services program. There were two (2) Providers for the FFY contract.

## 2022 Annual Progress and Service Report

The target population for this program changed as the program no longer assess families with pregnant mothers who were at high risk of the child being removed due to substance use issues once the child was born. Pregnant mothers are now being served through CARA. MDCPS currently have two staff serving in the in-CIRCLE Program. One is a Division Director who provides oversight to the State Staff Coordinator. Hire is expected for the other State Staff Coordinator, which is for the northern part of the state, and another position which will be assisting in the in-CIRCLE Program.

With the in-CIRCLE Program, MDCPS has been able to serve approximately 655 families and 1,522 individuals during this reporting period (June 1, 2020 – May 31, 2021). During this period, the total number of children served through Family Preservation and Family Reunification are 1,124 and 398, respectively. Overall, the number of children served for both Family Preservation and Family Reunification services since the start of the program (October 1, 2017) is 6550).

### **Youth Villages in-CIRCLE PSSF Funding (June 1, 2020 – May 31, 2021)**

	<b>Number Individuals served</b>	<b>Number Families served</b>	<b>Population served **</b>	<b>Geographic area served **</b>
<b>Family Preservation Services</b>	<b>282</b>	<b>116</b>	<b>See Geographical Locations</b>	<b>Counties: Alcorn, Benton, Chickasaw, Clay, Covington, Forrest, George, Hancock, Harrison, Jackson, Jones, Lamar, Lee, Lowndes, Marion, Monroe, Pearl River, Perry, Pike, Pontotoc, Stone, Tishomingo, Union, Walthall, Webster, Yalobusha</b>
<b>Time-Limited Reunification and Family Reunification Services</b>	<b>154</b>	<b>64</b>	<b>See Geographical Locations</b>	<b>Counties: Copiah, George, Hancock, Harrison, Hinds, Jackson, Lee, Madison, Newton, Pike, Scott, Simpson, Union, Warren, Yazoo</b>

**Canopy in-CIRCLE**  
**State General Funds**  
**(June 1, 2020 – May 31, 2021)**

	<b>Number Individuals served</b>	<b>Number Families served</b>	<b>Population served **</b>	<b>Geographic area served **</b>
<b>Family Preservation Services</b>	<b>842</b>	<b>364</b>	<b>Statewide</b>	<b>Statewide</b>
<b>Time-Limited Reunification and Family Reunification Services</b>	<b>244</b>	<b>111</b>	<b>Statewide</b>	<b>Statewide</b>

**F. Updates to Adoption Promotion and Support Services**

Services Provided under PSSF Adoption Promotion and Support Services

Southern Christian Services for Children & Youth's Adoption Permanency Division (APD) continues to provide MDCPS' adoptive families with the following post adoption services: counseling, mental health treatment, family preservation and stabilization, crises intervention and management, peer support, and respite. Services are available 365 days a year, 24 hours a day to ensure that families receive the supportive services they need.

<b>PSSF ADOPTION PROMOTION 2020</b>	
<b>EXPENSES</b>	<b>COST</b>
Post Adoption Subgrant	\$563,609.39
Recruitment Supplies	\$15,000.00
Life Books	\$15,000.00
Adoption Scan Project	\$15,000.00
Travel	\$19,000.00
Adoption Recruitment Team Printing & Supplies	\$25,000.00
Office Furniture	\$50,000.00
Advertisement for Adoptive Families	\$250,000.00
NTI Coaching Sessions	\$54,600.00
NACAC Registration Fees	\$23,200.00
NACAC Membership Fee	\$1,000.00
<b>TOTAL</b>	<b>\$1,031,409.39</b>
<b>PSSF Adoption Promotion 2020</b>	<b>\$1,032,120.00</b>

## 2022 Annual Progress and Service Report

**BALANCE**

**\$710.61**

### Adoption Finalization

Permanency Support Services/Adoption Unit's (PSS/AU) adoption finalization goal for SFY 2021 is 700. PSS/AU continues to partner with the adoption clinic at Mississippi College School (MC) of Law to finalize adoptions for families adopting through MDCPS.

During this reporting period, 405 were finalized and 27 of these adoptions were finalized by MC School of Law.

### **2022 Adoption Finalizations by Region and Quarter**

Regions	Quarter 1 July 1, 2020 – October 31, 2020	Quarter 2 November 1, 2020 – January 31, 2021	Quarter 3 February 1, 2021-March 31, 2021	Quarter 4 April 1, 2021 – June 30, 2021	Yearly Total
I North	19	13	12	0	44
I South	13	20	28	0	61
II East	7	18	4	0	29
II West	2	6	3	0	11
III North	5	3	0	0	5
III South	3	2	3	0	8
IV North	9	3	1	0	13
IV South	8	22	6	2	38
V East	4	8	3	0	15
V West	12	0	0	0	12
VI	20	8	9	1	38
VII Central	27	28	12	3	70
VII East	11	15	2	0	28
VII West	7	23	10	0	40
Total	<i>147</i>	<i>159</i>	<i>93</i>	<i>6</i>	<i>412</i>

### **Post Adoption Services**

Southern Christian Services for Children & Youth's Adoption Permanency Division (APD) continues to provide MDCPS' adoptive families with the following post adoption services: counseling, mental health treatment, family preservation and stabilization, crises intervention and management, peer support, and respite. Services are available 365 days a year, 24 hours a day to ensure that families receive the supportive services they need.

## **2022 Annual Progress and Service Report**

During this reporting period, APD served 714 families by providing direct and indirect services.

### **Recruitment of Adoption Families**

Permanency Support Services/Recruitment Unit (PSS/RU) continues to focus adoptive parent recruitment through Heart Gallery promotions.

### **Heart Gallery (Physical Display)**

Due to COVID-19 restrictions, the physical Heart Gallery was not placed on display at various locations across the state of Mississippi.

### **Heart Gallery and Adopt US Kids (Website)**

During this reporting period, 44 children had their photographs taken to be featured on the Heart Gallery website. 993 inquiries came from the MDCPS' Heart Gallery website and 147 inquiries through the Adopt US Kids Resource Tracking Tool to MDCPS. During this period, 10 children were adopted.

### **Grant Me Hope**

During this reporting period, 27 children have participated in a Grant Me Hope photo shoot. Photo shoots for this reporting period took place on July 29 & 30, 2020; September 16 & 17, 2020; November 23, 2020; and January 26 & 27, 2021. Grant Me Hope secured a partnership with WXXV-TV in Gulfport, MS to air the videos. WXXV-TV airs videos every Monday of a child and/or sibling group hoping to get adopted. 117 Grant Me Hope inquiries have been received. During this period, no children were adopted.

On April 5, 2021, the Memorandum of Understanding between MDCPS and Grant Me Hope was signed. Grant Me Hope will continue to seek out loving and safe adoptive homes for adoptable foster children in MDCPS custody by producing quality videos of the adoptable foster children to be aired. Grant Me Hope has partnered with 5 additional news stations across the state. 2 news stations in Meridian, MS and Hattiesburg, MS began airing news segments on April 12, 2021. The next photo shoot is scheduled to take place on April 20 & 21, 2021. 12 children are scheduled to participate in the shoot.

### **Virtual Adoption Match Meeting (VAMM)**

Virtual Adoption Match Meeting was developed in the fall of 2020 to replace the Multi-Regional and Statewide Placement Committee Meetings. Licensed families are presented to adoption staff across the state with children on their caseload who are legally free with no identified family with the goal of making potential matches. MDCPS' Adoption Recruitment Team is responsible for planning and running the VAMM quarterly. The meeting is held "in live time" via ZOOM but is not interactive. Presentations are made using a Power-point format. A member of the recruitment team serves as the webinar host. The families being presented are MDCPS licensed families and licensed private provider families, who are interested in adopting older children/sibling groups/special needs.



## **2022 Annual Progress and Service Report**

The first VAMM was held on October 22, 2020. 8 were families presented and 6 potential matches confirmed. Out of those six matches, families were contacted, and pre-placement visits occurred, but none resulted in permanent adoption placements.

The second VAMM was held on March 4, 2021. 13 were families presented and 7 potential matches confirmed. Pre-placement visits are currently being arranged for 3 of the matches that were confirmed. The next VAMM meeting occurred on June 3, 2021.

### **COVID-19 Impact and Service Continuum**

Based on current adoption finalization numbers, there has been minimal impact to the work within the Permanency Support Services/Adoption Unit.

### **Adoption Collaborations**

Permanency Support Services continues to partner with the Office of the MS Attorney General and with the Adoption Clinic at Mississippi College's School of Law to complete TPRs, adoption finalizations and secure new birth certificates for families adopting through MDCPS.

### **Implementation of TPR/Adoption Conference Calls**

Rapid Permanency Supports (RPS) were initiated January 2017 and discontinued due to the implementation of the TPR/Adoption Conference Calls in July 2017. The agency implemented a quarterly regional conference call to identify, address, and eliminate barriers in the termination of parental rights and adoption processes using techniques gained through the RPS process. During this call, all children with a permanent plan of adoption are reviewed. Statewide, the number of children that have a permanent plan of adoption is between 1,000 and 1,200. An updated list of children with a permanent plan of adoption is run every quarter and provided to regional frontline and adoption staff at least a month in advance. Regions submit their updates by the close of business on the day before their conference call. The information submitted is reviewed on the call and deadlines are set for tasks to be completed that maybe preventing cases from moving forward. These quarterly conference calls consist of the following County and State Level Administrative staff: Regional Directors, Adoption Directors, Area Social Work Supervisors, and an assigned attorney from the Office of the Attorney General.

### **TPR/Adoption Conference Calls**

The Termination of Parental Rights Unit continues to facilitate the quarterly TPR/Adoption Conference Calls. The calls continue to all State Office, Frontline/Adoption Field Staff, and the Attorney General's Office the opportunity to review each case, with the permanent plan of adoption, and identify barriers and strategies to overcome each barrier to ensure that TPR Referrals are submitted in a timely manner. Through this monitoring process, the department continues to find that barriers to Permanency are being resolved and children are moving towards Permanency more timely.

#### ***July 1, 2020 – October 31, 2020***

During this period, the conference call was held in August 2020 and 1,146 cases were reviewed statewide.

#### ***November 1, 2020 – January 31, 2021***

## 2022 Annual Progress and Service Report

During this period, the conference call was held in November 2020 and 1, 095 cases were reviewed statewide.

### ***February 1, 2021 – March 31, 2021***

During this period, the conference call was held in February 2021 and 1, 000 cases were reviewed statewide.

### ***April 1, 2021 – June 30, 2021***

During this period, the conference call will be held in May 2021 and 992 cases will be reviewed statewide.

### **TPR SharePoint Library**

On March 16, 2020, Governor Tate Reeves declared that a “State of Emergency” existed in the State of Mississippi because of the COVID-19 outbreak. The State of Emergency declaration was soon followed by statewide office closures and “shelter in place” orders which further impacted the personnel available to receive and process incoming TPR packets. During this time, field staff submitted TPR packets to the Permanency Support Services/TPR Unit (PSS/TPR Unit) via email and/or mail.

To address this issue, an electronic TPR Report Library was created in SharePoint. The library was launched on July 1, 2020, and now allows field staff to submit all TPR packets to the PSS/TPR Unit. This library also allows the PSS/TPR Unit the capability to electronically receive, review, and submit TPR packets to the Attorney General’s Office. Since implementing this electronic process, 462 Termination of Parental Rights Packets have been submitted by frontline field staff.

## **Current Updates from July 1, 2020 to April 9, 2021**

### **TPR Packets Submitted to State Office - 462 (individual children)**

#### ***July 1, 2020 – October 31, 2020***

- 214

#### ***November 1, 2020 – January 31, 2021***

- 138

#### ***February 1, 2021 – March 31, 2021***

- 100

#### ***April 1, 2021 – June 30, 2021***

- 10

### **TPR Packets Submitted to the AG’s Office by State Office - 493 (individual children)**

#### ***July 1, 2020 – October 31, 2020***

- 252

#### ***November 1, 2020 – January 31, 2021***

## 2022 Annual Progress and Service Report

- 107

*February 1, 2021 – March 31, 2021*

- 106

*April 1, 2021 – June 30, 2021*

- 28

**Children Legally Freed - 460 (individual children)**

*July 1, 2020 – October 31, 2020*

- 230

*November 1, 2020 – January 31, 2021*

- 130

*February 1, 2021 – March 31, 2021*

- 89

*April 1, 2021 – June 30, 2021*

- 11

### **G. Service Decision-Making process for Family Support Services (45 CFR 1357.15(r))**

Please see section regarding MaryLee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2) which identifies how the state addressed the Family Support Services component of the PSSF program. Specific percentages of title IV-B, sub-part 2 funds are identified in the CFS 101-Part 1.

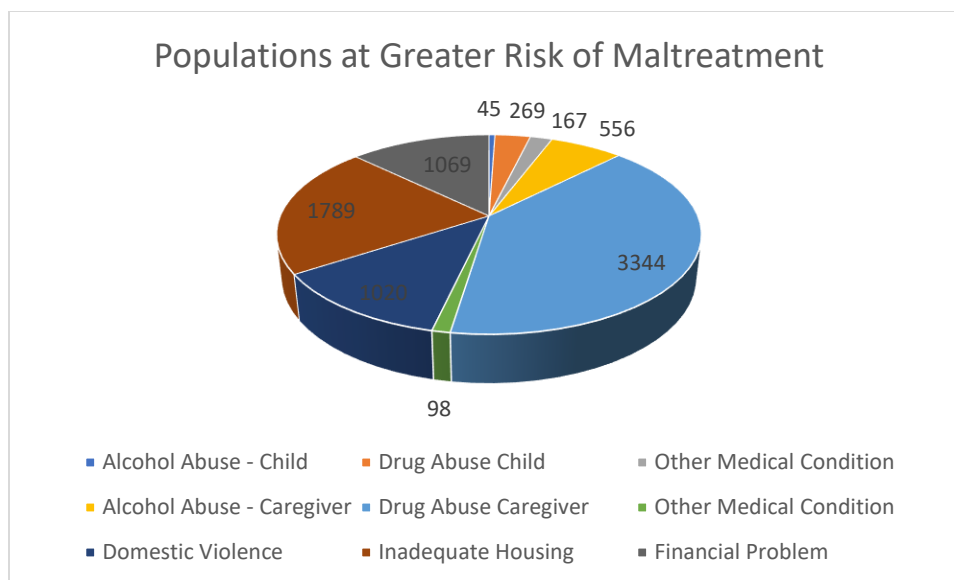
#### **2022 Update**

A Request for Proposal (RFP) is advertised on MDCPS website with specific criteria. Prevention subgrantee's are selected based on the responses to the RFP and the provider with the highest score.

Prevention subgrantee's understand that to receive funds, both state and federal, all programs/services must be geared towards community-based child abuse and neglect prevention. Additionally, subgrantee's offers referrals and other community linkages for families if they are unable to assist the family. These referrals can be but not limited to: childcare assistance, legal services, food assistance/TANF, transportation assistance, etc.

### **H. Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)**

Of the children that were substantiated for abuse and neglect in FFY 19, MDCPS saw the following underlying conditions contributing to abuse or neglect:

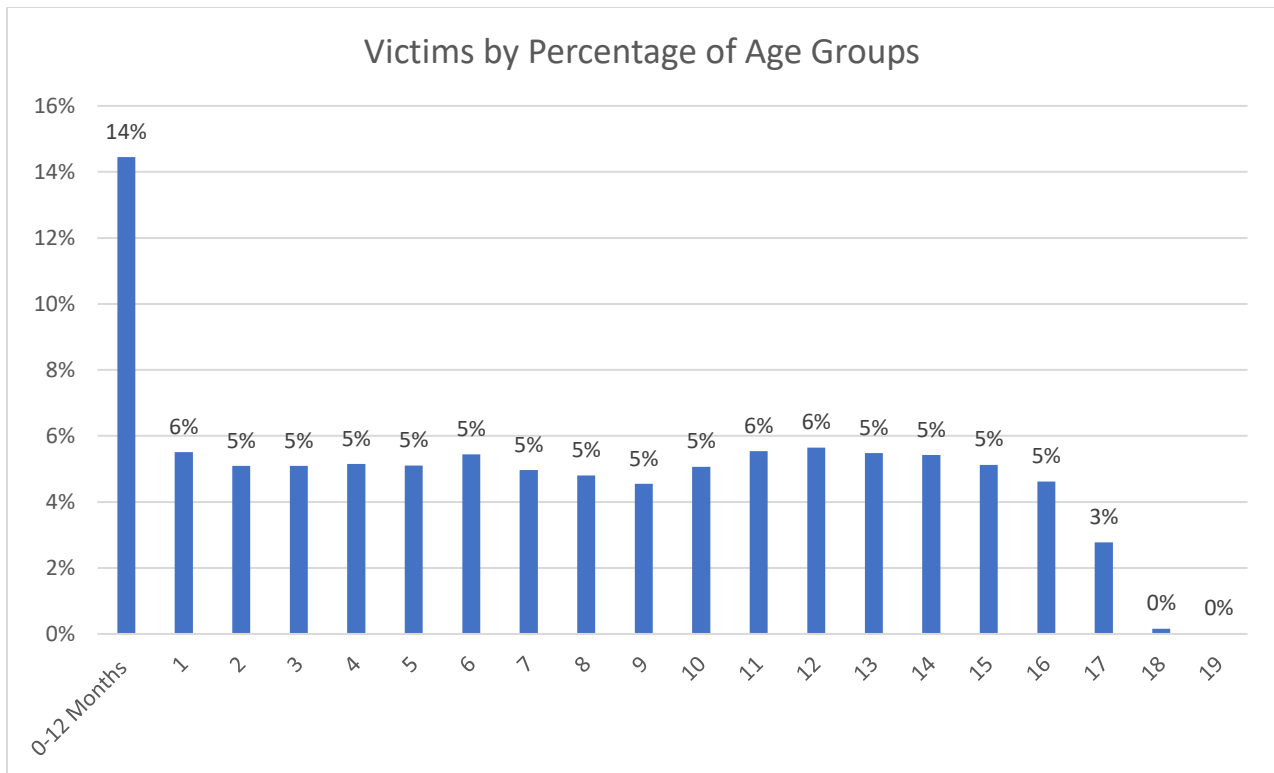
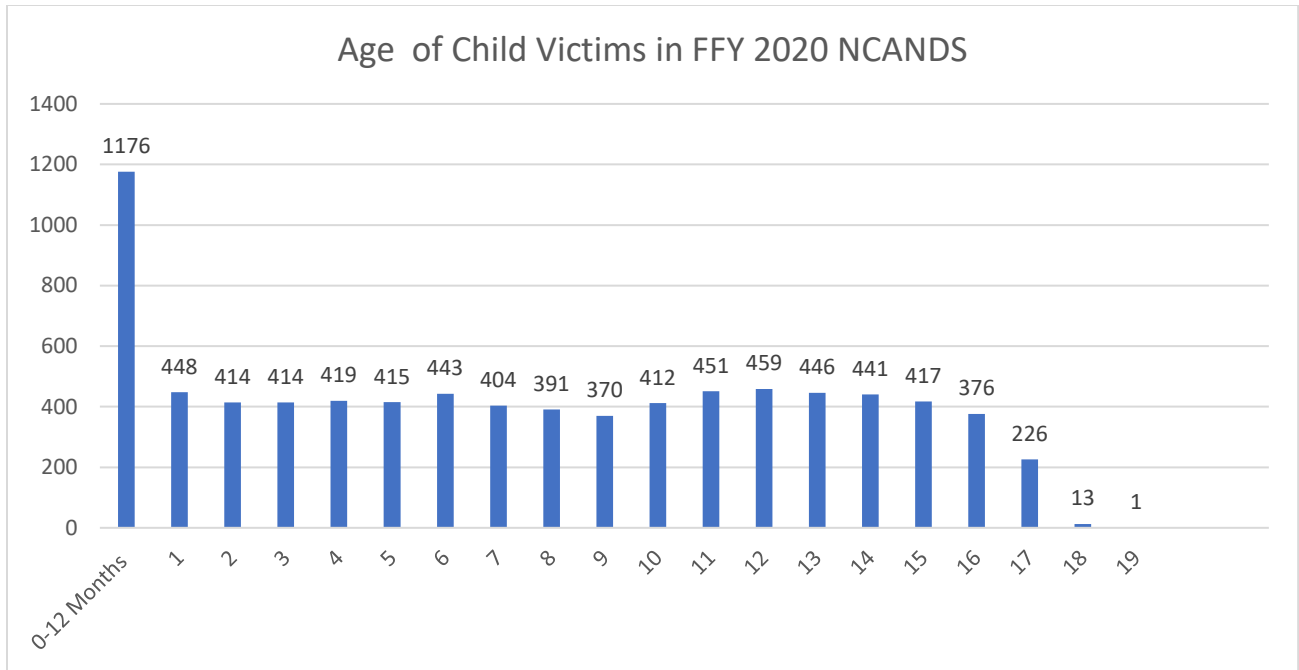


Services will be targeted to these populations in the upcoming year using any available service options that apply. CARA response and referrals to appropriate resources will be used when appropriate for infants affected by caregiver substance abuse. New procurements for diversified in home services will also be used to target services to these populations. MDCPS plans to expand the current in-Circle program by issuing procurements for both intensive and less intensive versions of the services. MDCPS Prevention Services will also continue community-based prevention efforts and collaborations with community partners such as SIDS Alliance, MS Department of Mental Health, MS Department of Health. Prevention Services will also continue to look for opportunities to connect with new community partners and engage in innovative community-based prevention efforts.

### 2022 Update

Using the FFY 2020 NCANDS data file, MDCPS identified the populations at greatest risk of maltreatment as youth who are under the age of the 12 months old (see chart below). Of the total number of victims in the file (8,136) with at least one substantiated maltreatment, 1,176 (14%) were 0-12 months old at the time of the maltreatment report. According to the data, youth ages 2 years old – 10 years old and 13 -16 years old are maltreated relatively at the same rate. Youth ages 17 and older are maltreated less frequently than any other age group which may conceptually relate to the operational definition of a “child” for the purposes of MDCPS’ child welfare system or may reflect enhanced protective capacities of older youth.

## 2022 Annual Progress and Service Report



CARA response and referrals are currently being used when appropriate for infants affected by caregiver substance abuse with no additional safety concerns to address the needs of the caregiver and the infant to reduce the risk of abuse or neglect occurring. MDCPS completes assessments of the family to establish service needs. Services providers that MDCPS has collaborated with and referred populations at greater risk of maltreatment to are Healthy Families

MS, Families First of Mississippi, Baptist Children's Village Dorcas program, in-Circle provided by Canopy and Youth Villages. Services will be targeted to these populations in the upcoming year using any available service options that apply to the needs of the child or caregiver. New procurements for diversified in-home services will also be used to target services to these populations. MDCPS plans to expand the current in-Circle program by issuing procurements for both intensive and less intensive versions of the services. MDCPS Prevention Services will also continue community-based prevention efforts and collaborations with community partners such as SIDS Alliance, MS Department of Mental Health, Southern Christian Services for Children and Youth, MS Department of Health. Prevention Services will also continue to look for opportunities to connect with new community partners and engage in innovative community-based prevention efforts.

### **I. Kinship Navigator Funding (title IV-B, subpart 2)**

Request for Proposals (RFP) for Kinship Navigator Feasibility Study was issued on February 8, 2019. The completed RFP process was conducted, and Human Research Institute (HRSI) was awarded the contract to complete the study. On June 26, 2019, a community meeting was held with stakeholders across the state to introduce the Kinship Navigator Feasibility study provider. The purpose of the meeting was to gain support from all children serving state agencies and both private/public community organizations. Also, to encourage the stakeholders' participation in the study. The feasibility study was completed September 30, 2019, and the findings were submitted to the MDCPS on October 31, 2019. The findings indicated 10 key preliminary issues that were used to shape the subsequent components of the needs assessment, feasibility study and informed the recommendations. The key preliminary issues included 1. To receive ongoing federal funding beyond the development phase that should assist with the effectiveness of a MS Kinship Navigator program should be demonstrated. 2. Although Mississippi kin who are licensed by MDCPS may benefit from a kinship navigator program service, MS kin who care for non-child welfare involved children and youth will likely experience the greatest benefits from the services. 3. non-child welfare involved kin caregivers are unlikely to seek out kinship navigator services if those services are provided directly by MDCPS. 4. There is an already existing web of programs and services in MS that can benefit kin caregivers. 5. MS kin caregivers needs and access to services are likely to vary by the region in the state. 6. A thorough understanding of past and current kinship navigator programs and services in other states is key for the development of a MS program. 7. A MS Kinship Navigator program should work closely with churches and faith-based organizations. 8. There are potentially many non-child welfare involved kin caregivers in MS. 9. A kinship navigator program including care coordination and building caregiver support networks based on kin caregiver needs is likely to be most beneficial for MS. kin caregivers. 10. The newly available FFPSA transitional funds will allow some additional time for the development and evaluation of the MS kinship Navigator program.

The recommendation is the most effective Kinship Navigator program should follow the model that is family-driven, target informal kinship caregivers, and include care coordination and peer support as the primary intervention components. This model is designed to leverage existing services and support throughout the state and should be fine-tuned as additional stakeholders provide input. The program shall be incrementally rolled out in targeted areas across the state with goals to roll out statewide over time. MDCPS is moving forward with



## 2022 Annual Progress and Service Report

this recommendation and plan to do a solicitation to recruit vendor(s) to provide the needed services to families at risk of coming into MDCSP care. The Kinship Navigator Program RFP solicitation start date is scheduled for March 30, 2020. The proposed subgrant start date is 7/1/2020.

### **2022 Update**

The primary purpose of the Kinship Navigator program is to enhance the stability, safety, and well-being of youth at risk of non-relative placement by supporting Kinship care. Additionally, MDCPS plans to collaborate with the Kinship Navigator to assist MDCPS workers and families, who have a safety plan of care for kinship families. This will increase the number of kinship families served. A contractual agreement was made with Catholic Charities for the Kinship Navigator Program, for August 1, 2020 through July 31, 2021. Plans are to renew this contract. The Children's Bureau approved an extension of liquidating funds through September 30, 2021, due to COVID-19.

Additionally, Catholic Charities continues marketing strategies which includes:

- A program flyer featured in the Gulf Coast HUB for Volunteers and Nonprofits Newsletter.
- Kinship staff partners with organizations across the MS Gulf Coast to promote the program while spotlighting Mental Health Awareness Month by hosting a Self-Care Drive.
- Kinship staff exhibited the Mental Health Association of South Mississippi (MHASM) Mental Health Awareness Breakfast.
- Engagement of the Wraparound Process hosted by the Mississippi Wraparound Institute.
- Strengths and Strategies of the Wraparound Process hosted the Mississippi Wraparound Institute.
- Breakfast with the Mayor of Biloxi, MS Event hosted by Mississippi Gulf Coast Chamber of Commerce.
- Program Coordinator and kinship staff met face to face with several organizations in the community such as Coastal Family Health Center, Molina Healthcare and Jackson County LIHEAP to promote the kinship program and provide program brochures.
- Program Coordinator and kinship staff attended a Spring Break Event & Health Fair to promote the program and inform the community of available resources for relative and fictive kin caring for children. At least 150 brochures were provided.
- A collaboration introduction meeting was held face to face with Pine belt Association for Families to discuss their assistance with providing program flyers to the caregivers within their program and area. Over 250 brochures were provided.
- Kinship Program staff worked with organizations across the MS Gulf Coast to promote the program by hosting a Hygiene/Toiletry Drive. The Hygiene/Toiletry Drive provided an opportunity for the community to support our mission and commitment to serving our families by donating new, unopened personal hygiene products.
- Kinship staff contacted organizations in the community to promote the launch of the kinship program. A welcome email was sent to several organizations (Mississippi Volunteer Lawyer Project, Knights of Columbus, Pine Belt Mental Healthcare Resources, Robin Killeen, Habitat for Humanity and Choice Coordinated Care Solutions) with

## 2022 Annual Progress and Service Report

additional program details such as the program brochure, referral process and call to action for follow up.

- Hope Navigator Training hosted by the MS Judicial College.
- Mental Health and Wellness Day at the Capital by the Mental Health Association of South Mississippi.
- A Collaboration Introduction Meeting was held via zoom with Attorney Robert Koon with Koon Law Firm, and Attorney Hayes Johnson to elicit their assistance with potential partnership opportunities.
- Partnership Meeting with the Mississippi Access to Care Center (MAC Center).
- Kinship staff attended a local Expungement Clinic hosted by the Access to Justice Commission as well as a community event hosted by the Mental Health Association of South Mississippi focused on promoting self-care in staff and families served.
- Program Coordinator contacted organizations in the community to obtain their contact information. A welcome email was sent to several organizations (South Mississippi Smiles, Gulfport Behavioral Health System, Keesler Air Force Base Family Resilience Program, Journey Pure, Solace Hospice, Gulf Coast Hub for Volunteers and Nonprofits, Hancock County Community Services and Pearl River County CPS) including program details, program brochure and call to action for follow up.

Catholic Charities continues to collaborate with community agencies and organizations to promote kinship care services. Additionally, Kinship staff will start attending staff meetings at MDCPS county offices to inform workers of the program. This effort was paused due to the teleworking schedule that was implemented for COVID-19.

### Target Population

Based on a recommendation from Mississippi Feasibility Study the program has expanded to include the many non-child welfare involved kin in Mississippi.

### Service Area

The Kinship Navigator program will be implemented statewide in three (3) phases. Through their partnership with South Mississippi Planning and Development District, Phase one (1) will begin in twenty-four (24) counties in the southeastern part of the state: Clarke, Covington, Forrest, Hancock, Harrison, George, Greene, Jackson, Jasper, Jefferson Davis, Jones, Kemper, Lamar, Lauderdale, Leake, Marion, Newton, Neshoba, Pearl River, Perry, Scott, Smith Stone, and Wayne counties served by the SMPDD Mac Center. An Information and Referral source for elderly and disabled in the state (designated as a No Wrong Door), the MAC (MS Access to Care) Centers are a pragmatic choice to be the first point of contact for kinship caregivers and would-be caregivers.

The second phase, starting in year two, will be implemented in seventeen (17) counties served by the Central MS Planning and District MAC Center (Hinds, Madison, Rankin, Yazoo, Warren, Claiborne, Copiah, Adams, Wilkerson, Franklin, Jefferson, Amite, Pike, Walthall, Lawrence, Lincoln, and Simpson counties.

The third phase, beginning in year three, will be implemented in forty-one (41) counties of the Three Rivers Planning and Development District MAC Center service area (Alcorn, Itawamba,

## 2022 Annual Progress and Service Report

Lee, Pontotoc, Prentiss, Tippah, Tishomingo, Clay, Oktibbeha, Lowndes, Chickasaw, Calhoun, Desoto, Marshall, Benton, Leflore, Coahoma, Tallahatchie, Sunflower, Yazoo, Monroe, Lafayette, Panola, Noxubee, Winston, Attala, Holmes, Humphries, Sharkey, Sunflower, Carroll, Yalobusha, Quitman, Montgomery, Webster, Tate, Benton, Bolivar, Issaquena, Tunica and Union counties. Phases will be implemented based on availability of funds.

The Kinship Navigator contract will be renewed October 1, 2021. This will be the second year of the program. At the end of the narrative the KN program will be active in 24 counties in the southeastern part of the state. In year 2, the Central MS Planning and Development District Mississippi Access to Care (MAC) Center will come on board and in year 3, Three Rivers Planning and Development District MAC center.

### Kinship Caregivers

At this time, the state has not created an Advisory Council for Kinship Caregivers. Efforts will be made to creating and implementing the council prior to the start of year two.

Kinship services depends on the needs of the kinship family. An open navigation case can range from three (3) months to one (1) year. Caregivers presenting a higher level of need are offered more intensive navigation services through an open case. In an open case, the Kinship Navigator and caregiver create a Navigation Plan to meet identified needs. Navigation plans are reviewed and updated regularly, at a minimum of every 90 days.

From July 2020 through May 2021, there has been a total of 60 kinship individuals served through the program. Below are the contact methods for kinship families.

<u>Location</u>	<u>May</u>	<u>Totals</u>
<b>Phone</b>	<b>271</b>	<b>271</b>
<b>Telehealth</b>	<b>19</b>	<b>19</b>
<b>Face-to-Face</b>	<b>6</b>	<b>6</b>
<b>Totals</b>	<b>296</b>	<b>296</b>

Kinship websites:

<http://smpdd.com/kinship-navigator-program/>

<https://catholiccharitiesjackson.org/whatwedo/youth/#kinship>

### **J. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits**

The MDCPS used the Monthly Caseworker Visit Formula Grant to support the following initiatives:

- procure and implement an online tool designed for direct feedback from foster parents
- fund vendor services for the Center for the Support of Families (CSF) contractual agreement

As stated in the 2020-2024 CFSP, MDCPS has continued to use these funds to provide vendor services through a contractual agreement. The Monthly Caseworker Visit Grant was used to fund

## 2022 Annual Progress and Service Report

vendor services for the Center for the Support of Families (CSF) contractual agreement that supported the implementation of the Mississippi practice model and the provisions of the *Olivia Y* Settlement. The current period of performance for this vendor agreement is November 16, 2017 through November 15, 2022. During the timeframe of July 1, 2019, through June 30, 2020, CSF participated in regular leadership meetings with MDCPS centered on training and coaching needs, regional implementation of the Practice Model Learning Cycle (PMLC) as well as engaging select county court systems in participating in the PMLC, supporting the professional development needs of MDCPS, and CSF's support to MDCPS to meet departmental goals. Please see further description of CSF's support and collaboration in connection with the following efforts:

- **Improving Safety Assessment Project:** CSF further supported the MDCPS working group focused on improving assessment practices, particularly safety and risk assessment, during the July 2019-June 2020 time period. CSF developed an individual rating tool and summary rating tool for workgroup members to use as they reviewed and considered the six assessment packages identified by MDCPS leadership. CSF analyzed the results of the rating tools and developed a final report for leadership with the recommendations of the workgroup at the end of September 2019. CSF facilitated meetings with the workgroup to further define safety and risk to build upon the work that has already been done and to inform the development of a new learning program on safety and risk. CSF's work in this area is connected to supporting MDCPS meet relevant requirements in the MDCPS Third Round CFSR PIP.

### 2022 Update

The Monthly Caseworker Visit Grant was used to procure The Guardian Tool, an online survey tool. The Guardian Tool was used to obtain feedback from foster parents about the quality of visits within the foster home. The tool was also beneficial because it provided feedback related to the quality of the virtual visits and the accessibility of workers during COVID.

Also, the Monthly Caseworker Visit Grant was used to fund vendor services for the Public Knowledge (PK) contractual agreement that supported the implementation of the Mississippi practice model and the provisions of the *Olivia Y* Settlement. Trainings were created and presented, and PK knowledge is planning other training events. The current period of performance for this vendor agreement is November 16, 2017, through November 15, 2022. During the timeframe of July 1, 2020, through June 30, 2021, PK participated in regular leadership meetings with MDCPS, held virtually due to the Covid-19 pandemic, centered on training and coaching needs, regional implementation of the Practice Model Learning Cycle (PMLC) as well as engaging select county court systems in participating in the PMLC, supporting the professional development needs of MDCPS, and PK's support to MDCPS to meet departmental goals. Please see further description of PK's support and collaboration in connection with the following efforts:

- **Coaching Support-**PK provided coaching support in all 14 regions throughout the state during the July 1, 2020-June 30, 2021. Onsite and remote coaching activities included: individual coaching, group coaching, leadership and management trainings, participation in regional meetings, observation, and feedback in case staffing, responding to priorities identified by state and regional leadership, observation of court presentations, observation and feedback in unit meetings, data analysis, and other material development as requested

to support improvement efforts. In July 2020, PK had an internal PK Coaches meeting where the revised definitions of risk and safety were provided to our Coaches and thoroughly discussed. Subsequent to the receipt of the revised definitions, PK incorporated into the judicial PMLC the revised definitions of risk and safety into Module 3 “Assuring Safety and Managing Risk” so that the information being presented and shared with court staff is consistent with the revised definitions. One specific example is that the revised definitions are a part of the facilitated discussion with court staff reflecting on how MDCPS staff are being taught to assess risk and safety – context for facilitated discussion is “this is what assuring safety and managing risk looks like in the field”. These facilitated discussions often led to a discussion about the status of local performance regarding assessing risk and safety and what can be done to make improvements. In addition, the revised definitions of safety and risk are woven throughout all seven of the judicial PMLC modules.

- Eligibility Determinations Training and Support: PK staff began work in December 2020 preparing for a Title IV-E and Child Welfare Funding 101 training for MDCPS leadership, which was delivered in January 2021, focusing on Title IV-E and IV-B, Eligibility, Budgets and County Funds. These trainings were designed to begin the provision of oversight, consultation support and coaching to current MDCPS Fiscal Directors and new MDCPS CFO. Work was also conducted on assessing the current fiscal operations of MDCPS, including staffing and organizational structure as well as current fiscal processes. Field level trainings on similar topics were developed and delivered to MDCPS field staff in March 2021.
- Enhancing Pre-Service Training Curricula: PK continued its work during this period enhancing the pre-service training curricula to include concepts and key behaviors of Mississippi’s practice model. PK is currently in the planning stage to support the agency’s train the trainer efforts to accommodate internal training capacity for the enhanced pre-service curricula.
- Practice Model Learning Cycle (PMLC): During this period, PK staff in coordination with MDCPS regional leadership, were involved in delivering a streamlined version of the PMLC to county court staff in Tippah/Benton (1-N), Marshall (1-N), Lee (1-S), Sunflower/Humphries (2-W), Yazoo (3-N), Copiah (5-E) and Warren (5-W) counties. In addition, PMLC for Hinds County Youth Court began in February 2021, as well as the full PMLC program for Hinds County MDCPS staff in 2021. To support PMLC efforts, PK staff also provided key relevant data to support PMLC youth court efforts in Tippah/Benton, Marshall, Warren, and Hinds County for participants to use and monitor performance related to practice model components.
- Quality Case Staffing Learning Program Development: PK implemented and delivered a learning program to support quality case staffing’s between July and December 2020. The learning program is comprised of three modules: Preparing for a Quality Staffing, conducting a Quality Staffing, and Documenting and Monitoring after a Quality Case Staffing. For each module for MDCPS Supervisors PK staff facilitated virtual small group classroom sessions and a follow up distance learning, after the Supervisors completed the

virtual micro learnings, PK developed during the previous period. PK staff co-facilitated virtual follow up distance learnings for leaders. In addition, PK staff compiled lessons learned from the virtual follow up distance learnings into a condensed virtual e-learning to be housed on MDCPS's learning management system to be available for staff moving forward.

- State Office Support: PK staff facilitated and participated in regular offsite leadership meetings and calls with MDCPS Leadership, centered on training and coaching needs as well as how PK could support MDCPS meet their goals. State Office support during this timeframe also included management support and assisting MDCPS with their planning associated with upcoming work and supporting their planning and implementation of their CFSR Program Improvement Plan (PIP), as well as assisting to respond to questions from the Children's Bureau on their PIP. PK staff also participated in regular monthly virtual status update meetings with MDCPS leadership from July 2020-June 2021, to coordinate PK's work with the department for our contract year and to identify needs and monitor progress on project activities. PK also facilitated meetings between Chapin Hall and MDCPS leadership to identify their data needs to monitor progress made on outcomes for children and families.
- Understanding Root Causes of Repeat Investigations Project: MDCPS leaders approached PK and Chapin Hall with a desire to better understand why a proportion of children and families were receiving repeat investigations into allegations of maltreatment to assist MDCPS with developing solutions. PK and Chapin Hall utilized a CQI approach with MDCPS leaders to try and better understand why these repeat investigations were occurring. Data analysis provided by Chapin Hall helped identify trends in regions that were better performing or under performing in this area. This data was used to pilot and conduct case reviews, led by PK and done in concert with MDCPS staff in the identified regions, followed by focus groups with staff facilitated by both PK and Chapin Hall.

The global pandemic, COVID-19, impacted the operations of the MDCPS. The impact caused changes in the way caseworkers conducted visits. The agency issued new guidelines for contact with clients. **(Please see the Guidelines for Contact with Clients During the Outbreak of COVID-19)**

## K. Additional Services Information

### 1. Adoption and Legal Guardianship Incentive Payments (section 473A of the Act)

During the APSR period under review, Adoption and Legal Guardianship Incentive Payment Funds were used for the following projects:

- Adoption File Digitizing Project
- Adoption Finalization Fees (billed by attorneys - \$600 per child/per finalization)
- Post Adoption Services (i.e., respite, crises intervention, mental health services, etc.)
- Life Books
- PATH Training Manuals (used for foster/adoptive parent pre-service training)



## 2022 Annual Progress and Service Report

- Online Training for Licensed Foster/Adoptive Parents through Northwest Media (fosterparentcollege.com)
- MS Heart Gallery (i.e., professionally printed photos and bios on children and youth free for adoption and in need of adoptive placements)
- Transunion TLOx (used to identify and local family members of children and youth who enter care)
- Statewide Adoption Celebration (to celebrate children who achieved permanency through adoption)
- Conference and Trainings for Permanency Staff (i.e., NACAC, ICCAMA, One Loud Voice, Trauma Informed, etc.)
- MDCPS intends to continue utilizing funds towards the aforementioned and the following:
- MDCPS Employee Licensure Through Private Providers (allows MDCPS employees to become licensed through a private provider to foster/adopt relatives in care)
- Non-Therapeutic Adoptive Placements through Private Providers (allows private providers to license adoptive placements for Harder to Place Children/Youth who are legally free for adoption)
- Expanding the State Office Adoption Assistance Unit (to accommodate the growing caseload) The Department intends to use Adoption Savings Funds for this expansion. There has been a slight delay due to COVID-19 and limitations on the agencies hiring process.
- Adoption Competency/Related Trainings for Permanency Staff

### 2022 Update

A budget was developed to assist in tracking how the ALGIP have been used for the past year. Please see the below.

ADOPTION INCENTIVE 2018	
EXPENSES	COST
Adoption Finalizations	\$408,000.00
Adoption Celebration 2021	\$14,000.00
Office Supplies	\$14,000.00
Non-Therapeutic Adoptive Placements	\$150,000.00
GAL and Court Fees	\$253,770.00
AAICAMA Membership Fee	\$7,500.00
AAICAMA Conference Registration Fees	\$730.00
<b>TOTAL</b>	<b>\$848,000.00</b>
<b>ALGIP 2018</b>	\$848,000.00
<b>BALANCE</b>	<b>\$0.00</b>

### **Adoption Savings**

The Mississippi Department of Child Protection Services (MDCPS) uses the Children's Bureau (CB) Method with random sampling to calculate its annual adoption savings. The CB Method with Actual Amounts was previously used by MDCPS, and it proved to be challenging due to the internal, manual processing involved.

A meeting was held on May 4, 2021, to discuss the use of Adoption Savings and the services that will be provided to children and families. As of the submission of the Annual Adoption Savings Calculation and Accounting report for FFY 2020, MDCPS reported a cumulative unexpended adoption savings balance of \$16,386,533. A total of \$7,676,608.98 was applied to existing SFY 2019 and SFY 2020 expenditures, and the Department anticipates expending the remaining balance (\$8,709,924.02) by the submission of the FFY 2021 report. The SFY 2019 and SFY 2020 expenditures mentioned above include salaries and travel for employees whose primary area of focus is adoption, publishing expenditures for termination of parental rights cases, and administrative costs for maintaining and storing finalized adoption records. The Department is continuing to explore avenues to apply 30% of savings to post-adoption services, post-guardianship services, or services to support positive permanent outcomes for children at risk of entering foster care. Adoption savings applied to date was applied to salaries and travel for current adoption staff whose positions are state-funded (IV-B).

Discussions regarding the use of adoption savings to expand prevention services for youth at risk on entering foster care and post adoption services to keep adoptive placements intact are ongoing. Additionally, the Department is exploring the implementation of financial support through post guardianship services for families who pursue durable legal custody (making the child ineligible for continued benefits) in Mississippi.

### **2. Family First Prevention Services Act Transition Grants**

MDCPS has not yet utilized its FFPSA transition grant funds. In October 2020, MDCPS solicited subgrant proposals from therapeutic group home providers to distribute transition grant funds to cover the costs of transitioning providers to compliance with the Act's QRTP standards. Ultimately, MDCPS decided to forego making an award under that solicitation. Instead, MDCPS presently intends to use the transition act funds to pay supplemental rate to providers that successfully transition into compliance with the QRTP standards under the Act.

## **VII. John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) (section 477 of the Act)**

The Chafee Foster Care Program for Successful Transition to Adulthood, including the Education and Training Voucher (ETV) Program, provides flexible funding to promote and support youth who have experienced foster care at age 14 or older in their transition to adulthood.

### **A. Services**

MDCPS and its Chafee partners work to increase the well-being of young people 14-21 years old as evidenced by stable housing, educational success, financial stability, safety, and permanency and supportive connections. The Independent Living Program (ILP) helps adolescents acquire basic life skills in their progress from dependency toward self-sufficiency. All youth ages 14-21

## 2022 Annual Progress and Service Report

have the opportunity participate in independent living activities regardless to the youth's permanent plan. Youth in care ages 14 to 21 are eligible to receive Independent Living Services, based on the youth's individual Transitional Living Plan (TLP). The Mississippi Band of Choctaw Indian (MBCI) youth are eligible for independent living services based on the same criteria for MDCPS youth in care. Youth are eligible for independent living services based upon the following criteria:

- Youth in care, ages 14 until their 21<sup>st</sup> birthday, are eligible for all IL services except for the criteria placed on the Education and Training Voucher program;
- Youth who leave custody, ages 18 to their 21<sup>st</sup> birthday have access to a Transition Navigator and are eligible for community-based referral services until their 21<sup>st</sup> birthday; and,
- Youth who enroll in post-secondary education and vocation program are eligible to receive Education and Training Voucher (ETV) services until their 26<sup>th</sup> birthday or for 60 consecutive months.

### GUIDING PRICIPLES

- Achieve positive results for youth through purposeful, high-quality services.
- Promote youth voice by engaging youth people in the development, implementation and refinement of our work and practicing a youth-driven approach to service delivery.
- Cultivate collaboration relationships within and among our partner organizations and with other community organizations to maximize our ability to collectively support youth.
- Use data to measure progress and improve services; and
- Foster a culture of accountability throughout the organization for providing high-quality services that produce results for youth people.

The program's administration consists of the following staff: a Bureau Director, two (2) Division Director II (Director of Field Transition Support Services and Director of Education Support Services), 12 Transition Navigators with one vacant position in VII-E, and two (2) Education Liaisons with one vacant position in region I-N. The unit has completed the interview process and is recommending two (2) candidates for hire, filling all vacant positions. Please see descriptions below:

- **YTSS Bureau Director**-The YTSS Bureau Director is responsible for overseeing the operation of Youth Transitions Support Services. The Directors of Field Transition Support Services and Director of Education are directly under the Bureau Director's leadership. Other responsibilities include but are not limited to overseeing the Chafee budget, service contact management, policy development and implementation, data analysis for program/service improvement, Modified Settlement Agreement (MSA) reporting, federal reporting, community/provider engagement, and other duties as assigned.
- **YTSS Director of Field Transition Support Services**-The Directors of Field Transition Support Services are responsible for overseeing daily operations of the Independent Living Program. The director supervises twelve Transition Navigators. In the role, the YTSS Field Director provides training and coaching to Transition Navigators, collect program/service data for review, develop training curricula to improve program practices, work closely with field supervisory staff to

assist Transition Navigators training/coaching case workers in the area of Independent Living.

- **Transition Navigators**-Transition Navigators are responsible for ensuring case workers integrating IL specific services into practice with youth, provide technical assistance around developing youth engagement strategies, offer technical assistance to case managers around implementing appropriate services, complete the Youth Appraisal with youth in care aged 14 and older, assist workers to provide direct I.L. services to youth ages 14-21, complete monthly reporting requirements, attend case manager staff meetings, attend family team meetings, make I.L. stipend request, build community resources and make referrals to community resources based on a youth's identified needs.
- **Education Director** - The Director of Education Support Services is responsible for ensuring compulsory school aged children/youth in MDCPS custody educational stability and continuity is not disrupted while in care. The director supervises two (2) Education Liaisons, serves as the MDCPS/YTSS Education Point of Contact (POC) to the Mississippi Department of Education and state's school districts, monitor Education Record Reviews (ERR), monitor Custody Placement Reviews (CPR), and ensures children/youth in care with disabilities receive the appropriate educational services and educational placement to receive services.
- **Education Liaison** -Education Liaisons are responsible for assisting case managers with ensuring school enrollment, attendance and implementation of education related services for all compulsory school aged youth in care through conducting Education Record Reviews (ERR), conducting Custody Placement Reviews (CPR), providing Best Interest Determination (BID) consultations to case managers, providing Individualized Education Program (IEP) training to field staff, ensuring enrollment in special education services and programs for youth with an IEP, act as an education advocate for youth in care and meet education monthly reporting requirements

### YTSS EDUCATION

The Education Support Services team is responsible for supporting the educational stability for all compulsory school aged children/ youth in MDCPS custody by providing the child/youth, parents, foster parents and MDCPS field staff with the advocacy, training, and knowledge necessary to ensure the child/youth is provided and receiving the same educational opportunities as their non-foster care peers. The Education Liaison will be the agency's subject area expert regarding education and the implementation of services to support the federal and state statutes for children/youth in foster care. The Education Liaison will serve as the agency liaison for the youth, school districts and MDCPS staff to ensure the following:

- Children/youth are enrolled in and attending school within seven (7) days of entry into care or subsequent placement change.
- Children/youth are enrolled in the correct grade.
- Children/youth are receiving the appropriate services based on their FSP, Education Plan and IEP (if applicable).
- Children/youth are referred for

## 2022 Annual Progress and Service Report

- A FAPE is provided to children/youth with disabilities.
  - The referral of children/youth with disabilities to the LEA where the child is residing to evaluate the child or confirm current eligibility for IDEA.
  - Participate in the development, review, and revision of the Individualized Education Program (IEP) of children with disabilities placed in Foster Care.
  - Adherence to the decision of the IEP Committee. In the event of a dispute, the MDCPS shall follow proper dispute procedures outlined in the IDEA, the IDEA's implementing regulations, and State Board rules and regulations.
  - The expedient transfer of education records, court orders, BIDs, Notification of Placement Change, and other relevant documents.
  - MDCPS field staff and foster parents receive regular training on policies, procedures, and practices guiding the educational stability for children/youth in foster care.
  - Children/youth and parents are aware of their educational rights.
  - Review the education records of compulsory school age youth in their assigned area to ensure the child/youth are enrolled in and receiving the appropriate services.
  - The school districts in their assigned area know the Education Liaison is their point of contact for the children/youth enrolled in their schools.
  - Services are coordinated with MDCPS, schools, foster parents, parents, and community partners to support the child/youth's education plan.
  - Assist with planning, facilitating, and supervising the two annual retreats one youth conference.
  - The development of a community partner network within their assigned service area.
  - All compulsory school aged children/youth in MDCPS have an advocate or representative for any education related decisions made on their behalf.
- MDCPS supported the virtual school platform for youth in care provided through school districts during the COVID-19 Pandemic based on the guidelines set forth by the Mississippi Department of Education. The agency ensured all youth had access to the necessary technology to continue their education if they participated in the virtual platform. The agency has not seen any significant educational changes due to youth participating in virtual learning.
  - MDCPS will continue to make all reasonable efforts to ensure continuity of a child's educational experience by keeping the child in a familiar or current school and neighborhood when this is in the child's best interests and feasible, and by eliminating the number of schools change the child experiences. Therefore, any child that comes into MDCPS custody or placement changes while in custody, a Best Interest Determination (BID) must take place with the local education agency (LEA)/ district of origin or facility if there is a school change. A BID is not needed if there is no school change. The custodial agency must notify the LEA within one day that the child has come into care, or their placement has changed. All factors should be considered as part of evaluating the

## **2022 Annual Progress and Service Report**

appropriateness of the current educational setting, to make a holistic and well-informed determination. In July 2018, a BID form and guide was presented to all MDCPS staff.





## Independent Living Program Objectives and Initiatives

### **YTSS preserving connection goals consisted of the following by the end of the fiscal year:**

1. Provide all current and newly hired MDCPS field staff with hands on technical assistance by way of providing more county level training and support services which is designed to strengthen independent living placement services provided to eligible youth.

#### **Update:**

YTSS Transition Navigators are housed in a county office within their service area region to provide one on one assistance and training to workers. Transition Navigators attend regional and county staff meetings/trainings to build to strengthen the communication and sharing of information which results in better services for the youth.

2. MDCPS/YTSS community partnership efforts were streamlined to include First Place for Youth and the Anne E. Casey Jim Casey Initiative. This partnership is focused on increasing the continuity of Independent Living Services provided in-house by MDCPS/YTSS. Additional partners in the areas of education and employment will be added to this partnership as our service array expands.

#### **Update:**

MDCPS/YTSS continues to work with First Place for Youth and the Anne E. Casey Jim Casey Initiative. MDCPS is working with First Place for Youth and Annie E. Casey to build a state administered community based Supervised Independent Living Program in Mississippi. This program will provide housing for youth at age 18 while they continue their education, enter the workforce, and receive daily living skills to support stable independence when they exit care.

3. YTSS has developed and released Independent Living training modules to MDCPS staff through Cornerstone. Workers have been assigned the following training modules: Adolescent Brain Development; Healing Comes First; Permanence; Stable Housing; Successful Connections; Young Parents; Family Team Meetings; MDCPS Foster Youth Needs; Population Needs; Transition Planning; Youth Assessment; and Youth Engagement.

#### **Update:**

YTSS is collaborating with the Mississippi Department of Education, Jim Casey Initiative, First Place for Youth, Legal Center for Foster Care and Education and The Annie E. Casey Foundation to develop a training for MDCPS staff, foster parents and community stakeholders to increase foster care awareness, service availability and to demonstrate how to incorporate education, safety, permanency, child/youth involvement and child/adolescent development to improve outcomes for children/youth who experience foster care and interrupt generational cycles.

4. Recruit a minimum of 10 youth per sub-grantee period for ILP apartment placement. Currently, two (2) youth meet the minimum criteria for apartment placement. To help meet this objective, ILP staff would promote Independent Living Apartment Placement program to youth through the Teen Advisory Board (TAB) and field staff.

### **Update:**

MDCPS/YTSS did not meet the goal of recruiting 10 youth per sub-grantee due to the lack of housing options in the state, but an MOU with the Tennessee Regional Valley Housing Authority and HUD has been adopted to implement the HUD FYI vouchers for youth exiting foster care as well as the development of the statewide Supervised Independent Living program with First Place for Youth and Annie E. Casey.

5. Develop and implement a process to conduct annual credit checks on youth in care starting at age 14.

### **Update:**

YTSS is not currently conducting credit checks for youth in care due to the lapse of an agreement with the credit bureaus and previous YTSS leadership. The program paused around early 2017 with the occurrence of staff transitions. The agency is actively working to restore the program for youth in care who are ages 16 and older. YTSS is currently working with agency leadership, the MACWIS team and the MIS team to build a platform that allows for the exchange of information between the agency and the credit bureaus. Currently, we're in the process of identifying the system, system access, and permissions needed to run the checks. The goal is to restore the program by September 1, 2022, but the agency will work to have it accomplished well before that date if technical/security issues are not too complex.

## **Policy Initiatives**

The Youth Appraisal is used to identify needs of all youth ages 14-21 in care. The Youth Appraisal was co-developed by MDCPS/YTSS, First Place for Youth and Jim Casey and adopted by MDCPS as the new Independent Living assessment tool. As of July 1, 2021, 1,315 youth have completed the YTSS Youth Appraisal and based on the data captured through the Youth Appraisal, YTSS has implemented the following:

- The MOU with the Tennessee Regional Valley Housing Authority and HUD has been signed and adopted to implement the HUD FYI vouchers for youth exiting foster care. YTSS has referred the first youth for this housing program and are currently awaiting HUD's funding of the voucher.
- The development of the statewide Supervised Independent Living program with First Place for Youth and Annie E. Casey.
- Contract with Foster Success for direct payments of ETV funds to youth via debit cards.
- Contract with Instructional Access to provide online daily living skills training.
- Contract with Mississippi Families for Kids to provide workforce development through a partnership with Wendy's.
- A partnership with The Mississippi Department of Education and The Legal Center for Foster Care and Education to support youth in foster care by providing workforce development training, daily living skills and post-secondary/vocational preparation in the schools across the state.
- A partnership with Youth Village's to provide Life Set services to youth in care.

**Update:** YTSS is building an agency administered financial literacy matched savings program for youth ages 16 and older in care to support the youth's ability to maintain stable housing, continue educational goals, enter the workforce, and maintain personal transportation.

<b>Youth Appraisal</b> 1315 youth with a completed Youth Appraisal age 14-21
<b>Permanency</b> <ul style="list-style-type: none"> <li>524 youth with four (4) or more placements within two (2) years</li> </ul> 390 youth report being in a residential treatment facility within the last 90 days
<b>Pregnancy Prevention</b> <ul style="list-style-type: none"> <li>50 youth who have a child (14 – 21)</li> </ul> 29 youth are currently expecting a child 29
<b>Education</b> <ul style="list-style-type: none"> <li>460 youth report having an IEP</li> <li>200 youth have been suspended or expelled from school within the last year</li> <li>135 youth aged 18 or older report on having some middle school or high school education</li> <li>69 youth have not passed state level tests</li> </ul> 230 youth ages 14-21 report not being enrolled in an educational program
<b>Safety</b> <ul style="list-style-type: none"> <li>411 youth report not feeling safe in their current placement</li> <li>32 youth report receiving food or housing for sexual services</li> <li>317 youth report being arrested</li> </ul>

**YTSS PLANNED ACTIVITIES ARE AS FOLLOWS:**

- **Aftercare Services:** Aftercare services shall be offered to youth ages eighteen (18) to twenty-one (21). YTSS aftercare will function as an assessment/community-based program to youth out of care ages 18-21. Transition Navigators will administer the Youth Appraisal to youth seeking aftercare assistance to identify needs and make soft referral recommendations.
- **Additional Transitional Living Services:** Provide additional transitional services to youth ages seventeen (17) to twenty-one (21) years old as they leave MDCPS. Services rendered will assist youth in making a successful transition to adulthood. A successful transition includes the following: Maintaining stable and suitable housing; remaining free from legal involvement; Participation in an educational/vocational program; developing life skills; build social and financial capital; build community connections; and connect youth to needed community-based resources necessary to pave the path to self-sufficiency. All eligible youth are encouraged to participate in community-based life skill learning opportunities offer through Families First and other community-based organizations. Youth ages 17-21 will be strongly encouraged to strengthen life skills through participation in life skill classes offer by Families First and one on one coaching from their Transition Navigator.
- **Youth Advisory Committee:** Continue to engage youth in I.L. program and policy changes/updates through monthly regional meetings and quarterly state level meetings. Mississippi's Youth Advisory Committee (YAC) is a youth leadership and advocacy training program coordinated through the YTSS Office. 11 Regional YACs for Mississippi are held with

## 2022 Annual Progress and Service Report

the overall goal of de-traumatizing their experience in custody based on things they see need change, provide them with leadership skills, advocacy skills, and professional decorum. Regional TAB boards meet quarterly at a minimum, with each regional TAB board sending a representative for State TAB board, which will also meet quarterly. The Mississippi Teen Advisory Board will focus on incorporating the voice of youth who are in the custody of MDCPS, into the policy surrounding the age group. Board advisors (staff) and members will collaborate on bringing awareness to the specific issues they face, adequately addressing the correct chains of command, and strategically having their voices heard.

- **The Commissioner's Council for Change:** The Commissioner's Council for Change is a unique opportunity for older youth in care to share lived foster care experience with the Commissioner of MDCPS as advocates and stakeholders. The Commissioner's Council will also serve a mentoring program for the youth to experience support and guidance from the Commissioner to develop mentoring skills that will foster a mentoring community among the youth. This program is designed to build a bridge between youth in care and the adults who develop policy and implement practice to improve the service delivery, supports and outcomes for youth in care through a partnership-based approach to child welfare.
- **Peer Support Network:** Peer Support Specialist will serve in a mentorship capacity as an advocate to transition age youth in MDCPS custody by providing the following direct services:
  - Will be former foster youth with lived experience;
  - Liaise between agency decision makers and the youth to ensure youth representation in policy and procedures;
  - Act as a point of contact for transition age youth to offer advice and experience.
  - Attend the YAC meetings in their service area;
  - Assist with education and transition support; and,
  - Assist with the planning and facilitation of the two annual retreats and one annual youth conference.

### Division X Supplemental Chafee Funds

YTSS implemented the distribution of the Division X funds in May 2021 by issuing direct stimulus payments to all youth in care as well as providing a technology stipend to all youth in care to purchase computers, tablets, phones, hot spots, software, hardware, etc. The agency is also issuing need-based payments to former foster youth via an online application process in addition to issuing direct stimulus payments to youth who exited foster care at or after the age of 14 and are not yet 27. We have not encountered any barriers other than the timeliness of payments reaching the youth.

- The Division X Pandemic Relief Funds are being distributed via check at the county level to youth in care and youth who are out of care that complete the application process.
- Youth in care age 14 and 15 received a \$1,000.00 technology stipend and a one-time direct payment of \$600.00. This includes the URM youth in MDCPS custody.

## 2022 Annual Progress and Service Report

- Youth in care age 16 and up received a \$1,000.00 technology stipend and a one-time direct payment of \$1,200.00. This includes the URM youth in MDCPS custody.
- Youth who exited care at or after the age of 14 and are not yet 27 received a direct stimulus payment of \$1,200 and additional funds for housing (rent, deposits, down payments, mortgage payments, etc.) transportation (down payments, care payments, insurance, maintenance, repairs, etc.), education, childcare, healthcare, utilities, groceries, and personal needs through the online application process.
- Applications are verified for eligibility by YTSS staff through a case search in MACWIS.
- Once eligibility is verified requests are sent to the field staff to enter in MACWIS for payment
- The process to distribute funds is as follows:
  - A MACWIS Service request is entered by a county worker
  - The service request is approved by the worker's supervisor
  - The service request is approved by YTSS
  - The bookkeeper issues a purchase order in MACWIS
  - Funds are deposited in the county bank account for the purchase order
  - A check is written to the youth or provider by the county bookkeeper
  - The check is mailed to the youth, or the youth is contacted to pick up the check from the county office based on what the youth indicated on their application
- 367 youth in care age 14 & 15 have received pandemic stimulus funds
- 479 youth in care age 16-20 have received pandemic stimulus funds
- YTSS has processed 1,922 applications for Pandemic Funds
- 1,112 former foster youth have received Pandemic Fund payments
- The number of staff dedicated to this project and the method for payment have been barriers to the timeliness of fund distribution.

### Independent Living Support Services/Stipends

Please see the service stipend descriptions below for independent living services:

1. **Life Skills Training Stipend:** A \$25.00 stipend can be earned for the completion of six (6) Skills Hours. These skills groups are available through the Transition Care Coaches (TCC). The Specialist will document earned skills hours and will notify the COR Worker that the youth has accumulated the required hours. The Worker will submit the request to the Independent Living Coordinator through MACWIS under State Funds. Youth will receive hour for hour credit for skills group participation. This stipend will be issued directly to the youth. Teen parents shall receive six (6) hours for completion of parenting classes.
2. **Teen Advisory Board (TAB) Participation Stipend:** A \$25.00 stipend can be earned for participation in scheduled YAC activities. The Navigator will document satisfactory participation in the training and will notify the COR Worker. The Worker will submit the request through MACWIS under State Funds. This stipend will be issued directly to the youth



3. **Youth Conference Stipend:** A youth will receive a \$40.00 cash stipend for successful completion of participation in the annual conference. This stipend will be requested in MACWIS by the COR Worker.)
4. **Senior Year Stipend:** A \$600.00 stipend is available to help defray senior/final year expenses for youth receiving a diploma, GED, or a Certificate of Attendance at the close of the school/program year in which the stipend is requested. The youth shall also be a participant in Independent Living Program activities. This stipend should be requested during the youth's senior year, in MACWIS, by the COR Worker under State Funds. This stipend must be issued to the vendor(s). A re-imbusement payment may be issued to an individual/party, including the youth, in the event a purchase was made, and proof of payment was rendered. An itemized receipt must be presented to the COR bookkeeper before a check can be issued. A statement from the youth's school verifying enrollment, as a senior/final year with anticipated graduation/completion being that same academic/program year, must be filed in the paper case record in the county. Typical senior/final year expenses include, but not limited to, pictures, invitations, cap and gown, prom attire, senior trip expenses. All purchases must be receipted, and all receipts kept in the COR office.
5. **High School Graduation/GED Stipend:** A \$200.00 Graduation Stipend is available to all youth in custody who receive a high school diploma or successfully completing a GED program. A copy of the diploma or GED Certificate must be filed in the paper case record in the COR office. This stipend can be accessed from the appropriate MACWIS screen. This one-time should be issued to the youth as a graduation gift to spend as the youth wishes. A signed receipt from the youth must be sent to the bookkeeper in the COR.
6. **College Stipend:** A \$600.00 (1<sup>st</sup> year of college) College Bound Stipend is available to youth in care who plan to attend a post-secondary education program. A \$250.00 College bound stipend can be requested each year thereafter until their senior year to assist youth with initial college registration needs. This stipend is requested through the appropriate MACWIS screens after the COR Worker receives verification that the youth has been accepted in a post-educational program. This stipend must be issued to the vendor(s). A reimbursement payment may be issued to an individual/party, including the youth, in the event a purchase was made, and proof of payment was rendered. An itemized receipt must be presented to the COR bookkeeper before a check can be issued. All purchases must be receipted, and all receipts kept in the COR office. Allowable purchases are items needed to furnish a residence (on or off campus) such as, but not limited to bedspreads, curtains, rugs, refrigerator, microwave, trunk, bookcase, small appliances, computer, furniture items, and books/resource materials.
7. **Start-Up Stipend:** A \$1500.00 Start-Up Stipend is available to youth who leave care after turning age eighteen (18) and who have participated in the available Independent Living Program activities. This stipend may be requested during the six months prior to release from custody and up to the six months following release from custody. Youth who have been approved for the Independent Living Placement, shall have the option to utilize this one-time stipend upon approval. This stipend must be issued directly to the vendor(s). A reimbursement payment may be issued to an individual/party including the youth in the event a purchase was made and proof of payment was rendered. An itemized receipt must be given to the COR bookkeeper before a check can be issued. All purchases must be receipted, and all receipts kept in the COR office. Acceptable purchases may include any items associated with the establishment of a home such as, but not limited to dishes, cooking utensils,

## 2022 Annual Progress and Service Report

appliances, linens, furniture, cleaning supplies, curtains, and rugs. The COR Worker should request this one-time stipend through the appropriate MACWIS screens. A youth released from custody at age 17 or older and already has a job may use a portion of this stipend to assist in the purchase or repair of a vehicle, if the vehicle is needed in the youth's job and if the youth already have the minimal essential items needed to live independently. This youth must show proof of having a driver's license and State required liability insurance

8. **Personal Enhancement Stipend:** The Personal Enhancement Stipend is available to youth who need additional financial assistance with secondary educational needs, extracurricular activities, and college prep activities. Education needs are defined as but are not limited to tutoring; GED prep; ACT prep; and/or additional academic opportunities beyond school curricula. Extra-curricular activities include but are not limited to fees for sports; fees for school clubs; participation in other extracurricular activities. College prep activities include but are not limited to housing fees; college/post-secondary education application fees; or college/postsecondary education registration fees. This stipend was developed to fill the financial gaps for youth needing additional funds to participate in school activities and to continue their education beyond high school or GED. The amount of this stipend is based on the need. A maximum of \$500.00 will be allowed per request. Youth are allowed two (2) requests per FFY.
9. **Peer Mentoring Stipend:** A \$25.00 Peer Mentoring Stipend is available to young people participating as a program peer mentor to younger youth in care. A peer mentor must see their mentee in-person at least twice a month to earn the stipend. Mentors are identified through the Teen Advisory Board. Mentor/mentee interaction happens as a part of Teen Advisory Board activities. This stipend was developed to encourage youth participating in Teen Advisory Board to become mentors.

Support Service/Stipend June 1, 2020 – June 30, 2021	FY20 # Youth	FFY 20: Amount Disbursed
I.L. Aftercare	0	0
I.L. College Bond Stipend	14	\$8,400.00
I.L. College Graduation Stipend	0	0
I.L. Contract Services	0	0
I.L. Educational Training Voucher (ETV)	141	\$705,000.00
I.L. GED/Certificate of Attendance Stipend	17	\$3,400.00
I.L. High School Graduation Stipend	25	\$5,000.00
Initial Pre-Assessment Stipend	0	0
I.L. Personal Enhancement Stipend	505	\$278,450.45
I.L. Senior Year Stipend	51	\$25,335.18

## 2022 Annual Progress and Service Report

I.L. Skill Stipend	511	\$12,775.00
I.L. Start-up Stipend	105	\$157,500.00
I.L. Youth Conference Allowance	0	0
<b>Total</b>	<b>1,369</b>	<b>\$1,195,860.63</b>

### B. NYTD Data Collection and Collaboration

Currently, there are no new strategies to strengthen NYTD data collection. The State began offering independent living services to youth ages 14 and up in-house through the newly developed Youth Transition Support Services (YTSS) on June 1, 2018. This allows the agency to improve the outcomes for youth transitioning out of care and broaden the service array available to youth based on individualized needs. NYTD outcomes will directly affect our ability to indicate any gaps in services for youth while in care, during their transition out of care, and once they are out of care by implementing updated policy and procedures identified through the completion of the NYTD survey.

The data captured through NYTD is presented to agency leadership, the Youth Advisory Council and to community partners as evidence to support to ongoing planning to implement services based on lived experience of youth. YTSS is currently developing a redesign to provide individual case management to youth at age 17 until their exit from care as a direct result of information collected through NYTD. The housing and transportation plan submitted by YTSS was built based on the experiences surrounding housing and transportation that youth who exit care have faced. The data captured through NYTD allows YTSS to identify gaps in services and preparation for youth that could potentially mitigate the adverse outcomes youth are experiencing after their release from care.

The NYTD 2019 reporting period began on October 1, 2018. The NYTD 2019 A file was submitted to ACF by May 15, 2019, and the NYTD 2019 B file was submitted to ACF by November 15, 2019. The NYTD 2020 reporting period began on October 1, 2019 and the Mississippi NYTD 2020 A Served Population and Baseline Population files were submitted to ACF on May 15, 2020. The Served Population A file contained 694 records and the Baseline Population A file contained 85 records. The files were compliant and error free. The NYTD 2020 B file will be submitted to ACF by November 15, 2020. The agency submitted the NYTD 2021 A file on May 5, 2021. There was a total number of 681 records. The file was compliant with no assessed penalties. Currently, the agency is in the process of collecting the data for the NYTD 2021 B file to be submitted by November 15, 2021.

Youth Transition Support Services provides on-going training and coaching to all MDCPS staff which focuses on YTSS policy, services and NYTD specific documentation instructions and data requirements. Each MDCPS region has an assigned Transition Navigator to provide the needed support to youth and field staff which allows us to capture and report more accurate and consistent data. Stakeholders and community partners are included in the implementation of program and service improvement standards through shared outcome data which is collected through the NYTD

surveys. The data collected through NYTD allows MDCPS to identify how the services we provide impact youth and target any identified gaps.

### C. Coordinating Services with “Other Federal and State Programs for Youth

During the 2021 APSR reporting period, the state continued to collaborate with youth by selecting them to represent their peers in foster care as members of the Teen Advisory Board (TAB). TAB meetings are youth driven and co-facilitated by Transition Navigators. The Mississippi Youth Alumni Board also assist MDCPS/YTSS with program structure and policy development. The Teen Advisory Board and Youth Alumni Board are engaged in the CFCIP, CFSR, NYTD and other related agency efforts through regular scheduled meetings. The state has shifted its focus to a smaller partnership board that consist of MDCPS/YTSS, First Place for Youth and Jim Casey. Through this collaboration, this partnership has worked together to restructure Independent Living program and services.

The Independent Living program continues to coordinate efforts by collaborating with the Mississippi Department of Rehabilitation Services, Jim Casey Youth Opportunities Initiative, Methodist Children’s Home (Transitional Living Placement for youth with special needs) and the Mississippi Integrated Basic Education and Skills (MI-best) program (GED/High School diploma attainment with progression into post-secondary school opportunities). Additionally, Independent Living has collaborated with governmental or other community entities to promote a safe transition to independence by reducing the risk that youth and young adults in the child welfare system will be victims of human trafficking.

Collaboration examples consist of ILP implementing Teen Advisory Board and Youth Alumni Boards to engage government and non-profit agencies to assist in providing needed services to transition age foster youth. Government agencies such as the Mississippi Department of Human Services, Institution of Higher learning (IHL), Community Colleges, Mental Health, Health and Medicaid are engaged to ensure processes to receive services are clear and manageable for youth transitioning out of custody. Non-profit agencies that focus on education, employment, housing, and various needed services are engaged to ensure youth have connections to community-based organizations that can assist them during transition. Participating non-profit agencies are:

- **Methodist Children’s Home:** Congregate care/ transitional living facilities.
- **Open Arms Health Clinic:** Health and counseling services; Free STI testing/treatment; and Services for LGBTQ persons.
- **First Place for Youth:** First Place for Youth, based in Oakland California, is an agency that focused on best practices for transition age youth. First Place has partnered with MDPCS to assist in creating the Youth Transition Support Services program design, youth centered training modules and practice guides for MDCPS workers and building capacity for the Jim Casey Youth Opportunities Initiative. First Place for Youth is continuing to partner with MDCPS/YTSS to improve data collection, policy development/implementation, and program design.
- **Jim Casey Youth Opportunities Initiative:** Jim Casey, based in Baltimore, Maryland, is a youth initiative driven agency that focused on youth development based on brain science research and youth empowerment. The agency has partnered with MDCPS and First Place for Youth to implement Race Equity and Inclusion work, the Opportunity Passport Match Savings program and assist MDCPS with building capacity around education and employment

resources. Jim Casey is invested in Mississippi's foster care system. The foundation is continuing to provide financial support implement the Opportunity Passport Program.

- **Mississippi Integrated Basic Education and Skills Training (Mibest):** Mibest, a Mississippi based program, quickly teaches students literacy, work, and college-readiness skills so they can move through school and into living wage jobs. Mibest has dedicated staff and funding to youth who have experienced foster care in Mississippi. This partnership allows MDCPS to connect current and former foster youth to a non-traditional education setting that leads to a living wage job. Mibest continues to look for opportunities to serve older youth in care seeking post-secondary education achievement. MDCPS/YTSS make referrals to Mibest sites based on youth's education goals.
- **Collaboration with Unaccompanied Refugee Minor Programs (URM) for Chafee Services and Education and Training Vouchers:** MDCPS/YTSS works with MDCPS Hinds Co. staff and Catholic Charities to ensure URM youth are aware and offered YTSS and ETV Program opportunities and services. MDCPS works closely with unaccompanied refugee minors in the Education and Training Vouchers Program. MDCPS staff works closely with Catholic Charities' Unaccompanied Refugee Program to ensure that youth are aware of the program and application process. There are currently two URM's in custody and five emancipated URM that are receiving ETV funds. MDCPS/YTSS works with MDCPS Hinds Co. staff and Catholic Charities to ensure URM youth are aware and offered YTSS and ETV Program opportunities and services.

Lastly, YTSS is actively working to fully utilize HUD Housing vouchers for youth transitioning out of care. The State is building a plan to communicate what our need is to each Regional Housing Authority in the state. That plan is not completed. The plan will be finished and partially implemented by June 2020.

### **D. Education and Training Vouchers (ETV) Program (section 477(i) of the Act)**

Youth Transition Support Services (YTSS) is responsible for enrolling, approving, and tracking current and former foster youth receiving Educational Training Voucher (ETV) funds. This number may increase or decrease from year to year based on the following factors:

- Youth attending accredited post-secondary educational programs.
- Youth's ability to maintain a 2.0 GPA necessary for eligibility.
- Youth completing the enrollment process required to receive funds.
- Youth who are eligible to receive ETV funds based on the federal guidelines.

Yearly ETV enrollment for this reporting period can be found in the ETV (Attachment D). YTSS provides support services to assist with youth achieving educational success based on each youth's identified individual needs.

### **ETV Policy Updates**

MDCPS/YTSS policy has been updated to extend eligibility to youth who experienced custody based on the following criteria:

- Youth who have left custody at the age of 16 year or older, and not yet reached 21 years of age;
- Youth who were reunified on or after reaching age 16 and have not yet attained 21 years of age;

## 2022 Annual Progress and Service Report

- Youth who were adopted on or after reaching age 16 and have not attained 21 years of age; and
- Youth who participated in the ETV Program prior to their 21st birthday.

Youth participating in the ETV Program prior to their 21<sup>st</sup> birthday are eligible to continue receiving ETV funds until their 26<sup>th</sup> birthday or for a maximum of 60 months. A month is calculated at 30 calendar days. The months of enrollment do not have to be consecutive. Failure of a class or semester will still be counted for use of ETV funds. Youth who have not participated in the ETV program prior to their 21<sup>st</sup> birthday will not be eligible for ETV funds.

### **ETV Financial Disbursements**

Youth are eligible to receive up to \$5000.00 per federal fiscal year for post-secondary education advancement. Payment of tuition takes priority over non-tuition post-secondary cost. Youth must present proof of tuition payment or loan approval before ETV funds are released. Youth who apply for ETV funds during the enrollment period specified by MDCPS/YTSS will be eligible to the maximum ETV amount. Youth who enroll after the specified enrollment period ends may receive a decreased amount of ETV funds, based on Chafee ETV availability.

Additional ETV Pandemic Funds are currently being allocated to eligible current and former foster youth and will continue to be utilized until September 30, 2022.

### **Division X Supplemental/ETV Funds**

The distribution of the Division X ETV funds will begin October 1, 2021 after youth have enrolled in the ETV Program and for youth who requested pandemic funds for education and meet the Division X requirements. Division X ETV funds will be distributed through the county offices as follows:

- A MACWIS Service request is entered by a county worker
- The service request is approved by the worker's supervisor
- The service request is approved by YTSS
- The bookkeeper issues a purchase order in MACWIS
- Funds are deposited in the county bank account for the purchase order
- A check is written to the youth or provider by the county bookkeeper
- The check is mailed to the youth, or the youth is contacted to pick up the check from the county office based on what the youth indicated on their application

### **E. Chafee Training**

Chafee training is being provided by the Navigator in their services areas directly to the frontline staff, supervisors, and Regional Directors monthly to ensure the youth receive the supports and services necessary for a successful transition out of foster care. YTSS leadership provides Chafee training during week six of Pre-Service for new hires and Supervisors on an on-going basis.

### **F. Consultation with Tribes (section 477(b)(3)(G) of the Act)**

YTSS leadership and staff will schedule meetings/trainings with Mississippi Band of Choctaw Indians (MBCI) in 2020. MDCPS consults with MBCI about the program services and activities



## 2022 Annual Progress and Service Report

to be carried out under the CFIP through written communication. Through meeting with the tribe, the tribe has communicated that there have been no youth to meet Independent Living Services eligibility criteria. Although no youth meet the criteria for Independent Living Services, MDCPS continue its efforts to coordinate program and activities with the tribe. Consistent phone calls, e-mails, and traditional forms of written communication are done to encourage tribal participation. The MDCPS Youth Transition Support Services unit invites Choctaw Child Welfare staff to IL events and program related meetings. When invited, YTSS will attend Choctaw Child welfare trainings and staff meetings to coordinate services for youth in this population. Within Mississippi, Choctaw Child Welfare operates outside of MDCPS as its own functioning agency. Although MBCI functions as a separate entity, programs and services continue to be available to youth in the custody of Choctaw Child Welfare. The tribe is constantly made aware of this through email communication. Normally, all youth who are determined to be members of the Choctaw tribe are fully serviced through their child welfare system without assistance from MDCPS. Additionally, MDCPS has a Memorandum of Understanding (MOU) with Choctaw Child Welfare Services that outlines how the state shall proceed in administering and supervising services provided by MDCPS. This MOU guides the procedures in place for both MDCPS and Choctaw Child Welfare to provide needed services to families and youth. There have been no concerns for accessing Chafee services.

### **2022 Update**

A partnership between the MBCI has been developed and Choctaw youth will be eligible to receive Division X Pandemic Relief Funds through the John H. Chafee Program administered by the MDCPS Youth Transition Support Services (YTSS) as well as ongoing services and funds provided by MDCPS YTSS began in June of 2021. As mentioned, stimulus payments along with technology stipends will be issued to all eligible youth. Through this partnership, YTSS will make all services, programs, initiatives, and stipends available to eligible Choctaw youth as outlined in the MDCPS policy. The processes for documentation and fund requests are being developed by MDCPS leadership to ensure compliance with all federal requirements. The MBCI will be included in the annual MDCPS joint planning session and the Youth Advisory Council (YAC) in an effort to provide the needed services and programs specific to tribal youth through a youth driven model. Eligible tribal youth will receive individualized services from the Transition Navigator assigned to their region.

The Transition Navigators assigned to region IV-N and IV-S make monthly contact with the Mississippi Band of Choctaw Indians (MBCI) to offer supports and services to youth in care age 14 and older that are provided through MDCPS. The services available to the MBCI are as follows:

- Youth Appraisal completion to identify needs
- Community based resources
- Stipends
- Youth Advisory Council participation
- Educational stability support
- ETV enrollment

The MBCI are provided the opportunity to request services, resources, and supports through direct communication with the Transition Navigators assigned to their area. The MBCI was also provided the information regarding the Chafee Division X funds application process and the availability of funds for current and former foster youth.

### **VIII. Consultation and Coordination Between States and Tribes**

As mentioned earlier, the MDCPS collaborated with Mississippi Band of Choctaw Indians to finalize the MOU in October 2020 for the ongoing coordination of engagement between the two entities (see Attachment F). A copy of the state's 2021 APSR final report will be available on MDCPS's website. The MDCPS website is: <https://www.mdcps.ms.gov/reports/>. Additionally, an electronic copy of the State's 2021 APSR will be emailed to MBCI's designated contact.

#### **Tribal On-going Collaboration**

MDCPS collaborated with Mississippi Band of Choctaw Indians to finalize the MOU in October 2020 for the ongoing coordination of engagement between the two entities (see Attachment F). MDCPS consults with tribe representatives, Mae Bell, Coress Brandon, Melinda Ben, and Alyssa Ben. A copy of the state's 2022 APSR final report will be available on MDCPS's website. The MDCPS website is: <https://www.mdcps.ms.gov/reports/>. Additionally, an electronic copy of the State's 2022 APSR will be emailed to MBCI's designated contact.

Also, MDCPS and the Choctaw tribe meet quarterly to discuss any issues or concerns and share information and resources. Representatives from MDCPS and the tribe are invited to attend the quarterly meetings. Representatives from MDCPS include a staff attorney; the Eastern Region Office Director; and field staff from the Eastern Region, including Regional Directors, Regional Social Work Supervisors, and Area Social Work Supervisors. Representatives from the tribe include a staff attorney from the Office of the Attorney General, individuals from the Children and Family Services Program, and individuals from the Department of Early Childhood Development.

ICWA sets out federal requirements regarding removal and placement of Native American children in foster or adoptive homes. ICWA aims to preserve tribal culture and safeguard the rights of Native American children to their heritage. There was no Annual Indian Child Welfare (ICWA) Conference due to the COVID-19 pandemic. However, the 10<sup>th</sup> ICWA Conference is tentatively scheduled for August 25, 2021.

### **IX. Supplemental CAPTA Funding (American Rescue Plan)**

The Prevention Unit plans to release RFPs in efforts to diverse intensive in-home services and to expand access to primary and secondary prevention services. These services will include but are not limited to: Respite Care, Parenting Education/Support Services, Case Management services, Fatherhood Initiatives, Mentoring, and other primary and secondary prevention services. Currently, the RFPs are in the beginning stages. These RFPs will be available for viewing in the CBCAP Report in January. The plan is to have at least three subgrantees targeting North, South, and Central Mississippi.

## **2022 Annual Progress and Service Report**

It was determined during the Round 3 Children and Family Services Review that MDCPS needed to improve in service array and delivery. During that time, MDCPS did not possess the state funds necessary to grow its service array through the commitment of allocating additional funds to expand current prevention programs.

In efforts to expand and diverse primary prevention programs, MDCPS will procure for the following services:

- Drug and alcohol services/treatment both in-patient and outpatient
- Domestic violence
- Homelessness
- Anger management
- Parenting classes (variety of developmental stages)
- Transportation for parents/in home cases
- Free Transportation systems (rural areas)
- Drug testing availability
- Appropriate mental health services including in-patient
- Services to locate jobs
- Support systems/mentor programs/peer support
- Services for infants for diapers, wipes, and safe sleep
- Utility assistance for needed families
- Clothing and food assistance
- Education support services for parents/caregivers
- Programs for pregnant teen mothers

## **X. Updates to Targeted Plans within the 2020-2024 CFSP**

### **Foster and Adoptive Parent Diligent Recruitment Plan Progress and Accomplishments**

There were no changes or updates made to the Foster and Adoptive Parent Diligent Recruitment Plan for this reporting period. MDCPS has developed a Shared Parenting Marketing Plan that will be incorporated in foster parent training and recruitment moving forward.

For the year 2020, our agency set the following quarterly goals for licensing non-relative families:

- March 31, 2020: 87 homes
- June 30, 2020: 175 homes
- September 30, 2020: 263 homes
- December 31, 2020: 351 homes

On March 31, 2020, we had already licensed 125 non-relative homes, so we are exceeding our goal at present time.

### **Barriers to achieving goals:**

MDCPS Licensure Unit will have a lapse in licensing non-relative homes between April-June 2020 due to the COVID-19 pandemic. When our agency was ordered by the Governor to "shelter in place," we sent our employees home to work remotely. We also made the decision to limit some of our activities to decrease exposure to the virus:

## 2022 Annual Progress and Service Report

- While our website was still accepting applications for new non-relative foster parents, we decided to hold the applications, so we could focus on getting any expedited homes licensed, as children were already in those homes, and they needed to be licensed within 90 days. This assured our community that we would not be exposing them to the virus and would decrease risk to our workers. A message was created on the website power form so when they applied, they were notified that contact would be delayed by the pandemic. We did begin pulling the new applications for anyone willing to foster siblings or teens as that is where our need is currently.
- We delayed fingerprinting any applicants until we received PPE equipment. We only fingerprinted those applicants that were considered a priority such as expedited families, families who already had an application screened in and needed to be licensed by 120 days, any homes that were due to be fingerprinted for re-licensure, and any new non-relative applicants who would take teens and siblings.
- We also asked staff, during this period, to suspend any recruitment activities being conducted face to face. The staff still posted the need for Foster Parents on social media sites.
- A Foster Parent Newsletter and Survey were sent out to all foster parents to let them know the current status of the agency and to see how they felt they were being supported during this crisis. We got a some very helpful information to increase communication.
- Support Groups were stopped temporarily due to the crisis and these meetings were where current foster families received on going face to face training hours. Families due for Re-licensure were allowed to complete additional on-line course work to comply with their training requirement. These were pushed out in emails, text messages, as well as Foster Parent College.
- PATH training was pushed out to relatives and select non-relative families using Zoom, Teams, and other group sites. Orientation was provided thru Face time videos. This allowed potential foster parents to interact and ask questions during their training sessions.
- We conducted in home visits with current foster parents after asking select questions to gauge if the family was having signs of the disease. We utilized social distancing while in the home and made sure any child in that home was seen. We also assisted with any maltreatment in care investigations in that same manner.

During the 2019-2020 Adoption Call to Action Summit, MDCPS identified permanency for older youth, ages 12-18, as the priority area of focus. Since the summit, MDPCS has partnered with Grant Me Hope, a Michigan based marketing initiative, to assist with child specific recruitment for older youth in care. Grant Me Hope's purpose is to seek out loving and safe adoptive homes for adoptable foster children in MDCPS custody by producing one or two-minute, high quality videos of the adoptable foster children to be aired by various TV stations and shared through multiple platforms. The Adoption Unit is also developing a Recruitment Team. This team will consist of a state office recruiter and two field recruiters. The three recruiters will work together to find permanency for older youth, ages 12-18, who are in care and in need of adoptive families

The Office of Permanency has formed an Adoption Recruitment Team within the Permanency Support Services/Adoption Unit. ART is composed of a Program Specialist at State Office and two field Adoption Specialists/Recruiters that cover the Eastern and Western Divisions of the state. The Adoption Recruitment Team's area of focus is to assist adoption field staff in finding

## 2022 Annual Progress and Service Report

adoptive placements/permanency for a target group of children (12 and older; part of sibling group; special behavioral, developmental, educational, or physical needs) who are legally free for adoption with no identified adoptive placement and are open to adoption.

The Adoption Recruitment Team is currently working on a new project called “Teen Feature Spotlight.” Our youth have a wide array of hobbies, talents, and interests that make them truly unique, and the Teen Feature Spotlight aims to allow our youth to introduce themselves (to potential adoptive families) and get in the “driver’s seat” for their own recruitment. The recruitment team uses social media (Facebook) to reach a broad audience to help educate the public about foster care/adoption and to recruit potential adoptive families. Teen Feature Spotlight will be promoted on the Heart Gallery Facebook page-one teen per month-the first week of the month. As of June 18, 2021, one teen has been featured on MDPCS’ Heart Gallery Facebook page for the month of June 2021.

MDCPS continues to partner with Grant Me Hope to assist with child specific recruitment for older youth in care. As of June 18, 2021, 48 children have been taped and videos are currently airing on several news stations across the state. The videos are also featured on the MDCPS Heart Gallery Facebook page, Grant Me Hope Website, and YouTube.

### **2022 Update**

MDCPS has developed a Shared Parenting Plan to encourage Front Line/Licensure/Adoption staff, as well as birth/foster parents, to embrace the vision of our agency to keep children with their family whenever we can safely do so. We have this message clearly documented on our website and in our brochures/posters for fostering. The judges are mentioning Shared Parenting in court hearings and our Support Group leaders/Foster Parent Liaison is talking about the concept in town halls/support group meetings. Our staff are being asked about Shared Parenting efforts during staffing’s between field staff and their supervisors.

MDCPS has also pushed out a Trauma Informed Care training to newly licensed foster parents and existing foster parents, so they understand what our children go through and are given some tools to assist them better in managing those behaviors. We hope this will decrease the number of disruptions we have with some behaviors they encounter. Our agency has been recruiting heavily for families who will take sibling groups as well as teens, as this seems to be the population, we struggle with finding placement for the most. We share data with our staff so they can use this data to explain our needs to the public when out in the community. We also keep a weekly log of any recruitment activities that our Licensure staff are doing so they can show efforts made. All these processes are engrained in our Orientation/Path/Prep curriculum, as well as all Recruitment materials that are on our website and in-person interactions with interested applicants.

For the year 2021, our agency set the following quarterly goals for licensing non-relative families:

- March 31, 2021: 94 homes
- June 30, 2021: 188 homes
- September 30, 2021: 282 homes
- December 31, 2021: 377 homes

## 2022 Annual Progress and Service Report

As of June 30, 2021, we have licensed 162 non-relative homes, so we are a little behind on our goal.

### **Barriers to achieving goals:**

MDCPS Licensure Unit has the following barriers to achieving the goals we have set:

- Our staff were required to move back into the County offices on June 1, 2021. Some offices still have restrictions on when clients can come into buildings, due to Covid. With those numbers on the rise this summer in MS, we have some County Directors who will not allow our staff in the building after hours or on weekends. This has delayed us in getting fingerprints completed in some areas. We have also seen delays when those families cannot get the needed documents that are required to be fingerprinted. They cannot get into the Social Security/Vital Statistics offices or there is a delay in processing their on-line requests.
- We have stopped having Rescue 100 weekend events across the state due to the lack of cooperation with churches during the time when COVID restrictions were in place. We plan to start holding those events in September/October 2021 in an effort to have a big push at the end of the year to license any remaining homes before December 31, 2021. Rescue 100 is also setting up booths at face-to-face events and this will increase our statewide recruitment at various functions.
- A Foster Parent Newsletter goes out each month to communicate various educational opportunities that are taking place that month. Town Halls and Support Group meetings are starting to be held across the state. This will allow the foster families to interact with each other and will allow them to obtain ongoing hours to maintain their license.
- We have been asking existing foster parents to complete a survey after every case worker visit to rate us on how we are doing. The feedback from this survey is shared with the staff involved to hopefully assist in retention and help us to learn what we are doing right and where we need to make some changes.
- Families due for Re-licensure are currently being allowed to complete all course work on-line instead of having to receive half of the training face to face. We plan to transition back to face to face training requirements in September 2021.
- Our initial PATH training was pushed out using Zoom, Teams, and other group sites during office closures. Orientation was being provided thru Face time videos. Starting in September 2021, we will go back to having all PATH training face to face. A schedule is kept on a Smartsheet, so each region is listed, and we know that they are allowing participants to attend on weekends, nights and limited day time opportunities since many foster families work during the weekday.

The Office of Permanency has formed an Adoption Recruitment Team within the Permanency Support Services/Adoption Unit. ART is composed of a Program Specialist at State Office and two field Adoption Specialists/Recruiters that cover the Eastern and Western Divisions of the state. The Adoption Recruitment Team's area of focus is to assist adoption field staff in finding adoptive placements/permanency for a target group of children (12 and older; part of sibling group; special behavioral, developmental, educational, or physical needs) who are legally free for adoption with no identified adoptive placement and are open to adoption.



## 2022 Annual Progress and Service Report

The Adoption Recruitment Team is currently working on a new project called “Teen Feature Spotlight.” Our youth have a wide array of hobbies, talents, and interests that make them truly unique, and the Teen Feature Spotlight aims to allow our youth to introduce themselves (to potential adoptive families) and get in the “driver’s seat” for their own recruitment. The recruitment team uses social media (Facebook) to reach a broad audience to help educate the public about foster care/adoption and to recruit potential adoptive families. Teen Feature Spotlight will be promoted on the Heart Gallery Facebook page-one teen per month-the first week of the month. As of June 18, 2021, one teen has been featured on MDPCS’ Heart Gallery Facebook page for the month of June 2021.

MDCPS continues to partner with Grant Me Hope to assist with child specific recruitment for older youth in care. As of June 18, 2021, 48 children have been taped and videos are currently airing on several news stations across the state. The videos are also featured on the MDCPS Heart Gallery Facebook page, Grant Me Hope Website, and YouTube.

### Health Care Oversight and Coordination Plan Progress and Accomplishments

- MDCPS Nursing Unit has been utilized for monitoring psychotropic medications and changes to medications, through the County of Responsibility staff providing updates to the Unit once contacted by the child’s physician. Based on collaboration with the Nursing Unit and the medical providers, MDCPS is better able to understand medical decisions to change medications/psychotropic medications. The foster children can be explained the needed changes better, so compliance with medication can increase.
- MDCPS Nursing Unit providing ongoing support to frontline staff appears to be increasing knowledge and compliance with needed medical appointments for foster children.
- Through collaboration with community stakeholders, additional services/resources have been identified for foster children, both in-state and out-of-state. In state resources utilized: Colorful Minds, a provider that provides Autism and Behavioral Services using ABA therapy to help individuals with special needs. Out of state resources utilized include:
  - Rolling Hills in Oklahoma, primary focus is to provide help to children and youth to become emotionally stable, learn and develop recovery skills and resources, and adopt principles of recovery. They utilize expressive therapy, such as art therapy, music therapy, and pet therapy.
  - Mur-Ci Homes in Tennessee which serves individuals with severe/profound disabilities in a group home setting. They are classified as an ICF/MR.
  - Covering House in Missouri, operates a residential home for minor girls who are victims of sex-trafficking.
- Please see (Attachment E) for detailed updates to the Healthcare Oversight and Coordination Plan.

### Health Care Oversight and Coordination Plan

Section 422(b)(15)(A) of the Act requires states to develop a plan for the ongoing oversight and coordination of health care services for children in foster care. States must develop the plan in coordination with the state title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, and experts in and recipients of child welfare services.

The State’s Nursing Unit is under the Office of Therapeutic and Prevention Services. Therapeutic and Prevention Services consist of medical case management services (nurses), Prevention

## 2022 Annual Progress and Service Report

Services, Interpreter Services, and Therapeutic Placement Services. The Nursing Unit oversees the implementation of the State's Health Care Oversight and Coordination Plan.

The Field Support Unit revised the Health Care Oversight and Coordination Plan, which has been utilized effective 1/2020. Initial medical timeframes, now, being utilized show children should receive an initial medical within 72 hours of the child's entry into foster care. Initial EPDST shall be completed within 30 days of the child entering foster care. Initial dentals are still reflecting 90 days of the child's entry into foster care. This plan's revision is a new focus to provide ongoing support to frontline staff to help meet the needs of the families and children they serve. This plan highlights the timelines of services for children entering foster care. This plan is also designed to strengthen activities that improve the healthcare and oversight of children and youth in foster care. This plan is, currently, still being utilized and implemented by the Nursing Unit.

The Nursing Unit is approved for four nurses including a nurse manager. However, at this time MDCPS is staffed with one nurse and does not have a nurse manager. When fully staffed the nurses and the nurse manager are assigned to different regions to provide statewide coverage. MDCPS has advertised for the open positions within the Nursing Unit to ensure all support and fundamentals from the Nursing Unit is provided, as needed. Based on the staff shortage, the nursing staff is focusing on assisting caseworkers, foster children, and contract providers, while periodically speaking with community stakeholders to utilize resources. The nursing staff utilizes the Snapshot for children coming into MDCPS custody to assist with insuring our foster children are gaining medicals, EPSDTs, dentals, and mental health assessments, according to MDCPS Policy and the MSA. The Nursing Unit utilizes reports from Magnolia Healthcare, such as, Foster Care Members report, Psychotropic Medications/Foster Care report, and EPSDT Noncompliance Report. These reports indicate which children have medical bills currently being paid by Magnolia and which children have been discharged. It also provides a list of children by age on psychotropic meds and the medications that have been given. Nurses use this report to drive the nursing support that is provided to caseworkers and foster parents. The nursing supervisor also uses these reports to determine strengths, weaknesses, needs and opportunities to assist with securing additional medical services. The Nursing Unit staff continues to educate caseworkers and community stakeholders regarding signs and symptoms of child abuse and the School Nurse response to aid MDCPS; purpose and functions of the MDCPS Nursing Unit, child abuse awareness in the school system and mandated reporting for school personnel. Due to the shortage with the nursing staff, speaking at conferences and participating in statewide meetings decreased during this reporting timeframe.

The nursing unit also meets with MDCPS contract providers, such as Apelah, Southern Christian Services for Children and Youth, Methodist Children's Home, Canopy, and Hope Village, to discuss the role of the nursing unit and the support that the unit would provide to the children in their licensed homes and group homes. For example, the Nursing Unit periodically meets with contract providers such as Apelah and Southern Christian Services for Children and Youth and the foster children with medical needs. MDCPS nursing staff provided face to face visits and conducted observation in hospitals. The Nursing Unit staff has an ongoing working relationship with frontline staff, but also the Division of Licensure/Congregate Care, Therapeutic Placement, and Special Investigation Unit. The Nursing Unit also answers questions related to medication, medication changes, medical equipment and medical care for contracted staff and foster parents. Nursing staff also meet with foster children to discuss the importance for them to take their medication as prescribed for different diagnosis.

Magnolia Health Plan is still the managed care organization providing services to the state's foster children under Mississippi Coordinated (MSCAN). They assist our case workers in locating medical, dental, and mental health services. Magnolia has approximately 15,000 providers in Mississippi and the surrounding states that are available to provide physical, mental health and dental services. Magnolia has providers in all 82 counties in Mississippi. This is a vast improvement in services for our foster care children. MDCPS Nursing Unit collaborating with Magnolia case managers, medical providers, pediatricians, and other community stakeholders during this reporting period enhanced the "out of the box" thinking for foster children to gain their needed appointments during COVID-19 pandemic. Where there were gaps in the state, mainly in the northern part of the state, gaps have closed. Magnolia Health Plan has greatly enhanced the state's service array for foster children. They are afforded continuity of having a medical home, opportunities for more specialized services, case management services and follow up care. Because of the number of Magnolia providers our children will be able to be serviced within their communities. Currently, Magnolia Health Plan's current foster care category of eligibility members are a total of 4,946. This number has decreased based on foster care case closures; however, Magnolia Health still provides medical, dental, and mental health services to this population.

EPSDT is Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. Ongoing collaboration with practitioners and medical providers to clarify precise needs for screening/evaluation or services and ensure provider has the information needed to proceed. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. EPSDT is:

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified, and
- **Treatment:** Control, correct or reduce health problems found.

As reauthorized by the Family First Prevention Service Act (FFPSA) for Title IV-B, subpart 1, MDCPS has revised its Health Care Oversight and Coordination plan to meet this requirement. Listed below are the amended procedures and protocols to ensure that children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes because of the inappropriate diagnoses.

**Collaboration, as needed on all foster care cases, with specialized case management teams within Magnolia Health Plan to ensure the ongoing management of medical, mental, dental and behavioral health needs.**

- MDCPS representatives will attend bi-monthly meetings with Magnolia Health plan and discuss reports for children with foster care eligibility type.

- MDCPS Nursing Supervisor will staff this information with Nursing Unit and the nurses will contact Regional Area Social Work Supervisor (ASWS) in their assigned areas by email for tracking purposes to notify them of issues that need to be addressed and to offer support.
- MDCPS Nursing Bureau Director will provide Noncompliance EPSDT spreadsheet, provided by Magnolia, to the Field Operation Directors and the Regional Directors to notify them of the noncompliance and to offer support.
- MDCPS has also posted a list of approved EPSDT providers to its internal website for access by county workers to assist workers with scheduling periodic medical examinations and all medically necessary follow up services and treatment for children in foster care. EPSDT is:
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**Collaboration, as needed on foster care cases, with agencies coordinating placement of children identified as medically fragile to allow each child to be seen by an MDCPS nurse.**

- MDCPS nurses will document visits and observation with medically fragile children and confirm to the best of their capabilities that each child is receiving optimum care and receiving medical care as needed. These visits will occur when a request is made by the county of responsibility for the nurse to provide support and it is deemed necessary.
- Forty-Five (45) day follow up should be documented by MDCPS nurse on children identified as medically fragile whom they have visited. This documentation shall include contact with child's worker to ensure that the child is still receiving medical care as necessary and a follow – up visit from an MDCPS nurse when determined to be medically necessary.
- All children in foster care should have access to medical, dental, and psychological care to meet their needs. MDCPS Nurses will help connect county workers to providers that provide medical, dental, and psychological treatment as needed.

**MDCPS Nursing Unit serve as liaisons between the worker, medical professional (s), court authorities, law enforcement, units within MDCPS and others to coordinate the best care for the child.**

- The Nursing Unit attend court hearings or submit addendums to court reports as requested or by order to provide medical information to the judge and GAL regarding medical issues of children in foster care and the correlation between permanent plan and placement.
- The Nursing Unit collaborates with Congregate Care to provide appropriate procedures in medication management to facilities housing children in foster care.
- The Nursing Unit will accompany the Congregate Care Unit and Performance Based Contracting staff on licensure on-site visits as requested to ensure proper medication administration is observed and that medical access policies are adhered to and align with

MDCPS policy and other certifying agencies (this is coordinated through Congregate Care).

- The Nursing Unit Nurse Manager works, ongoing, with Magnolia and other providers to assist them in remaining in contact with the MDCPS frontline staff as associated with a foster child to ensure the ongoing support and appropriate services are maintained.

**Collaboration with pediatricians and other community partners to discuss ways to improve medical, dental, and psychological services for children in foster care as well as ways to ensure a continuum of care once reunification or adoption is achieved.**

- Work and collaborate with pediatricians and community providers to maintain the Healthcare Oversight and Coordination Plan.
- MDCPS nurses continue to monitor children entering custody reports monthly and follow up with worker by email until a medical, dental, and mental health assessment is documented for each child that enters custody.

### **2022 Update**

The State's Nursing Unit is under the Office of Therapeutic and Prevention Services. Therapeutic and Prevention Services consist of medical case management services (nurses), Prevention Services, Interpreter Services, and Therapeutic Placement Services. The Nursing Unit oversees the implementation of the State's Health Care Oversight and Coordination Plan.

The Field Support Unit revised the Health Care Oversight and Coordination Plan, which has been utilized effective 1/2020. Initial medical timeframes, now, being utilized show children should receive an initial medical within 72 hours of the child's entry into foster care. Initial EPDST shall be completed within 30 days of the child entering foster care. Initial dentals are still reflecting 90 days of the child's entry into foster care. This plan's revision is a new focus to provide ongoing support to frontline staff to help meet the needs of the families and children they serve. This plan highlights the timelines of services for children entering foster care. This plan is also designed to strengthen activities that improve the healthcare and oversight of children and youth in foster care. This plan is, currently, still being utilized and implemented by the Nursing Unit.

The Nursing Unit is approved for four nurses including a nurse manager. However, at this time MDCPS is staffed with one nurse and does not have a nurse manager. When fully staffed the nurses and the nurse manager are assigned to different regions to provide statewide coverage. MDCPS has advertised for the open positions within the Nursing Unit to ensure all support and fundamentals from the Nursing Unit is provided, as needed. Based on the staff shortage, the nursing staff is focusing on assisting caseworkers, foster children, and contract providers, while periodically speaking with community stakeholders to utilize resources. The nursing staff utilizes the Snapshot for children coming into MDCPS custody to assist with insuring our foster children are gaining medicals, EPSDTs, dentals, and mental health assessments, according to MDCPS Policy and the MSA. The Nursing Unit utilizes reports from Magnolia Healthcare, such as, Foster Care Members report, Psychotropic Medications/Foster Care report, and EPSDT Noncompliance Report. These reports indicate which children have medical bills currently being paid by Magnolia and which children have been discharged. It also provides a list of children by age on psychotropic meds and the medications that have been given. Nurses use this



## 2022 Annual Progress and Service Report

report to drive the nursing support that is provided to caseworkers and foster parents. The nursing supervisor also uses these reports to determine strengths, weaknesses, needs and opportunities to assist with securing additional medical services. The Nursing Unit staff continues to educate caseworkers and community stakeholders regarding signs and symptoms of child abuse and the School Nurse response to aid MDCPS; purpose and functions of the MDCPS Nursing Unit, child abuse awareness in the school system and mandated reporting for school personnel. Due to the shortage with the nursing staff, speaking at conferences and participating in statewide meetings decreased during this reporting timeframe.

In addition, progress has been made through discussions and involvement of the Nursing Unit and frontline staff. MDCPS frontline staff understand about the documentation and what is needed to review the psychotropic medications. MDCPS frontline staff has been utilizing the Nursing Unit email address obtain guidance regarding psychotropic medication changes. The accomplishments are MDCPS frontline staff understanding the psychotropic medications better and in turn being able to explain it better to the foster children. By having the Nursing Unit involved, the nurse can explain the medication as needed to the foster children, foster parents, and bio parents. The barriers include the period of time that MDCPS responds back to the facilities regarding the psychotropic medication changes. MDCPS is reviewing this issue and staffing issues in the Nursing Unit, which can improve this process. Based on immediate needs for the foster children, sometimes decisions are an immediate need and going through different levels prolongs response

The nursing unit also meets with MDCPS contract providers, such as Apelah, Southern Christian Services for Children and Youth, Methodist Children's Home, Canopy, and Hope Village, to discuss the role of the nursing unit and the support that the unit would provide to the children in their licensed homes and group homes. For example, the Nursing Unit periodically meets with contract providers such as Apelah and Southern Christian Services for Children and Youth and the foster children with medical needs. MDCPS nursing staff provided face to face visits and conducted observation in hospitals. The Nursing Unit staff has an ongoing working relationship with frontline staff, but also the Division of Licensure/Congregate Care, Therapeutic Placement, and Special Investigation Unit. The Nursing Unit also answers questions related to medication, medication changes, medical equipment and medical care for contracted staff and foster parents. Nursing staff also meet with foster children to discuss the importance for them to take their medication as prescribed for different diagnosis.

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services and follow up care. Because of the number of Magnolia providers our children will be able to be serviced within their communities. Currently, Magnolia Health Plan's current foster care category of eligibility members are a total of 4,946. Even though, this number has decreased based on foster care case closures Magnolia Health still provides medical, dental, and mental health services to this population as needed.

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- Collaboration, as needed on all foster care cases, with specialized case management teams within Magnolia Health Plan to ensure the ongoing management of medical, mental, dental, and behavioral health needs.
    - MDCPS representatives will attend bi-monthly meetings with Magnolia Health plan and discuss reports for children with foster care eligibility type.
    - MDCPS Nursing Supervisor will staff this information with Nursing Unit and the nurses will contact Regional Area Social Work Supervisor (ASWS) in their assigned areas by email for tracking purposes to notify them of issues that need to be addressed and to offer support.
    - MDCPS Nursing Bureau Director will provide Noncompliance EPSDT spreadsheet, provided by Magnolia, to the Field Operation Directors and the Regional Directors to notify them of the noncompliance and to offer support.
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## 2022 Annual Progress and Service Report

- Treatment: Control, correct or reduce health problems found
- Collaboration, as needed on foster care cases, with agencies coordinating placement of children identified as medically fragile to allow each child to be seen by an MDCPS nurse.
- MDCPS nurses will document visits and observation with medically fragile children and confirm to the best of their capabilities that each child is receiving optimum care and receiving medical care as needed. These visits will occur when a request is made by the county of responsibility for the nurse to provide support and it is deemed necessary.
- Forty-Five (45) day follow up should be documented by MDCPS nurse on children identified as medically fragile whom they have visited. This documentation shall include contact with child's worker to ensure that the child is still receiving medical care as necessary and a follow – up visit from an MDCPS nurse when determined to be medically necessary.
- All children in foster care should have access to medical, dental, and psychological care to meet their needs. MDCPS Nurses will help connect county workers to providers that provide medical, dental, and psychological treatment as needed.
- MDCPS Nursing Unit serve as liaisons between the worker, medical professional (s), court authorities, law enforcement, units within MDCPS and others to coordinate the best care for the child.
- The Nursing Unit attend court hearings or submit addendums to court reports as requested or by order to provide medical information to the judge and GAL regarding medical issues of children in foster care and the correlation between permanent plan and placement.
- The Nursing Unit collaborates with Congregate Care to provide appropriate procedures in medication management to facilities housing children in foster care.
- The Nursing Unit will accompany the Congregate Care Unit and Performance Based Contracting staff on licensure on-site visits as requested to ensure proper medication administration is observed and that medical access policies are adhered to and align with MDCPS policy and other certifying agencies (this is coordinated through Congregate Care).
- The Nursing Unit Nurse Manager works, ongoing, with Magnolia and other providers to assist them in remaining in contact with the MDCPS frontline staff as associated with a foster child to ensure the ongoing support and appropriate services are maintained.
- Collaboration with pediatricians and other community partners to discuss ways to improve medical, dental, and psychological services for children in foster care as well as ways to ensure a continuum of care once reunification or adoption is achieved.
- Work and collaborate with pediatricians and community providers to maintain the Healthcare Oversight and Coordination Plan.
- MDCPS nurses continue to monitor children entering custody reports monthly and follow up with worker by email until a medical, dental, and mental health assessment is documented for each child that enters custody.

During the COVID-19 pandemic and national public health emergency the state has worked to ensure children and youth continue to receive appropriate health care, including through use of telemedicine. MDCPS and Medicaid have worked together to identify providers, telehealth, and telemedicine services that have been available during this pandemic and public health emergency

for our foster children. MDCPS staff have reached out to providers and community stakeholders to ensure foster children gained the needed medical and mental health services.

### Disaster Plan and Recent Disaster Update

Most recently, the state and nation have been affected by the global pandemic, COVID-19. There was some forewarning prior to the state's shelter in place order being issued. This allowed MDCPS to reference the current Disaster Plan as applicable and make any additional preparations needed to address such disaster. This led to revisions in the plan. Those revisions were made around Public Health Emergencies. The MDCPS used Disaster funds to purchase, PPE and safety items for employees. In addition to COVID 19, the state of Mississippi was affected by both floods and tornados during this period. Many counties within Mississippi received federal declarations due to flooding and tornadoes in 2020. Please see (Appendix E) for the updated MDCPS Disaster Plan.

### Training Plan Update

All updates can be found in the attached Training Plan.

## XI. Statistical and Supporting Information

### A. Information on Child Protective Service Workforce:

This information below is regarding the education, qualifications, and training requirements that are established by the state for child protection service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions:

#### **2022 Update**

This information below is regarding the education, qualifications, and training requirements that are established by the state for child protection service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions:

Position	Function	Minimum Qualifications	Training Requirements
DCPS- Child/Family Protection Specialist I	Frontline Caseworker	BS/BA in related field	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
DCPS- Child/Family Protection Specialist II	Frontline Caseworker	BS/BA in related field year + 1 year of experience	Pre-service Training – 270 hours Ongoing Training – 40 hours annually

## 2022 Annual Progress and Service Report

Position	Function	Minimum Qualifications	Training Requirements
DCPS-Child/Family Protection Specialist III	Frontline Caseworker	MS/MA in related field or BS/BA in related field + 2 years of experience	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
DCPS-Child/Family Protection Specialist IV	Frontline Caseworker	MS/MA in related field + 2 years of experience or BS/BA in related field + 4 years of experience	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
DCPS-Adoption Specialist I	Adoption Caseworker	BS/BA in related field	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
DCPS-Adoption Specialist II	Adoption Caseworker	BS/BA in related field year + 1 year of experience	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
DCPS-Adoption Specialist III	Adoption Caseworker	MS/MA in related field or BS/BA in related field + 2 years of experience	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
DCPS-Adoption Specialist IV	Adoption Caseworker	MS/MA in related field + 2 years of experience or BS/BA in related field + 4 years of experience	Pre-service Training – 270 hours Ongoing Training – 40 hours annually

## 2022 Annual Progress and Service Report

Position	Function	Minimum Qualifications	Training Requirements
DCPS- Licensure Specialist I	Licensure Caseworker	BS/BA in related field	Pre-service Training – 270 hours  Ongoing Training – 40 hours annually
DCPS- Licensure Specialist II	Licensure Caseworker	BS/BA in related field year + 1 year of experience	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
DCPS- Licensure Specialist III	Licensure Caseworker	MS/MA in related field or BS/BA in related field + 2 years of experience	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
DCPS- Licensure Specialist IV	Licensure Caseworker	MS/MA in related field + 2 years of experience or BS/BA in related field + 4 years of experience	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
DCPS- Quality Assurance Coordinator I	Continuous Quality Assurance	BS/BA in related field	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
DCPS- Quality Assurance Coordinator II	Continuous Quality Assurance	BS/BA in related field year + 1 year of experience	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
DCPS- Quality Assurance	Continuous Quality Assurance	MS/MA in related field or BS/BA in related field +	Pre-service Training – 270 hours

## 2022 Annual Progress and Service Report

Position	Function	Minimum Qualifications	Training Requirements
Coordinator III		2 years of experience	Ongoing Training – 40 hours annually
DCPS-Quality Assurance Coordinator IV	Continuous Quality Assurance	MS/MA in related field + 2 years of experience or BS/BA in related field + 4 years of experience	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
DCPS-Investigation Specialist I	Special Investigations Unit	MS/MA in related field or BS/BA in related field + 2 years of experience	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
DCPS-Investigation Specialist II	Special Investigations Unit	MS/MA in related field + 2 years of experience or BS/BA in related field + 4 years of experience	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
DCPS-Investigation Specialist III	Special Investigations Unit	MS/MA in related field + 4 years of experience or BS/BA in related field + 6 years of experience	Pre-service Training – 270 hours Ongoing Training – 40 hours annually
OP/MGMT Analyst Principle (OMAP)	County or unit level supervisor	MS/MA in a related field + 4 years of experience or BS/BA in related field + 5 years of experience	Pre-Service Training – 270 hours Clinical Supervisory Training – 40 hours



## 2022 Annual Progress and Service Report

Position	Function	Minimum Qualifications	Training Requirements
			Ongoing Training – 24 hours annually
DHS Area Social Work Supervisor	County or unit level supervisor	LSW +4 years of experience or LSW and in graduate school + 3 years of experience or LSW and MSW +2 years of experience	Pre-Service Training – 270 hours Clinical Supervisory Training – 40 hours Ongoing Training – 24 hours annually
DHS Regional Social Work Supervisors	Regional level supervisor	LSW + 6 years of experience OR LSW and MSW + 3 years of experience	Pre-Service Training – 270 hours Clinical Supervisory Training – 40 hours Ongoing Training – 24 hours annually

## 2022 Annual Progress and Service Report

In accordance with the state's 2<sup>ND</sup> MSA, which went into effect in 2019, MDCPS caseworkers shall receive a minimum of 20 hours of in-service training, and all supervisors shall receive a minimum of 12 hours of in-service training. Also, beginning in 2019, MDCPS caseworkers shall receive a minimum of 40 hours of in-service training each year, and all supervisors shall receive a minimum of 24 hours of in-service training each year. MDCPS caseworker supervisors, within 90 days of hire or promotion, shall receive a minimum of 40 hours of training, directed specifically at the supervision of child welfare case workers. The MDCPS workforce is comprised of 1443 employees. Demographically, the makeup of the workforce is as follows:

Race	Number of MDCPS Employees	Percentage of MDCPS Workforce
American Indian	5	Less than 1%
Caucasian	392	27%
Hispanic	5	Less than 1%
African American	1036	72%
Asian	3	Less than 1%
Other	5	Less than 1%
Sex	Number of MDCPS Employees	Percentage of MDCPS Workforce
Male	96	7%
Female	1347	93%

## 2022 Annual Progress and Service Report

According to 2<sup>nd</sup> MSA and STRO, 90% of MDCPS caseworkers will have caseloads which do not exceed the caseload standards set forth below. Individual MDCPS caseworkers with generic caseloads shall not carry a mixed caseload that exceeds 100% capacity. Also, 85% of MDCPS supervisors shall be responsible for no more than five (5) caseworkers.

MDCPS caseworkers carry a mixed caseload with the exception of licensure and adoption workers.

The chart below shows the case weights of the direct services used to calculate caseload compliance:

### MDCPS Caseload Standards:

Role	Standards	Weight Per Case - 100% Capacity
Child Protection (Investigations Level 2 and 3)	14 Investigations	0.0714
Ongoing Foster Care (Placement Responsibility & Service)	14 children	0.0714
Ongoing Foster Care (Placement County of Responsibility)		0.0357
Ongoing Foster Care (Placement County of Service)		0.0357
In-Home Cases (Protection Responsibility & Service, Prevention Responsibility & Service and Interstate Compact on the Placement of Children (ICPC Incoming)	17 families	0.0588
In-Home Cases (Protection or Prevention County of Responsibility)		0.0294
In-Home Cases (Protection or Prevention County of Service)		0.0294

## 2022 Annual Progress and Service Report

Adoption (Adoption County of Service)	15 Children	0.0667
New Application Licensing (Resource Inquiry, Interstate Compact on the Placement of Children (ICPC) and Foster Home Study)	15 Homes	0.0667
Renewal Licensing (Foster Home Supervision and Foster Home Renewal)	36 homes	0.0278

Intake staff, referred to as Intake Specialists, are employed through a contract which provides the staffing of centralized intake services for MDCPS. The centralized intake program for MDCPS is called Mississippi Centralized Intake (MCI). Intake Specialists' responsibilities include receiving, screening, documenting, and disseminating reports of child abuse and neglect called in to the hotline or received through electronic web reporting.

Changes in the staffing contract for MCI divides the response into two sections:

Coverage Period of July 1, 2020, to September 13, 2020:

For the coverage period of July 1, 2020, to September 13, 2020, there was an emergency contract for the staffing of Intake Specialists that had been utilized since September 14, 2019. The requirements for the intake staff are described below from the state's scope of services found within the one-year emergency contract:

- All contract professionals will be personally selected by (contractor) for their knowledge, skills, abilities, and use of self that best fits with the needs and goals of MDCPS/MCI. The proposed social workers shall hold a Bachelor's or Master's degree from a school accredited by the Council of Social Work Education (CSWE). They shall also meet the licensure requirements specified for this program.
- (Contractor) will not be involved in the daily supervision or training of the Intake Specialist staff. Upon request by MDCPS/MCI staff, (contractor) will provide any information related to the work performance of Intake Specialist staff.

Coverage Period of September 14, 2020, to June 30, 2021:

For the coverage period of September 14, 2020, to June 30, 2021, MCI's Intake

Specialists have been supplied by a different contractor who was awarded the contract to begin on September 14, 2020, after a competitive bid process was utilized. The requirements for the intake staff are described below from the state's Scope of Services found within the MCI contract to begin on September 14, 2020:

### Services Required

The independent contractor will provide the staffing of Intake Specialists (full and/or part-time), and related administrative services. The contractor will provide payroll services for the contracted employees. The on-site supervision and training of contracted employees and overall administration of the intake process will be the responsibility of MDCPS. MDCPS will provide the facility, equipment, office supplies, security, and equipment maintenance for Intake Specialists.

The Independent Contractor will perform the following services upon request of the Agency in fulfillment of the purposes of this contract.

1. The Independent Contractor will coordinate all communications with the Agency through the MDCPS Director of Centralized Intake Operations.
2. The Independent Contractor shall provide staffing as requested by the Agency, including:
  - a. sufficient amount of Intake Specialists willing and able to cover the specific hours required, and
  - b. related administrative services, which will be provided at no additional cost in accordance with the bid package submitted by Midtown Personnel, Inc.

### Intake Specialist

(68,640 hours/yearly provided by multiple employees on schedules consistent with intake volume needs)

#### **Summary of Duties:**

- Intake Specialists will interact with callers or review information otherwise submitted (electronically, by mail, or by fax) related to allegations of child abuse, neglect, and exploitation or other concerns related to the safety or wellbeing of a child.
- Intake Specialists will handle the information professionally and with a sense of urgency, ensuring that information is assessed accurately using standardized procedures, documented accurately, and relayed in a timely manner to required recipients.
- Intake Specialists will work under the direction of MDCPS supervisors. Personnel must have the following:
  - Social Work degree at the bachelor's or master's Level from an accredited school of Social Work OR one of the following related degrees at bachelor's or master's Level: Child and Family Studies, Child Development, Criminal Justice, Disciplinary Studies, Early Childhood and Family, Education and Human Science, Elementary Education, Family Studies, General Studies, Guidance Education, Interdisciplinary Studies, Education, Political Science, Psychology, Sociology, Nursing, Counseling, Marriage and Family Therapy, Educational Psychology, Social Services, or other related degrees approved by MDCPS.
  - Ability to guide callers through collection of information in a respectful, courteous, and time-efficient manner while assessing which information is pertinent
  - Ability to accurately document information collected in computer system in a manner that is clear, professional, and grammatically correct
  - Ability to demonstrate excellent communication skills
  - Ability to understand and apply policy and procedures during a call, as well as

## 2022 Annual Progress and Service Report

willingness to ask for help from supervisor when application is not clear

- Ability to apply confidentiality laws to practice and notify supervisor of any potential conflicts of interest, having no conflicts of interest which affect Intake Specialist's ability to conduct self in a professional manner, Ability to adhere to a conflict of interest management plan, as applicable
- Ability to articulate speech clearly and professionally without mumbling, slurring words, or using slang and ability to hear well so that communication is effective with callers
- Ability to conduct diligent research in computer systems and apply information obtained to documentation
- Ability to take responsibility to develop self professionally in the field of child welfare social work
- Ability to keep up with time demands for documentation and relaying information
- Ability to prioritize tasks involving situations of imminent risk and child safety concerns which may need to be completed before other tasks
- Ability to be receptive to training and coaching, taking constructive feedback from supervisory staff and using it to improve future work
- Ability to spend majority of work time on phone and computer
- Ability and willingness to perform other related duties as assigned when not processing intakes
- Ability to take professional responsibility for fulfilling the mission of the agency, with specific emphasis on professional handling of child safety concerns presented at intake
- Ability to listen to information or read information written by reporter and use skills to accurately assess the handling and documentation of the information
- Ability to discern needs to make referrals to other agencies, according to policies and procedures
- Ability to be detail-oriented to properly apply policy and procedures
- Ability to accurately document all calls received as designated
- Ability to ensure each call and associated documentation is processed and completed within the established timeframe
- Ability to operate a computer and general office equipment as necessary to complete the essential functions
- Ability to work in alternate location or remotely as designated during times when regular location is unavailable or when agency determines it is prudent
- Ability to receive background clearance and drug screening clearance
- Ability to disclose potential conflicts of interest and adhere to a conflict of interest management plan, as applicable

### **Administrative Services**

The following services are to be provided by contractor. There will be no office or equipment provided for the services, except the MCI conference room can be utilized for interviews or appointments, if needed.

### **Summary of Duties:**

- ensure that an adequate number of qualified staff are provided for all hours of operation as designated by agency according to expected intake volume. The scheduling of staff for specific shifts will be the responsibility of MDCPS.
- ensure the hiring of qualified



staff to serve on the contract and coordinate with MDCPS staff for final hiring approval

- track time worked for each contracted employee and meet other contracted employee needs related to Human Resources, submit documentation for time worked and provide explanation for any edits to time made by contractor for billing purposes

- discern whether Intake Specialist applicants meet the contract requirements for hiring, especially related to customer service skills, communication skills, confidentiality, professionalism, and management of potential conflicts of interest. Independent Contractor shall, with respect to all personnel provided to the Agency:

- a. Maintain a pool of employees sufficient to meet the Agency's needs (68,640 Hours Yearly, Full-time and/or Part Time) Intake Specialists with number of staff available for each shift to correlate with the intake workload per input from MDCPS MCI Director.

- b. coordinate with MDCPS staff to ensure applicants understand the job duties required by MDCPS Policy and Standard Operating Procedures.

- c. Designate a contact person(s) available twenty-four hours daily for communication with the Agency

- d. Provide assessment for all contract professional employees prior to hiring to include a competency in customer service skills, spelling/grammatical accuracy, clear speech, word processing, confidentiality policy, security policy, physical ability to perform the tasks, and agency facility information, as required by the Agency.

- e. Ensure that contract professional employees demonstrate understanding and acknowledgement that employee must fully comply with MDCPS policies and Mississippi Centralized Intake Standard Operating Procedures, with all related terms of the Second Modified Mississippi Settlement Agreement, state and federal laws, and all applicable regulations as now existing or as may be modified.

- f. Provide the required number of qualified staff during the shifts required seven days a week, including weekends and holidays, including times when office is officially closed. The amount of personnel needed for each shift will be regularly assessed and adjusted according to the need to have adequate personnel to cover processing of intakes received during that shift. Part-time personnel, subject to the same requirements as full-time personnel, may be utilized to manage variations in workload as they arise. If possible, a 30-day notice will be given to contractor by MDCPS if the amount of Intake Specialist hours are to be increased. If possible, a 30-day notice will be given to independent contractor by MDCPS if the amount of Intake Specialist hours or shift time is to be decreased. Health and safety needs may affect these time frames.

- g. Comply with Business Continuity Plan during times of significant weather events, power outages, or other situations interrupting the normal flow of operations.

- h. Administer and maintain all employment and payroll records, payroll processing, and payment of payroll checks and taxes, including the deductions required by state, federal and local laws such as social security and withholding taxes.

- i. Abide by all ordinances and laws pertaining to the Agency's operation and secure all required licenses and permits.

- j. Make all unemployment compensation contributions as required by federal and state laws and process claims as required.

- k. Replace, at no additional expense to the Agency, any employee not performing satisfactorily within first two hours of work, and, at the request of MDCPS, agree to the replacement of an employee not found suitable for the required duties at any time during

his/her employment.

l. Perform all services provided in the contract in accordance with customary and reasonable industry standards.

The Independent Contractor shall also:

a. Ensure that all applicants submit to drug screening and background check screening, which may include criminal history information from local law enforcement database, state and federal (FBI) criminal history databases via fingerprinting, Sex Offender Registries, Department of Public Safety Records, Child Abuse and Neglect Central Registry, Licensure Boards, education and work history, the Agency's personnel and case management records, references, and information related to potential conflicts of interest. Clearance for these screenings must be provided by the Agency before employee can be assigned to the contract and report to work. The Agency has the right and responsibility to deny clearance for any applicant who is not able to demonstrate his/her ability to serve in the required capacity. The clearance results will be in the form of "Approved" or "Not Approved" to meet requirements. There will be no recourse for an applicant who is not approved. This clearance may be renewed regularly or whenever there is a presented need, and the results will be used to determine employee's continued assignment to the contract. Criminal Background Checks with fingerprinting will be provided by MDCPS at no cost to the contractor. The contractor will provide drug screening and submit documentation of clearance to MDCPS before employee reports to work.

b. Independent Contractor must demonstrate to MDCPS that each applicant recommended for hire meets the qualifications set forth in the contract. This can be accomplished by 1) allowing inclusion of Agency Intake employee (at supervisory level or above) as part of the interview panel for applicants, 2) providing opportunity for Agency to separately interview applicants or 3) using another method approved by MDCPS. Independent Contractor must allow Agency to review all documents used for hiring decision. Interview process must include questions or methods to determine that employee demonstrates qualifications set forth above.

c. Assigned employees will be trained and supervised by Agency employees. This will include initial, on-the-job, and on-going training as needed. Assigned employees will receive coaching and additional training when areas needing improvement are identified. Reasonable efforts will be made to assist assigned employee to achieve success in assigned duties. Assigned employees unwilling to be trained/coached or unable to make improvements to a level satisfactory to the Agency will be replaced by Contractor when notified.

There are five MDCPS staff who directly supervise and train the Intake Specialists with the support of three other MDCPS staff responsible for overall operations of MCI. Three of the direct supervisors had previously served on the MCI contract and two had previously served in MDCPS Field Operations. These two perspectives have enhanced and informed the initial training, on-going training, and regular coaching the supervisors provide to the Intake Specialists for continuous quality improvement. When the current staffing contract began, the majority of intake specialists transferred from working with the previous MCI contractor to the current MCI contractor. Therefore, those already serving as Intake Specialists had already received initial training and have received on-

going training and coaching as policies were revised and screening decisions were assessed.

During the most restrictive periods during the pandemic when the number of staff on-site was reduced for COVID-19 Social Distancing requirements, MCI trained two new Intake Specialists remotely with unsuccessful outcomes. Lessons learned during this process resulted in the decision to involve new Intake Specialist trainees in call simulations within the first week of work and to transition the trainees to real-time calls with close supervision very early in the training process. This revision in training has been successful with subsequent trainees.

As new Intake Specialists have been hired, they have received approximately 32-40 hours of group classroom training and orientation, along with call-simulation training, and weeks of on-the-job training and close supervision as needed until the Intake Specialist demonstrates competence and can work with reduced supervision. There is always a supervisor on duty to monitor and assist Intake Specialists 24 hours per day, 7 days per week. On-site supervision is provided by multiple supervisors during high volume hours of the day and remote supervision is provided during lower volume hours of the day. There are no other positions for contracted Intake Specialists to advance to within the contract since there is only one role. However, Intake Specialists can apply for positions with MDCPS for which they meet the qualifications. The Intake Specialists who work part-time hours are offered opportunities to work more hours when they are available.

### **B. Juvenile Justice Transfers:**

Division of Youth Services (DYS) is the division that administers probation, aftercare services, and institutional programs for juveniles who have been adjudged delinquent in Mississippi Youth Courts or are at risk of becoming delinquent. The data sources for this information continues to come from MYCIDs, MDHS, Division of Youth Services (DYS)'s Oakley Youth Development Center (OYDC) and the Community Services Crossover Case Reporting Form. Data input for MYCIDs consists of the following staff:

- For delinquency cases, information is input by the DYS worker or Intake Officer.
- For truancy and educational neglect, information is input by the School Attendance Officer or Intake Officer.
- For abuse and neglect cases, the MDCPS case worker begins inputting data into MYCIDs within 24 hours of the initial investigation and must submit a completed report within 30 days to the courts and the court designee.

Youth released from the custody of OYDC are placed on parole for 6 months; however, the parole can be extended for an additional 6 months regardless of foster or adoptive placement.

There were no children who exited MDCPS custody to the custody of a juvenile justice facility between July 1, 2020 and June 30, 2021.

**C. Education and Training Vouchers:**

See Attachment D for Mississippi ETV awards from July 1, 2019 through June 30, 2020 and July 1, 2020 through June 30, 2021.

**D. Inter-Country Adoptions:**

There were no children, adopted from other counties that entered state custody in FY 2020 because of the disruption of a placement for adoption or the dissolution of an adoption.

**E. Monthly Caseworker Visit Data:**

The State submitted the FFY 2020 Annual Caseworker Visits data to the Children's Bureau in December 2020. The report submitted reflects that of the 5,507 youth served in the population for the period, 95.12% of the monthly in-home visits occurred; surpassing the requirement of at least 50% (For FFY 2012 and each FFY thereafter: At least 50 percent of the total number of monthly visits made by caseworkers to children in foster care during a fiscal year must occur in the child's residence).

Additionally, 96.79% of the required monthly visits occurred exceeding the 95% standard (For FFY 2015 and each FFY thereafter: The total number of visits made by caseworkers monthly to children in foster care during a fiscal year must not be less than 95 percent of the total number of such visits that would occur if each child were visited once every month while in care).

## XII. Financial Information

### 1. Payment Limitations

#### A. Title IV-B, Subpart 1

The MDCPS utilized FY2005 Child Welfare Services (CWS) funds to assist the State in providing the following:

1. Adoption Assistance Payments: \$1,589,638 (FFP)/ \$529,879 (**State Match**)
2. Foster Care Maintenance Payments: \$2,179,983 (FFP) / \$726,661 (**State Match**)

The total expenditures for FY 2005 Title IV-B, subpart 1 was \$3,769,621.

#### B. Title IV-B, Subpart 2

The FY2018 state and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 was \$3,930,303 (FFP)/ \$1,310,101 (State Match). In addition, the FY 1992 base year amount for the Title IV-B, Subpart 2, Promoting Safe and Stable Families grant required to meet the non-sup plantation requirements in Section 432(a)(7)(A) of the act for the State of Mississippi was \$900,347.

Title IV-B, Subpart 2, funds will be allocated as follows: 20% Family Preservation, 25% Family Support, 20% Time Limited Reunification, and 25% Adoption Promotion and Support.

MDCPS will make every effort to ensure a minimum of 20% will be allocated to Family Support Services and Time-Limited Reunification; however, the number of clients served for each category is dependent upon the number of referrals received from the local field offices which are based on the needs of the children and families within their local communities. As a result of the referral-based system, client needs tend to fluctuate from year to year and MDCPS cannot determine what those needs will be in advance. Based upon prior year trends, MDCPS anticipates an increased demand for Family Preservation Services which could reduce the demand for clients in need of Family Support Services and Time-Limited Reunification Services.

All programs receiving Promoting Safe & Stable Families funding are at or above the 20% requirement. Administrative costs are set at the 10% requirement. For Chafee, foster payments are not being paid from this funding source allowing us to stay below the 30% cap described.

### 2. Current Year Funding – 2021 Reallotments

The MDCPS is currently not requesting any reallotments.

### 3. FY 2022 Budget Request

The MDCPS has no changes at this time.

### 4. FY 2019 Title IV-B Expenditure Report

The MDCPS has no changes at this time.

### 5. Expenditure Periods and Submission of Standard Form 425

All requested SF-425s were provided to CB on July 22, 2021.

**COVID Funds**

The MS Cares Act award was used to cover COVID related purchases for the agency to continue operations during the pandemic. This included PPE and safety items that were distributed to our workers in the field so they could continue to serve the children of Mississippi safely during the pandemic. (Please see the attached Executive Memorandum regarding Cares Act Supplemental Funding for Title IV-B)

**XIII. Publication and State Contact**

**A. Publication**

A copy of the state's approved 2022 APSR and other required documents will be available on MDCPS's website. The MDCPS website is: <https://www.mdcps.ms.gov/reports/>. Additionally, an electronic copy of the of the 2022 APSR will also be emailed to its stakeholders by MDCPS.

**B. State Contact**

The state contact for the 2022 APSR and other federal plans is Karen Austin, Director of Federal Reporting. The contact email address is [Karen.Austin@mdcps.ms.gov](mailto:Karen.Austin@mdcps.ms.gov).

**XIV. 2021 APSR ATTACHMENTS**

- A. CAPTA State Plan Requirements and Updates – See Attachment A
- B. Financial Information – See Attachment B
- C. MDCPS's Organizational Chart – See Attachment C
- D. ETV Attachment – See Attachment D