STATE OF MISSISSIPPI
Department of Human Services
Division of Family and Children's Services

Child and Family Services Review
Statewide Assessment 2010

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

CHILD AND FAMILY SERVICES REVIEW
STATEWIDE ASSESSMENT 2009

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MISSISSIPPI STATEWIDE ASSESSMENT

Section I – General Information

Mississippi Department of Human Services, Division of Family and Children's Services
Period Under Review
Onsite Review Sample Period: April 1, 2009 to May 31, 2010
Period of AFCARS Data: FFY 2009
Period of NCANDS Data: FFY 2009
State Agency Contact Person for the Statewide Assessment

Name:	Mary E. Fuller
Title:	Staff Officer II, Special Projects (CFSR)
Address:	P. O. Box 352
	Jackson, MS 39205
Phone:	601-359-4817
Fax:	601-359-4363
E-mail:	mary.fuller@mdhs.ms.gov

Mississippi's Division of Family and Children's Services (DFCS) state-administered child welfare system is administered at the local level by 84 county offices through thirteen Regional Directors. A central strength to this system lies in the flexibility afforded each region to determine how best to meet the needs of children and families. The Regional Directors take an active part in the operations of the county offices within their regions. Each Regional Director has a Regional Area Social Work Supervisor (Regional ASWS), Area Social Work Supervisors (ASWS) and county Workers who assist with the day-to-day operations and frees the Regional Director to deal with the major issues within the region. Each region also has a Resource Area Social Work Supervisor who supervises and monitors the licensure and adoption workers of DFCS's services on a regional basis. Each region and other service providers, such as contractors and community-based organizations, provide a wide variety of services to children and families. These services include programs designed to strengthen families, reduce the risk of child abuse and neglect, and support and preserve families.

Under the umbrella of the Mississippi Department of Human Services (MDHS), the Division of Family and Children's Services is the agency authorized by state statute to promulgate regulations, policies and procedures necessary to implement the state's child welfare system and to ensure the safety, permanency, and well-being for Mississippi's families and children. The DFCS is responsible for the Title IV-B Subpart 1 (Child Welfare Services), IV-B Subpart 2 (Promoting Safe and Stable Families), Title IV-E (Foster Care and Adoption Assistance), Child Abuse Prevention and Treatment Act (CAPTA), Chafee Foster Care Independence Program (CFCIP) and Educational Training Voucher (ETV).

DFCS Vision Statement

Our vision is that children grow up in families, safe from harm, without fear of constant disruption and that they have the opportunity to experience continuity of relationships. We have a vision of children having stability and a sense of belonging. Further, our vision is that no child under our "watch" continues to experience abuse or neglect and that families change for the better as a result of our intervention.

DFCS Mission Statement

Our mission is to lead Mississippi in protecting children and youth from abuse, neglect and exploitation by providing services to promote safe and stable families.

Organizational Chart

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MDHS Executive Director
  └─ DFCS Deputy Administrator
       ├─ DFCS Office Director II
       │    ├─ Field Operations – N Bureau Director II
       │    │    └─ Regional Directors
       │    │         ├─ Social Work Consultant
       │    │         └─ ASWS
       │    │              └─ Direct Service Workers
       │    ├─ Field Operations – S Bureau Director II
       │    │    └─ Regional Directors
       │    │         ├─ Social Work Consultant
       │    │         └─ ASWS
       │    │              └─ Direct Service Workers
       │    ├─ Prevention/Protection Director
       │    │    ├─ Primary Prevention Division Director II
       │    │    ├─ Central Intake Division Director II
       │    │    └─ Tertiary Prevention Protection/Division Director II
       │    ├─ Permanency Planning/Placement
       │    └─ Human Resources Program Administrator, Sr.
       ├─ Performance/ Quality Improvement Bureau Director II
       │    ├─ Foster Care Review
       │    ├─ Evaluation & Monitoring
       │    └─ MACWIS
       ├─ Administrative/ Finance Bureau Director I
       │    ├─ Budgets/Financial Planning
       │    ├─ Contracts/Grants
       │    └─ Revenue Management
       ├─ Training Unit Director
       │    ├─ Recruitment/ University Liaison Program Admin. Sr.
       │    ├─ Curriculum Designer Projects Officer IV
       │    ├─ E-Learning Manager Projects Officer IV
       │    ├─ Special Projects Staff Officer II
       │    └─ Training Coordinator Supervisor
       │         └─ Training Coordinators
       ├─ Accreditation Coordinator
       │    └─ Policy Administrator
       └─ Permanency Plan/ Placement Bureau Director II
            ├─ Independent Living Division Director I
            ├─ Adoption Services Division Director II
            ├─ Interstate Compact Division Director II
            └─ Congregate/ Therapeutic Licensing/ Resource Development
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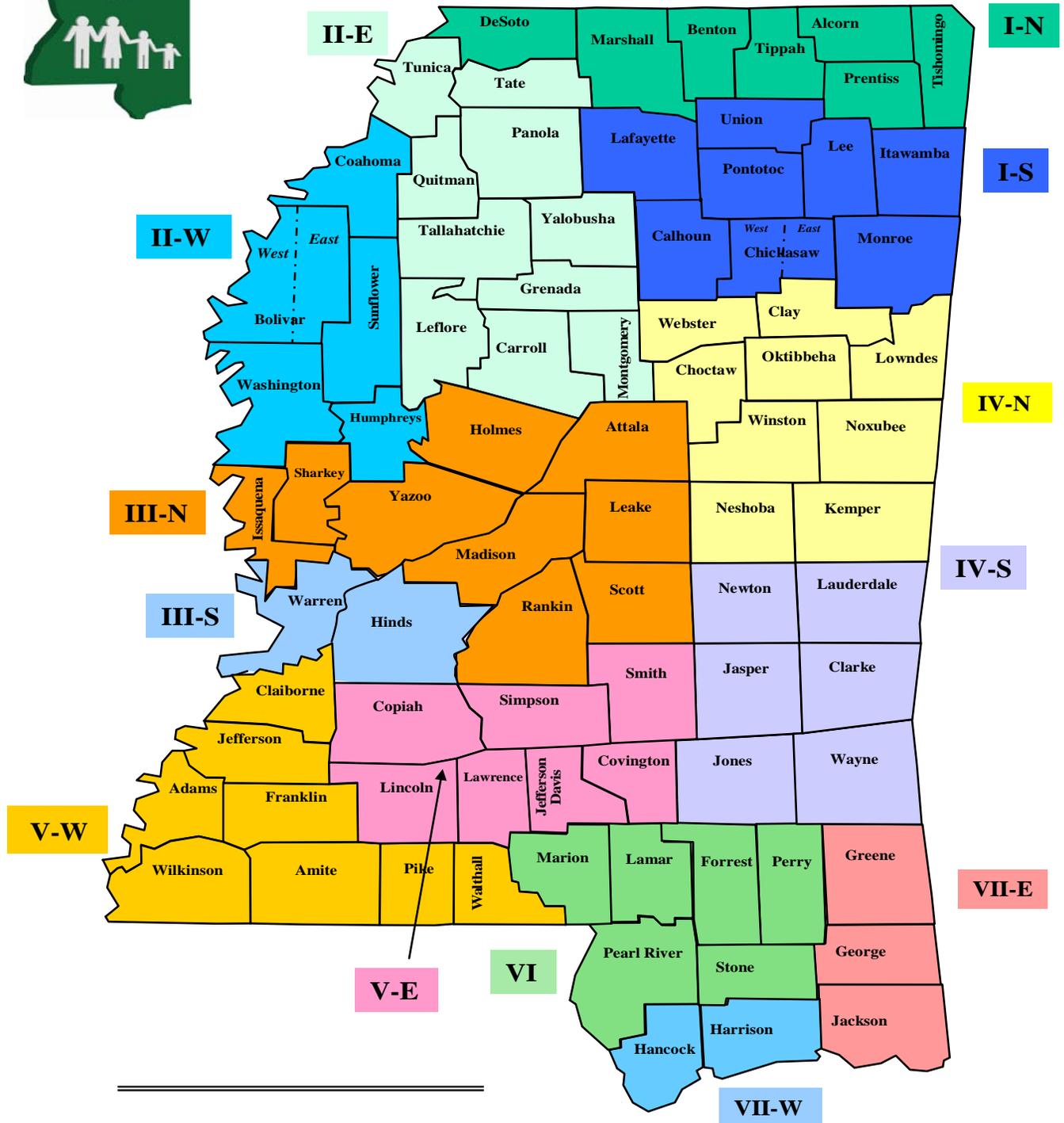
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Department of Human Services MISSISSIPPI

Map regions and counties:

II-E — DeSoto, Marshall, Benton, Tunica, Tate, Panola

I-N — Alcorn, Tippah, Prentiss, Tishomingo

II-W — Coahoma, Quitman, Tallahatchie, Bolivar (West, East), Sunflower, Washington, Humphreys

I-S — Lafayette, Union, Lee, Itawamba, Pontotoc, Calhoun, Chickasaw (West, East), Monroe

Leflore, Carroll, Yalobusha, Grenada, Montgomery, Webster, Clay, Choctaw, Oktibbeha, Lowndes

IV-N — Winston, Noxubee

III-N — Sharkey, Yazoo, Holmes, Attala, Issaquena, Leake, Neshoba, Kemper, Madison

III-S — Warren, Hinds, Rankin, Scott, Newton, Lauderdale

IV-S — Jasper, Clarke, Smith, Simpson

Claiborne, Jefferson, Copiah, Lawrence, Jefferson Davis, Covington, Jones, Wayne

V-W — Adams, Franklin, Lincoln, Wilkinson, Amite, Pike, Walthall

V-E — Marion, Lamar, Forrest, Perry, Greene

VI — Pearl River, Stone, Hancock, Harrison

VII-E — George, Jackson

VII-W

Recruitment/Retention Plans for DFCS Workforce

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The agency plans to increase recruitment efforts and improve current recruitment techniques. DFCS is working to get caseloads within standards prescribed by the *Olivia Y.* Settlement Agreement and during the past couple of years significant hiring has occurred toward that goal**.** Further, DFCS has hired and/or promoted staff to supervisory positions to increase the supervisor/staff ratio. The agency is seeking additional title IV-E funding which can be used to pay for social work students' education in return for employment. The agency also plans to engage social work bodies such as the National Association of Social Workers and the Mississippi Conference on Social Welfare to assist with recruitment efforts of social workers specifically, as recent research has shown that social workers in child welfare are more satisfied with their jobs than their non-social work colleagues (NASW, 2004).   The University of Mississippi has expressed interest in developing a child welfare specific program with flexible hours, and the agency will work with the university to develop this program. Lastly, the agency plans to make the employment opportunities more visible on the website to ensure that potential employees are made aware of vacancies and how to apply. Although recruitment is important in the field of child welfare, retention is vital.   The following chart shows the percentage of employees who separated from the agency from 2004 through May 2009.

Percentage of Employees to Separate
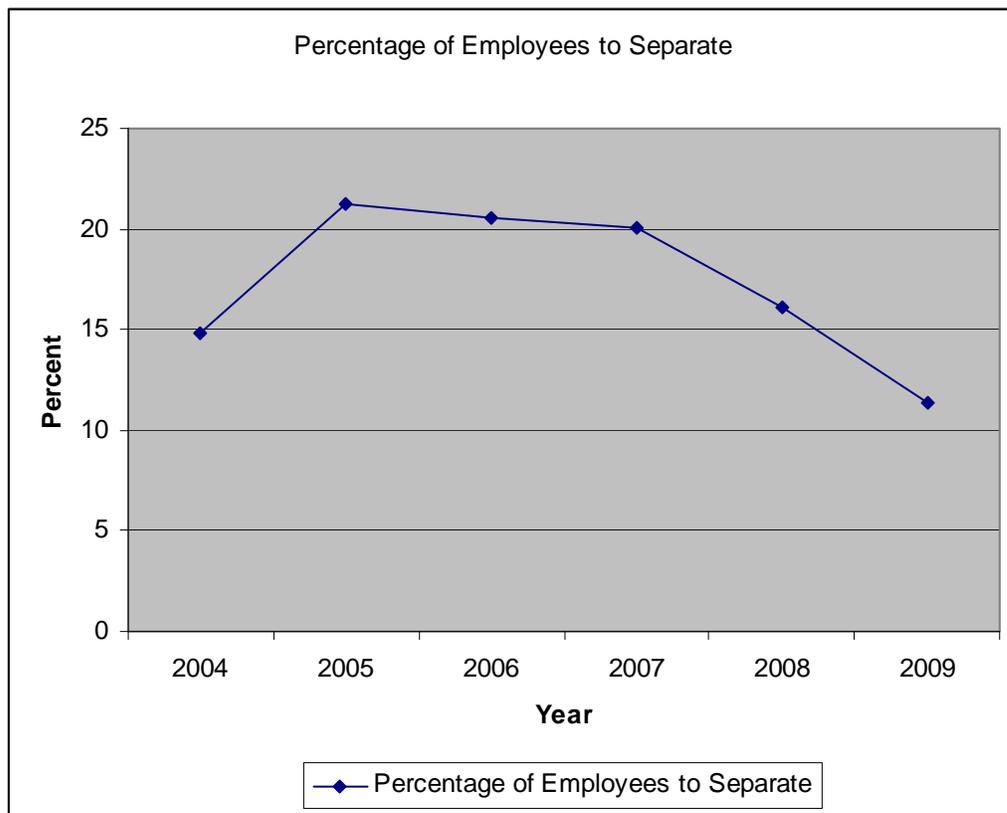
The following chart shows the reason given for separation from the agency for those employees who separated from 2004 through May 2009.
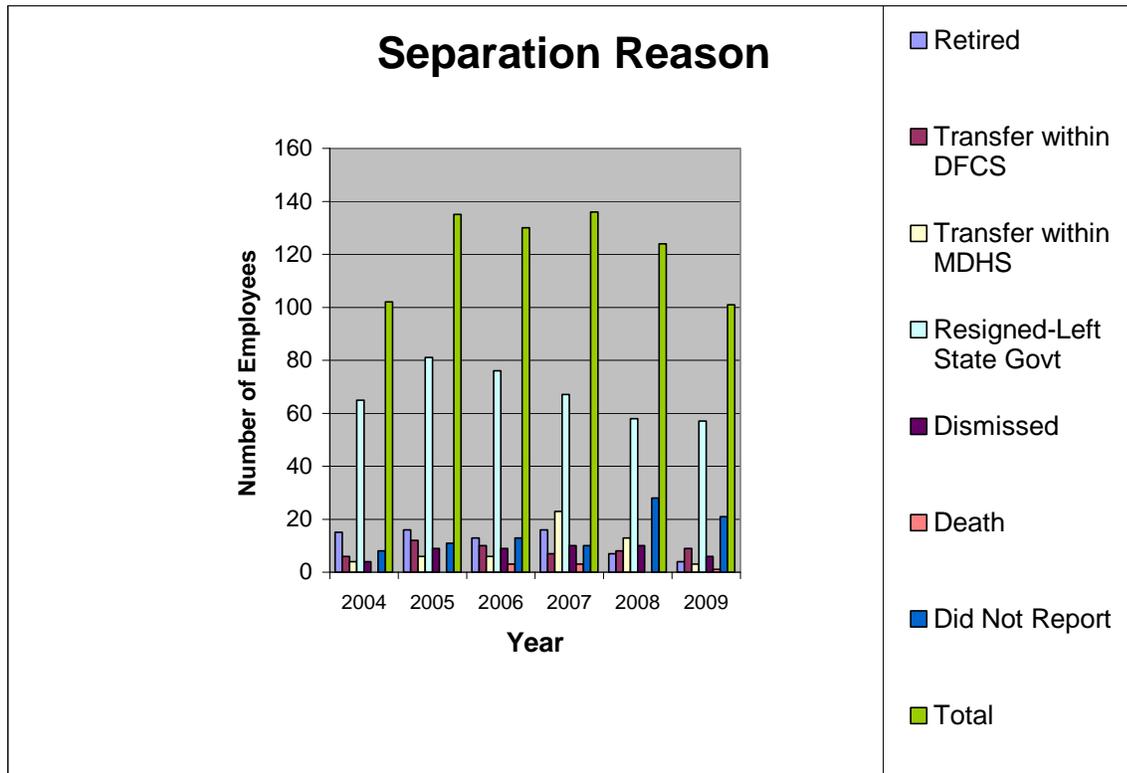
It appears that the agency has improved retaining employees within the last two years. We are not far enough into 2009 to be able to account for this year, but a significant decline in the percentage of those separating from 2007 to 2008 is apparent. Although the numbers may have decreased in that year, the reasons given for separation have remained fairly constant for the last five years as indicated in the chart above. The most common reason for separating is resignation to leave state government. Although resignation is hardly uncommon for state agencies, the agency needs to increase efforts to compete with the private sector. Another common reason for separating is employees who never reported to work. Slow hiring practices and lower salaries are areas that the agency strives to change in an effort to decrease the number of potential employees who do not report. Some of the reasons for separation are unavoidable, such as retirement and death. The agency intends to use data in succession planning to reduce the impact of unavoidable separation reasons.

Child and Families Services Review (CFSR) Self Assessment Process
Information for the Statewide Assessment was gathered through the State CFSR Planning Team, workgroups of DFCS staff and stakeholders, special projects coordinators, state quality assurance reviews, federal monitor case reviews, state reviewers' mock case reviews, administrative service organization data, the statewide data profile, surveys of the legal community and data research and analysis.

- **The Five Year Strategic Planning Conference** convened in February 2009 with 110 participants (approximately 70 DFCS staff and 40 stakeholders) to develop the Mississippi Child and Family Services Plan. All of the participants were divided into ten workgroups to discuss CFSR Items regarding the response to needs of children in Mississippi, to determine services each participant represented, to identify areas needing improvement and to develop ways to collaborate more efficiently. Many of the stakeholders signed a commitment to work with DFCS over the next five years to improve services for children. The stakeholders have also participated in the Statewide Assessment process.
  - **Regional Children and Families Services Plan (CFSP)** meetings (Focus Groups) were held in all the Regions in 2009 and included Stakeholders. These groups participated in a series of assessments which were compiled into a report. These stakeholders included persons committed to working with DFCS.
- **Child and Family Services Review Professional Development** was conducted in all Regions during 2009.

Mississippi Settlement Agreement and Reform Plan

Children's Rights, Inc. filed the *Olivia Y. v. Barbour* lawsuit in the U.S. District Court for the Southern District of Mississippi in 2004, alleging violations of the rights of children living in the child welfare system. The Mississippi Department of Human Services (MDHS), Division of Family and Children's Services (DFCS) reached a Settlement Agreement with the Plaintiffs on January 4, 2008. The Settlement Agreement and Reform Plan sets out benchmarks to be completed in five implementation periods from January 4, 2008 through January 3, 2013.

Accreditation Status:
- On target for COA deliverables as outlined in Implementation Period Year II
- Three Accreditation Preparation Reviews have been completed in Regions I-S, II-W and III-S. Outcome of Reviews: Positive.

Centralized Intake:
- Centralized Intake went statewide November 1, 2009. This was a significant safety item according to CRI and COA and the Federal Court Monitor.
  Outcome of Centralized Intake: Positive

Staffing:
- Efforts continue to increase staffing both in the frontline and supervisory areas.
- There are currently more frontline workers and supervisors than ever before in the history of Mississippi Child Welfare Services.
- Frontline positions currently filled as of January 2010: 633
- ASWS positions currently filled as of January 2010: 137
- There are currently 140 vacant front line positions.
- There are currently 10 vacant ASWS positions.
- DFCS continues to identify areas where clustering could benefit the children and families as well as to identify critical staffing needs counties.

- The Coastal Counties, Harrison, Jackson and Hancock continue to fall into the critical need county category.

Performance and Quality Improvement:

- DFCS is required to begin implementing a separate continuous quality improvement system which can identify areas of needed improvement and require improvement plans in support of achieving performance targets, program goals, client satisfaction, and positive client outcomes. This unit shall include monitoring and evaluating the quality of social and human services provided by independent contractors and other provider organizations and ensuring contractor remediation of any identified deficiencies.

There are a number of settlement agreement accomplished milestones:

- Agency Leadership and Administration: An organizational chart has been developed, positions have been filled, and personnel operations are handled in accordance with COA standards.
- The agency's performance goals and outcomes are clearly articulated.
- Human Resource Management: A written workforce plan has been developed, workers have access to supervisors 24 hours a day, job performance is evaluated, upkeep of personnel records is being addressed, worker and supervisor qualifications have been studied and a workforce analysis has been completed, training is being emphasized and a training plan and training policy are being developed and/or implemented.
- The agency's contractual procedures are being examined. A request for proposal (RFP) is being issued regarding performance based contracting and an external assessment of actual and anticipated federal funding levels.
- Performance and Quality Improvement: The agency, in conjunction with an independent qualified monitor, has begun the development and implementation of a separate continuous quality improvement system that meets COA standards and Settlement Agreement Requirements.
- Mississippi Automated Child Welfare Information System (MACWIS): This area continues to be a significant item. We continue to work with our federal partners toward a new and/or improved reliable system. This is one area that is not moving as rapidly as the agency would like.
- The agency has a public awareness initiative.
- COA standards regarding ethical principles have been or are being addressed.
- Foster Care Services Assessment and Implementation Steps have been completed and the agency is in the process of developing implementation plans to address identified needs in the areas of Independent Living, Permanency Planning, Reunification Services, Termination of Parental Rights, Special Permanency Reviews, Adoption, Child Safety and Child Placement.
- Emphasis is being placed on developing and maintaining connections.
- Emphasis is being placed on the service array in the areas of education, mental health, physical health and dental health.
- Individual and Family Team Meetings: Protocol and Training has been developed.

- Case Closure and Aftercare: DFCS is working toward fulfilling accreditation standards.
- Recruitment and Retention of Foster Families and Therapeutic Service Providers: Rate Setting Analysis has been completed and is currently under review and discussion by the parties.

Accreditation in Mississippi

As a requirement of the *Olivia Y. v. Barbour* lawsuit, Mississippi is required to secure accreditation by the Council on Accreditation (COA). The Council on Accreditation is the largest independent accrediting body for organizations that provides high-quality social and behavioral healthcare services to children, youth, seniors, and families in the United States and Canada. As a requirement of the Settlement Agreement, DFCS has taken the initial steps of the Five Year Accreditation Plan to become accredited by COA. Each period of the implementation plan encompasses one year of planning, reviewing, documenting, and implementing policies, practices and procedures.

Mississippi Child Welfare Practice Model

DFCS contracted with The Center for the Support for Families to develop a practice model and make recommendations for the agency's continuing quality improvement efforts. The Mississippi Child Welfare Practice Model was developed in a principle-based and outcome-oriented manner grounded in the Mission Statement and values of DFCS. In developing the Mississippi Child Welfare Practice Model, an assessment of policy, training, monitoring activities, resources and practice was done and information gathered from the following sources:

- An electronic survey administered to DFCS child welfare staff;
- A series of focus groups and individual interviews that included workers, supervisors, Regional Directors, parents, service providers, youth in foster care, resource families, and State Office staff;
- The court monitor's report for the *Olivia Y.* settlement agreement;
- Reports from the Council on Accreditation; and
- A review of DFCS child welfare policy, training curricula, and Foster Care Review (FCR) findings.

Continuing Impact of 2005 Hurricane Katrina

The continuing effects of the 2005 hurricane are evident in the housing crisis, lack of resource homes, general shift in population, influx of persons with English language barriers, and a deficient infrastructure to support education, businesses and services. The Coastal counties in Mississippi prior to Katrina were thriving locations, but to date have not returned to that status. Five years later, some DFCS offices are still in temporary trailers. Construction has not kept pace with the needs. Due to the many hardships suffered, some people did not return to the Coast to live or to operate businesses, impacting recruitment.

II.   Mississippi Child and Family Services Review Data Profile - January 12, 2010

CHILD SAFETY PROFILE	Fiscal Year 2008ab						12-Month Period Ending 03/31/2009 (08B09A)						Fiscal Year 2009ab (Not yet submitted)					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
I. Total CA/N Reports Disposed[1]	19,063		29,888		25,881		18,921		29,870		26,004							
II. Disposition of CA/N Reports[3]																		
Substantiated & Indicated	5,480	28.7	7,976	26.7	7,429	28.7	5,324	28.1	7,694	25.8	7,252	27.9						
Unsubstantiated	13,583	71.3	21,910	73.3	18,450	71.3	13,597	71.9	22,175	74.2	18,751	72.1						
Other			2	0	2	0			1	0	1	0						
III. Child Victim Cases Opened for Post-Investigation Services[4]			3,557	44.6	3,207	43.2			3,521	45.8	3,230	44.5						
IV. Child Victims Entering Foster Care Based on CA/N Report[5]			1,564	19.6	1,382	18.6			1,463	19	1,306	18						
V. Child Fatalities Resulting from Maltreatment[6]					17[A]	0.2					9	0.1						
VI. Absence of Recurrence Maltreatment[				3,645	93.9					3,940	95.4							
STATEWIDE AGGR... *E SUBSTANTIAL* [Standard: 94.6% or more; national median = 93.3%, 25th percentile = 91.50%]			3,421 of						3,757 of									

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VII. Absence of Child Abuse and/or Neglect in Foster Care[8] (12 months) [standard 99.68% or more; national median = 99.5, 25th percentile = 99.30]				5,254 of 5,332	98.54				5,033 of 5,121	98.28						

Additional Safety Measures For Information Only (no standards are associated with these):

	Fiscal Year 2008ab					12-Month Period Ending 03/31/2009 (08B09A)					Fiscal Year 2009ab (Not yet submitted)				
	Hours			Unique Childn.[2]	%	Hours			Unique Childn.[2]	%	Hours			Unique Childn.[2]	%
VIII. Median Time to Investigation in Hours (Child File)[9]	>24 but <48[B]					>24 but <48[B]									
IX . Mean Time to Investigation in Hours (Child File)[10]	85.9[C]					88.6[C]									
X. Mean Time to Investigation in Hours (Agency File)[11]	212					N/A									
XI. Children Maltreated by Parents While in Foster Care.[12]				D					D						

CFSR Round One Safety Measures to Determine Substantial Conformity (Provided for informational purposes only)

	Fiscal Year 2008ab						12-Month Period Ending 03/31/2009 (08B09A)						Fiscal Year 2009ab (Not yet submitted)					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
XII. Recurrence of Maltreatment[13] [Standard: 6.1% or less)					224 of 3,645	6.1					183 of 3,940	4.6						
XIII. Incidence of Child Abuse and/or Neglect in Foster					66 of	1.38					58 of	1.26						

Care[14] (9 months) [standard 0.57% or less]				4,779					4,618						

NCANDS data completeness information for the CFSR			
Description of Data Tests	**Fiscal Year 2008ab**	**12-Month Period Ending 03/31/2009 (08B09A)**	**Fiscal Year 2009ab (Not yet submitted)**
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	6.7	5.6	
Percent of victims with perpetrator reported [File must have at least 95% to reasonably calculate maltreatment in foster care]*	99.2	99	
Percent of perpetrators with relationship to victim reported [File must have at least 95%]*	99.1	99	
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	97.4	97.4	
Average time to investigation in the Agency file [PART measure]	Reported	N/A	
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child **does not have to be in foster care to have this ID**]	100, but no matches found	100, but no matches found	

*States should strive to reach 100% in order to have maximum confidence in the absence of maltreatment in foster care measure.

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated" and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition – Not a Victim," "Other," "No Alleged Maltreatment," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of "No alleged maltreatment" was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded "substantiated," "indicated," or "alternative response victim." A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded "unsubstantiated" or "unsubstantiated due to intentionally false reporting." A child classified as "other" has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to "other" disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an "other" disposition, the child is counted as having the same disposition as the report disposition.

1. *The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.*

2. *The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.*

3. *For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.*

4. The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.

6. The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

7. The data element "Absence of Recurrence of Maltreatment" is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State's substantial conformity with CFSR Safety Outcome #1 ("Children are, first and foremost, protected from abuse and neglect").

8. The data element "Absence of Child Abuse/or Neglect in Foster Care" is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent of facility staff member. This data element is used to determine the State's substantial conformity with CFSR Safety Outcome #1 ("Children are, first and foremost, protected from abuse and neglect"). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.

9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.

10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as "under 24 hours", one day difference (investigation date is the next day after report date) is reported as "at least 24 hours, but less than 48 hours", two days difference is reported as "at least 48 hours, but less than 72 hours", etc.

11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, "Children Maltreated by Parents while in Foster Care" is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship "Parent" are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.

13. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated" or "indicated" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated" or "indicated" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.

14. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was

jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

A. The State previously counted only those child fatalities where the medical examiner or coroner ruled the manner of death was a homicide. During 2007, the State began counting those child fatalities that were determined to be the result of abuse or neglect if there was a CPS finding of abuse or neglect. MS did not report any additional fatalities for FFY2008 in the Agency File.

B. The State implemented the Safety Assessment as a part of an investigation with three levels. Level 1 is screened out. Level 2 is screened in and a safety assessment is initiated within 72 hours. Level 3 is screened in and a full investigation is initiated within 24 hours. A Level 2 can escalate to a Level 3. Level 3 is a felony report and Level 2 is any other abuse and neglect concern where the caregiver is the perpetrator. All existing ones will be Level 3 automatically. If not screened in, the intake supervisor has 24 hours to screen. After that, the worker's time starts from assignment times.

C. MS has reviewed these data and found it to be accurate.

D. No matches were found between NCANDS and AFCARS files.

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2008ab		12-Month Period Ending 03/31/2009 (08B09A)		Federal FY 2009ab	
	# of Children	*% of Children*	*# of Children*	*% of Children*	*# of Children*	*% of Children*
I. Foster Care Population Flow						
Children in foster care on first day of year[1]	3,309		3,217		3,275	
Admissions during year	2,023		1,904		1,967	
Discharges during year	1,958		1,910		1,952	
Children discharging from FC in fewer than 8 days (These cases are excluded from length of stay calculations in the composite measures)	53	2.7% of the discharges	49	2.6% of the discharges	63	3.2% of the discharges
Children in care on last day of year	3,374		3,211		3,290	
Net change during year	65		-6		15	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	21	0.6	16	0.5	18	0.5
Foster Family Homes (Relative)	645	19.1	542	16.9	496	15.1
Foster Family Homes (Non-Relative)	1,484	44.0	1,436	44.7	1,503	45.7
Group Homes	505	15.0	499	15.5	525	16.0
Institutions	195	5.8	186	5.8	199	6.0
Supervised Independent Living	7	0.2	9	0.3	13	0.4
Runaway	63	1.9	58	1.8	52	1.6
Trial Home Visit	427	12.7	447	13.9	376	11.4
Missing Placement Information	27	0.8	18	0.6	108	3.3
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care						
Reunification	1,746	51.7	1,719	53.5	1,834	55.7
Live with Other Relatives	230	6.8	221	6.9	206	6.3
Adoption	979	29.0	907	28.2	887	27.0

Long Term Foster Care	49	1.5	43	1.3	44	1.3
Emancipation	211	6.3	206	6.4	207	6.3
Guardianship	152	4.5	114	3.6	87	2.6
Case Plan Goal Not Established	0	0.0	1	0.0	4	0.1
Missing Goal Information	7	0.2	0	0.0	21	0.6

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2008ab		12-Month Period Ending 03/31/2009 (08B09A)		Federal FY 2009ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	998	29.6	943	29.4	943	28.7
Two	856	25.4	793	24.7	813	24.7
Three	451	13.4	422	13.1	422	12.8
Four	304	9.0	305	9.5	283	8.6
Five	185	5.5	177	5.5	153	4.7
Six or more	553	16.4	553	17.2	568	17.3
Missing placement settings	27	0.8	18	0.6	108	3.3
V. Number of Removal Episodes						
One	2,957	87.6	2,770	86.3	2,827	85.9
Two	365	10.8	377	11.7	394	12.0
Three	49	1.5	58	1.8	62	1.9
Four	3	0.1	6	0.2	7	0.2
Five	0	0.0	0	0.0	0	0.0
Six or more	0	0.0	0	0.0	0	0.0
Missing removal episodes	0	0.0	0	0.0	0	0.0
VI. Number of children in care 17 of the most recent 22 months[2] (percent based on cases with sufficient information for computation)	682	31.5	742	34.8	693	33.1
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	13.2		13.7		13.5	

VIII. Length of Time to Achieve Perm. Goal	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge

Reunification	1,402	9.6	1,341	9.8	1,456	10.1
Adoption	292	35.1	340	32.7	288	30.4
Guardianship	134	16.3	105	16.3	92	16.5
Other	117	49.5	118	42.5	114	39.6
Missing Discharge Reason (footnote 3, page 16)	13	6.8	6	13.7	2	31.0
Total discharges (excluding those w/ problematic dates)	1,958	12.8	1,910	13.0	1,952	12.7
Dates are problematic (footnote 4, page 16)	0	N/A	0	N/A	0	N/A

Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4

	Federal FY 2008ab	12-Month Period Ending 03/31/2009 (08B09A)	Federal FY 2009ab
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 126.6	State Score = 127.4	State Score = 130.0
National Ranking of State Composite Scores (see footnote A on page 12 for details)	10 of 47	10 of 47	8 of 47
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 69.9%, 75th percentile = 75.2%**]	65.0%	66.0%	67.2%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [**national median = 6.5 months, 25th Percentile = 5.4 months (lower score is preferable in this measure^{B}**)]	Median = 7.9 months	Median = 7.9 months	Median = 7.7 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 39.4%, 75th**	46.2%	43.0%	52.4%

Percentile = 48.4%]			
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [**national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure**)]	5.1%	5.9%	6.9%

	Federal FY 2008ab	12-Month Period Ending 03/31/2009 (08B09A)	Federal FY 2009ab
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	State Score = 115.5	State Score = 112.5	State Score = 12
National Ranking of State Composite Scores (see footnote A on page 12 for details)	9 of 47	12 of 47	6 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [**national median = 26.8%, 75th Percentile = 36.6%**]	18.6%	28.8%	31.7%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [**national median = 32.4 months, 25th Percentile = 27.3 months(lower score is preferable in this measure)**]	Median = 35.1 months	Median = 32.7 months	Median = 30.4 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [**national median = 20.2%, 75th Percentile = 22.7%**]	24.2%	24.6%	22.1%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [**national median = 8.8%, 75th Percentile = 10.9%**]	20.3%	15.7%	15.6%

Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: **Legally free children adopted in less than 12 months:** Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [**national median = 45.8%, 75th Percentile = 53.7%**]	57.4%	57.3%	59.9%

	Federal FY 2008ab	12-Month Period Ending 03/31/2009 (08B09A)	*Federal FY 2009ab*
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	State Score = 119.8	State Score = 125.9	State Score = 131.5
National Ranking of State Composite Scores (see footnote A on page 12 for details)	18 of 51	11 of 51	4 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). **[national median 25.0%, 75th Percentile = 29.1%]**	36.6%	33.5%	32.8%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) **[national median 96.8%, 75th Percentile = 98.0%]**	95.2%	97.6%	94.6%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer? **[national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]**	49.7%	46.9%	42.0%

	Federal FY 2008ab	12-Month Period Ending 03/31/2009 (08B09A)	*Federal FY 2009ab*
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates **no components** but three individual measures (below)	State Score = 88.4	State Score = 86.9	State Score = 88.0
National Ranking of State Composite Scores (see footnote A on page 12 for details)	33 of 51	35 of 51	35 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75th Percentile = 86.0%]	79.4%	80.2%	81.0%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [national median = 59.9%, 75th Percentile = 65.4%]	57.1%	56.6%	57.0%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [national median = 33.9%, 75th Percentile = 41.8%]	29.7%	28.2%	27.4%

Special Footnotes for Composite Measures:

A. **These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards. The order of ranking goes from 1 to 47 or 51, depending on the measure. For example, "1 of 47" would indicate this State performed higher than all the States in 2004.**

B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

PERMANENCY PROFILE	Federal FY 2008ab		12-Month Period Ending 03/31/2009 (08B09A)		Federal FY 2009ab	
FIRST-TIME ENTRY COHORT GROUP	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1st time entry of all entering within first 6 months)	931	90.4	945	88.0	783	86.2
II. Most Recent Placement Types						
Pre-Adoptive Homes	1	0.1	2	0.2	3	0.4
Foster Family Homes (Relative)	207	22.2	140	14.8	132	16.9
Foster Family Homes (Non-Relative)	297	31.9	295	31.2	251	32.1
Group Homes	96	10.3	113	12.0	110	14.0
Institutions	33	3.5	41	4.3	31	4.0
Supervised Independent Living	1	0.1	0	0.0	0	0.0
Runaway	16	1.7	9	1.0	1	0.1
Trial Home Visit	266	28.6	338	35.8	251	32.1
Missing Placement Information	14	1.5	7	0.7	4	0.5
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
III. Most Recent Permanency Goal						
Reunification	720	77.3	766	81.1	668	85.3
Live with Other Relatives	64	6.9	66	7.0	51	6.5
Adoption	97	10.4	88	9.3	47	6.0
Long-Term Foster Care	1	0.1	1	0.1	0	0.0
Emancipation	13	1.4	9	1.0	7	0.9
Guardianship	33	3.5	15	1.6	9	1.1
Case Plan Goal Not Established	0	0.0	0	0.0	0	0.0
Missing Goal Information	3	0.3	0	0.0	1	0.1
IV. Number of Placement Settings in Current Episode						

One	418	44.9	446	47.2	379	48.4
Two	295	31.7	271	28.7	228	29.1
Three	95	10.2	102	10.8	82	10.5
Four	56	6.0	63	6.7	49	6.3
Five	25	2.7	33	3.5	16	2.0
Six or more	28	3.0	23	2.4	25	3.2
Missing placement settings	14	1.5	7	0.7	4	0.5

PERMANENCY PROFILE	Federal FY 2008ab		12-Month Period Ending 03/31/2009 (08B09A)		Federal FY 2009ab	
FIRST-TIME ENTRY COHORT GROUP (continued)	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
V. Reason for Discharge						
Reunification/Relative Placement	290	93.9	312	95.1	264	95.3
Adoption	3	1.0	6	1.8	0	0.0
Guardianship	13	4.2	5	1.5	7	2.5
Other	2	0.6	5	1.5	5	1.8
Unknown (missing discharge reason or N/A)	1	0.3	0	0.0	1	0.4
	Number of Months		Number of Months		Number of Months	
VI. Median Length of Stay in Foster Care	9.1		7.7		not yet determinable	

AFCARS Data Completeness and Quality Information (2% or more is a warning sign):

	Federal FY 2008ab		12-Month Period Ending 03/31/2009 (08B09A)		Federal FY 2009ab	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	0	0.0 %	0	0.0 %	0	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	25	1.3 %	0	0.0 %	5	0.3 %
Missing discharge reasons	13	0.7 %	6	0.3 %	2	0.1 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits

	N	Percent of cases in file	N	Percent of cases in file	N	Percent of cases in file
File submitted lacks data on Termination of Parental Rights for finalized adoptions	12	4.1 %	0	0.0 %	0	0.0 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	20	6.8% fewer in the adoption file.	17	5.0% fewer in the adoption file.	25	8.7% fewer in the adoption file.
	N	**Percent of cases in file**	**N**	**Percent of cases in file**	**N**	**Percent of cases in file**
File submitted lacks count of number of placement settings in episode for each child	27	0.8 %	18	0.6 %	108	3.3 %

* The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency" reported in the AFCARS Adoption files.

Note: These are CFSR Round One permanency measures. They are provided for informational purposes only.

	Federal FY 2008ab		12-Month Period Ending 03/31/2009 (08B09A)		*Federal FY 2009ab*	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal from home? (4.1) **[Standard: 76.2% or more]**	849	60.6	801	59.7	870	59.8
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) **[Standard: 32.0% or more]**	54	18.5	98	28.8	91	31.6
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) **[Standard: 86.7% or more]**	1,972	79.2	1,832	80.2	1,917	78.2
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) **[Standard: 8.6% or less]**	90	4.4 (89.4% new entry)	110	5.8 (87.3% new entry)	107	5.4 (86.7% new entry)

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

[1]The FY 08, 08b09a, and FY 09 counts of children in care at the start of the year exclude 41, 22, and 28 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

[2]We designated the indicator, *17 of the most recent 22 months,* rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

[3]This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

[4]The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

[5]This First-Time Entry Cohort median length of stay was 9.1 in FY 08. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

[6]This First-Time Entry Cohort median length of stay was 7.7 in 08b09a. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

[7]This First-Time Entry Cohort median length of stay is Not Yet Determinable for FY 09. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

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Section III – Narrative Assessment of Child and Family Outcomes

Item 1*: Timeliness of initiating investigations of reports of child maltreatment.* **How effective is DFCS in responding to incoming reports of child maltreatment in a timely manner?**

1. Assessment of Performance
Mississippi is not in compliance for timely initiation of investigations according to the data profile information.   MACWIS reports show that investigations were initiated timely only 78.3% of the time in SFY 2009. However, the statistical report is flawed and Mississippi does not have a valid method to measure performance for timeliness. When the change to the level system was made, a MACWIS change was requested at the same time that would reset the report to start the 24 or 72 hour clock running at the time and date of assignment to the worker rather than the time and date of the report, as it had previously been set. The change has not been made. All staff had been trained that the clock started running at assignment when, in fact, it is still running from the time and date of the report. Considering that the ASWS has 24 hours to screen and assign the report for investigation, many investigations are already late for initiation when the worker receives them. It is quite possible that Mississippi is meeting the timeliness requirement of 90% in reality.

2. Performance on Round 1 CFSR
Item 1 was assigned an overall rating of Area Needing Improvement based on the finding that in 24 percent of the applicable cases, DFCS had not established face-to-face contact with the child subject of a maltreatment report in accordance with the State's required timeframes.

3. Statute, Regulation, and Policy
In the spring of 2007, new policy was implemented statewide after formal classroom training for all direct service staff. Volume IV, Sec. B, pp. 2010-2028 address intake. A level system was implemented as follows:

Level I reports require supervisory review to determine if a report may be screened out during the intake process. If the report is screened out for child protective services, a referral for information or a referral for services can be made. Examples of reports which may be screened out are reports on dirty houses or dirty children; reports that children are dressed inappropriately; allegations regarding parent's behavior rather than condition of the child (i.e. parent drinks beer, or takes drugs; mother/father has a boyfriend); reports of crowded conditions; inappropriate spending of TANF, Food Stamps, Child Support, etc.; reports which need to be addressed by another agency (i.e. absences at school; lice; delinquency; sexual crimes but parent or caretaker is not the alleged perpetrator and no parental or caretaker neglect is alleged and law enforcement has been informed of the report); reports regarding persons over eighteen years; or child-on-child physical injury and no parental or caretaker abuse or neglect is suspected.

Level II non-felony reports meet the statutory threshold for child abuse, but do not rise to a felony. MS Code 43-21- 105 states "Abused child means a child whose parent, guardian or custodian or any person responsible for his care or support, whether legally obligated to do so or not, has caused or allowed to be caused upon said child sexual

abuse, sexual exploitation, emotional abuse, mental injury, non-accidental physical injury or other maltreatment. Provided, however, that physical discipline, including spanking, performed on a child by a parent, guardian or custodian in a reasonable manner shall not be deemed abuse under this section." Level II investigations are initiated within 72 hours of the time and date of assignment to the worker. However, Level II investigations are initiated within 24 hours most of the time since situations could escalate to Level III in a short period of time.

Level III felony reports are statutorily defined as (1) intentionally burned (cigarettes or water); (2) intentionally tortured (with or without physical harm – i.e. locked in a dark closet, tied up or left without food or water for a significant period of time); (3) seriously injured or serious injury attempted; (4) sexually abused or (5) abused in any other way that would be a felony crime under state or federal law (i.e. pornography). Level III investigations are initiated within 24 hours of the time and date of assignment to the worker. The ASWS has 24 hours from the time and date of the report to screen it and assign it to a worker.

4. Major Initiatives Implemented Since the Round 1 CFSR
Three Levels of Intake were implemented in 2007 to quickly address reports regarding the safety of a child and imminent danger.

As of November 1, 2009, all reports of abuse, neglect and exploitation are routed through Mississippi Centralized Intake. This will provide consistent screening methods by trained intake workers and will ensure all reports are entered into MACWIS and sent to the appropriate county for assignment and follow-up.

5. Measures and Assessment of Performance
While DFCS acknowledges lack of a valid method to measure performance in MACWIS, the Regional Directors use a series of MACWIS statistical reports to determine timeliness of investigations. There is a county by county report that delineates Level II, Level II which escalated to Level III due to factors observed in the safety assessment, and reports that come in as Level III, as well as a statewide summary report. Regional Directors have consistently reported that the trend below is artificially low due to the method of capturing the data by MACWIS and requested modification of the report when the Level System of Intake was implemented.

6. Strengths and Barriers
A definite strength in this area is the fact that actual performance is better than what is reflected in the MACWIS report. The barriers have solutions that could easily be implemented. Another area of strength is that it is common practice in several regions for the workers to initiate all investigations within 24 hours regardless of level. Most of these workers continued 24 hour initiation because of their dedication to the children and families they serve.

A barrier related to the MACWIS system is the report is designed to pick up a contact with alleged victim as well as an attempted contact with the victim as initiation. It will

only do so, however, if the victim's name is placed in the participant box and "face-to-face" chosen as the contact type. In 2008, field staff had been given a written directive never to put a child's name in the participant box on a "face-to-face" contact type if he/she was not actually physically present with the child. Simple solutions exist to this barrier as well. The report could be altered to pick up attempted contacts in investigations when there is no name in the participant box.

Item 2: *Repeat maltreatment.* **How effective is DFCS in reducing the recurrence of maltreatment of children?**

1. Assessment of Performance
According to the Children's Bureau Data Profile for Mississippi, Mississippi's percentage of 95.4% for absence of recurrence of maltreatment exceeds the national standard of 94.6%. However, Mississippi's percentage of 98.28% for absence of child abuse and/ or neglect in foster care is slightly under the national standard of 99.68%. Mississippi does not currently have a report to track recurrence of maltreatment.

2. Performance on Round 1 CFSR
Item 2 was rated Strength during Mississippi's first CFSR. In the majority (98%) of the cases reviewed, no new substantiated reports were noted during the period under review for those cases with prior substantiated reports.

3. Statute, Regulation, and Policy
Although there is no policy on assessing previous evidenced maltreatment reports when making screening decisions, the Centralized Intake staff have been trained to perform an assessment of risk that includes the review of previous reports that were screened out, those evidenced and non-evidenced reports; requests for other non-ANE services; and any additional risk factors.

4. Major Initiatives Implemented Since the Round 1 CFSR
As of November 1, 2009, all reports of abuse, neglect and exploitation are routed through Mississippi Centralized Intake. This provides consistent screening methods by trained intake workers and ensures all reports are entered into MACWIS and sent to the appropriate county for assignment and follow-up. Training of intake workers strongly emphasized searching for previous reports and assessing safety risks. All allegations of maltreatment of children in care are investigated, including that of corporal punishment. These reports of maltreatment of children in care are automatically screened in by the MACWIS system as a level III which requires an investigation be initiated within 24 hours. This was accomplished by the last MACWIS change to the intake process.

5. Measures and Assessment of Performance
According to the data profile, Mississippi's score of 95.4% exceeds the National Standard of 94.6% or higher absence of maltreatment reoccurrence.

Mississippi is unable to track this information because MACWIS does not currently produce a report that captures the number of children with multiple evidenced reports within six months.

6. Strengths and Barriers

A question related to the screening determination tool in MACWIS has been modified to include assessment of <u>risk</u> of abuse or neglect as well as specific maltreatment allegations. A modification to MACWIS will allow for all intakes to be linked to a case. All requests for assistance as well as abuse and neglect reports will be available for viewing during intake. This will allow the Centralized Intake worker to make an appropriate assessment of risk for purposes of screening reports in for investigation or for appropriate referral for services.

The child welfare system is unable (unless court ordered) to provide direct services to families unless substantial risk for maltreatment is identified or an allegation of child maltreatment is reported that meets the statutory criteria of abuse, neglect or exploitation. DFCS has not had a primary focus on preventing maltreatment.

DFCS does not currently have a report that shows repeat maltreatment other than the re-entry into care report. The MACWIS system has not allowed all requests for assistance to be linked to case history. If an Information and Referral request is received, this request is documented in MACWIS, but is purged from the system after 30 days. While not an issue on an individual basis, the history of requests could speak to the risk level for maltreatment. Therefore, an incomplete listing of requests does not allow for an appropriate risk assessment to be performed upon intake.

Item 3*: Services to family to protect child in the home and prevent removal or re-entry of children from their homes.* **How effective is the agency in providing services, when appropriate to prevent removal of children from their homes?**

1. Assessment of Performance

Mississippi has had a total of 97 re-entries into foster care from January 1, 2009 through September 30, 2009, representing less than 2% of our total foster care population for that same period.

Intensive in home services are presently provided by contracted providers. These services are designed to provide therapeutic services to children who are in the state's custody placed in DFCS foster or adoptive homes who are experiencing behavioral problems.

- **MYPAC-** Mississippi Youth Programs Around the Clock is administered by Mississippi Medicaid through outsourced providers that enable children to remain safely in their homes while providing needed therapeutic and residential services.

- **Family First Resource Centers (FFRC)**- These centers are located throughout the state and provide the following:
    - o Individual and Family Counseling
    - o Parenting classes
    - o After School Programs
    - o Tutoring Services

- o Healthy Marriages Classes
- o Fatherhood Initiative

- **Regional Mental Health Centers-** are available statewide and provide assessments for children and adults and offer counseling, anger management classes, drug and alcohol screenings and treatment programs.

- **EPSDT-** Early Periodic Screening Diagnosis and Treatment ensures that all Medicaid eligible children receive comprehensive and preventative health care to the maximum extent that Medicaid allows. These screenings are conducted at county health departments and Medicaid accepted providers.

- **SNAP-**Supplemental Nutrition Assistance Program and TANF (Temporary Assistance for Needy Families) is available to eligible families at all local Economic Assistance offices.

- **WIC-**(Women, Infants and Children) A program that provides supplemental foods designed to meet the special nutritional needs of low-income pregnant, breastfeeding, non-breastfeeding postpartum women, infants and children up to five years of age who are at nutritional risk. These programs are available to all eligible recipients in each Mississippi County.

2. Performance on Round 1 CFSR

Item 3 was assigned an overall rating of Area Needing Improvement because in 25 percent of the cases, reviewers determined that DFCS had not made diligent efforts to provide the necessary services to maintain children safely in their own homes. The 2004 CFSR also determined that DFCS was inconsistent in its efforts to provide services to families to prevent removal. Although in most cases, appropriate services were provided and addressed risk of placement, there were many cases in which DFCS either did not provide services to ensure the child's safety while remaining in the home, or provided services that were insufficient to address risk of harm to the child in the home.

3. Statute, Regulation, and Policy

Providing support services for children in DFCS custody or protection/prevention in-home cases is addressed in Policy, Vol. IV, Sec. A, pp. 1110-1117. Support services must be provided directly to the client either through DFCS staff, through the purchase of services from providers outside DFCS or by services provided without cost by other agencies and community providers. Support services are those services needed, in addition to the worker direct service, which will aid the client in removing barriers to attaining the goal, such as support services needed to aid in the prevention of neglect or abuse. Support services must relate to the need of the client as identified through the assessment and service planning process such as: personal needs, medical needs, mental health and counseling needs, Independent Living needs, referral services, DFCS and other agency services.

Mississippi Volume IV, Section D, pages 3308-3009A, revised June 2009, establishes the guidelines for Family Team Meeting or Individual Team Meeting. Both can be done early in the process of a family becoming involved with DFCS. At the time of the meeting, a service plan is designed to address the specific interventions that will be taken to immediately ensure safety. These meetings include the worker and the supervisor. In 2004, Family Team Meetings were not as widely used as they are in today's practice.

Mississippi Vol. IV, Sec. B, p. 2079, revised July 2008, establishes the regularity of visits with non-custody children and parents. The Worker conducts at least one monthly visit with any child at risk remaining within a home and the family. These visits clearly assess the safety of the children in their home. Regular supervision of the children and family ensures continuing assessment of services needed, or being provided.

Mississippi Vol. IV, Sec. C, pp. 3000-3004, revised July 2007, establishes the Family Preservation Services (FPS). The focus is to provide intensive home based services to families with children who are at risk of being removed. This is a family-centered approach to treatment. The worker submits a referral for Family Preservation Services through email. This process allows the service provision to be expedited. Once the referral has been assigned, the FPS worker has forty-eight hours to make contact with the family. The FPS worker has the ability to input data in MACWIS. Narratives are put into the providers' system for review within twenty-four hours after contact with family, and uploaded into MACWIS once per week. The utilization of this program has provided the necessary services to strengthen families, and provide them the tools necessary to keep the children safe and within the family setting.

4. Major Initiatives Implemented Since the Round 1 CFSR

Family Preservation Services were established in 2007 to provide intensive home based services for families with children at risk of removal. A new DFCS Unit was created in 2009, Protection/Prevention, to increase efforts to prevent removal and protect children who remain at home.

5. Measures and Assessment of Performance
Family Preservation Program data from July 1, 2008 to June 30, 2009
Data on Families -
    Number of children served: 835
    Number of families served: 332
Disposition -
    Number of children remaining safely in the home: 712
    Number of children who required an out-of-home placement   123
    Number of families remaining intact   302
    Number of children re-unified: 114
    Number of families with children who required a placement   30
Monthly Family Preservation Report, January 2010 Data on Families
- Total Number of Children Served: 809
- Total Number of Families Served: 282

Type of Referrals

- Abuse: 86
- Neglect: 175
- Lack of Supervision: 02
- Reunification: 04
- Other: Domestic Violence   03
  - Emotional Neglect   00
  - Behavior Problems   03
  - Prevention   00
  - Child in Need of Supervision   01

Placement
- A. Number of Children who were in an Out-of-Home Placement   116
- B. Number of Families with Children in Out-of-Home Placement   47
- C. Number of Children Who Remained in Out-of-Home Placement   45
- D. Number of Families with Children in Out-of-Home Placement   23
- E. Number of Families Which Were Reunified: 23
- F. Number of Children Reunified: 45

Ongoing Service Numbers
- Number of Children Served Ongoing: 809
- Number of Children Remaining Safely: 651
- Number of Families Served Ongoing: 282
- Number of Families Remaining Intact: 226

Dispositions
- Number of Premature Terminations: 31
- Number of Children Prematurely Discharged: 79

Outcomes
- Number of Successful Terminations: 143
- Number of Unsuccessful Terminations: 07
- Number of Families with New Substantiated Abuse/Neglect   00

Percentage of Children Who Remained Safely   80.5%
Percentage of Families Remaining Intact -   80.2%

There is a report available through the MACWIS portal which identifies all open cases, the date of the initial Family Team Meeting (FTM), the total number of FTMs held for this case, the most recent FTM and if the case is overdue for an FTM. However, no aggregate data is compiled for this item. Regional Directors utilize this report to ensure compliance with the FTM policy.

6. Strengths and Barriers

Workers are implementing the Family Team Meeting approach more at the onset of the investigation, which allows them to identify the needs of the family. The safety assessment and safety plan are completed within seven days which gives the workers tools to assess safety and to formulate a plan early in the process.

The Risk Assessment is completed in conjunction with the Individual Service Plan. This practice helps the worker assess risk, and provide services appropriate to the risk level.

Family Preservation continues to be a service utilized by Workers through the state as a means of preventing removal. In some counties, the court systems embrace the service.

Identifying and providing available resources continue to be a barrier. Family Resource Centers, Child Advocacy Centers, Mental Health Centers are in most communities, but connecting these services to the families in need is a barrier due to lack of transportation or the provided services being inappropriate for the family.

Transportation is a barrier for many families. If families do not have transportation, or public transportation is limited or not available, families cannot participate in the services they need to help prevent removal of a child or re-entry into the system.

Cultural competence has become a struggle for many counties in the State of Mississippi. The Hispanic population has grown over the years; and because of the language barrier and lack of bilingual workers, in some cases the service delivery is limited and/or ineffective.

The inability to collaborate effectively with some court systems continues to be a barrier regarding intervention prior to removal. Foster care, in some situations, the safety plan for children is court ordered.

Item 4: *Risk Assessment and safety management.* **How effective is the agency in reducing the risk of harm to children, including those in foster care, and those who receive services in their own homes?**

1. Assessment of Performance
A Safety Assessment must be completed on every investigation of abuse, neglect or exploitation before the investigation can be submitted to the supervisor for review and approval. As of December 15, 2009 statewide DFCS had 1,209 overdue investigations. This is less than 1% of the total number of investigations received from January 1, 2009 through November 30, 2009.

2. Performance on Round 1 CFSR
In 2004, this item was identified as an Area Needing Improvement. It was rated as a Strength in 37 (79%) of the 47 applicable cases. However, it was rated as an Area Needing Improvement in 10 (21%) of the 47 applicable cases. The ratings differed considerably across CFSR sites. The item was rated as an Area Needing Improvement in 87.5 % of Hinds County cases and 83 % of Adams County cases, compared to 55% of Washington County cases.

3. Statute, Regulation, and Policy
Mandates for Safety Plans are located in Volume IV, Sec. B, p. 2042. Supervisory Administrative Reviews are mandated in Sec. A, p. 1225. Protocol for the reviews was given but did not indicate timeframes for the reviews. Case Planning was discussed within the Protective Services (Sec. B, pp. 2077-2078) and Foster Care Services (Sec. D, pp. 3260-3307) of the policy.

Safety Assessment and Safety Plan: The Safety Assessment is used in situations when the report has been assigned a Level II or Level III investigation. This assessment is completed in MACWIS within 7 days of the assigned report. In circumstances where safety issues are identified, a Safety Plan will be developed with the family and will be implemented immediately. In cases where no safety issues are identified, the report is closed after the Supervisor approves of closure.

Risk Assessment: The Risk Assessment shall be completed simultaneously with the Safety Assessment. During this assessment, the Worker should be assessing the well-being of the child and the risk factors for abuse and neglect.   This assessment shall be completed within the same 7 day time span applied to the Safety Assessment.

Supervisory Administrative Reviews: The County of Responsibility (COR) Supervisor will be in charge of completing a Supervisory Administrative Review (SAR) on all open cases, regardless of the service type, in their county. A mandatory SAR shall be completed within ninety (90) days of the case opening in order to meet the requirements of Section 43-15-13(3) of the Mississippi Code.

Contact by Worker: The Worker shall make a face-to-face visit at least once a month with the foster child.

Strength and Risk Assessment (SARA): Skilled Workers gather comprehensive information to assess child safety and risk of future harm using techniques that engage the family and nurture trust, self-assessment, motivation, and positive change

4. Major Initiatives Implemented Since the Round 1 CFSR
- Completed the development of the safety and risk assessment tools, the safety and risk assessment practice guide, and the related training curricula;
- Incorporated National Resource Center (NRC) and Workgroup recommendations into policy and practice for safety and risk assessment as well as into MACWIS;
- Implemented recommendations through regionally based training sessions;
- Conducted an evaluation and provided a summary report to the Training Unit;
- Developed a Regional Action Plan (RAP) based on County Self Assessment to improve services and reduce harm;
- Implemented a Supervisory Administrative Review and requirements for entering case review documentation into MACWIS; and
- Developed and implemented a Coastal Recovery Plan.

5. Measures and Assessment of Performance
DFCS has written requirements to MIS to get a report of the percentage of family team meetings that were completed timely. This will also include the percentage of individual team meetings completed timely.

The tools described above, especially the combination of Foster Care Reviews and the Supervisory Administrative Reviews, are utilized to hold the worker accountable for regularly assessing and addressing safety risks for children of in-home cases and children in foster care. On December 2008, 11.78% of SARS were overdue for the Initial SAR

compared to 8.53% on December 2009. The 15th month review of the SAR indicates that .04% were overdue in December 2008 compared to .33% overdue in December 2009.

The Special Safety Reviews of resource homes and facilities recently conducted in 2009 to meet *Olivia Y.* requirements provided additional unannounced visits and interviews with children, resource parents, and staff to help ensure the safety of children in foster care. Any safety concerns found were channeled through the State Office DFCS staff and local county DFCS staff for resolution.

6. Strengths and Barriers
The increase of DFCS worker's visits with children to include one visit per month in the resource home and one visit in another setting gives workers a more accurate picture of the daily life and needs of the children in foster care so that safety risks can be regularly assessed and resolved.

The increase in the involvement of parents and children in their plans results in plans that allow children to be in safer situations. Parents take a more active and responsible role when they have helped to develop the plan instead of a plan dictated to them. When children are involved in plans, they are more likely to discuss the actual threats of harm that are likely to occur and realistic plans can be made to prepare the child for a safety plan of action, if needed.

The following reports are needed to track the following information: 1) The timeliness of completion of Risk Assessments; 2) The timeliness of completing on-going FTMs and ITMs; and 3) The timeliness of completion of SARs.

Item 5: *Foster care re-entries.* **How effective is DFCS in preventing multiple entries of children into foster care?**

1. Assessment of Performance
Mississippi DFCS continues to meet or exceed the national standard on this item. Although the percentage of children re-entering care has increased, it is still better than the national standard. Efforts will be made to positively impact this downward trend. Historically, both case reviews and state data indicate that DFCS is effective in preventing re-entries into foster care within 12 months from a prior foster care episode.

2. Performance on Round 1 CFSR
Item 5 was assigned an overall rating of Strength based on the following:
- In 100% of the applicable cases reviewed, children entering foster care were not re-entering within 12 months of discharge from a prior custody episode.
- The data from the State Data Profile indicate that Mississippi's re-entry rate for FY 2002 (4.6%) exceeded the national standard of 8.6% or less.

3. Statute, Regulation, and Policy
In 2004, Family Centered Practice had not yet been implemented and therefore, children were being taken into custody more quickly than they are today. Additionally, DFSC was not fully assessing parents' capacity to provide for the needs of their children throughout

the life of the case as is being done today. Ensuring at case closure that a parent or caregiver has an increased capacity to care for their child and that they have the supports and resources in place to do so helps to decrease the possibility of re-entry into foster care.

In 2010, DFCS strives to ensure that children discharged from custody return to safe and stable family placements. The policy for Family Team Meetings (FTM), Vol. IV, Sec. D, p. 3308 (Bulletin #6200), outlines the importance of having the family fully involved in the custodial episode, emphasizing the requirement to hold a FTM at critical decision making points in the case, especially prior to entering custody and prior to exiting custody. During the pre-custodial meeting, the team attempts to place services in the home to prevent removal. In practice, the pre-custodial FTM appears to be the key to stabilizing many of these cases. When appropriate services are offered prior to a custody episode, the family is able to use the services to prevent the removal of their children and keep the family together. At the pre-discharge FTM, the team determines additional supports and services needed by the family to maintain permanency and prevent the child from re-entering custody.

4. Major Initiatives Implemented Since the Round 1 CFSR

Although DFCS has policy related to post-reunification services, the provision of services has not been consistent state-wide. DFCS' Permanency Task Force has drafted new policy which requires a Family Team Meeting, outlining service needs and resources, prior to the child's return home. The new policy will require the case to remain active for a minimum of three months post-return to provide support for the family and to ensure the family is receiving appropriate services.

5. Measures and Assessment of Performance

Mississippi's Data Profile is lower than the FY 04 National Median and the 75th Percentile (lower score is preferable in this measure):

	National Median	75th Percentile	FFY 2008	12 Month Period Ending 03/31/09	FFY 2009
Measure C1-4 – Re-entries to foster care in less than 12 months	15.0%	Lower score is preferable 9.9%	5.1%	5.9%	6.9%

All custody episodes are entered into the MACWIS system. MACWIS report MWBRD03S captures re-entry data. There were 212 foster care re-entries in SFY 2007; 232 in SFY 2008 and 295 in SFY 2009.

6. Strengths and Barriers

The overarching strategy to improve Family Centered Practice through Family Team Meetings and Foster Care Review County Conferences (FCRCC) impacts the stability of placements and permanency. A FTM should be held around any major changes within the case such as placement decisions, placement moves, placement disruptions, and especially entering or exiting custody. By including the family, placement resources, and

children in the FTM regarding permanency, better decisions are made regarding the point at which a child leaves state custody. In addition, by providing post custodial services, we can reduce the number of re-entries.

Family Centered Practice principles dictate that the worker and family have a mutually respectful relationship in which a family would feel comfortable approaching DFCS to request additional services prior to a crisis situation thus preventing re-entry.

Both Southern Christian Services and Youth Villages contract with DFCS to provide post-adoption services in order to prevent disruptions which would result in a child retuning to care.

Barriers include adoption disruptions for older children, inadequate support of relative placements, poor screening of relative placements and premature reunification. In addition, parental involvement in drug and alcohol activity, as well as frequent parental incarcerations which result in custody episodes are cause for concern. Some areas of the state, primarily rural areas, still lack sufficient mental health, transportation and alcohol and drug treatment services to adequately support families post reunification.

Item 6: *Stability of foster care placement.* **How effective is the agency in providing placement stability for children in foster care; that is, minimizing placement changes for children in foster care?**

1. Assessment of Performance
Overall, this is an Area Needing Improvement. Mississippi failed to meet the national standard of 86.7% or more children with two or fewer placements in Round 1 CFSR in 2004. DFCS was allowed to renegotiate that PIP item due to the devastation of Hurricane Katrina and the placement moves for children as a result of relocation. However, although concerted efforts have been made, including policy and practice changes, this number has continued to decline. As of November 2009 data in MACWIS report (MWBRD07R), Mississippi has an average number of placements per child in custody of 4.2.

2. Performance on Round 1 CFSR
It was determined that Item 6 was an Area Needing Improvement (ANI) during the first round of the CFSR. Twenty-five foster care cases were reviewed. The findings were as follows:
- Children in 9 cases experienced no placement changes during the period under review (PUR)
- Children in 7 cases experienced 2 placements during the PUR
- Children in 5 cases experienced 3 placements during the PUR
- Children in 4 cases experienced 4 or more placements during the PUR

3. Statute, Regulation, and Policy
Current policy limits shelter use, requires extensions be approved by DFCS Director, and shelter extension applications are recorded, reviewed and tracked in MACWIS. Bulletin #5921, December 8, 2004, limits time in emergency group shelters and emergency foster

homes to 45 days in a six-month period. The 45 days could be consecutive or cumulative. The 45 days include stays at the same or different emergency locations. If special circumstances warrant an extension of the 45 days, the Regional Director can give prior written authorization up to a maximum of 45 additional days. Extensions should be limited to as few days as possible. Emergency shelters and emergency foster homes are intended to be short term interim placement resources. Additional days beyond 90 days shall require that justification be submitted to the Division Director for prior written authorization. Prior approval for emergency shelter extensions must always be obtained. Extensions should not be requested after the fact.

Current policy also requires 15 Hours of pre-service training for resource parents; creates a dual licensure process in MACWIS for resource parents; changes licensure, recruitment, and maintenance of resource homes to a regional level with county staff assigned to every county to provide ongoing support to resource homes and families. Resource Parent training is on the MDHS website for each region; requires Resource Parent support groups be held regularly in each region and promotes Family Centered Practice statewide.

4. Major Initiatives Implemented Since the Round 1 CFSR
DFCS' commitment to Family Centered Practice has emphasized recruitment of resource homes in order to prevent routinely place children in a shelter while a suitable placement can be found. Also, placing priority on relative placement and expedited relative licensing has helped reduce shelter placements.

5. Measures and Assessment of Performance
According to the Data Profile, Mississippi does not meet the Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]; FY 2008 State Score = 88.4 and for the 12-Month Period Ending 03/.31/09 State Score = 86.9; and FFY 2009 = 88.0.

Mississippi's performance according to the Data Profile is close to the FY 04 National Median, but needs improvement toward the 75th Percentile:

Permanency: Placement Stability

	National Median	75th Percentile	MS FFY 2008	MS 12 Month Period Ending 03/31/09	MS FFY 2009
Measure C4-1 – 1) Two or fewer placement settings for children in care for less than 12 months.	83.3%	86.0%	79.4%	80.2%	81.0%
Measure C4-2 2) Two or fewer placement settings for children in care 12 to 24 months.	59.9%	65.4%	57.1%	56.6%	57.0%
Measure C4-3 3) Two or fewer placement settings for children in care for 24+ months.	33.9%	41.8%	29.7%	28.2%	27.4%

All placements are entered into the MACWIS system. MACWIS report MWBRD07R tracks the number of placements per child by County and Region. The percentage of

children in care with two or fewer placements for the FFY 2005 was 80.3% of the 5261 children in custody; for FFY 2006 it was 77.9% of 5447 children; for FFY 2007 it was 77.8% of 5671 children; for FFY 2008 it was 79.4% of 5835 children.

The overarching strategies for quality assurance that will impact placement stability include Foster Care Review (FCR) and the monitoring of the MACWIS Placement Stability Reports. The FCR revised case review instrument targets indicators for placement stability and the quality of practice related to placement decisions. The FCR will also track the Foster Care Review County Conferences (FCRCC) to ensure that Family Team Meetings (FTM) are being held to review cases including foster parents and community providers at least every six months. The purpose of FCRCC is to encourage and promote participation of the family, child and other appropriate family members in the Foster Care Review with emphasis on inviting family members to participate, as well as identifying whether risk of disruption in the placement exists.

- **Children in Custody 12 Months or Less with 2 or Fewer Placement Settings:**
  - In SFY 2007, 70.1% of the children in custody 12 months or less had 2 or fewer placement settings;
  - In SFY 2008, 69.2% had 2 or fewer placement settings.
  - In SFY 2009, 63.6% of the children in custody 12 months or less had 2 of fewer placement settings.
  - This does not include pre-MACWIS placements and applies only to children who were converted from Mississippi Social Services Information System (MSSIS) and in custody prior to October 2001.
- **Children in Custody with No Undocumented Placements:**
  - In SFY 2007, 96% of the children in custody had no undocumented placements.
  - In SFY 2008, 94.2% had no undocumented placements.
  - In SFY 2009, 92.6% had no undocumented placements.

6. Strengths and Barriers

The strategy to improve Family Centered Practice (FCP) through Family Team Meetings (FTM) and Foster Care Review County Conferences (FCRCC) impacts the stability of placements. A FTM should be held around any major changes within the case such as placement decisions, placement moves and placement disruptions. By including the family and children in the FTM regarding placement decisions, more appropriate placements could be made. In addition, by matching the needs of the family and child with the appropriate placement type more placement stability would be created.

The family centered enhanced FCRCC being held at least every six months creates another opportunity to engage the family, children, foster parents or other placement providers as active team members in reviewing placement issues and permanency goals. The enhanced FCRCC provides an opportunity to engage the resource parents and community providers as team members to improve placement stability while working toward permanency goals for children in their case.

FTM and FCRCC strategies are being utilized to improve timely reunification and/or permanency. The FTM process is helping caseworkers engage the family in decision-making and case planning to achieve more timely permanency through reunification, relative placements, or adoption. Holding FTM around major changes in the case, such as changes in the permanency goal would allow for more timely decisions for reunification or concurrent plans. The FCRCC provides a forum for the staff and family team to review and make decisions related to reunification and other permanent options for the child.

Statewide DFCS has had an increase in Resource Unit staff since 2004. This has allowed DFCS to license more Resource Parents and to have more choices in placing siblings and keeping them together. DFCS has also had an increase in direct service workers which has allowed for smaller caseloads.

Although the number of licensed homes has increased, DFCS still lacks a sufficient number of homes to effectively match children with foster homes. There is still inadequate staff allocated for recruitment, licensure, and maintenance of resource homes in some areas of the state. There are also areas of the state where courts order children into shelters, which adds to the number of placement moves.

Barriers:
- Timeliness of the worker entering the child's placements and/or removing the child from placement in MACWIS;
- Eligibility not receiving proper documentation from the county in a timely manner in order to approve a placement;
- Caseworkers not entering eligibility information into MACWIS;
- Permanency orders are not received and/or properly worded;
- Licensure issues (if no placement is available in MACWIS because another child cannot be moved in the system);
- Workers are not entering correct custody dates which requires assistance from the MACWIS Help Desk to correct;
- MACWIS allows for the custody start date to precede the case opening and/or person start date (this too requires another MACWIS Help Desk data fix to close the custody episode);
- Some Judges routinely order placement in shelters while a full assessment of the child's needs is being done. However, shelter use is isolated to pockets of the State and has declined as shelters do not exist in most counties.

Item 7: *Permanency goal for child.* **How effective is DFCS in determining the appropriate permanency goals for children on a timely basis when they enter foster care?**

1. Assessment of Performance
At this time, the MACWIS system does not have a report for this data. However, the Foster Care Review tracks children in custody with permanency plans and data shows a downward trend from 98.1% in SFY 2007; to 96.5% in SFY 2008 and 95.6 in SFY 2009.

2. Performance on Round 1 CFSR
Item 7 was assigned an overall rating of Area Needing Improvement based on the finding that in 36 percent of the cases, reviewers determined that DFCS had not established an appropriate goal for the child in a timely manner. A review of the cases revealed that the permanent plan was missing in 43 percent of the cases.

3. Statute, Regulation, and Policy
DFCS requires each child in state's custody to have a written case plan that is approved in a timely manner upon entering foster care as well as a permanency goal within 30 days of custody. This is accomplished through family and child involvement in Family Team Meetings.

Permanency plan options ranked in order include the following:
    Reunification with a Parent or Primary Caretaker
    Custody with a Relative (Worker must be seeking to identify relatives other than the one whose home the child was removed.)
    Adoption
    Durable Legal Custody or Legal Guardianship
    Living Independently
    Long Term Foster Care

Mississippi Code of 1972, annotated, Section 43-15-13(2)(f) states "the agency shall implement concurrent planning so that permanency may occur at the earliest opportunity." The Adoption and Safe Families Act of 1997 (P.L. 105-89) further mandated shortened timelines for achieving permanency for children in foster care. To meet these timelines in conjunction with the permanent goal, Mississippi adopted the concept of concurrent planning in 1999, which permits workers to proceed on two permanent plans simultaneously.

Other policy outlines DFCS' expectations regarding family centered concurrent permanency planning, family engagement, and permanency planning responsibilities for practice purposes.

4. Major Initiatives Implemented Since the Round 1 CFSR
Family Centered Practice curriculum was developed in 2005 along with guides for workers and supervisors. Family Team Meetings from the point of investigation and the identification of safety and risk issues were taught as part of best practice. This process permits families to participate in the development of the permanent plan.

5. Measures and Assessment of Performance
DFCS utilizes the Foster Care Review process to collect quarterly data in reference to appropriateness of permanency goals for children in foster care. The case results generate quarterly and yearly reports of aggregate data by region and state which assesses performance.

- **Children in Custody with a Documented Permanent Plan:**

- o In SFY 2007, 98.1% of the children in custody had a documented permanent plan;
- o In SFY 2008, 96.5% had a documented permanent plan.
- o In SFY 2009, 95.6% of the children in custody had a documented permanent plan.
- o An on-going challenge in this area is the appropriateness of some of the permanent plans made for children in custody.

DFCS' MACWIS report (mwbrd04e_09152009) Children in State Custody with Missing Permanent Plan, is a monthly report which tracks children in custody with missing permanent plans. This report aids supervisors in ensuring compliance with agency policy regarding an ISP and the establishment of a permanency plan within 30 days of custody. This report can be cross referenced with the Active Case/No ISP report for accuracy.

During the state's performance improvement plan (PIP), the Foster Care Review Program monitored the appropriateness of permanency plans on a small sample of cases each month. The table below shows the findings during that period of time July 2005 – June 2008:

Appropriateness of Permanency Plans

	SFY 06	SFY 07	SFY 08
	89.6%	90.6%	92.0%
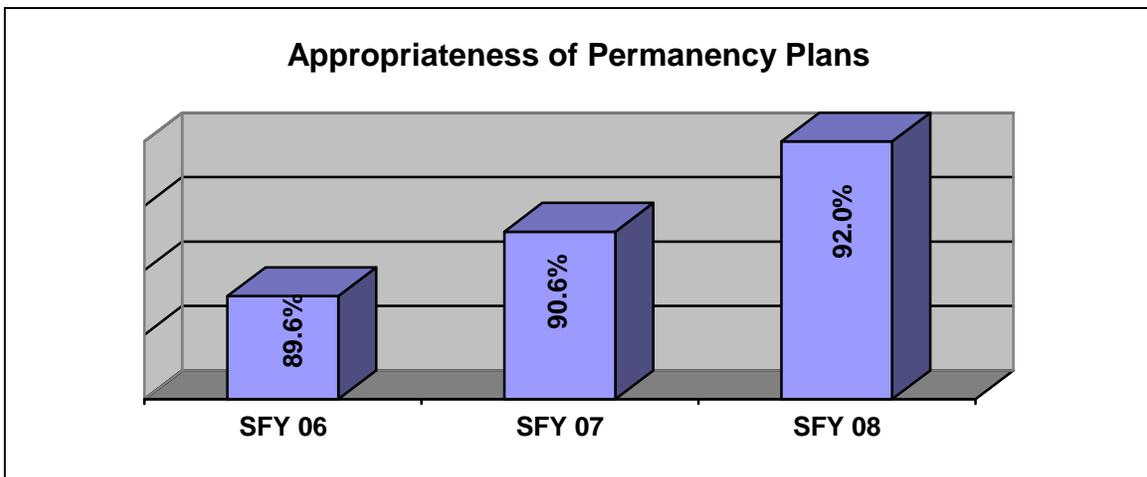
The data collected on a small, random sample of cases shows an upward trend for appropriateness of permanent plans. The Foster Care Review Program incorporated this item into the regular review process in July 2008 for monitoring and reporting through the monthly FCR issues report. During state fiscal year 2009 (July 2008-June 2009), 1% of the 4,495 cases reviewed were cited due to concerns regarding the permanent plan documented being appropriate based on case information.

6. Strengths and Barriers
Promising practices include the concept of Family Centered Practice in which families are engaged early in the process of permanency planning at the beginning of the case and permanency and concurrent plans are established within 30 days of a child entering custody. The planning is a collaborative effort between workers and the entire family and other supportive stakeholders.

The cumulative effect of monthly monitoring by the Foster Care Review Program for appropriateness of permanency plans along with agency emphasis on Family Team Meetings and supervisory reviews appear to continue the positive trend toward making improvements in this area.

The Case Planning Curriculum, NOTHING ABOUT ME WITHOUT ME, emphasizes that for workers to be effective, concurrent planning requires not only the identification of an alternative goal, but also the implementation of active efforts toward both goals simultaneously, with the full knowledge of all case participants.

Barriers to determining the appropriate permanency goals for children on a timely basis when they enter foster care include the limited staff available in some of the largest counties in the state together with an inexperienced workforce. In a recent survey completed by APHSA, results indicated that approximately 74% of the DFCS staff has less than five years of experience. Results of a second survey indicated that approximately 50% of staff had less than two years of experience.

Other factors include the ineffective use of concurrent planning. Often workers do not actually work the permanent plan and the concurrent plan simultaneously. The most common practice is to work one plan at a time.

Item 8: *Reunification, guardianship, or permanent placement with relatives.* **How effective is the agency in helping children in foster care return safely to their families when appropriate?**

1. Assessment of Performance
DFCS is experiencing some success in returning more children home to their families. Although DFCS did not meet the national standards on this outcome in the 2004 CFSR, DFCS continues to strive not only to meet the national standard, but to exceed that number. With implementation of relative licensure for resource homes, more children are residing in the homes of relatives when placement with parents is not appropriate.

2. Performance on Round 1 CFSR
Item 8 was rated as an Area Needing Improvement based on the following: In 58 percent of the applicable cases, reviewers determined that there were avoidable delays in attaining the goals of reunification, guardianship, or permanent placement with relatives.

3. Statute, Regulation, and Policy
Mississippi law allows children in DFCS custody who are in the same placement setting for a period of one year and under the supervision of DFCS, to have custody transferred to the caretaker as an option, under a durable legal custody order, if return to the birth parents is not feasible.

DFCS policy follows the ASFA legislation, except decreased the time frame to review a case for consideration of Termination of Parental Rights from fifteen (15) months (out of twenty two (22) months) to the first six month review period. At each six (6) months, the case plan is reviewed, and progress toward the permanency goal noted. The emphasis on

finding safe, permanent and appropriate homes for children is addressed in training and reviewed in supervisory meetings and case review sessions.

DFCS policy dated June 17, 2007 includes implementing a Family Centered Practice. Family Centered Practice is defined as a "systemic process of carrying out a set of plans and goal directed activities within a time-limited period." These activities are designed to help children live in families that offer continuity of lifetime relationships. Section 43-15-13(8) of the Mississippi Code states that at the time of placement, consideration should be given so that if reunification fails or is delayed, the placement made is the best available placement to provide a permanent living arrangement for the child. Concurrent Planning works toward the primary permanency plan while at the same time establishing a parallel plan. The primary and alternate plans are implemented simultaneously.

4. Major Initiatives Implemented Since the Round 1 CFSR
A major initiative implemented since the Round 1 CFSR is the expedited licensure of relative foster homes, which enables the child to become eligible for a board payment to offset expenses incurred by relatives for taking responsibility for a related child living in their home.

DFCS is developing a request for proposal which includes a performance based contracting protocol to ensure better and more efficient services for children.

5. Measures and Assessment of Performance
According to the Data Profile, Mississippi exceeds Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher] with 126.6 for FY 2008 and 127.4 for 12-Month Period Ending 03/31/09; and FFY 2009 = 130.0.

Mississippi's performance according to the Data Profile is varied regarding the FY 04 National Median, but needs improvement toward the 75th Percentile:

	National Median	75th Percentile	MS FFY 2008	MS 12 Month Period Ending 03/31/09	MS FFY 2009
	Component A: Timeliness of Reunification				
Measure C-1 –Exits to reunification in less than 12 month	69.9%	75.2%	65.0%	66.0%	67.2%
Measure C1- 2 Exits to reunification, median stay (lower score is preferable)	6.5 mos	Lower score is preferable 5.4 mos	7.9 mos	7.9 mos	7.7 mos
Measure C1-3 Entry cohort reunification in < 12 months	39.4%	48.4%	46.2%	43.0%	52.4%

In November 2009, 53% of children leaving custody were reunited with the parent or caretaker. Of these, 69% were reunited within 12 months of custody. Of children leaving custody in November 2009, 30% were adopted and in 10%, a relative was given durable legal custody.

6. Strengths and Barriers

One factor contributing to the success as far as permanent placement with relatives has been the expedited licensing of relatives as resource homes, which allows relatives to receive a board payment for the maintenance of the child. Another factor is the renewed emphasis on Family Centered Practice and Family Team Meetings, which focus on reunification with the parents or placement with relatives so a child is not isolated from extended family, community, school and other important relationships.

There are a number of identified barriers to families' ability to achieve the plan set forth in the Individual Service Plan (ISP), which is established within twenty-five (25) days from the case opening date. Statewide barriers would be a lack of available resources especially within the very rural areas of the state. Many families experience issues with substance abuse, lack of basic parenting skills, a need for therapy and lack of transportation.

Poverty is an ever present issue in Mississippi; however, it is more prominent in the more rural areas due to a lack of job opportunities and resources such as public transportation. According to the Annie E. Casey Foundation data, Mississippi ranks 50 nationally for children living in poverty; children living where no parent has full-time, year around employment; teen birth rate and children who live with a single parent.

Although Family Preservation and Intensive In-Home Services are outsourced, only a limited number of families are served in some parts of the state. Also, the implementation of a requirement that all relative homes be licensed resource homes can present barriers when those identified relatives do not meet requirements to be licensed. In these cases, those relatives can no longer be considered as a placement resource which excludes those homes as placement options. However, when relatives become licensed resource homes, the child is eligible for a board payment.

In some areas of the state there are practices exhibited by the Youth Court that could be viewed as barriers to permanency such as extending the amount of time a parent/caretaker is given to complete their Individual Service Plan; or the Court may institute requirements that must be achieved before the child is returned or before DFCS is released from further involvement. The FY2009 Performance on Permanency Composites by Districts for Chancery Courts in Mississippi shows a statewide percentage average of 67.2% of children taken into custody reunify in less than 12 months. The median time for reunification is 7.7 months.

Item 9: *Adoption.* **How effective is the agency in achieving timely adoption when that is appropriate for a child?**

1. Assessment of Performance

The goal following the Performance Improvement Plan implementation was to increase the statewide percentage of children who exited care to a finalized adoption in less than 24 months from the time of the latest removal from home from 11.2% to 14.1% by March 2007. The Department has been very effective in achieving this goal, surpassing the national standard. Although this goal was met early in the PIP, all of the action steps were

completed in order to continue the performance level. It is anticipated that the implementation of the dual application and licensure process will positively impact this measure.

In November 2009, 44% of children who were adopted were adopted within 12 to 24 months of custody. 28% of children were adopted within 24 to 36 months of custody.

2. Performance on Round 1 CFSR
Item 9 was assigned an overall rating of Area Needing Improvement based on the findings that data from the State Data Profile indicates that the State's percentage of finalized adoptions in FY 2002 occurring within 24 months of entry into foster care (19.0%) does not meet the national standard of 32.0 percent or more. In 80 percent of the applicable cases, reviewers determined that the State had not made concerted effort to achieve an adoption in a timely manner.

3. Statute, Regulation, and Policy
Concurrent planning allows for reunification to be the permanency plan when parents are working to correct the issues which caused removal of the child from the home, but also allows for DFCS to simultaneously work toward adoption if parents are unable or refuse to make reasonable efforts to be reunified with the child. Statute requires that a petition for termination of parental rights be filed when a child has been in custody for six months and the parents have not made reasonable efforts toward reunification. After permission is obtained from the Director of the Permanency Unit, the worker may engage parents in a discussion of voluntarily surrendering their parental rights. If the parents do not wish to voluntarily relinquish parental rights, the worker prepares and submits a Termination of Parental Rights (TPR) referral to the Permanency Unit. The referral packet is submitted by the Worker within 30 calendar days after adoption becomes the primary permanent plan for the child and is subsequently sent to the Attorney General's office for legal action.

4. Major Initiatives Implemented Since the Round 1 CFSR
In November 2007, DFCS began granting dual licensure (adoption and foster care services) to resource homes. Since many children are adopted by their foster parents, the dual licensure has provided for a more efficient transition to adoption.

Each region has a resource unit composed of licensed social workers supervised by a resource ASWS. In January 2010, staff in these units was designated as primarily responsible for either adoption or for foster care cases. Although the Workers co-train all resource family applicants to become foster and prospective adoptive resources, the adoption workers are responsible for preparing children for adoption, child-specific recruitment, placement and all other aspects of the adoption process.

In order to better prepare the resource staff to work with children and resource families, DFCS requested and received assistance from the National Resource Center for Adoption. On March 17-19, 2010, three modules of the Adoption Competency Curriculum will be taught to the Resource ASWS, state office program staff, graduate

student interns and training facilitators. These staff, in turn, will train all resource workers and county workers and supervisors. The other modules of the Adoption Competency Curriculum will be taught at a later time.

5. Measures and Assessment of Performance

The Data Profile indicates Mississippi exceeds The Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher] for FFY 2009 at 115.5 and for the 12-Month Period Ending 03/31/09 at 112.5; FFY 2009 = 120.0, which exceeds the standard. Mississippi's performance reflected in the Data Profile is varied to the FY 04 National Median and the 75th Percentile:

	National Median	75th Percentile	MS FFY 2008	MS 12 Month Period Ending 03/31/09	MS FFY 2009
Component A: Timeliness of Adoptions of Children Discharged from Foster Care					
Measure C2-1 Exits to adoption in less than 24 months	26.8%	36.6%	18.6%	28.8%	31.7%
Measure C2-2 Exits to adoption, median length of stay (lower score is preferable)	32.4 months	27.3 mos *(25th Percentile)	35.1 mos	32.7 mos	30.4 mos
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer					
Measure C2-3 Children in care 17+ months, adopted by the end of the year	20.2%	22.7	24.2%	24.6%	22.1%
Measure C2-4 Children in care 17+ months legally free for adoption within 6 months	8.8%	10.9%	20.3%	15.7%	15.6%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption					
Measure C2-5 Legally free Children adopted in less than 12 months	45.8%	53.7%	57.4%	57.3%	59.9%
Component A: Achieving Permanency for Children in Foster Care for Long Periods of Time					
Measure C3-2: Exits to permanency for children with TPR	96.8%	98.0%	95.2%	97.6%	94.6%

The September 2009 Foster Care Review Issues Report shows children with a plan of adoption with barriers to a finalized adoption, such as no TPR referral completed and submitted to the state office in a timely manner, is an issue that had once seemed to be in a downward trend, but it is now showing at a percentage above the last two fiscal years percentages. Agency policy requires that a referral for termination of parental rights be

completed and submitted within 30 days after Adoption becomes the permanent plan for the child (Volume IV, Sec. D, p. 3298). The chart below shows the month's regional breakdown of this particular issue:

Adoption Barriers Issues	State
Total Cases Reviewed	390
Total Cases Cited w/Issues	84
% of cases w/no Issues Cited	21.5%
% of cases w/Issues Cited	78.5%
# Cases Cited w/this Issue	8
% of Cases cited with Issues	9.5%
% of Cases Reviewed	2.1%

6. Strengths and Barriers

The adoption assistance payments were not increased when the monthly board payments increased significantly. The amount of adoption assistance is about one-half of the board payment in most cases. This has magnified the difference in the amounts for resource families and is beginning to result in some resistance to the finalization of adoption.

The philosophy of DFCS is that every child deserves a permanent home. From the time a child's plan is changed to adoption, resource specialists begin reviewing files for any permanent connections that can be maintained. The case files are reviewed specifically for potential permanent placements, including the child's current community (church, school, mentors, friends and other possible resources). The worker also discusses with the current resource parents their interest in adopting the child.

Students from the Mississippi College and University of Mississippi Schools of Law continue to provide legal counsel when the family cannot or does not wish to retain a private attorney for the adoption proceedings.

The Family and Individual Team Meetings are providing an excellent opportunity to identify family members and friends who can serve as an adoptive home for these children.

The plan to have specialized adoption staff offers the opportunity to place emphasis on the adoption of special needs children.

The bi-monthly meeting of the Adoption Consortium provides a vehicle for representatives of all licensed child-placing agencies to plan recruitment events, maintain agency networking and discuss issues of mutual concern.

Some regions have had difficulty recruiting licensed staff for their resource units, which has resulted in a decreased ability to complete home studies in a timely manner and severely limited the ability to recruit resource homes in their areas. The implementation of the specialized adoption worker plan should help alleviate this problem.

Many of the resource workers are newly hired and have not had placement-specific training. Consistent statewide training is needed regarding the adoption process for all resource workers and county staff as well as Resource and County ASWSs. The Adoption Competency Curriculum training will increase staff's knowledge.

In some areas of the state there are practices exhibited by the Youth Court that could be viewed as barriers to permanency. The FY2009 Performance on Permanency Composites by Districts for Chancery Courts in Mississippi shows a statewide percentage average for children free for adoption during a year of 59.9% adopted within 12 months.

Item 10: *Other planned permanent living arrangement.* **How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?**

1. Assessment of Performance
DFCS' first priority is to reunify children with his/her parent(s) or with a family member to maintain family connections. For those children whose only option is a long term foster placement, DFCS continues to provide services, either directly or through local service agencies to the youth and placement resource as needed to maintain the placement. DFCS has also established the Independent Living program to help youth attain self-sufficiency. If a youth is in care at age 16, a transitional living plan is developed and tailored to the foster youth's individual needs. Children in the custody of MDHS remaining in care until reaching the age of majority or is emancipation will begin planning for transition at the age of sixteen (16). The tailored transitional living plan are discussed in Family Team Meetings and Foster Care Review where the youth, Family Protection Specialist, Independent Living Specialist, Foster Parents and/or group home staff assist in developing a step-by-step plan for permanent living arrangements after emancipation.

2. Performance on Round 1 CFSR
Item 10 was assigned an overall rating of Area Needing Improvement because in one (25%) of the four applicable cases, reviewers determined the DFCS had not made concerted efforts to provide a stable placement or appropriate services to an adolescent mother whose child had been born while she was in foster care. Item number 10 was rated as a Strength in 75% of the 4 applicable cases. Reviewers determined that the children, who were all adolescents, were receiving sufficient services to help them transition from foster care to independent living.

3. Statute, Regulation, and Policy
Bulletin 6112 dated August 22, 2007 addresses the requirements for developing a transitional living plan for youth in care with the goal of living independently. Youth in care, age sixteen (16) and older shall have a Transitional Living Plan in addition to the Individual Service Plan (ISP). The Transitional plan is defined as a plan documenting how a youth will move from the State's custody into other appropriate program or to self-sufficiency. An individualized post-custody plan is developed through Family Team Meetings with the Youth in foster care, County of Responsibility Worker, Independent

Living Specialist, Resource parent, Group home staff or any direct care worker involved with the youth. Family Team Meetings are held every ninety (90) days. During those meetings the Transitional Living Plan is reviewed and updated.

4. Major Initiatives Implemented Since the Round 1 CFSR

The Resource Guide for Living Independently in Mississippi has been developed since Round 1 of the CFSR. This notebook gives needed information about various resources emancipated youth are able to utilize for assistance related to housing, medical care, mental health, legal, educational and financial needs.

5. Measures and Assessment of Performance

Currently there are 3,629 children in the foster care system statewide and 920 of those are age 16 to 18+. At age sixteen (16), the youth, County of Responsibility Worker, Independent Living Specialist, Resource Parent(s), and group home staff begin to formulate a transitional living plan tailored to the foster youth's individual needs. The transitional living plan is reviewed and updated accordingly at each Family Team Meeting. The County of Responsibility worker and Area Social Work Supervisor are responsible for ensuring that a transitional living plan is entered into the Mississippi Automated Child Welfare System (MACWIS) and that these plans are being reviewed and updated every six (6) months.

Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Mississippi's FFY 2008 = 119.9; 12-Month Period Ending 03/31/09 = 125.9; and FFY 2009 – 131.5, which exceeds the standard.

Component A: Achieving Permanency for Children in Foster Care for Long Periods of Time

	National Median	75th Percentile	MS FFY 2008	MS 12 Month Period Ending 03/31/09	MS FFY 2009
Measure C3-1: Exits to permanency prior to 18th birthday for children in care for 24+ months	25.0%	29.1%	36.6%	33.5%	32.8%

Component B: Growing Up in Foster Care

	National Median	25th Percentile – Lower score is preferable			
Measure C3-3: Children Emancipated who were in Foster care for 3 years or more	47.8%	37.5%	49.7%	46.9%	42.0%

The Center for the Support of Families, Inc. performed an independent assessment of the DFCS Independent Living program, and made the following findings:

- The youth who have participated in the program indicated they enjoy the program.

- Workers are consistent with policy in informing youth about the Independent Living Program and encouraging them to participate.

- There are indications that the program is reaching most of the youth in foster care.

- Contracting with one agency can be beneficial, not only in developing a close rapport with one provider, but to ease DFCS' ability to provide oversight and monitor the work being done.

- We did not get the sense that the DFCS Worker consistently reinforces the skills being taught by the service provider in the IL classes or that they consistently address IL issues with youth in their caseloads but, rather, defer to the contractor.

- Both the contractor and DFCS appear to be developing IL plans for youth and we did not find indications that either of the plans was individualized to the strengths and needs of the youth, that they addressed key concerns related to achieving independence, or that they were coordinated with each other. In fact, the plans seem to be minimally completed. In the case of the DFCS plans, we did not find evidence that they were based on the findings of the Ansell-Casey Life Skills Assessment or other assessments.

- We could not find evidence that youth are actively involved in the development of either plan.

- The IL services offered are standardized and there appears to be little flexibility in the contractor's ability to tailor individual services to the strengths and needs of youth as opposed to offering the same Life Skills classes to all youth. We believe that this may be a contracting issue, in which the program requirements for the program are standardized in the contract requirements.

- Although the current contract calls for the contractor to identify 18 mentors for youth statewide, we do not believe that has occurred. Even so, 18 mentors would not begin to address the needs of the many youth in care in need of this service.

6. Strengths and Barriers
An apartment placement program through the Division of Independent Living is available to youth transitioning out of custody. Any youth who has attained age 18 meets the requirements of the Responsibilities of the Youth section of Independent Living Policy and is in custody of the agency will be considered for placement through an agency licensed for independent living placements. Currently eight (8) eligible youth are enrolled in the apartment placement program. Over the last five years, the program has maintained anywhere from four (4) to ten (10) youth in an apartment placement. This program has proven to be successful with gradually helping youth attain self sufficiency.

Skills groups are not adequate for life skills preparation. Other issues related to outsourcing many IL services need to be addressed through the contract process.

Item 11: *Proximity of foster care placement.* **How effective is the agency in placing foster children close to their birth parents or their own communities or counties?**

1. Assessment of Performance
In MACWIS, when a placement outside of a 50 mile radius is requested for a child, the worker has to document the reason from a pick list. Regional Director approval is

required for these placements. Currently, DFCS does not have a report that tracks these placements as being outside a 50 mile radius.

2. Performance on Round 1 CFSR
Item 11 was assigned an overall rating of Needing Improvement. Reviewers reported that item 11 was rated as a Strength in 16 (84%) of the 19 applicable cases; however rated as an Area Needing Improvement in 3 (16%) of the 19 applicable cases. Ratings for item 11 varied across CSFR sites.

3. Statute, Regulation, and Policy
DFCS Policy, Vol. IV, Sec. D, p. 3291, requires that reasonable efforts be made to locate placements in close proximity to the child's family of origin, consistent with the child's best interests and special needs. In July 2007, DFCS instituted in policy (p. 3269) that children be placed within their home regions or within 50 miles of their homes of origin. This policy remains in place, with exceptions allowed only for individual situations and for children with unique and/or extensive treatment needs. There is a strict approval process that also remains in place for placing children greater than 50 mile radius from their home, requiring the review and approval of the Regional Director.

4. Major Initiatives Implemented Since the Round 1 CFSR
In 2008, as a result of the PIP, a report was developed in MACWIS for tracking this information. Also, a placement for a child which is not in close proximity must now be approved by the Regional Director.

Two training curricula were developed which emphasize proximity of foster care placement: Family Centered Practice and CFSR Statewide Training. Over 800 staff received training in the Safety, Permanency and Wellbeing Items of the Child and Family Services Review between April 2009 and December 2009.

5. Measures and Assessment of Performance
Currently, DFCS does not have a report that tracks these placements as being outside a 50 mile radius.

6. Strengths and Barriers
The needs of the child prior to placement are taken into account. Regional Directors approve any and all placements made outside of the fifty mile radius. More efforts are being made to license family members and to consider relative placement, which allows for the overall placements closer to family of origin. The State of Mississippi now licenses all relative placements, which does reduce the financial burden to relatives caring for family members.

Also, therapeutic providers have made significant progress in recruiting and certifying additional resource families, which provides resource families that are within the county of origin itself or at least closer to the client's family of origin.

Lack of community resources within rural areas related to this item:

- Lack of Resource Foster Homes and or availability of homes at the time placements are needed.
- Little or no resources within the county in which placement is needed (Therapeutic Group Homes, Mental Health Facilities, etc).
- Initially, relative placements can be a financial burden placed upon relatives taking in additional family members.

Item 12: *Placement with siblings.* **How effective is the agency in keeping brothers and sisters together in foster care?**

1. Assessment of Performance
In MACWIS, when a placement outside of a 50 mile radius is requested for a child other than with siblings if applicable, the Worker has to document the reason from a pick list. The Regional Director must approve these placements. Currently, DFCS does not have a report that tracks when placements are not made with siblings.

Statewide we have had an increase in Resource Unit staff since 2004. DFCS is able to license more Resource Parents providing more choices for placing siblings and keeping siblings together. DFCS has increased the number of direct service workers, which has allowed for smaller caseloads, resulting in more time with the family and improvement in finding relatives for placement of the sibling group. Young siblings and sibling pairs are more likely to be placed together than older siblings or sibling groups with three or more children.

2. Performance on Round 1 CFSR
Item 12 was assigned an overall rating of Area Needing Improvement based on the finding that in 23 percent of the applicable cases, reviewers determined that DFCS had not placed all siblings together in foster care.

3. Statute, Regulation, and Policy
DFCS' Policy Vol. IV, Sec. D, p. 3232, Siblings Placed Together, reflects Section 43-15-13(8)(h) of the Mississippi Code of 1972, as amended, and requires DFCS to determine appropriateness of placement of siblings. If siblings are not placed together initially, diligent efforts must be made to place them together as expeditiously as possible. Policy states prior approval must be received from the Supervisor and Regional Director before siblings are placed separately. The policy also states when siblings are not placed together that it is very important that regular contact be maintained between siblings, unless the case record justifies that this is not in the best interest of the children.

If one sibling requires a higher level of care and a different setting, the siblings will be placed separately in order to meet the unique needs of each child. In these cases, the Department continues to assess the needs of each individual child so that steps can be made to reunify children in placements. Whenever children are not placed together, a plan for visitation between siblings is required. If this visitation is contrary to treatment, best interest of the children, or restricted by the court, the specifics concerning sibling visitation will be documented in the case file.

4. Major Initiatives Implemented Since the Round 1 CFSR

Two training curricula were developed which emphasize proximity of foster care placement and the importance of sibling relationships: Family Centered Practice and CFRS. In 2008, as a result of the PIP, a report was developed in MACWIS for tracking this information.

5. Measures and Assessment of Performance

DFCS does not have a report to track placement of siblings together. A primary issue is maintaining sibling groups together in placement unless there are necessary reasons documented for separate placements. Cases from the sample reviewed during the Foster Care Review January through March 2008 quarter show 62.5% of those children are placed with one or more of their siblings who are also in state's custody. 93% of the children in the January through March 2008 sample who are separated from all of their siblings have clear evidence documented that the separation is necessary to meet their needs. The year to date percentage (July 2007 – March 2008) was 72.7%. The annual average was 67.0% for July 2005 to June 2006. The annual percentage for July 2006 through June 2007 of 67.6% shows a slight increase compared to the previous year's 67%. Currently, this seems to be an area that has improved over time.

6. Strengths and Barriers

The Family and Individual Team Meeting process is providing an opportunity for DFCS to identify any kinship caregivers who might serve as a placement resource for siblings.

Policy allows resource home capacity to be increased to accommodate a sibling group if safety and well-being issues are appropriately addressed.

The lack of resource homes to accommodate large sibling groups or teenagers continues to be a challenge. Other challenges to placing siblings together exist when one of the siblings has a need for a different level of care. If it is in the best interest of a member of a sibling group to be separated from siblings for therapeutic or congregate care, the only logical choice is to arrange the needed care, separate the siblings for the period of time necessary, and work quickly toward reunifying the children as soon as possible.

Item 13: Visiting with parents and siblings in foster care. **How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings separately in foster care?**

1. Assessment of Performance

The visits between parents, children, and siblings have all increased in recent years. Through the emphasis in resource workers' training, there has been an increase in Resource Parent participation in facilitating visitations between parents, children, and siblings. While there has been an increase in visits between parents and children, most parents only receive the minimum required visitation. According to the Statewide Assessment, the level of parental contact with children is determined on a case by case basis, depending on safety risks, parental strengths, family supports, and other factors.

2. Performance on Round 1 CFSR

Item 13 was assigned an overall rating of Area Needing improvement because in 45 percent of the applicable cases, reviewers determined that DFCS had not made concerted efforts to ensure that visitation between parents and children and among siblings was of sufficient frequency to meet the needs of the child.

3. Statute, Regulation, and Policy

The *Olivia Y.* Settlement Agreement requires DFCS to arrange contact for a child with parents and with any siblings not in the same placement within 24 hours of out of home placement unless there are documented reasons why contact should not occur. If a visit cannot be arranged within 24 hours, a telephone call to parents, siblings, or extended family members must be provided to the child. Further, a visitation plan must be developed as part of the child's service plan.

DFCS' commitment to foster children maintaining contact with family members while in custody is outlined in Mississippi Policy Vol. IV, Sec. D, pp. 3239-3240. Policy states that every child in custody shall have visitation in order to maintain connections. A visitation plan should be developed with children/youth in custody, his/her mother and father, primary caretakers, siblings, and kin. Resource Families may also be included in development of visitation plans. Policy states there are two (2) exceptions when visitation is not advisable or may require consultation: (1) when the court order forbids visitation, and (2) when a psychiatrist, psychologist, or other mental health professional recommends that visitation would be physically or emotionally damaging to the child.

4. Major Initiatives Implemented Since the Round 1 CFSR

Two training curricula were developed which emphasize proximity of foster care placement: Family Centered Practice and CFRS. In 2008, as a result of the PIP, a report was developed in MACWIS for tracking visitation information.

Measures and Assessment of Performance

Currently, we do not have a report from MACWIS that tracks visits with parents and siblings in foster care. Requirements have been written and given to Mississippi Information Systems (MIS) for this report to be created.

Sibling, Mother/Child and Father/Child Visitation were tracked throughout the PIP from Round 1 CFSR on a small sample of cases.

Sibling Visitation
- The percentage of siblings in DFCS custody placed separately who had at least monthly visitation was 33% for the July 2005 through June 2006 year.
- The percentage increased during July 2006 through June 2007 to 49.2%. During July 2007 – March 2008, 72.5% of the children in the sample had regular visitation with the siblings who are placed separately from them in DFCS custody.
- The percentage of siblings in DFCS custody placed separately, who are having at least monthly visitation, was 62.5% for the January 2008 through March 2008 quarter.

Mother/Child Visitation
- The 2008 annual percentage for this item with regard to mother/child visitation is 49.1%.
- The annual total for mother/child visitation for state fiscal year 2007 (July 2006 through July 2007) was 41.7%, which is a significant improvement over 33% from the previous year (July 2005 through June 2006).

Father/Child Visitation
- The January through March 2008 quarter percentage of visitation between the father and the child was 30.8% which is an increase from the previous quarter.
- The year to date percentage for this item with regard to father/child visitation is 27.6%. The annual (July 2006-June 2007) total was 25.8% which is an increase over the 22% father/child visitation rate for the previous year's sample.
- The increased visitation for fathers may be attributable to the Family Centered Practice training that emphasized the inclusion of fathers and paternal relatives in case participation.

For clarification of the above statistics, the reporting of visitation with parents is across the board and not just for children whose permanent plan is reunification with a parent. Some parents' whereabouts are unknown and the child's plan is not reunification.

Performance/Quality Improvement reviews foster care cases through the Foster Care Review process. Any problems with visitation between parents or siblings in foster care is addressed and corrected through this process. Area Social Work Supervisors also evaluate and address visitation issues through the Supervisor Administrative Review process.

6. Strengths and Barriers
The increase in workers for DFCS has helped improve compliance with this item, as workers are able to coordinate and facilitate more frequent visitations.

The Performance and Quality Improvement unit has helped in identifying and addressing problems in this area through the Foster Care Review process and other quality assurance methods.

DFCS training emphasizes that visitation is essential to encourage reunification of families. New policy that addresses visitation in detail has been put in place and is also covered in training for new employees.

The practice of Family Team Meetings and Foster Care Review County Conferences create opportunities to engage the family, foster families and other supports in planning efforts to improve frequency and accessibility of family visitation.

When visits are coordinated between the biological parents and relatives or resource parents, they may be underreported and not documented in MACWIS. Other barriers to

parental and sibling visitation arise from placement issues with children, especially those with higher level needs placed at a great distance from their families and home community. These and other children may also be separated from siblings in placement due to therapeutic reasons. The current visitation reports from MACWIS do not take into account "No contact" orders and mental health recommendations for no contact; however, this is taken into account by the Foster Care Reviewers when they review a case.

Workers are not consistently using the Visitation Log in MACWIS to document parent and sibling visits. They are documenting the visits in the narrative, but better and more accurate reports can be generated if the Visitation Log is used to capture the data.

Item 14: Preserving connections. **How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?**

1. Assessment of Performance
Mississippi successfully completed its Performance Improvement Plan (PIP), which included the goal of increasing the statewide percentage of children where the primary connections and characteristics of the child are being preserved. DFCS has expanded practice to include Family Team Meetings, which provide an avenue for preserving connections by identifying connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends. Currently, DFCS does do not have a report that tracks this information.

2. Performance on Round 1 CFSR
DFCS was not consistent in efforts to preserve connections for children in foster care. Item 14 was rated as a Strength in 21 (84%) of the 25 applicable cases and as an Area Needing Improvement in 4 (16%) of the 25 applicable case.

3. Statute, Regulation, and Policy
DFCS Policy Vol. IV, Sec. d, p. 3200, requires all custody issues to comply with the Indian Child Welfare Act (ICWA), PL 95-608, and the Indian Self-Determination and Educational Assistance Act, PL 93-638. The purpose of these acts is to ensure that the heritage of Indian children will be recognized, protected and monitored in and out-of-state. The child's Native American tribe shall be notified and be allowed to make decisions regarding placement of the child. ICWA also provides for the Indian Tribal Council to have priority jurisdiction in the matter of custody and guardianship in the case of any child of Indian heritage.

Policy Vol. IV, Sec. D, p. 3211 further required DFCS to serve the best interest of the child by strengthening and preserving families to enable children to live safely at home with parents or relatives. Page 3219 of Policy required exploration regarding relative resources if return to the parents was not feasible. Further, procedures for a planned relative placement are outlined in Policy pages 3220-3221. Relative placement options, such as durable legal custody and adoption are outlined in pages 3293-3296

Policy Vol. IV, Sec. D., pp. 3231-3232 outlines requirements of The Multi-Ethnic Placement Act of 1984 (MEPA), PL 103-382, which include consideration of the child's history, past experience, cultural and racial identity needs, as well as the placement family's ability to accept the child's background, to validate the child's cultural, racial and ethnic background. Policy Bulletin #6146, dated February 11, 2008, revised policy and required reasonable efforts to locate relatives and include parents and other relatives in conferences and hearings.

DFCS Licensure Policy indicates that one of the goals of recruitment of resource families is to create a pool of available Resource Families who reflect the racial, cultural, and ethnic heritage of the children needing care. DFCS Licensure Policy complies with Section 475(5) of 42 U.S.C. 675 which mandates that any child who is removed from their parent or guardian's home should be placed in the least restrictive (most family like) setting available and in close proximity to the parent or guardian's home consistent with the best interests and special needs of the child. Therefore priority shall be given to placing a child within a 50 mile radius from his original home unless child is freed for adoption. Close proximity promotes preservation of the child's connections to neighborhood, community, faith, family, tribe, school, and friends.

DFCS Visitation policy (June 14, 2007 Bulletin #6113) indicates that visitation with kin will be held at the discretion of the County of Responsibility (COR) staff. Kin should include, but not be limited to, any relative to the 3rd degree. The Mississippi Code, Section 43-15-13(7) states that if the child cannot be placed with the parents, relatives "in the third degree, as computed by civil law rule" shall be considered. Policy requires that every effort be made to provide visitation with the child in order for the child to have continuing connections, especially in cases where individuals are potential placement resources. The COR staff decide on a case by case basis if those individuals who are not related to the 3rd degree, but who show a connection with the child through community, school, church, etc., and who wish to visit the child may do so.

4. Major Initiatives Implemented Since the Round 1 CFSR
- New Family Center Practice and CFSR curricula for training emphasizing preserving connections.
- Mississippi Child Welfare Practice Model which includes Preserving Connections as one of the six practice model components
- Licensure of Relative Resource Homes
- Expanded Placement Committee Meetings to include both Regional and co-Regional meetings
- Family Team Meetings Requirements
- New requirement that children visit with parents within 24 hours of entering custody and maintain regular contact between siblings

5. Measures and Assessment of Performance
According to MACWIS, as of 08-10-09, 85.44% of open cases have an ICWA contact narrative. This statistic does not address the quality or adequacy of the contact, only that that type of narrative has been entered in the case narratives.

This item is not based on connections to parents or to siblings who are in foster care. Information about sustaining those connections is captured in other items. However, the item may be based on connections with siblings who are not in foster care and on connections with other extended family members (who were not the child's primary caregivers before entry into foster care), such as grandparents, uncles, aunts, and cousins. There is an item on the Periodic Determination on Children in State's Custody (MDHS Form 4253) that addresses maintaining primary connections, but the Foster Care Reviewers may not have excluded connections to parents or to siblings who are in foster care as the CFSR does. There are two MACWIS monthly reports that identify the percentage of cases with an ICWA contact narrative and the number and percentage of cases with native heritage: (1) ICWA Contact Narrative Needed & Families with Native Heritage by County, and (2) ICWA Contact Narrative Needed & Families with Native Heritage County, Region, and State Summary.

- **Open Cases with ICWA Narratives:**
  - In SFY 2007, 41.7% of the open cases included a narrative that addressed ICWA issues.
  - In SFY 2008 80.7% of the cases addressed ICWA issues.
  - In SFY 2009, 83.6% of the open cases included a narrative that addressed ICWA issues.

  An on-going challenge with these narratives has been the quality and/or validity of the ICWA contact. Many contacts address the maternal family, but not the paternal.

6. Strengths and Barriers

The greatest impact on fostering connections may be DFCS' increased use of the Family Team Meeting requirement to identify those persons who are significant in the lives of the children and providing an avenue to not only identify those individuals, but to gather contact information on those individuals in a more timely manner.

Failure to identify a child's primary connections is a barrier to establishing steps to preserve these connections.

Item 15: *Relative placement.* **How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?**

1. Assessment of Performance

While DFCS has made some progress in relative placements, there is need for much improvement in areas of working with fathers and paternal relatives as possible placement options. The renewed emphasis on Family Centered Practice has directly impacted DFCS and increased efforts are being made to locate relatives in the first Family Team Meeting.

2. Performance on Round 1 CFSR

Item 15 was assigned an overall rating of Area Needing Improvement because in 32 percent of the cases, reviewers determined that DFCS had not made diligent efforts to locate and assess relatives as potential placement resources.

3. Statute, Regulation, and Policy

DFCS Policy, Vol. IV, Sec. D, p. 3200, requires that a child placed in DFCS custody as a result of a judicial determination or written request of the legal guardian be provided out-of-home care which gives special consideration to the child's health, safety and well being, and also gives priority to placement of a child with relative or in the most suitable and least restrictive setting for a planned period of time, during which targeted case management and other treatment services shall be provided to the child's parents/relatives.

DFCS Family Centered Concurrent Permanency Planning (February 11, 2008, Bulletin #6146) requires that the caseworker make all possible contact with interested relatives within the first two months following the child's entry into the foster care system, to include newspaper publication, if necessary. If it appears that placement is needed and reunification is not feasible within a short period of time, the first choice for placement is with relatives. The Mississippi Code, Section 43-15-13 (7) states that if the child cannot be placed with the parents, relatives "in the third degree, as computed by civil law rule" shall be considered. DFCS policy requires that a child in custody be placed in the least restrictive placement that can serve the child's best interests and special needs. In order of consideration, this means placement with relatives or tribal members, foster family care, group home care, and institutional care.

DFCS Licensure Policy (August 18, 2008, Bulletin 6199) states that an expedited licensure process shall be utilized for relative placements to enable expedited placement of a child upon entry into custody. Relative Licensure is to be completed within fourteen days of referral. Children may be placed with relatives on an emergency basis while waiting for the expedited licensing by virtue of a local law enforcement check, historical background check in MACWIS and physical home environment check based on an assessment checklist to insure no safety hazards are identified in the relative's home. All relative placements approved using the expedited process shall undergo the full licensure procedure including completion of pre-service training within sixty (60) calendar days of the child's placement in the home.

4. Major Initiatives Implemented Since the Round 1 CFSR

The expedited licensure process for relatives has been implemented since the Round 1 CFSR. Also, DFCS now has available the use of Lexus-Nexus Locator System through the Child Support Enforcement Division of the agency.

5. Measures and Assessment of Performance

There is a MACWIS report, Summary of Children in Placements by Placement Type, that could measure the number and/or percentage of children in relative placements, but the data cannot be relied upon for correct information at this time due in part to the requirement that all relative placements be licensed. Children who are currently placed

with relatives may have one of several different placement types in MACWIS such as Child Specific-Relative, Resource Home, Foster Home, Relative Foster Home, Own Home, and/or CO Non-Licensed Shelter. There is currently no mechanism to enter children in a placement in MACWIS prior to the full licensing procedure. A request has been made to add a drop down choice to capture this information.

6. Strengths and Barriers
Failure to establish paternity is a barrier to locating fathers and paternal relatives. The requirement that all relative placements be licensed has disqualified some relatives who do not meet the licensing standards. The time delay in implementing system changes in MACWIS prevents measurement of efforts to identify and place children with relatives more often than in the previously measured time frame.

Item 16: *Relationship of child in care with parents.* **How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?**

1. Assessment of Performance
The priority of the Mississippi Department of Human Services is to ensure that children removed from the home will be expediently reunited with parents. With the increase in staff, better training, and lower case loads, DFCS is beginning to see the movement toward best practice, which ultimately positively affects how the parent-child relationship of children in foster care will be maintained. Currently, DFCS has no report in MACWIS that captures this. However, written requirements have been provided for a report to show the percentage of children who have the recommended number of visits with the parent(s) each month.

2. Performance on Round 1 CFSR
Item 16 was assigned an overall rating of Area Needing Improvement because in 53 percent of the applicable cases, reviewers determined that DFCS had not made diligent efforts to support the parent-child relationships of children in foster care.

3. Statute, Regulation, and Policy
DFCS policy and training directly relate to visitation and the importance of maintaining visitation and connections for the child in foster care. Policy requires development of a visitation plan for the child with the mother and the father. Contact shall occur within the first week after placement of the child into foster care. If this contact cannot be face-to-face, the Worker shall arrange a telephone call between the child and his parents.

4. Major Initiatives Implemented Since the Round 1 CFSR
DFCS received the assistance of the National Resource Center for Permanency and Family Connections regarding quality visits. A three-day "train the trainer" course for thirty DFCS staff occurred on January 20-22, 2010. The thirty staff members included Training Unit Training Facilitators, ASWSs, Regional Directors, state office program staff and others with training skills. During the next few months, they will train every DFCS staff member who has any contact with children. The three-module course includes Quality Visits with Families.

5. Measures and Assessment of Performance
Monthly parental visitation with the children placed in foster care is currently not captured in MACWIS; however, a report is being developed to meet this data need. The effectiveness of DFCS in preserving connections for children placed in foster care with their mother and father is recorded in the narrative sections of MACWIS.

6. Strengths and Barriers
A best practice manual is in the process of being written which will greatly impact service delivery. Additional staff have been added and ultimately case loads will decrease, which has a direct impact on the time case workers can spend with families to promote visitation and service delivery.

By observation, there is a great deal of best practice occurring, but that is not captured in documentation as it relates to visitation and the maintenance of connections for the child in foster care with their mother and father.

Item 17: Needs and services of child, parents, and foster parents. **How effective is the agency in assessing the needs of children, parents and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?**

1. Assessment of Performance
DFCS improved the assessment process for all families and children it serves. The first step in providing appropriate services involves a clear understanding of what needs and strengths exist, so that services can be concisely matched to the child and families' unique situation. DFCS has implemented assessments with a family focus for both out-of-home cases and in-home cases to collect the critical information for the provision of services.

On December 31, 2009, there were 4816 active cases in the state's MACWIS system. There were 559 of these cases with no active ISP, or 12% of the state's cases. A total of 239 of these 559 cases had been open less than 30 days, so an initial ISP would not have necessarily been completed. Thus, 6.6% of the cases open for more than 30 days did not have a service plan, either with a parent/caretaker or for a child.

2. Performance on Round 1 CFSR
Item 17 was assigned an overall rating of Area Needing Improvement because in 58 percent of the cases, reviewers determined that DFCS had not adequately assessed the service needs of children, parents, and foster parents.

3. Statute, Regulation, and Policy
Agency policy requires that an Adult Individual Service Plan (ISP) and/or a Child ISP be developed within 30 days, 25 days for the worker to complete and 5 days for the Area Social Work Supervisor to approve. These ISP's are the agency's formal mechanism to assess all needs of children and families, to develop plans to meet the identified needs

and to monitor provision of services and success of plans. An Adult ISP is completed in Prevention/Protection cases as well as in out of home cases with the parents/caretakers of children in those cases. A Child ISP is completed on each child in agency custody. The ISP is updated as needed, but at least each three months. There is no formal tool to assess needs of foster parents or to document how their needs are met, though this issue is often discussed at the Foster Care Review County Conference.

The Adult ISP describes the current conditions that require attention, lists goals to describe the desired conditions, identifies services and tasks necessary to achieve these conditions, specifies task maintenance duties assigned to all parties and contains task evaluation to determine whether tasks are being performed and to assess the effectiveness of the tasks. At each update of the Adult ISP a new "current condition" indicates improvement or regression in the plan.

The Child ISP contains the following elements: Reasons for services, Services being provided, permanency plan, visitation plan, health record, medications, allergies, immunization record, educational record, independent living services, family and child engagement, mental health assessment, goals, tasks and support services, achievement criteria and persons responsible for tasks and support services. Strengths and Risk Assessments (SARA) are also completed each time ISPs and FTMs are conducted. SARAs provide an assessment of safety, risk, and well-being for individuals to whom services are provided. These assessments are considered as well when developing ISPs.

4. Major Initiatives Implemented Since the Round 1 CFSR
Since Round 1, major initiatives have been the use of Family Team Meetings and strengthening of Foster Care Review to help ensure that needs are assessed and appropriate services provided. The initial Family Team Meeting is scheduled for all cases within 30 days of the case being opened, or child coming into custody. This time frame coincides with the requirement that the assigned agency worker, the parents/caretakers and ASWS have developed a plan to discuss at this Family Team Meeting. This meeting should include other appropriate family members and service providers to finalize or update the plan. Ongoing Family Team Meetings provide opportunity for development of service provision strategies with families and other stakeholders.

Another initiative has been the inclusion of a case review, discussions with the agency worker and supervisor and discussion with parents/caretakers at the Foster Care Review County Conference to determine the needs of the child, parents and foster parents and the degree of agency and parental compliance with the case plan.

5. Measures and Assessment of Performance
Currently, DFCS has no report in MACWIS capturing this information. However, requirements have been written to get a report to show the percentage of children who have the recommended number of visits with the parent(s) each month.

A monthly report is generated by the MACWIS system to identify individual active cases for which there is not a corresponding ISP. A second report provides county, regional and

statewide statistical data to allow corrective action. Although the individual case report has been available in prior years, the statistical report has not, and we were not able to assess improvement for this measure on a yearly basis. The first available statistical report on this measure was June 2009, at which time the percentage of cases active over 30 days with no ISP was 4.5% compared to 6.6% on December 31, 2009. Total cases with no ISP were 11% in June 2009 and 12% in December 2009. The percentage of total cases with no ISP ranges from 1% in Region II West in the Mississippi Delta to 26% in Region VII West on the Gulf Coast. Hurricane Katrina is one significant factor in this difference. However, Region II East at 4% and Region I South at 8% are the only other two Regions in the single digits. Further assessment is needed to determine the graphic difference in Region II West, specifically, and the rest of the state.

Client satisfaction surveys have been distributed at Foster Care Review County Conferences since the last CFSR. Summary of findings over the past two years:

- Overall, the results of the client satisfaction surveys seem to indicate some positive degree of satisfaction by our clients (foster children and their parents), the children's placement providers, and the children's court appointed guardian/special advocates with the services being provided to them or to those they serve. The majority of foster children and their parents surveyed indicated a certain degree of positive affirmation when asked if their families are better off after DFCS became involved with them.
- It should be noted again that the surveys are distributed at the Foster Care Review County Conferences by the Foster Care Reviewers. Only those people who are in attendance at the conferences who have been invited by the county to participate have access to these surveys. Therefore, only a percentage of the agency's clients and stakeholders are being surveyed. It should also be noted that it is possible that some of the clients (especially foster children and their parents) may feel they have no choice but to answer these questions in a certain manner out of the unfounded fear that the answers they give could affect the outcome of their case. It is suggested that other options for surveying clients and stakeholders be considered in the near future in an effort to give the survey process more validity.
- The primary services being provided to parents of children in care as part of their individual service plans appear to be parenting skills classes, mental health counseling, family counseling, and drug/alcohol counseling.
- The primary services provided to our foster children appear to be mental health counseling, out of home placement, and independent living services.
- Parents surveyed continue to identify a lack of transportation, hours of operation, cost of services, location of services, and timely response as barriers to accessing services that are a part of their individual service plan.
- The foster children identified a lack of child care, a lack of transportation, timely response and availability of staff as the barriers making it difficult to access services this survey period.

Client satisfaction surveys conducted by Foster Care Reviewers for Guardians *ad litem* and CASA indicate the following from 2009:

- Easy Access to services – Strongly or Somewhat Agree: Parents 87%, Children in Care 94%, Placement Providers 95%, Guardians *ad litem*/CASA 99%

- Services fit personal and cultural beliefs- Strongly or Somewhat Agree: Parents 90%, Children in Care 91%, Placement Providers 98%, GAL/CASA 100%

- Those providing Services work well together – Strongly or Somewhat Agree: Parents 89%, Children in Care 94%, Placement Providers 94%, GAL/CASA 82%

- Services provided are helpful – Strongly or Somewhat Agree: Parents 92%, Children in Care 96%, Placement Providers 97%, GAL/CASA 91%

- Better off due to DFCS involvement – Strongly or Somewhat Agree: Parents 77%, Children in Care 83%, Placement Providers 92%, GAL/CASA 82%

Surveys were not conducted with in home cases.

6. Strengths and Barriers

Strengths include the availability of a formal assessment and case planning instrument which can help identify services based on evaluation of the family's circumstances and engagement of extended family and stakeholders through Family Team Meetings. The Child ISP requires additional menus and choices of children's needs. The current instrument focuses on well being needs related to health, mental health and education, primarily.

The Foster Care Review provides an opportunity for assessment of services to children in care, their parents and foster parents. Additional assessment of foster parents' needs would lead to better outcomes. Generally positive responses to satisfaction surveys evidence a good working relationship between the agency, clients and stakeholders in the foster care program. Similar efforts with in home cases should have the same effect in these cases.

Parents surveyed continue to identify a lack of transportation, hours of operation, cost of services, location of services, and timely response as barriers to accessing services that are a part of their individual service plan. The foster children identified a lack of child care, a lack of transportation, timely response and availability of staff as the barriers making it difficult to access services.

Item 18: Child and family involvement in case planning. **How effective is the agency in involving parents and children in the case planning process?**

1. Assessment of Performance

When appropriate, parents and children are actively involved in the case planning process in out-of-home and placement cases. DFCS does not currently have a report to track this

information in MACWIS. However, DFCS has written requirements for a report to show what percentage of children have individual and family team meetings at prescribed times.

2. Performance on Round 1 CFSR
In the 2004 CFSR, this item was found to be an Area Needing Improvement. It was reported that only 36% of the 50 cases reviewed scored in the acceptable range under the assessment indicator during the 2004 Service Review.

3. Statute, Regulation, and Policy
DFCS has revised and implemented various new policies in an effort to enhance practice and to promote family and children participation in the case planning process. The revisions and implementation of new policies were in concert with the Federal and State guidelines and laws. This revised policy is located in Sec. B of the Vol. IV, pp. 2076-2080. The purpose for the revised policy was to engage the family in the process throughout the life of the case.

Family Team Meetings have been implemented. The purpose of the policy is to further involve the family, child and extended family members in the assessment and case planning process. DFCS workers hold a Family Team Meeting, when possible, to prevent the removal of a child. Proximity to parents helps maintain family connections, as well as ensure child's involvement in the case planning process. The family, child and other appropriate family members are encouraged to participate in the Foster Care Review County Conference process. The policy emphasizes the importance of having the family engaged and involved during the investigation, case opening and case closing process. This policy focuses on the FTM being individualized, strength-based, family focused and culturally responsive. It also encouraged DFCS to have a face-to-face meeting with the father, mother, child, primary caregiver, legal guardian and/or resource parent to make the appropriate decisions or plans for family and child.

A Family Team Meeting (FTM) is held on all cases and is conducted within thirty (30) calendar days of opening a case and throughout the life of the case. During the FTM an Initial Individual Service Plan (ISP) (Adult and Child) and a Visitation Plan shall be developed. Ongoing Family Team Meetings shall be convened, at a minimum, once every ninety (90) calendar days in which the ISP is reviewed and updated. The FTM is another method utilized to enhance involvement of family members in the care of the child. These meetings consist of all members of the family and its support system, which is believed to be essential to the success of the family.

4. Major Initiatives Implemented Since the Round 1 CFSR
For in-home cases the system of utilizing a Supervisory Administrative Review (SAR) process was developed and implemented through MACWIS in January 2008. In addition, for out-of-home cases the Foster Care Case Review instrument and the Foster Care Case Review Checklist were revised to enhance the process for the review. For in-home cases a Supervisory Administrative Review System (SARA) was developed and implemented through MACWIS in July 2007 to provide a process for the review.

The technique of "train the trainers" was used to provide training to staff. The Training Unit developed and implemented statewide training on Family Centered Practice (FCP), Family Team Meetings (FTM), and Foster Care Review County Conference (FCRCC) to improve family and child involvement in the case planning process. The unit has provided policy revisions and updated the Child Welfare Professional Development curriculum to reflect all new policies and practices created.

DFCS has developed the Mississippi Child Welfare Practice Model and Practice Guide as of September 25, 2009. Component III – Involving Family Members in Decision-Making and Case Activities and Component VI-Individualized and Timely Case Planning will be implemented in every Region over the next 48 months, beginning January 2010 in Region 1 South and Region 2 West.

5. Measures and Assessment of Performance

The following is a summation of the combined statewide results of the surveys for SFY 2008. The parents of children in foster care and their children who are in foster care were asked if they had a chance to assist in the development of their individual service plan (ISP). The placement providers were asked if they had an opportunity to help in case planning activities for the children who are in their care and the guardian ad litem/CASA workers were asked if they had an opportunity to provide input into their clients' case planning. The results for SFY 2008 are as follows:
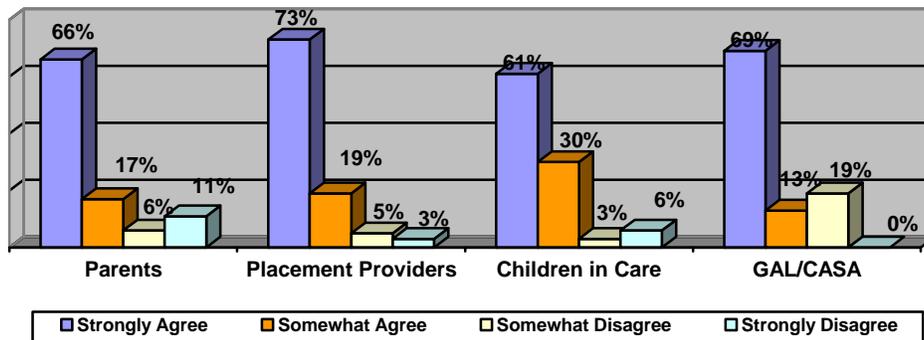
When asked if they feel their needs were considered when decisions were made that affected them the parents, foster children, and placement providers responded as follows *(GAL/CASA were not asked this question)*:
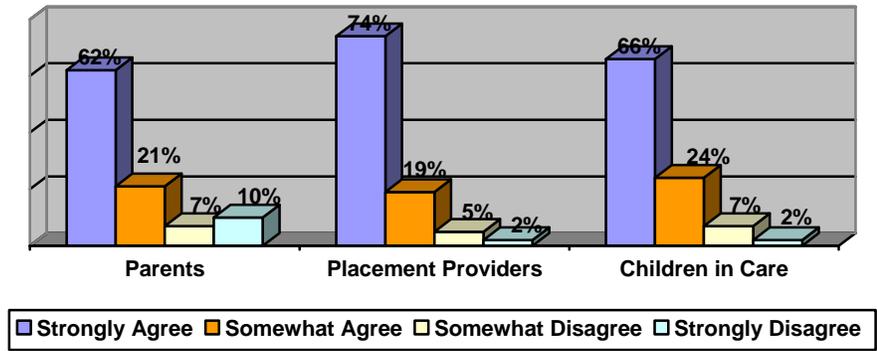
Supervisory Administrative Review (SAR) is a tool utilized by supervisory staff to track in-home cases. The purpose for the tool is to allow the supervisor to review all cases after the case is open for 90 days, at the 15 month interval and throughout the life of the case. The County of Responsibility (COR) Supervisor is mandated to complete the Supervisory Administrative Review (SAR) on all open cases, regardless of the service type. On December 2008, 11.78% of SARS were overdue for the Initial SAR compared to 8.53% on December 2009. The 15th month review of the SAR indicates that .04% were overdue in December 2008 compared to .33% overdue in December 2009. Child and family involvement in case planning is addressed on #4 under the "ISP" tab of the SAR. DFCS has no data on this item for in home cases unless a MACWIS report was generated that pulled from that particular item on the SAR. DFCS' Practice Model does, however, address child and family involvement in case planning activities on in home cases and will be monitored through the CQI process.

The Foster Care Review Program Monthly Issues Report (FCRPMIR) is a tool developed from county, regional and statewide foster care case reviews. It is a tool developed from data obtained during foster care reviews of out-of-home cases and provides a detailed account of foster care cases reviewed, discrepancies found during the case reviews and a comparative analysis of the same. Administrative staff can utilize the report to help determine areas in need of improvement at the county, regional and state level. In July 2008, the Foster Care Review Program incorporated many of the CFSR outcomes, which were monitored on a small random sample during the PIP, into the regular Foster Care Review process and reported discrepancies on the monthly Foster Care Review Issues report. 0.5% of the cases reviewed during SFY 2009 (July 2008 – June 2009) were cited due to a lack of child and/or parental involvement in case planning activities.

The ISP/Case Plan with adults is an explicit written agreement jointly between the caseworker and parents or primary caretakers of child in foster care. The ISP/Service Agreement developed with the parents or primary caretakers addresses the target problems, the goals to be accomplished, along with the plan/tasks by which those goals will be accomplished, the achievement criteria, and time frames for all parties. Case plans are developed at the initial and subsequent FTMs, FCRCCs, and sometimes during the course of a court review.

6. Strengths and Barriers

Developments are underway to enhance practice and outcomes for the families served such as statewide training to include assessment, case planning and family community engagement to enhance caseworkers skills to better engage family and children in decision-making and the case planning process; development and implementation of statewide training on FCP, FTM and CC to improve family and child involvement in the case planning process as well as Concurrent Permanency Planning, Indian Child Welfare Act, Multi-ethnic Placement Act, Permanent and Concurrent Planning for Youth (Transitional Living, Available Stipends, Aftercare), Family Engagement (Engaging Client in the Adult ISP/Service Agreement, Child/Youth Participation in the Foster Care Review County Conference and Family Team Meetings) Contact by Worker, Visitation, and Strengths and Risk Assessment.

Barriers include lack of transportation for family members, scheduling around hours of employment and lack of capacity, or unwillingness, of family members to become involved in case planning process.

Item 19: *Caseworker visits with child.* **How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?**

1. Assessment of Performance

Continuing improvements in DFCS' performance on Item 19 have been made since the First Round of the CFSR with regard to foster children. However, improvements continue to be needed with regard to children in the in-home cases.

2. Performance on Round 1 CFSR

Item 19 was rated as an Area Needing Improvement based on reviewers determined that social worker visits with children were not of sufficient frequency and/or quality to ensure children's safety and attainment of case goals in 44 percent of the cases. There were concerns noted regarding a lack of face-to-face contact with children in the in-home cases.

3. Statute, Regulation, and Policy

Currently, DFCS policy, Sec. D, p. 3241, dated July 2008, states that the County of Responsibility (COR) Worker shall maintain monthly face-to-face contact in the placement setting with every child in custody. Also, if the child is placed outside the County of Responsibility (COR), the County of Service (COS) is responsible for making the monthly face-to-face visits with the child. The COR worker will see the child on a quarterly basis. The COR worker is responsible for seeing their children the month that they were placed in their setting. This policy was created to ensure that children placed in DFCS' custody are seen on a regular basis. Our policy is to ensure that the case worker assigned will be assessing the children's needs and safety in their current place setting. Policy does not directly address quality of visits, but training implemented in January 2010 is specifically targeting quality visits.

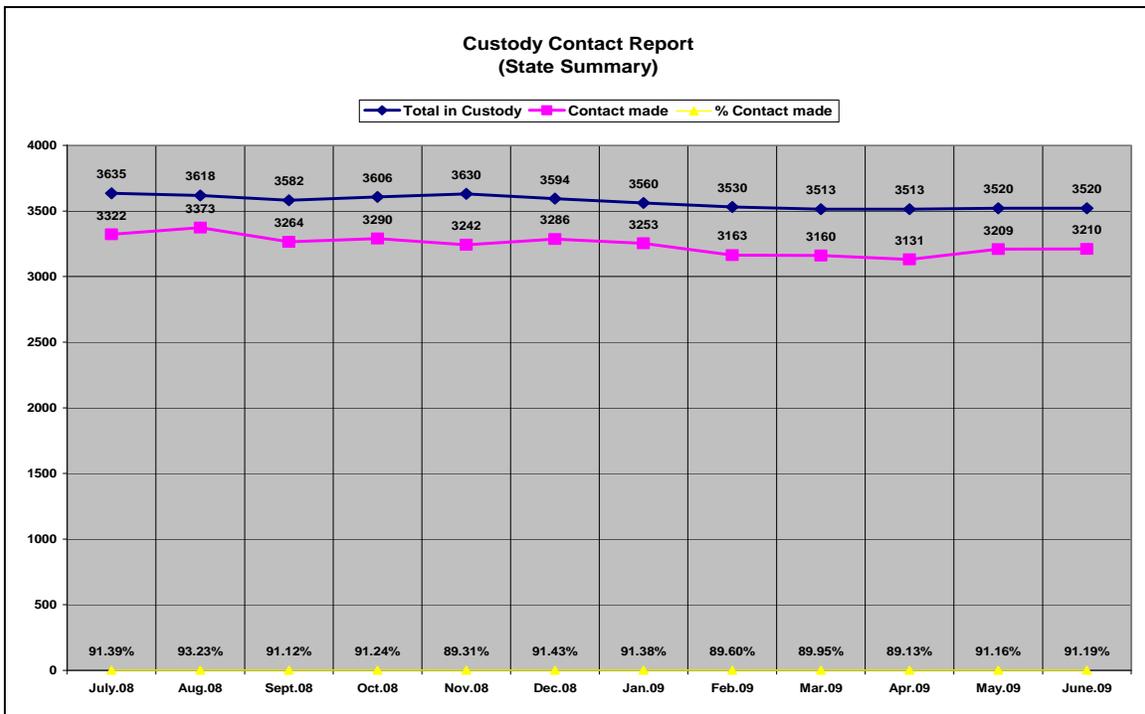## 4. Major Initiatives Implemented Since the Round 1 CFSR

The Protection/Prevention Unit was created in 2009 which will address quality visits for children remaining in their home.

DFCS requested and has received the assistance of the National Resource Center for Permanency and Family Connections regarding quality visits. A three-day "train the trainer" course for thirty DFCS staff occurred on January 20-22, 2010. The thirty staff members included Training Unit Training Facilitators, ASWSs, Regional Directors, state office program staff and others with training skills. During the next few months, they will train every DFCS staff member who has any contact with children. The three-module course includes Quality Visits with Children, Quality Visits with Families, and Supervisory skills. The last module will be taught only to supervisors.

Management reports have been developed in MACWIS to assist supervisors and other agency staff in tracking progress on this item.

5. Measures and Assessment of Performance

In SFY 2009 report (MWBLAS22 - Custody Contact Report), 90.5% of the children in foster care had monthly face-to-face contact with their caseworkers. Each month in SFY 2009, from July 2008 to June 2009, the statewide average for the case worker visits with the child on a monthly basis was 90.85%. The chart below shows that caseworker contacts with foster children occurred anywhere from 89% of the time to 93% of the time during state fiscal year 2009.

Custody Contact Report
(State Summary)

Legend: Total in Custody · Contact made · % Contact made

Month	Total in Custody	Contact made	% Contact made
July.08	3635	3322	91.39%
Aug.08	3618	3373	93.23%
Sept.08	3582	3264	91.12%
Oct.08	3606	3290	91.24%
Nov.08	3630	3242	89.31%
Dec.08	3594	3286	91.43%
Jan.09	3560	3253	91.38%
Feb.09	3530	3163	89.60%
Mar.09	3513	3160	89.95%
Apr.09	3513	3131	89.13%
May.09	3520	3209	91.16%
June.09	3520	3210	91.19%

The state is utilizing MACWIS report entitled Worker/Child Home Report MWZWCR1S) to assess average monthly face-to-face contact between caseworkers and

children in custody. The average monthly face-to-face contact between caseworkers and children in foster care each month in SFY 2009 was 67.9%. However, the state began the year in June with 61.52% of the children in custody with a face-to-face contact documented with their caseworker. At the end of the year, that percentage had risen to 82.24%. The chart below shows the SFY 2009 trend data for this particular item:
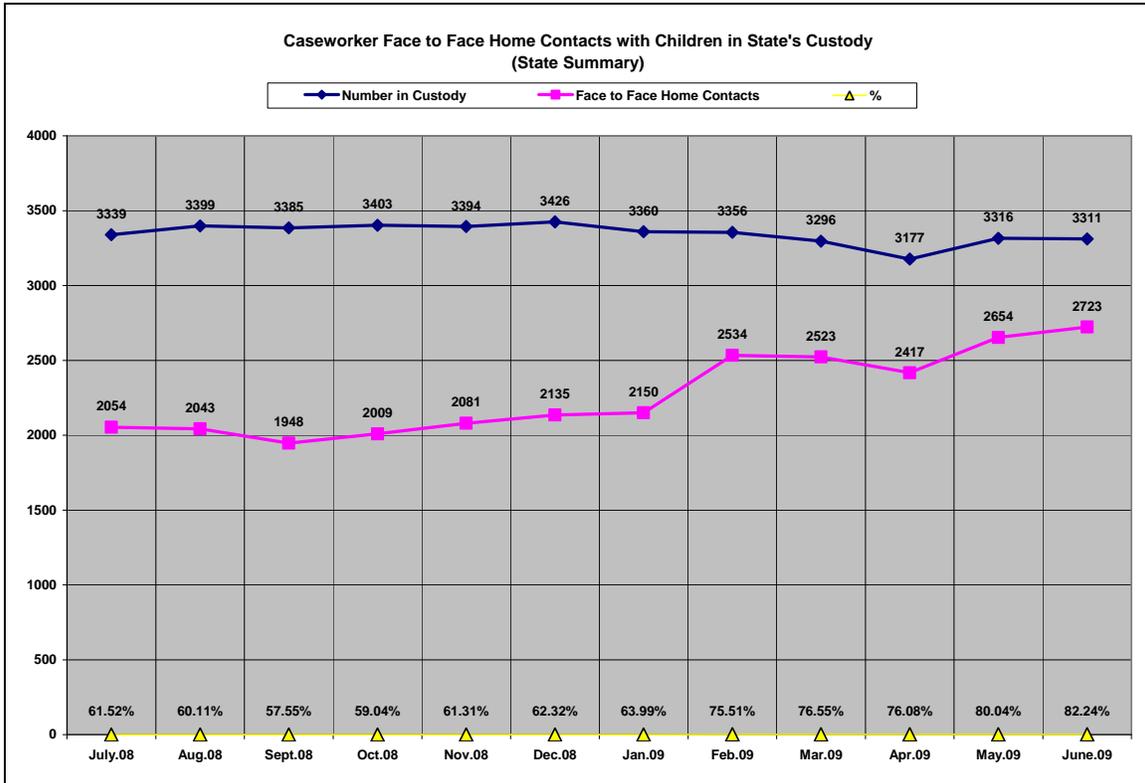
Changes in Federal data element definitions may result in some difference between Federal report data and current state MACWIS report data.

DFCS utilizes several tools to monitor the completion of the monthly caseworker visits with the child. Monthly reports are compiled from MACWIS on a county, regional, and state level that allow for review and determination of level of compliance with the policy. The Foster Care Review Program also monitors this item during the course of individual case review to provide feedback on the completion of the visits with children in care and to assess whether or not the contacts taking place between the case worker and the child in care focus on topics such as case planning, service delivery, and goal attainment. Case Supervisors must also complete the Supervisory Administrative Review with the assigned workers. These reviews enable the supervisors to ensure their staff is in compliance with the policy. DFCS will continue to utilize these tools to measure the compliance of policy in regard to caseworkers' visits with children in foster care.

- **Children in Custody with Documented Monthly Contacts:**
  - o In SFY 2008, an average of 90.8% of the children in custody had a monthly face-to-face contact with their caseworker.

o In SFY 2009, an average of 89.4% of the children in custody had a monthly face-to-face contact with their caseworker.
o On-going challenges in this area are the quality of the contact narratives; and Validity of the face-to-face contacts due to inaccurate data entries.

- **Children in Custody with Documented Monthly Contacts Made in their Current Placement Setting:**
  o In SFY 2008, an average of 55.6% of the children in custody had a face-to-face contact with their caseworker in their placement setting.
  o In SFY 2009, an average of 74.7% of the children in custody had a face-to-face contact with their caseworker in their placement setting.
  o On-going challenges in this area are the quality of the contact narratives; and Validity of the face-to-face contacts due to inaccurate data entries.

6. Strengths and Barriers

With an increase in staff, workers have the capability to be successful in making monthly face-to-face contacts. This has further enabled the staff to see the children, in some cases, more than one time a month. Incorporating the Family Centered Practice has given the children an opportunity to participate in case planning for their future and their family's future. These monthly contacts allow the staff to engage the child in the planning process.

Although the state is working to provide sufficient staff to all the counties, there are still counties that are understaffed. This can be a barrier in providing face-to-face contacts with the foster children. Lack of communication between the County of Responsibility (COR) worker and County of Service (COS) worker in reference to face-to-face contact with the child in care creates a barrier to the children in care being seen. Placement of children outside of our state, as well as placements that are outside of a 50 mile radius of the biological home setting, also creates a barrier in contact with the children.

Item 20: *Worker visits with parents.* **How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?**

1. Assessment of Performance

Continuing improvements in DFCS' performance on Item 20 have been made since the first round of the CFSR with regard to parents of foster children. However, improvements continue to be needed with regard to parents of children in the in-home cases.

2. Performance on Round 1 CFSR

Item 20 was rated an Area Needing Improvement. Reviewers determined in 61 percent of the applicable cases that the frequency and/or quality of Worker visits with parents were not sufficient enough to monitor the safety of the child or promote attainment of case goals.

3. Statute, Regulation, and Policy

Currently policy, Bulletin #6118 dated July 27, 2007, requires monthly face-to-face contact with the foster child's parent, primary caretaker or legal guardian by the County of Responsibility (COR) worker. This contact will help the worker assess the progress being made on the Individual Service Plan (ISP) or engage the parent, primary caretaker or legal guardian in the planning process.

In Volume IV, Section D, p. 3446, policy requires diligent efforts to locate absent parents be made at least every six months .

4. Major Initiatives Implemented Since the Round 1 CFSR

Management reports in MACWIS have been developed to assist supervisors and other agency staff in tracking progress on this item.

The Foster Care Review Program is also used to evaluate compliance with the policy through the individual case review process. The supervisors over the case workers are required to complete the Supervisory Administrative Review. This allows for the supervisors to determine if the case worker is in compliance. DFCS will continue to utilize these current tools to measure the compliance of the case worker visits with the parents.

5. Measures and Assessment of Performance

DFCS recently developed a management report through MACWIS to formulate monthly data on county, regional, and state levels documenting the contact caseworkers are having with the parents on cases where there is a permanent plan of Reunification (MWblas21_100-Custody Contact Report). The Foster Care Review Program is also used to evaluate compliance with the policy through the individual case review process. The supervisors over the case workers are also required to complete the Supervisory Administrative Review. This allows for the supervisors to determine if the case worker is in compliance. DFCS will continue to utilize these current tools to measure the compliance of the case worker visits with the parents.

DFCS recently started running a report that shows the percentage of children with a permanent plan of reunification whose parent(s), biological or adoptive, had a face-to-face visit with the caseworker during the month. In November 2009 this was 19.73%. We are working to improve this percentage.

6. Strengths and Barriers

Incorporating the Family Centered Practice has given the family the ability to participate in case planning for their future. These monthly contacts provide the staff with the opportunity to engage the family in the planning process.

Barriers
   * Although the state is working to provide sufficient staff to all the counties, there are still isolated counties that are understaffed. This can be a barrier in providing face-to-face contacts with the parents.

- Another barrier is the failure to involve mothers and fathers and their family in case planning. Consistent efforts have not been made to establish paternity or to locate the mother or father.

Item 21: *Educational needs of the child.* **How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?**

1. Assessment of Performance
DFCS policy adequately addresses the provision of appropriate services to meet the educational needs of children in both in-home and out-of-home care. When developing an Individual Service Plan (ISP) with a family, DFCS is required to address the educational needs of everyone in the home. DFCS is unable to measure practice compliance in this area.

2. Performance on Round 1 CFSR
Item 21 was assigned an overall rating of Area Needing Improvement in applicable cases. Reviewers determined that DFCS had not made diligent efforts to meet children's educational needs in both out-of-home and in-home cases.

3. Statute, Regulation, and Policy
DFCS Policy, Vol. IV, Sec. B, p. 2033, indicates that the assigned worker will have 30 days from assignment to complete the Individual Service Plan (ISP) on all family members for protective family centered services.

Educational Assessments are completed on every open case and are designed to address the educational needs of all household members and those persons not in the home who are working with the agency. The child's educational plan and needs are documented under the Educational Tab listed in the Individual Service Plan Tab in MACWIS. Workers may also address the educational needs and plan in the narrative sections of MACWIS as an educational contact.

Current policy, Vol. IV, Sec. D, pp. 3352ff, states that foster children who attain age six (6) years on or before September 1 of the calendar year and who have not attained age seventeen (17) years on or before September 1 of the calendar year, shall be enrolled and attend regularly a public school or legitimate nonpublic school (Section 37-13-91 of the Mississippi Code). There are some exceptions to compulsory school attendance listed in policy.

4. Major Initiatives Implemented Since the Round 1 CFSR
In 2008, statewide in-house peer reviews were implemented which assess whether educational needs of children are being met. If they were not, corrective action plans for education are implemented.

5. Measures and Assessment of Performance
Currently, we have no MACWIS report to track educational assessment and service data; however, in the 2009 mock case reviews of 42 cases in five counties conducted as part of

the State's self-assessment process, there is variation among the regions and counties regarding efforts to address children's educational needs.

Foster Care Reviewers review foster care cases every five to six months to make sure that the children are receiving the services needed. Once the cases have been reviewed and the Foster Care Review County Conferences have been held, the Reviewers submit the Administrative Periodic Determination to their supervisor regarding issues found in the case. Consistency with the Workers and the Reviewers findings is essential to ensure that the child's educational needs are being met. All opened cases are also reviewed by the Area Social Work Supervisor (ASWS) 90 days after the case is opened and at the 15th month, which is the Supervisory Administrative Review. The educational issues and plans are reviewed by the ASWS to determine if DFCS is providing the needed services to the child.

6. Strengths and Barriers
DFCS has made progress in documenting the educational needs of our children. Families are also engaged in identifying the needs.

Currently, DFCS does not have a memorandum of understanding (MOU) between the Mississippi Department of Education and the Mississippi Department of Human Services to address the educational needs of children and youth; however, development of an MOU is in the preliminary stages.

The following are identifiable barriers that may delay providing needed educational services to the children and families served by the agency:

- The availability of the staff in certain Regions/Counties
- Some school districts do not provide adequate funding for some services.
- Lack of available services for children without an IEP ruling
- Stigmatization of a child (i.e. "bad child") interferes with child receiving a quality education

Item 22: *Physical health of the child*. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

1. Assessment of Performance
Following the 2004 CFSR, it was determined DFCS was not consistent in its efforts to meet children's physical or mental health needs. While some counties appeared to have substantial conformity, other counties did not. Continued progress and increased awareness of the elements DFCS needed to focus on for success in providing appropriate services to children and families served was achieved. DFCS has requested a report that shows the percentage of children who have received physical health, medical assessments and mental/behavioral health assessments as prescribed by MDHS/DFCS policy.

2. Performance on Round 1 CFSR

Item 22 was assigned an overall rating of an Area Needing Improvement. In 26 percent of the applicable cases, reviewers determined that DFCS had not adequately addressed the health needs of children in either the foster care or in-home services cases.

3. Statute, Regulation, and Policy

Current policy provides the following protocol for securing needed medical, dental and mental health assessments and services for children in custody. For each child age three (3) and older, the County of Responsibility Worker (COR) will ensure that a dental exam is obtained within ninety (90) calendar days of the child entering custody or within 90 calendar days of his/her 3rd birthday. Dental check-ups shall recur every six (6) months. All medically necessary dental services shall be provided.

The COR Worker shall obtain an initial health screening from a qualified medical practitioner for all children within seventy-two (72) hours of custody to determine immediate health needs. Within 30 days of placement in foster care and yearly thereafter, each child shall receive a comprehensive health assessment. This examination may be obtained through Early Periodic Screening, Diagnostic, and Treatment (EPSDT) through the local Health Department or from any approved medical provider that performs this service. The Worker shall also request a developmental assessment as a part of this referral as needed. All medically necessary follow-up services and treatment shall be provided.

There is no policy regarding this item related specifically to children in protection and prevention cases.

4. Major Initiatives Implemented Since the Round 1 CFSR

- Meetings with the Mississippi Department of Public Health (MDH) were initiated to identify health programs and services and to improve coordination between state and local offices. A Memorandum of Understanding between DFCS and MSDH on April 17, 2008 regarding provision of services.
- Implemented the revised Foster Care Case Review (FCCR) Instrument to assess practice related to assessment, identify physical health needs and mental needs, and services provided; and use the information to improve practice.
- Implemented the Supervisory Administrative Review to assess both in-home and custody cases to ensure quality of practice related to assessment and identification of physical health needs and mental health needs, and services provided; and use the information to improve practice.

5. Measures and Assessment of Performance

The method of measuring improvement for out-of-home cases is the Foster Care Case Review Issues Report and the Foster Care Review (FCR) Quarterly Regional Comparison Report.

The Family Team Meeting (FTM) and the Foster Care Review County Conference (FCRCC) provide an opportunity to assess the physical health needs and identify needed

and available services to address these needs. In addition, the FRCCC includes community partners, and if the child has physical health needs, the health care providers can become team members through the FCRCC process.

The monthly Foster Care Case Review (FCCR) assesses practice related to the assessment, identification, and physical health services provided. The supervisory case review of in-home and custody cases will also assess the quality of practice in assessing physical health needs and the provision of services based on identified needs. Physical health and mental health are combined as one issue when cited in the Foster Care Review Issues Report.

As part of the Foster Care Review process, children's case plans are monitored for required components such as physical health and mental health information. Discrepancies are cited and reported on the monthly Foster Care Review Issues Report. The primary issue reported each month is related to information lacking from children's individualized service plans (ISPs) or ISPs being overdue for review. Many of the ISPs cited for being incomplete are lacking up to date medical, dental, mental health, and educational information. There are many instances where this information does not exist at all on the children's ISPs. The children's ISPs are sometimes our only source for this information. A lack of this information on the child's ISP could be an indicator of how well certain counties are performing on CFSR items related to (but not limited to) case planning, visitation, services provided to meet medical, educational, and mental health needs. It should also be pointed out that these are ISPs that have been approved by the supervisors who reviewed them. The information in the table below seems to show that this is an ongoing challenge the agency faces. It should be noted that the primary areas where this issue is cited are counties where there has been constant turnover in staffing.

	SFY 2009	**SFY 2008**	**SFY 2007**
Cases Reviewed	4495	4008	4393
Percent Cited	13.3%	7.7%	9.9%

An independent assessment of dental and medical services for children was performed by the Center for the Support of Families, Inc. and the findings are:

- Access to dental providers in rural areas of the State appears to be the most prominent issue. A number of providers will not accept Medicaid and families/resource families often must travel long distances to access providers.
- The dental services authorized and covered by Medicaid are limited, particularly as it relates to orthodontic care.
- Dental screenings are either not conducted as consistently as needed, or there is inadequate documentation of case files to make a determination as to whether the screening was conducted or not.
- In general, access to physical health care appears better than dental or mental/behavioral health services.

- Although the initial physical health screenings of children occur more frequently than screenings for dental and mental/behavioral health concerns, case file documentation in this area is lacking.
- Medicaid cards and medical information may not be provided to resource parents routinely, affecting their ability to seek and provide needed services.
- At least some resource parents experience difficulty in getting the necessary medical background information on children placed in their homes, and are unaware of the medical needs of the children at the time of placement.
- Some resource parents appear to have difficulty obtaining complete medical information from physicians needed to attend to the medical needs of children in their care.
- Transportation to services (medical, dental, mental health) is a major issue in rural areas, and Medicaid only reimburses in limited circumstances.

6. Strengths and Barriers
The Family Team Meeting (FTM) and the Foster Care Review County Conference (FCRCC), which include community partners, afford an opportunity to assess the physical health needs and identify needed and available services to address these needs. If the child has physical health needs, the health care providers can become team members through the FCRCC process.

Barriers include:
- In many instances, children are receiving medical and dental exams, but the information is not documented in MACWIS.
- The inability of the relative caregiver to complete the necessary requirements to obtain Medicaid for a child may be a barrier, or DFCS' inability to complete the Eligibility re-determinations, may cause the child's Medicaid to become inactive.
- Sometimes a child needs a service that Medicaid may not cover and the caseworkers may not be aware that a request for state funds may be an option to cover a service that Medicaid will not cover. For example, Medicaid normally will not cover orthodontic braces, but if state funds were requested, the child may be provided a service for this identified and documented need.
- The primary issue in the FCR Program Issues Reports continues to be related to information lacking from children's individualized service plans (ISPs) or ISPs being overdue for review. Many of the ISPs cited for being incomplete are lacking updated medical and dental.
- Medical providers not accepting Medicaid.

Item 23: *Mental/behavioral health of the child*. **How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?**

1. Assessment of Performance
Following the 2004 CFSR, it was determined DFCS was not consistent in its efforts to meet children's mental health needs. While some counties appeared to have substantial conformity, other counties did not. Continued progress and increased awareness of the elements DFCS needed to focus on for success in providing appropriate services to

children and families served was achieved. DFCS has requested a report that shows the percentage of children who have received physical health, medical assessments and mental/behavioral health assessments as prescribed by MDHS/DFCS policy.

2. Performance on Round 1 CFSR
Item 23 was assigned an overall rating of an Area Needing Improvement. Fifty percent of the cases were rated as Strengths and the remaining 50 percent of the cases were rated as Areas Needing Improvement.

3. Statute, Regulation, and Policy
Current policy provides the following protocol for securing needed mental health assessments and services for children in custody. The Strengths and Risk Assessment shall be performed on children ages four (4) and older within 30 calendar days of child's custody. Each child who reaches the age of 4 in care shall be provided with a mental health assessment within 30 calendar days of his/her 4th birthday. In addition to the Strengths and Risk Assessment, within 30 calendar days of entering custody, a child shall be provided with a mental health assessment conducted by a qualified mental health professional. Such assessments shall also screen for drug and alcohol dependency as age appropriate. Mental health may be evaluated through Early Periodic Screening, Diagnostic, and Treatment (EPSDT) through the local Health Department or from any approved medical provider that performs this service. Each child shall receive follow-up mental health services provided as recommended in the mental health assessment.

4. Major Initiatives Implemented Since the Round 1 CFSR
- Implemented the revised Foster Care Case Review (FCCR) Instrument to assess practice related to assessment, identify mental needs and services provided; and use the information to improve practice.
- Implemented the Supervisory Administrative Review to assess both in-home and custody cases to ensure quality of practice related to assessment and identification of mental health needs and services provided; and use the information to improve practice.

5. Measures and Assessment of Performance
The method of measuring improvement for out-of-home cases is the Foster Care Case Review Issues Report and the Foster Care Review (FCR) Quarterly Regional Comparison Report.

The Family Team Meeting (FTM) and the Foster Care Review County Conference (FCRCC) provide an opportunity to assess the mental health needs and identify needed and available services to address these needs. In addition, the FRCCC includes community partners, and if the child has mental health needs, the mental health care providers can become team members through the FCRCC process.

The monthly Foster Care Case Review (FCCR) assesses practice related to the assessment, identification, and mental health services provided. The supervisory case review of in-home and custody cases will also assess the quality of practice in assessing

mental health needs and the provision of services based on identified needs. Physical health and mental health issues are combined in the Foster Care Review Issues Report:

As part of the Foster Care Review process, children's case plans are monitored for required components such as physical health and mental health information. Discrepancies are cited and reported on the monthly Foster Care Review Issues Report. The primary issue reported each month is related to information lacking from children's individualized service plans (ISPs) or ISPs being overdue for review. Many of the ISPs cited for being incomplete are lacking up to date medical, dental, mental health, and educational information. There are many instances where this information does not exist at all on the children's ISPs. The children's ISPs are sometimes our only source for this information. A lack of this information on the child's ISP could be an indicator of how well certain counties are performing on CFSR items related to (but not limited to) case planning, visitation, services provided to meet medical, educational, and mental health needs. It should also be pointed out that these are ISPs that have been approved by the supervisors who reviewed them. The information in the table below seems to show that this is an ongoing challenge the agency faces. It should be noted that the primary areas where this issue is cited are counties where there has been constant turnover in staffing.

	SFY 2009	**SFY 2008**	**SFY 2007**
Cases Reviewed	4495	4008	4393
Percent Cited	13.3%	7.7%	9.9%

For children with identified mental health needs, favorable data suggested the continued monitoring of this item through the Foster Care Review Program, regular supervisory reviews, and the Strengths and Risk Assessment have contributed to assuring children's identified mental/emotional health needs are being met. Examples of identified mental health services provided are individual and group therapy, the Millcreek day treatment program, therapeutic services for ADHD, Youth Villages' intensive in-home services, as well as, recreational and occupational therapy.

An independent assessment of mental health services provided to children was performed by the Center for the Support of Families in 2009 and the findings are:

- Some mental health initiatives offer effective approaches to meeting the mental health needs of children in the child welfare system, but are limited in scope, funding, or criteria for the population served. For example, a wraparound services approach would be beneficial to all children not just those with SED, and the inter-disciplinary approach of the MAP teams could benefit children before they exhaust other available services but funding is very limited.
- Community Mental Health Centers appear to be the primary source for DFCS to provide mental health services to children and youth in its care. Across the State, the centers do not offer a consistent range of services, particularly in rural areas of the State where services are considered to be quite limited, and they are often unable to provide the level of specialization needed by children in foster care.

- Access to private providers of mental and behavioral health services is restricted, particularly in rural areas of the State, by lack of funding to pay for the services, by wait lists to obtain services even when they are available, and by a lack of providers that will accept Medicaid.
- Obtaining psychological evaluations is particularly difficult, as there are areas of the State where this service is not available.
- Mental health screenings of children are either not conducted as consistently as needed or the case file documentation was so poor that we could not determine if a screening had been conducted or not.
- There is little or no choice of providers in rural areas.
- The effectiveness of some services is generally regarded as poor, indicating a need for more choices of providers, more accountability in service provision, and strengthened ability to tailor services to meet the individualized needs of children and youth.

6. Strengths and Barriers

Continued DFCS participation with the Interagency Coordinating Council for Children and Youth (ICCCY) and the Interagency Systems of Care Council (ISCC) to address and improve mental health services to seriously emotionally disturbed children and youth is a strength.

Barriers include:
- The primary issue in the FCR Program Issues Reports continues to be related to information lacking from children's individualized service plans (ISPs) or ISPs being overdue for review. Many of the ISPs cited for being incomplete are lacking updated psychological information.
- Lack of mental health services across the State is also a barrier.

Section IV: Narrative Assessment of Systemic Factors

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

1. Assessment of Performance

The State is currently operating a statewide information system that 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. MACWIS (Mississippi Automated Child Welfare Information System) is the statewide, automated system utilized to manage and track an average of 3,500 children in foster care and over 5,500 children that have been in custody at some point in the 2009 Federal fiscal year. The system supports the work of more than 800 users within DFCS. The MACWIS system is designed to capture the collection of statistical data and reporting for Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS).

For children in placement with a private child-placing agency, the system has the functionality to track the exact location (the foster home) of every child. This information in MACWIS is readily retrievable. The responsible worker enters the actual resource home in MACWIS on the Placement screen/Request tab. There is no prompt in MACWIS that reminds the worker to do this.

MACWIS is a case management system that allows caseworkers to document their casework across all stages of service delivery. From the intake report, through the investigation, through the case narratives, through the Individual Service Plan, through the support services offered and/or paid for by the agency, through the court module, through the eligibility determination for IV-E, and through the closing of the custody and the case, MACWIS functionality is available for documentation.

Counties which receive reports on families are able to immediately identify and track family members who are or have been involved with DFCS in other counties. This is done through the Person Search function. If the person has been confirmed on an intake or has been a member of a case (either as a household member or other case member), the user can readily see this information in MACWIS. At present, no time period has been established for archiving information on a family maintained in MACWIS. No information has been purged from MACWIS since it was implemented. Archiving is a process we have yet to address in MACWIS.

For the most part, the system is considered to be effective by administrative, supervisory and direct service staff. There is not one component that the staff would consider the most effective. The direct service staff works mainly in the intake and case modules. If a child comes into custody, the court and eligibility modules are used.

All new workers are required to complete Intensive training before caring a caseload. This training includes initial training in MACWIS. Ongoing training is provided when significant changes are made to the system. MACWIS refresher training is also offered periodically.

The MACWIS Help Desk is available on weekdays from 7:30 a.m. to 5:30 p.m. The staff consists of a Business Analyst 1 (who is the supervisor), a Special Projects Officer IV (who handles the majority of the calls, emails, and faxes), and field staff on a 90 day assignment with the Help Desk. The Business Analysts with the Unit also help out when needed, especially the finance analyst, who handles most of the finance questions or problems. Some calls require only an explanation of what the user should do in the system and can be handled immediately.

When a problem occurs in MACWIS that requires some kind of data fix (usually resulting from user error), the Help Desk enters this into our Heat tracking system and assigns it to the MIS person responsible for making assignments to the MIS MACWIS team. If it is just a data fix, these usually take up to a week. If a problem occurs that is due to the way MACWIS functions, these corrections require much more time and may involve a new version of the system.

The Analysts are participants in work groups to make sure changes requested in MACWIS are what the field needs to do their work more effectively.

2. Performance on Round 1 CFSR

Mississippi did not achieve substantial conformity with the Statewide Information System and had an overall rating of an Area Needing Improvement because the data quality was compromised due to poor data entry. Information available from MACWIS did not consistently reflect a child's current situation that would enable DFCS to readily identify the status, demographic characteristics, location and goals for the placement of every child.

3. Statute, Regulation, and Policy

DFCS policy requires staff to be knowledgeable of the purposes and uses of the system. Programmatic policy includes discussion on the correct method of documenting plans, goals, activities and other information in MACWIS.

4. Major Initiatives Implemented Since the Round 1 CFSR

Case Planning functionality was modified to cover the following topics: Family Centered Concurrent Permanency Planning, Permanent and Concurrent Planning with Youth, Family Engagement, Contact by Worker, Visitation, Strengths and Risk Assessment, and Permanent Plans. The changes are as follows:

- The names of Mississippi's Permanency Plans have been changed to the following: Adoption, Durable Legal Custody/Guardianship, Living Independent, Long Term Foster Care, Custody with Relative Placement, and Reunification with a Primary Caretaker or Parent.
- The plans of Living Independently and Long Term Foster Care now require the approval by the Regional Director.
- The permanent plans, Relative Placement Adoption and Relative Placement/Durable Legal Custody are now inactive. For existing ISP's that have these plans, they will display for history purposes. Newly created ISP's will not display these plan names as option.
- Two new radio buttons, Mental Health Assessment and Family Child Engagement, have been added to the Initial Review tab of the ISP.

Many managers/supervisors did not previously realize the importance of timely and accurate data entries and were not held accountable in the past. Many of these issues have been resolved with proper supervision of staff and training. Workload is also a contributor to this problem as staff often is placed in the position of making a choice between entering data or making family contacts. Reports are now rigorously reviewed by administrative staff monthly to manage and verify correct data entry. Incorrect data is noted by the Regional Director and the county worker is given a timeframe for correction or for a reasonable explanation as to why correction was not made.

Monthly Data Tables, Worker Gap Analysis and more accurate reports are now being distributed to each Regional Director and are reviewed with the ASWSs during their monthly staff meetings.

Under DFCS' reorganization, MACWIS is now under the purview of the Performance and Quality Improvement Unit. This allows for better assessment and evaluation of data timeliness and quality. Reports from MACWIS are now being produced in a timelier manner and in a way that is more useful to the end user, field staff and management. A Performance and Quality Improvement (PQI) Plan has been drafted and will be implemented in each Region to improve data collection for a continuous feedback loop to improve outcomes for safety, permanency and well-being.

Many new reports have been developed as management tools to measure progress in the *Olivia Y.* Settlement Agreement, Council on Accreditation (COA) standards and to assist the field staff in data management. Other reports have been requested and are currently on the project plan. Our emphasis in the last two years has been on meeting the terms of the settlement agreement and the COA. Some of these things are the same as or similar to CFSR outcomes and national standards.

5. Measures and Assessment of Performance

MACWIS has in its case module an icon called Case Planning. This is where the Individual Service Plan is entered for the child in custody, the child court-ordered supervision or the parent(s) Individual Service Plan.

Also, in the case module is the Narrative icon. This screen has a narrative type of Family Team Meeting. The user documents in this narrative type the meeting between the agency and the family to discuss the case plans for the family. The child's parents are essential to the success of the case planning process and are invited to the meeting. All the participants of this meeting may also be documented on this screen. The worker is to conduct this meeting during the first 30 days of custody or the first 30 days of case opening. This is so the case plan (Individual Service Plan) can be completed by the worker and approved by the supervisor by the 30th day.

DFCS has in the Performance and Quality Improvement Unit a group who conduct Foster Care Reviews every six months that the child is in custody. When the worker enters the custody in MACWIS, a trigger is created to generate a tickler to the Foster Care Reviewer for the county. The Foster Care Reviewer receives the tickler 120 days after the custody date indicating it is time to schedule a Foster Care Review County Conference (FCRCC). Once scheduled, the worker for the child gets a tickler to send the notices to the attendees. These are to be sent out in advance so the person invited has at least ten days advance notice of the review. If relationships and household status have been defined correctly by the worker, the system will display the names in the participant list so the worker can pick the individuals to whom notices will be sent. If the person's name is not in the list, the worker has the capability of selecting the person in Person Search so that a notice will be generated by the system for this person.

Once the review is held, the Foster Care Reviewer completes comments about the FCRCC and sends this on to the county. The worker gets a tickler and completes his/her section and sends this on to the supervisor. The supervisor reviews the entire FCRCC screen, adds comments and locks the review.

MACWIS also has a tickler system to remind the worker to request a permanency hearing for the custody child. The trigger for this tickler is generated when the worker enters the custody start date for the child. The tickler is generated to the worker 305 days after the custody start date, and then 305 days from the last permanency hearing, as long as the child remains in custody. The worker actually receives two ticklers, one that deletes when clicked on. This is referred to as a notification tickler. The other stays until the permanency review process is completed in MACWIS. The process begins as the worker enters the permanency hearing (also use dispositional hearing and six month review hearing) on the Legal History/Detail tab in the court module. When this is entered, there is a question answered yes or no in regard to the court order having the correct language. A change eligibility record is created and a tickler generates to the IV-E Eligibility Worker (EW). The worker also sends a copy of the court order to the Eligibility Unit so the EW can verify the language. Once verified, the EW approves the change record and the worker and EW ticklers are purged. The worker gets a notification tickler that the EW has approved the eligibility change.

MACWIS has the capability of collecting a wealth of data and generating reports to evaluate and improve the quality of services delivered to its clients. These reports are reviewed by the Regional Directors and distributed among Supervisors for verification of data and utilization for management of their teams.

One such report is the Children who have been in Custody for 15 out of the most recent 22 months. This is actually a program that generates six reports: Children who have been in Custody for 15 out of the most recent 22 months with an ASFA exception detail; Children who have been in Custody for 15 out of the most recent 22 months with an ASFA exception summary; Children who have been in Custody for 15 out of the most recent 22 months with no ASFA exception detail; Children who have been in Custody for 15 out of the most recent 22 months with no ASFA exception summary; Children who have been in custody 13 of the most recent 22 months detail; and Children who have been in custody for 13 of the most recent 22 months summary. The report also shows the date of the TPR request, the date the TPR petition was filed and the legally freed date if entered in MACWIS.

The child's worker also receives a tickler when the child has been in custody for 13 of the most recent 22 months to remind them to request termination of parental rights (TPR) or to document the ASFA reason not to do TPR. The trigger for this tickler is generated when the custody record is entered in MACWIS.

The MACWIS reports are now scanned to a public drive to which all MACWIS users have access. The Regional Directors report that they use several of the reports in their

staff meetings with the supervisors. The supervisors in turn use these in their staff meetings with their workers.

Obviously, the reports from MACWIS can only report on data entered into MACWIS. DFCS does have data entry issues. The data may be entered incorrectly or not entered at all. The data is routinely being refined and multiple measures taken to ensure that the reports contain accurate information. DFCS is only failing AFCARS due to not entering the date of discharge timely. Some of the regions have developed a procedure outside of MACWIS to assure that the custody entry and end dates are added to MACWIS timely. This process has helped where implemented.

The following reports are just a few examples of the MACWIS reports that are used by management staff to evaluate and improve the quality of services delivered to our clients.
- Custody Contact Report
- Child Investigation Timeliness
- Dormant Cases
- Children who have been in Custody for 15 out of the most recent 22 months
- Open Investigations
- Overdue investigations

6. Strengths and Barriers
MACWIS has the capability to produce a variety of reports and track performance over multiple periods of time.

DFCS still has difficulty with data entry. Most frequently, the information is not entered timely or not at all. One improvement that the direct staff have requested is having the system guide them through the process when a child comes into custody. The system would suggest which screen to go to or would simply take the worker to the next screen. This would help with getting all required information in the system for reporting and to make sure the child is getting all needed services. When information is entered incorrectly, in most cases, these entries cannot be corrected by the user. Changes will be made to MACWIS so that certain individuals are able to make corrections. For example, the user enters the wrong custody date into MACWIS. Currently, the county has to send the Help Desk a copy of the court order so that this can be added into Heat and sent down to MIS for correction. A change has been requested so that the Eligibility Worker at the state office can make the correction and the system would make the other necessary corrections to dates in other fields and triggers that the custody date creates.

- Some data remains unreliable due to lack of untimely or insufficient entry of data by field staff. Monitoring information through reports and case reviews is helping with this problem. Changes have been requested for future system help with this problem, i.e., screens to guide the user through steps when a child is taken into custody.
- Some data remains unreliable due to learning curve of new hires inputting data. DFCS now has a training director for the state and a training coordinator for each region. Intensive training which includes an introduction to MACWIS is

scheduled in different sites to accommodate new hires throughout the state. There is usually a wait time for new hires to attend the training. The training unit tries to schedule trainings so that the wait time is at a minimum.

- Modifications and upgrades to MACWIS are needed and have been requested (for example, placement issues)
- MACWIS is now eight years old and has had numerous modifications, changes and/or additions which may have added an element of instability to this system.

Item 25: *Written case plan.* **Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?**

1. Assessment of Performance
DFCS requires that each child in state's custody have an Individual Service Plan (ISP) that is approved in a timely manner (within 30 days of the case opening and every 180 days thereafter). These case plans are documented in the state's automated child welfare information system (MACWIS), but are also filed in the child's case record folder. These case plans are a result of family and child involvement through Family Team Meetings, Foster Care Review County Conference (FCRCC), and required monthly face-to-face contacts with the parents, child, or primary caretaker/guardian. The Foster Care Review program, part of the agency's PQI Unit created in 2008, monitors case planning issues and makes monthly reports to the agency's senior managers for review, follow-up, and improvement efforts. DFCS has requested a report that will include the percentage of children who have an approved written case plan within 30 days of custody and every 90 days thereafter.

2. Performance on Round 1 CFSR
During the CFSR Round1 in February of 2004, this item was rated as an Area Needing Improvement because case plans were not developed jointly with the child or the child's parents on a consistent basis.

3. Statute, Regulation, and Policy
Volume IV, Section D, page 3265 – 3266 of agency policy is based on Section 43-15-13(3) of the Mississippi Code which instructs DFCS to "administer a system of individualized plans every six month for each child under its custody." The purpose is to ensure that the needs of the child are being addressed while in foster care. If age and/or developmentally appropriate, each child/youth shall be included in developing his/her individualized service plan (ISP). Volume IV, Section D, page 3263 requires that the caseworker engage the family in making permanency plans for the child. Family Team Meetings and Foster Care Review County Conferences are efforts made by the state to encourage and engage youth and their parents in the development and update of their case plans.

The Individual Service Plan shall be updated to reflect the decisions made during the meeting. The County of Responsibility Worker shall document each FTM within five (5) days of completion.

In June 2009, policy was revised to require a Family Team Meeting (FTM) be conducted within thirty (30) calendar days of opening a case regardless of case type. During the FTM an Initial Individual Service Plan (ISP) (Adult and Child) and a Visitation Plan shall be developed. Ongoing Family Team Meetings shall be convened, at a minimum, once every ninety (90) calendar days in which the ISP shall be reviewed and updated.

4. Major Initiatives Implemented Since the Round 1 CFSR

The initiation of the agency's Mississippi Child Welfare Practice Model includes within its components making case plans for children and families more individualized as a result of more thorough assessments in order to provide services to meet their individual and unique needs and provide for better on-going assessment by agency staff, the courts, as well as the children and families of progress being made toward meeting goals and achieving desired outcomes. The Practice Model is designed to increase parents' involvement in the child's plan through the component, Involving Children and Families in Case Planning and Decision Making, by actively involving parents in case planning, including parents who do not reside in the home, involving parents in the child's activities when safety is not compromised.

5. Measures and Assessment of Performance

Compliance with case planning is a determination the Foster Care Review Program makes on each foster care case as part of the administrative review every six months. The Foster Care Review Program also monitors children's individual service plans and the adult individual service plans to determine if appropriate tasks and goals are outlined on the case plan and if current information (i.e. placement information, medical/ dental/ mental health/educational, etc.) is documented on the case plans of children in state's custody. This has been an item that has been identified by the Foster Care Review program as a recurring issue of concern. DFCS does not tract data regarding the degree of involvement in the child's case plan at this time.
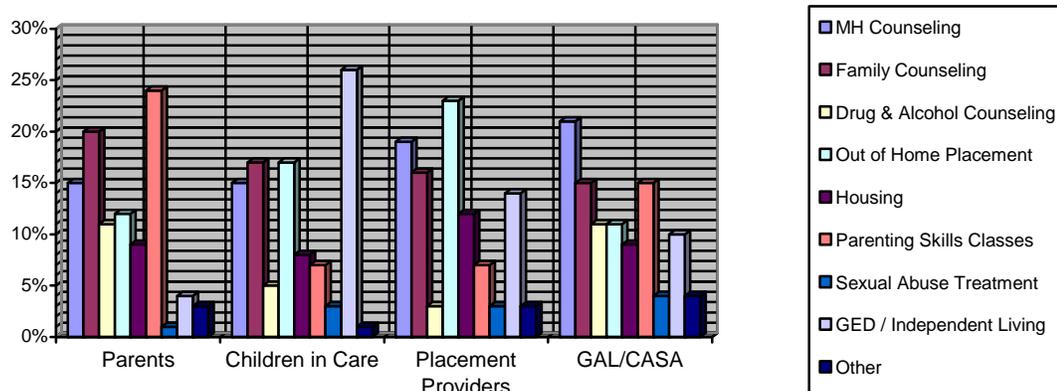
However, satisfaction surveys were distributed to the parents and children in foster care who were in attendance at the six month FCRCC. They were asked if they had a chance to assist in the development of their individual service plan (ISP). The placement providers were also asked if they had an opportunity to help in case planning activities for the children who are in their care. The guardians *ad litem* and Court Appointed Special Advocates (CASA) workers were asked if they had an opportunity to provide input into their clients' case planning. The results are shared with the Regional Directors. The results indicate that the majority of the respondents agree (strongly or somewhat) that they are involved in case planning activities. The chart below shows a comparison between the last three state fiscal years (July-June) measured:

	SFY 2007	SFY 2008	SFY 2009
Parents	83%	83%	84%
Foster Children	87%	91%	90%
Resource Parents	94%	92%	91%
GAL/CASA	93%	82%	84%

Although there is a small difference in the percentages each year, it appears the agency's efforts to include and inform parents, youth, resource parents, and court personnel in the case planning process has been beneficial. The slightly higher percentages in the SFY 2007 and 2008 results for GAL/CASA and resource parents could be a result of not being as informed or aware of their inclusion or role in the case planning process at that time. Through the use of Family Centered Practice and Family Team Meetings, these individuals may have become more comfortable as to their role in the case planning process.

The results of the SFY 2008 and first half of SFY 2009 Foster Care Review surveys to stakeholders regarding individual service plans are listed below. Each group that surveyed was asked which services are being provided as part of the service plans in which they are involved. The parents and the foster children answered with regard to the services they are being provided while the placement providers answered with regard to the services the foster children in their care are receiving. The guardian *ad litem*/CASA answers reflect the services the children they represent are receiving.

SFY 2008

"Other" services were listed as follows:
- **Parents** – Transportation, anger management counseling, marriage counseling, and employment
- **Foster Children** – Boot camp at Camp Shelby, pre-natal care, after school tutoring
- **Placement Providers** – WIC, financial assistance with utilities, clothing, and school supplies, speech therapy and occupational therapy for the children in their care.
- **GAL/CASA** – None listed

For the first half of SFY 2009 the results follow:
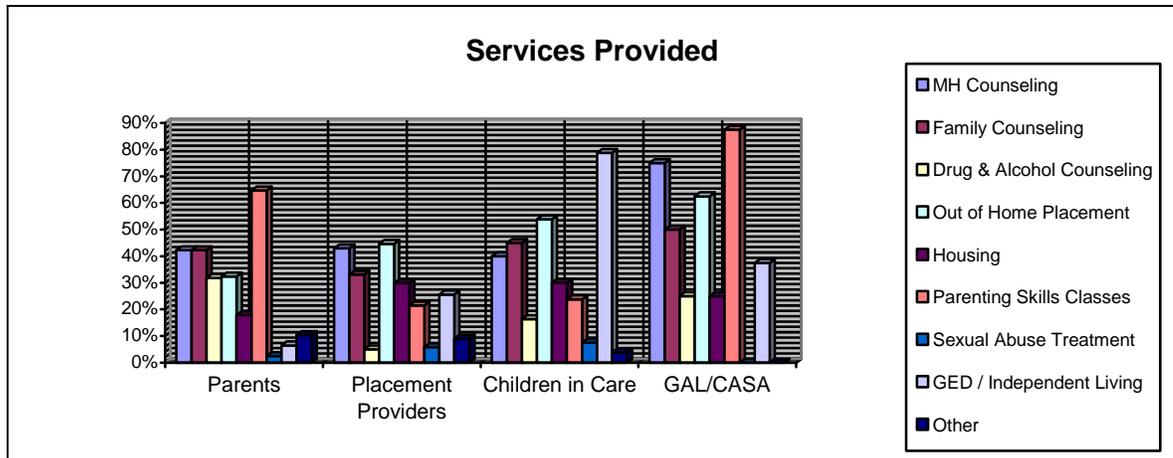
Services Provided

Legend
MH Counseling
Family Counseling
Drug & Alcohol Counseling
Out of Home Placement
Housing
Parenting Skills Classes
Sexual Abuse Treatment
GED / Independent Living
Other

(Bar chart showing percentages of services provided across Parents, Placement Providers, Children in Care, and GAL/CASA categories, with y-axis from 0% to 90%)

- "Other" services were listed as follows: Transportation, anger management counseling, marriage counseling, employment, boot camp at Camp Shelby, pre-natal care, after school tutoring, WIC, financial assistance with utilities, clothing, school supplies, speech therapy, and occupational therapy.

Case planning components are also monitored through the supervisory administrative reviews. A MACWIS report is produced each month to show cases that have not had a supervisory administrative review at the 3 month and 15 month points in the life of the case. Foster Care Review also monitors for evidence that the supervisory administrative review was printed, signed, and filed in the case record as required by agency policy. The areas of the state with the highest percentage of FCR issues cited also have a high percentage of supervisory administrative reviews that have not been completed, printed, signed, or filed in the case record.

6. Strengths and Barriers
In areas of the state where Family Team Meetings are held on a consistent basis, staff as well as families and providers, have found them to be very helpful in establishing goals and expectations early in the life of the case. An on-going challenge is having workers in all areas of the state to hold regular and effective Family Team Meetings on a consistent basis.

The Mississippi Division of Family and Children's Services has made progress involving parents and children in case planning activities. However, it is often difficult to include parents in case planning when their whereabouts are unknown despite agency efforts to locate them. Efforts are made to establish paternity early in the case, but these are not consistent statewide. It is also difficult to involve fathers in case planning when consistent efforts have not been made to establish paternity or to locate the father.

Another challenge identified by the Foster Care Review Program, is a lack of up to date information on children's ISPs such as medical, dental, educational, mental health, and placement information.

Item 26: *Periodic reviews.* **Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?**

1. Assessment of Performance
The State's Foster Care Review Program is used to meet the federal periodic review requirement. Overall, the state's Foster Care Review program has been an asset to DFCS and the clients it serves in that it allows clients an opportunity to participate in their case planning and provides caseworkers with an opportunity to discuss their practice on a case by case basis. Reviewers are based throughout the State and review every child's case every six months. The state's Foster Care Review program was identified by the Council on Accreditation (COA) as a Strength during their initial assessment of the state at the beginning of the accreditation process. The areas of the state that seem to believe it is beneficial are the areas of the state that practice timely notification of Foster Care Review County Conference, have good participation, and have the lowest percentage of foster care review issues cited.

The time required for each review is dependent upon several factors such as participation and/or attendance by invited case parties, or the amount of information in the case record. However, it generally takes approximately 90 minutes to two hours to review the case record (MACWIS and hard copy) and approximately 45 minutes to an hour to hold a Foster Care Review County Conference, if all invited case members are in attendance and actively participate.

2. Performance on Round 1 CFSR
During the CFSR Round1 in February of 2004, this item was rated as an Area Needing Improvement because the state was unable to consistently implement a process to ensure the periodic review of the status of each child, no less frequently than once every six months, either by a court or by administrative review.

3. Statute, Regulation, and Policy
Section 43-15-13 of the Mississippi Code of 1972, Annotated, requires DFCS to administer a system of individualized plans and biannual reviews for children in its custody and in the custody of licensed public and private agencies. The intent is to promote permanency planning for children by returning the children to their own home, placing them with relatives, or freeing them for adoptive placement. Every child in the Department's custody is included in this review process, including children in adoptive placement prior to legal finalization of that process. The Department has designated such case reviews as Foster Care Reviews.

A Foster Care Review must be held within the first six months after a child's initial placement in custody, and within each six month period thereafter. The Foster Care Reviews are conducted by a Foster Care Reviewer, who is an individual not responsible for the case management or supervision of the case. A Youth Court Hearing and Review Summary report is generated in MACWIS as a result of the conference, which includes determinations made by the Reviewer, comments made during the conference and assessments and recommendations made by the county of responsibility. The Area

Social Work Supervisors are provided a copy of the review reports to assist them in identifying strengths and areas needing improvement in case work within their designated areas.

4. Major Initiatives Implemented Since the Round 1 CFSR
Two additional supervisory positions were allotted to the Foster Care Review Program to allow for closer supervision and mentoring of the program's staff.

A report of issues observed during the course of a case review is compiled each month and shared with senior management and area social work supervisors as part of continuous quality improvement efforts.

In July 2008, the Foster Care Review Program incorporated a number of items from the Child and Family Services Review outcomes and Council on Accreditation standards into the Foster Care Review process in Mississippi by revising the Periodic Administrative Determination form and including a concise guide that addresses the item, the authority/mandate for the item (policy citations, state/federal statutes, COA standard, etc.), a description of the item, and where information on the item can be found during the course of the case review (case file, client/staff interviews during the Foster Care Review County Conference, and areas of MACWIS).

5. Measures and Assessment of Performance
According to the 2008a and 2008b AFCARS file For Federal Fiscal Year 2008, 84.28% of the children listed in custody had a periodic review. However, the AFCARS file lists children who may not have been in state's custody six months, which would not have qualified them for a Foster Care Review or permanency review. There are a number of management tools in place that the Foster Care Review Program uses to assure that each child in foster care has a review of their case within every six months of custody and within every six months thereafter. MACWIS report MWCPCRMD (Pending Conference Reviews Report), is used by the Foster Care Review Program to determine which children in custody are due for a Foster Care Review County Conference/case review. This report lists the child's name, the due date of the review, the name of the last Reviewer, and the date of the last review. This report is received two months prior to the month when the reviews are actually due so that the Foster Care Reviewer has sufficient time to identify and schedule the cases for a review.

Another MACWIS management report utilized by the Foster Care Review Program to monitor for compliance with reviews being held is Children in Custody with a Conference Date more than Six Months (MWZ078RB). This report lists children who have not had a Foster Care Review County Conference/case review within the mandated 6 month time frame. This report has been in use since 2004, but has been revised in recent years to reflect a more accurate count of eligible children. The data below is from SFY 2009 which uses the most recent revision of this report:

Reasons for the overdue conferences are tracked. The results for SFY 2009 are outlined in the table below:

Total FCR CC Documented for SFY 2009	4450	
Total Children with Overdue Conference Reviews	399	8.97%
Total due to Reviewer error	32	0.72%
Total due to a loss of custody with no custody end date entered by county	273	6.13%
Total due to transaction date errors by the county	37	0.83%
Total due to reasons unknown that were referred to MACWIS Help Desk	56	1.26%

It should be noted that some children are listed on this report in consecutive months if there is no resolution to the reason they are listed on the report. For example, there may be an eligibility issue preventing the county caseworker from closing the child's case. This may require the MACWIS Help Desk to refer to a MIS programmer to fix, which could take months. Due to this, the child's name will continue to appear on the monthly print out until the problem is resolved.

Other MACWIS reports utilized by the Foster Care Review Program to manage scheduling of case reviews are Children Currently in Custody (MWCURCUS), Children Exiting Custody by Transaction Date and Children Entering Custody by Transaction Date.

The report of pending conference reviews generated by MACWIS is very accurate. However, on occasion a child's name may not appear on the report for reasons unknown and it is necessary to check the report against the records maintained by the Reviewer to assure that all children are scheduled for a timely review as much as possible. The Foster Care Reviewers are also instructed to keep their own records (handwritten or in a Word or Excel document) of children in custody in their assigned territories and when those children had a case review and when the next is due. The information is then compared to the information produced by MACWIS each month to assure that each child receives a review of their case every six months.

All of these management reports and processes have allowed the Foster Care Review Program to be successful in assuring that a Foster Care Review County Conference/case review is held every six months on over 90% of children in custody.

6. Strengths and Barriers
The Foster Care Review Periodic Administrative Determination (form 4253) has been expanded to cover more items related to safety, permanency, and well-being.

A monthly MACWIS report of children in custody with a conference date more than six months is generated to assist in identifying children who have not had a review and to help determine the reasons. When a child is identified as not having had a review, a review is scheduled as soon as possible.

A monthly report of issues observed during the course of foster care review is compiled and shared with senior managers for the purpose of quality improvement and tracking trends in casework practice.

Mississippi is in the process of developing a data system that interfaces with the Youth Court data system. This will allow for court information to populate into the child's case record.

Vacancies within the Foster Care Review Program are becoming difficult to fill due to salary discrepancies between the Family Protection Specialist Advanced position and the Area Social Work Supervisor position.

An ongoing challenge has been helping staff to understand the importance of entering children's custody start dates in the automated system (MACWIS) in a timely manner. Children who are not entered in the system as being in custody are in jeopardy of not having a periodic review performed on their case every six months because they are not appearing on the monthly print out of children due for a Foster Care Review County Conference. Children are identified as being overdue for a case review through the MACWIS report of children currently in custody with a conference date more than six months. The report is analyzed each month and it has been found that in SFY 2009, 9.52% of the children identified as being overdue for a case review was due to custody transaction date errors (not entered into MACWIS in a timely manner as being in custody by the caseworker). That number is a slight improvement over SFY 2008's 9.52%. This information is shared with the Regional Directors and other senior managers in an effort to reduce data entry errors related to timeliness.

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

1. Assessment of Performance
The Mississippi Code of 1972 mandates a permanency hearing within 12 months of a child's entry into foster care and annually thereafter. DFCS has policy, administrative controls and electronic mechanisms in place to ensure compliance with the permanency hearing standard.

2. Performance on Round 1 CFSR
This item was an Area Needing Improvement in the 2004 CFSR because of inconsistency in assuring each child has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered custody and no less than every 12 months thereafter. The data used to track consistency of such provision was not being utilized by the Workers, which resulted in not be able to collect accurate reports. The stakeholders were in agreement that the hearings were held in a timely manner; however, concern was expressed regarding court continuances and the resulting delays.

3. Statute, Regulation, and Policy

Section 43-15-13(5) of the Mississippi Code of 1972, as amended, states that a review hearing shall be held by a family, juvenile, tribal or another court of competent jurisdiction or by an administrative body appointed and/or approved by the court or by personnel within DFCS.

Volume IV of the DFCS Policy Manual, Sec. D, p. 3446, mandates that the permanency/dispositional hearings be completed within 12 months of custody and every 12 months thereafter.

4. Major Initiatives Implemented Since the Round 1 CFSR
The Uniform Rules of Youth Court Practice were completed by a task force appointed by the Mississippi Supreme Court in December 2008. The Rules were approved and in force in January 2009. In July 2009, youth court judges and referees were provided Uniform Orders, Petitions and Other Court Documents at the request of DFCS to assist in complying with IV-E funding eligibility requirements. However, judges have discretion in the language of their orders so these uniform orders are optional. DFCS staff statewide has made an effort to meet with judges and request cooperation in using the uniform orders.

5. Measures and Assessment of Performance
The completion of permanency hearings is monitored through the formal Supervisory Administrative Review and informal supervisory case staffings. The Foster Care Review system also identifies children for whom permanency hearings have not been held timely.

The Foster Care Review Program has tracked this issue since July 2006 to identify children in placement who have had no permanency hearing or are overdue for a permanency hearing.
- During SFY 2007 (July 2006-June 2007), 1.3% of the 4,393 cases reviewed by the Foster Care Review Program were cited due to this issue.
- During SFY 2008 (July 2007-June 2008), 0.3% of the 4,008 cases reviewed by the Foster Care Review Program were cited due to this issue.
- During SFY 2009 (July 2008-June 2009), 0.5% of the 4,495 cases reviewed by the Foster Care Review Program were cited due to this issue.

A number of efforts could have contributed to the improvement between SFY 2007 and the following years. The implementation of the Family Centered Practice training throughout the state has helped raise awareness of the need for consistent and timely permanency hearings for children in state's custody. The inclusion of this item on the monthly FCR Issues Report could have resulted in the improvement as well. Efforts to work closely with the Administrative Office of Courts to improve the Youth Court system statewide has been a positive factor. Adjustments to MACWIS to assist managers in the field to identify children in custody who need to have a permanency hearing scheduled have been beneficial.

DFCS has an *ad hoc* report in the web reporting system that shows children who have had permanency reviews and if the child is overdue for a review. There is also a tickler system in MACWIS that reminds the worker when it is time for a permanency review.

6. Strengths and Barriers
DFCS has an on-going relationship with Youth Courts statewide and continually works to improve the timely provision of permanency hearings.

DFCS was invited to participate in drafting the Uniform Rules for Youth Court, which became effective January 8, 2009. (See The Mississippi Supreme Court website under Rules for copy of Uniform Rules for Youth Court). The Uniform Rules of Youth Court Practice have been in force since January 2009. All judges, prosecutors, guardians *ad litem*, and youth court attorneys have access to the Rules and uniform orders, petitions and other court documents. Some court personnel have not fully implemented use of the Rules. DFCS staff statewide is in the process of contacting judges in their Regions and providing a copy of the optional uniform orders, and continue to work with judges and court personnel on these issues to comply with eligibility requirements for IV-E funding.

DFCS continues to work with the Administrative Office of Courts to implement the Mississippi Youth Court Information Delivery System (MYCIDS) program for DFCS and Court information systems interface. MYCIDS has been set up in over half of the counties in Mississippi and implemented in most counties. However, MYCIDS and MACWIS do not interface because of the difference in technology at this time. Basically, information must be entered in MACWIS and either re-entered in MYCIDS, or data transferred overnight. There has been some success in transmitting data, but not efficiently or completely.

The Foster Care Review system is a strong non-supervisory process which monitors the safety, well-being and permanency of foster children. Family centered practice provides a vehicle for family engagement and an avenue for the child, parents, and stakeholders to participate in permanency planning.

Barriers
- Court calendars are overloaded and hearing dates remain unavailable for timely permanency hearings.
- Delays in implementing MYCIDS in all counties, as well as solving interface problems between MACWIS and MYCIDS in order to share data.
- Issues affecting timeliness of permanency hearings have been identified as follows:
  - The agency did not request the hearing.
  - The court was not petitioned after the hearing was requested.
  - A petition was filed but the hearing was never held by the court.
  - The permanency hearing was scheduled but continued by the court.
  - The child in agency custody for a year has not been adjudicated as abused or neglected - adjudication is a prerequisite for a permanency hearing.
  - TPR hearing was scheduled instead of an annual permanency hearing.

- o A few judges do not hold annual permanency hearings after termination of parental rights have been accomplished.
- o In some cases jurisdiction was transferred to the Chancery Court and the court has not or will not hold a permanency hearing.

Item 28: *Termination of parental rights.* **Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?**

1. Assessment of Performance

Statewide DFCS has improved the Termination of Parental Rights (TPR) referral process in compliance with the provisions of Adoption and Safe Families Act (ASFA), which requires filing a petition when a child has been in custody 15 out of the most recent 22 months. However, by statute, DFCS must forward the TPR packet when the child has been in custody for 6 months unless there is a compelling reason to not file TPR. A TPR checklist is available on the MACWIS website and a form developed by the Attorney General's Office outlining the information needed in the packet. The county Workers currently submit the packets to State Office timely to begin this process. The State Office will not accept an incomplete TPR packet and returns it to the field for completion. Data is unknown to DFCS in terms of percentages of TPR petitions filed.

2. Performance on Round 1 CFSR

Item 28 was rated as an Area Needing Improvement because the State did not consistently provide a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act. (ASFA) State-level stakeholders observed there is a uniform Youth Court law, but there is not a uniform court system, which hinders uniform implementation of the law and timely permanency planning across the state. Stakeholders were in general agreement that the State had established procedures for terminating parental rights in accordance with ASFA time frames, but noted there were inconsistencies in how these procedures were implemented.

3. Statute, Regulation, and Policy

Section 93-15-103 through 93-15-111 (Chapter 15, Termination of Rights of Unfit Parents**)** of the Mississippi Code of 1972, Annotated, provides the legal procedures and grounds for the termination of parental rights. DFCS Vol. IV, Sec. D, pp. 3317-3338 explains the planning for termination of parental rights which staff uses. The policies were considered to meet ASFA standards during the 2004 CFSR.

The policy states that the process for termination of parental rights is begun when (1) a child has been in foster care for six months and the parents have not made efforts to complete their service plan, (2) a child has been removed from the home of his/her parents and has been in foster care 15 of the most recent 22 months, (3) the child is judiciously declared abandoned, (4) the parent has been convicted of felonious assault against children or the court determines that reunification is not in the child's best interest or (5) the court of jurisdiction orders DFCS to proceed with termination of parental rights. Staff must submit the referral to the Attorney General's Office within thirty days of the permanent plan becoming adoption. The Worker must acquire all the documents

needed for the referral as part of the case planning before adoption becomes the primary permanent plan. Most of these documents (birth certificates, notarized court orders, etc.) should be a part of every foster child's case folder.

4. Major Initiatives Implemented Since the Round 1 CFSR
In 2007, the Mississippi Legislature authorized the Attorney General's Office to file petitions for termination of parental rights. Funding was provided for ten attorneys dedicated to termination of parental rights cases. While there is still a backlog of petitions to file, some improvement in timeliness has been noted. The Attorney General's Office tracks TPR packets received from DFCS, with date received and date the AG's Office files the petition.

5. Measures and Assessment of Performance
Data on TPR processes can be found in MACWIS reports, reports from the Foster Care Review program, and in monthly reports from the Attorney General's Office which track length of time to complete TPR and number of pending cases. Also, an Excel spread sheet is maintained by staff in the Adoption Unit which tracks the referral for TPR from the time it arrives in the Permanency Unit until the decree is issued, as well as children with legal clearance completed, home studies completed, children in need of adoption placement, and cases referred to attorneys for adoption completion. The permanency hearing, the Foster Care Review, and the MACWIS 15/22 month report are reminders to proceed with TPR unless compelling reasons are documented.

MACWIS generates a report with several variations. One is children who have been in custody for 15 of the most recent 22 months that have had a TPR petition filed. Another is children who have been in custody for 15 of the most recent 22 months with an ASFA exception noted. Another is children who have been in custody for 15 of the most recent 22 with no petition filed and no ASFA exception noted.

Through the MACWIS report, Children Who Have Been in Custody for 15 of the Most Recent 22 Months with ASFA Exception Noted, in January 2010, DFCS identified 621 children in foster care for at least 15 of the most recent 22 months with documented exceptions to filing a TPR petition recorded in the Foster Care Review County Conference/Recommendations reasons.   Other exceptions are captured in this report as follows: 212 are being cared for by a relative (34.13%); for 362 TPR is not in the child's best interest (58.29%); needed services have not been provided for 33 children (5.31%); 194 are over 14 and object to adoption (31.23%); and 209 have regular visits with parents (33.65%).

The Monthly Report from the Attorney General's Office as of January 25, 2010 indicates:

Categories	Cases 0-3 Months Old	Cases 3-6 Months Old	Cases 6 Months or Older	Total
Cases with Court Dates	68	92	67	227
Petitions Being Drafted	16	0	0	16

Reviewed by DFCS	5	0	3	8
Filed with Clerk's Office	14	0	1	15
Pending Activity	6	7	11	24

Total Judgments 12/01/09 -01/21/10	20
Total Children Pending TPR	290
Total Cases Dismissed – Custody to Grandparents	2

- **The number of cases 3-6 Months, 6 Months, and Older Cases continue to decrease from prior months.**

The Foster Care Review process assesses all foster care cases to determine if the TPR referral (TPR packet) has been submitted timely to the AG's Office for filing of the petition. The April 2009 report showed only five cases out of 371 total cases reviewed were cited for lack of timeliness. Three of these five cases were from Coastal counties, where there are new, inexperienced staff and high caseloads. The June 2009 report showed six cases out of 371 were cited as being untimely. All six of these cases were from the coastal counties. During the last six months of FFY2009 (April-September), 266 referrals for TPR were completed and submitted to the Attorney General's Office for legal action. During the same time frame, termination of parental rights were adjudicated on behalf of 153 children.

As part of the regular Foster Care Review process, children's cases with a plan of Adoption who have not yet been freed for adoption are reviewed to determine if a referral for termination of parental rights has been completed and submitted. If not, this is reported through the monthly Foster Care Review Issues Report. The chart below shows the information collected on this item since July 2006:

	SFY 2009	SFY 2008	SFY 2007
Total Cases Reviewed	4495	4008	4393
% of cases reviewed with no TPR referral completed and submitted	1.6%	1.2%	1.5%

As part of the regular Foster Care Review process, cases of children who have been in state's custody 15 months or longer and no referral for termination of parental rights has been completed and submitted, are cited. The cases are then reviewed to check for documentation on the child's ISP for compelling reasons for not pursuing TPR. If compelling reasons are not documented, it is reported through the monthly Foster Care Review Issues Report. The chart below shows the information collected on this item since July 2006:

	SFY 2009	SFY 2008	SFY 2007
Total Cases	4495	4008	4393

Reviewed			
% of cases reviewed with no compelling reasons documented	0.8%	0.4%	0.5%

An independent assessment of the DFCS termination of parental rights effectiveness was performed by the Center for the Support of Families, Inc. (CSF) and the findings are:

- Through the new MACWIS reports, we identified 973 children that had no exceptions noted, but had been in foster care for at least 15 of the previous 22 months. The results of the sub-sample of 22 cases indicate that errors appear to be the result of data entry, and staff may be less likely to input a TPR petition filed date if there is already a legally freed date for the case.

- Through the new MACWIS reports, we identified 185 children in foster care for at least 15 of 22 months with no recorded TPR petition filed, no legally freed date, and no MACWIS-documented exceptions. The results of the sub-sample of 18 of these 185 children indicated that while MDHS is actively pursuing TPR filings in several cases, in a little under half of the cases (eight), circumstances that would qualify as exceptions to filing TPRs do appear to exist but are not documented as exceptions in the case file. Relatively few cases (two) reviewed indicate no circumstances that would warrant exceptions and no progress toward filing a TPR petition.

- Through the new MACWIS reports, we identified 612 children in foster care for at least 15 of the most recent 22 months with documented exceptions to filing a TPR petition recorded in the County Conference/Recommendations reasons. The most commonly recorded reason for not filing a TPR petition was that it was not in the best interests of the child, accounting for 60.1% percent of the exceptions.

- The Federal requirement for documenting exceptions to filing a TPR petition is that the exception be recorded in the child's case plan. We are not confident that the case plan is the typical place in which staff are recording this information, since we obtained it from the Foster Care Review County Conference/Recommendations tab.

- There is not currently a reliable process for determining the date of filing the TPR petition uniformly across the State, since the Attorney General's (AG) office files the petitions in most circumstances and CFS understands that there is not a process in place to communicate that information to County Departments for entry into MACWIS. This situation is complicated because County Courts can accept petitions without going through AG's office.

- The only monitoring of filing of TPR petitions timely or documenting exceptions is through the Foster Care Review (FCR) on individual children. There has not been a broader process for monitoring to ensure that petitions are filed timely and appropriately as evidenced by our difficulty in obtaining accurate information on the

petitions. Discrepancies between our findings in the MACWIS reports and in the case reviews, e.g., presence or absence of legally freed dates, indicates a need for a broader monitoring process that includes accountability measures that ensure timely and accurate activities and recording of information.

- The new reports developed by MACWIS will provide a means for identifying relevant dates and information in MACWIS, but issues concerning users' input of the data and communication that ensures they have the data to input will need to be resolved before this is a reliable reporting process.

- We identified some areas in which we believe that policy and training could be strengthened to support practice in the area of decision-making and procedures regarding TPR.

6. Strengths and Barriers
The Attorney General's Office now has ten attorneys handling TPR cases, which has decreased the time frame between referral and court hearing. Court dockets in Mississippi remain overloaded, so even when the TPR packet is completely timely and the AG's office files the petition, it can be months before the TPR matter is heard. TRP hearings are often continued due to 10 AG attorney's scheduling conflict for 82 counties.

The number of front-line workers has increased, lowering caseloads, and allowing workers to focus more on each family with whom they work. Some regions have a worker specializing in compiling all the documentation needed for the TPR referrals, which significantly decreases the time frame.

Family centered practice promotes early identification of an appropriate permanent plan and location of relatives, including fathers. Initiating Family Team Meetings has helped in gathering information from the onset of the case to ensure a speedy referral once adoption has been identified as the permanent plan.

A possible barrier may be when adoption is cited as the concurrent plan with some workers not proceeding in a timely manner toward freeing the child for adoption. Securing the necessary documents can be very time-consuming and sometimes over-whelming to a new worker.

Item 29: *Notice of hearings and reviews to caregivers.* **Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?**

1. Assessment of Performance
The PIP goals identified following the 2004 CFSR are being met regarding revision of the notification letter in MACWIS; monitoring and measuring notification of all hearings and reviews through the Foster Care Review program; and providing training on FTM and FCRCC, along with the practice guide to improve engagement of resource parents,

pre-adoptive parents and relative caregivers in the FCRCC. However, there are still some areas needing improvement for full compliance in practice.

2. Performance on Round 1 CFSR
Item 29 was an Area Needing Improvement because DFCS did not consistently provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

3. Statute, Regulation, and Policy
Policy Bulletin #6054, dated September 29, 2006 required DFCS to invite parents and/or legal guardians, foster, adoptive or kinship-care parents, as well as the grandparents to review hearings pursuant to MS Code 43-21-603(5)(e).

Policy was revised by Bulletin #6098, dated April 27, 2007 – Final Rule-Foster Care Review County Conferences, Vol. IV, Sec. D, pp. 3444-46. The persons DFCS was required to invite included parents, child (regardless of age), grandparents, foster parents, relative placement, guardian *ad litem*, child's attorney, county of services, adoption unit, or agency of service as appropriate, if child was placed outside County of Responsibility. Written notice was required to be sent to all parties ten days prior to the hearing. Diligent efforts were required to involve parents in the Foster Care Review County Conferences.

Policy was further revised February 11, 2008 by Bulletin #6146, specifically to address required language for IV-E eligibility of "reasonable efforts" and "best interest of the child".

4. Major Initiatives Implemented Since the Round 1 CFSR
The notification letter has been revised since Round 1 CFSR. Monitoring and measuring notification of all hearings and reviews through the Foster Care Review program has been implemented. Training on Family Team Meetings and Foster Care Review County Conferences (FCRCC) was developed and implemented. A practice guide to improve engagement of resource parents, pre-adoptive parents and relative caregivers in the FCRCC was produced and implemented.

5. Measures and Assessment of Performance
DFCS does not currently track this information in MACWIS. The measurement and assessment of compliance with this federal requirement is achieved through the Foster Care Review program. The supervisory staff monitors this practice through monthly case reviews and the monthly FCR issues report.

During SFY2009, the Foster Care Review system reviewed the cases of 4416 foster children. Although 21.2% of the cases had some deficiency identified, only 8% were cited due to Foster Care Review County Conference notification issues. During June 2009, thirty-nine (39) cases state-wide were cited for this issue, almost half (18) of which were from the devastated coastal counties.

Cases Cited due to Foster Care Review County Conference Notification Issues

First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Year Average
10.1%	8.6%	6.2%	7.3%	8.0%

6. Strengths and Barriers

MACWIS notifies the worker when the reviewer sets the schedule, so the worker can immediately generate the invitation letters to the Foster Care Review County Conference through the electronic system. The Mississippi Child Welfare Practice Model which supports family centered practice will be piloted in two regions in 2010 and expanded to the entire state over a period of several years. The field staff are excited about this project. New hire training and on-going training curricula for workers and supervisors are being revised to place more emphasis on family focused practice, the use of team meetings and the importance of family engagement.

Barriers
- Diligent efforts to locate all parents and relatives are still not fully assimilated into practice, and resource parents are not seen as members of the team.
- Notification provided to permanency hearings is inconsistent throughout the state. Some counties provided written notification to the required participants. Other counties provide notification through a MACWIS feature. In some areas of the state, the courts provide notification. In a number of counties, courts do not allow foster parents or relatives to participate in the permanency hearings unless they specifically request for them to attend.

Item 30: *Standards ensuring quality services.* **Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?**

1. Assessment of Performance

Mississippi ensures quality services for children in foster care that protect the safety and health of children through such practice standards as worker/child contact; dental, medical and mental health services; minimum standards for all resource homes and group care facilities; and ongoing evaluation and monitoring. Existing policies related to child safety in out-of-home care as well as standards for group care facilities are being revised and strengthened; and new Behavior Support Management policies are currently being drafted.

2. Performance on Round 1 CFSR

While Mississippi was not in substantial conformity with Item 30, it was rated as a Strength in the first round of the CFSR. According to the Statewide Assessment and stakeholders comments, the State did ensure that children in foster care receive quality services that protect the safety and health of the children.

3. Statute, Regulation and Policy

The Child and Family Services Improvement Act 2006 and the Social Security Act, Title IV-B require states to have standards for the content and frequency of caseworker visits for children who are in foster care under the responsibility of the state. The federal minimum standard requires a visit each month, with the majority of visits in the home.

DFCS' worker/child contact policy is located in Volume IV, Sec. D, pp. 3241 and requires monthly face-to-face contact in the placement setting with every child in custody. Most Regions have implemented visits at least twice per month, with one of those visits in the placement setting, to better assess the risks regarding safety, whether the child's wellbeing needs are met and whether additional or difference services are necessary.

Federal and state laws mandate an assessment of the child's physical, dental, mental health and educational needs and the identification and provision of appropriate services to alleviate those needs. DFCS Policy, Volume IV, Sec. D, pp. 3350-3352-A requires:

- Workers to see all children in care at least monthly with at least one visit per month occurring in the child's placement setting.
- Dental exams within 90 days of custody for all children in care who are three years and older and yearly thereafter.
- Medical exams within 30 days of custody for all children in care and yearly thereafter.
- An assessment for Early Intervention Services for all children in care from birth up to 2 years (or as much as 36 months). MDHS collaborates with the First Steps Early Intervention Program of the Mississippi State Department of Health.
- Immunizations for all children in care in accordance with the recommendations of the National Advisory Committee on Immunization Practices.
- A mental health assessment within 30 days of a child coming into state custody with appropriate referrals being made as needed for services.
- Children in state custody are enrolled in school in accordance with state law.
- Workers to make reasonable efforts to place a child within a 50 mile radius of his/her community of origin and to keep the child in his/her same school.

Policy revisions which are nearing completion as follows:

- Behavior Support and Management Policy is currently being drafted to promote positive behavior and protect the safety of service recipients. This revision will expand existing policy prohibiting the use of physical punishment to include the prohibition of mechanical and chemical restraints.
- New standards for Residential Child Caring Agencies and Child Placing Agencies are near completion. These new standards will address worker qualifications and training for providers who are licensed by MDHS.
- A policy workgroup has been assembled and begun meeting to address the issue of safety in out of home placements. The work product will address investigations of abuse and neglect of children while in foster care.

4. Major Initiatives Implemented Since the Round 1 CFSR

In January 2010, approximately 30 trainers were trained by the National Resource Center for Permanency and Family Connections (NRCFCPPP) on Quality Worker/Child Visits and Quality Worker/Parent Visits, which training is based on The Child and Family Services Improvement Act of 2006 (CFSIA) and the Social Security Act, Title IV-B. Training for front-line staff began in February 2010 and will continue through March 2010. Enhanced skills should enable staff to better assess children and identify those needs which should be addressed.

5. Measures and Assessment of Performance
Face-to-face contacts with foster children by caseworkers are a vital part of assuring they are safe and their needs are being met. As part of the Foster Care Review process, the Foster Care Review Program monitors placement cases for these contacts. The cases are reviewed not only to see if the contacts are occurring, but if they are taking place in the child's placement setting and if the contacts address safety, case planning, service delivery, and goal attainment. This has been an item that has been identified by the Foster Care Review Program as a recurring issue of concern. Foster Care Review data tracked from 2007, 2008, and 2009 show the following:

- In state fiscal year 2007 4,393 foster care cases were reviewed. 64 cases reviewed were cited due to a lack of monthly face-to-face contact between caseworkers and foster children. This accounted for 1.5% of the total cases reviewed.
- In state fiscal year 2008 4,008 foster care cases were reviewed. 58 cases reviewed were cited due to a lack of monthly face-to-face contact between caseworkers and foster children. This accounted for 1.4% of the total cases reviewed. In 2008 a report was developed which indicated if the child was seen face-to-face by the county of responsibility worker or the county of service worker and if the visit occurred in the child's placement setting.
- In state fiscal year 2009 4,495 foster care cases were reviewed. The following information concerning caseworker contacts with foster children was gathered:
  - o 37 cases were cited due to a lack of monthly contacts between caseworkers and foster children. This accounted for 0.8% of the total cases reviewed.
  - o 11 cases were cited due to contacts between caseworkers and foster children not focusing on issues pertaining to case planning, service delivery and goal attainment. This accounted for 0.2% of the total cases reviewed.
  - o 142 cases were cited in SFY 2009 due to a lack of monthly face-to-face contact by caseworkers with foster children in their placement setting. This accounted for 3.2% of the total cases reviewed. It is anticipated that by 2011 Mississippi will meet the 90% requirement for face-to-face visits by the child's caseworker and that the majority of these visits occur in the placement setting.

It should be noted that the information gathered by the Foster Care Review Program is only an indicator of how staff in the field are performing on this particular item. The Foster Care Review Program is only reviewing foster care cases which have been open

for six months or longer. The Foster Care Review Program's information does not include children in in-home care or children who did not remain in custody long enough for a periodic review.

These efforts, combined with the monthly MACWIS reports that are provided to the Regional Directors each month have aided in the agency's continuing efforts to improve the quality of caseworker contacts with children in foster care.

The Foster Care Review Program also monitors the child's individual service plan to determine if appropriate tasks and goals are outlined on the case plan as well as check for up-to-date information (i.e. placement information, medical/ dental/mental health/educational, etc.) are documented on the case plans of children in state's custody. If any safety, permanency, or well-being issues are noted, the Regional Director is alerted to the issue, and they take appropriate corrective action in order to rectify the situation.

6. Strengths and Barriers

An increase in the workforce in 2009 enabled caseworker contacts with children to improve and child visits with birth parents and siblings to occur more often.

Identified barriers are as follows:
- Many of the issues cited above are linked to areas of the state with high caseloads and a high rate of staff turnover.
- Lack of resources continues to be a major barrier to the provision of quality services for children in foster care in Mississippi. Mississippi is a rural state and large portions of the state are without adequate dental, medical, mental health or social service providers to meet the need.
- Quality of case documentation or lack thereof continues to create challenges in the provision of services and monitoring and evaluation.
- Inadequate supervisory reviews and case staffing are an area in need of improvement. Area Social Work Supervisors need to review and staff cases more closely, more frequently, and require caseworkers to not only correct problems cited but also develop a plan to prevent such errors in the future.

Item 31: *Quality assurance system.* **Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?**

1. Assessment of Performance

Under the *Olivia Y.* Settlement Agreement, DFCS is required to begin implementing a separate continuous quality improvement system (CQI) which can identify areas of needed improvement and require improvement plans in support of achieving performance targets, program goals, client satisfaction, and positive client outcomes. This unit must include monitoring and evaluating the quality of social and human services provided by independent contractors and other provider organizations and ensuring contractor remediation of any identified deficiencies.

The Office of Performance and Quality Improvement was created in 2008 and oversees MACWIS, Foster Care Review and Evaluation and Monitoring. Complaints and the Special Safety Review Team are under Evaluation and Monitoring. The agency is in the "building" phase of its formal Performance and Quality Improvement (PQI) efforts. DFCS first initiated its formal PQI process by developing a PQI structure that involves all levels of staff, beginning implementation of peer record reviews statewide, restructuring consumer surveys, instituting yearly staff surveys and developing critical outcome measures used to monitor services provided to children and families. These measures will be implemented as the Mississippi Child Welfare Practice Model is phased in across the state. In 2009, there are 20 staff dedicated to this program. The staffing of this unit will expand as the infrastructure of the unit continues to solidify.

The Mississippi CQI system, a requirement of the *Olivia Y.* Settlement and implemented in conjunction with the implementation of the new Mississippi Child Welfare Practice Model continues to create tools to assess quality assurance,   Roll out of the Practice Model started in January 2010 in Regions I South and II West, which includes the CQI system.   Within 36-48 months, all of the Regions will be in some phase of implementation of the Practice Model. However, some aspects of CQI statewide will occur earlier, such as improvements to the SAR process and strengthened focus on accurate data indicators to be used in CQI statewide.

The rationale for concurrent implementation of CQI and the Practice Model serves not only to provide a baseline for monitoring the success of the Practice Model's implementation, but to reinforce the principles and concepts of the Practice Model. Tying the CQI process to the components of the Practice Model will help ensure that the practices in the model, and the requirements of the settlement agreement, are front and center moving forward and will be the primary means of sustaining improved practice over time. MDHS plans (at the time of this writing) to conduct baseline CQI case reviews in each region implementing the Practice Model during the initial planning phase for the region, followed by follow-up reviews approximately one year after the initial implementation period and thereafter on a regular CQI review schedule. As the Practice Model implementation expands to all regions, the baseline and follow-up case reviews will also expand statewide.   Local CQI teams will conduct ongoing interim case reviews in each region between formal state CQI reviews so that the process becomes integrated into the routine work of staff in the field and provides consistent and frequent reinforcement of the Practice Model.

2. Performance on Round 1 CFSR
Mississippi was not in substantial conformity with the systemic factor of Quality Assurance System. The CFSR determined that the State's Quality Improvement system was not fully operational.

3. Statute, Regulation, and Policy

The Foster Care Review program has served not only as the agency's mechanism for meeting the federal and state periodic review mandates, but has also developed into the

agency's quality assurance system for children. Agency policy covers the history, protocol and purpose of the reviews with emphasis on safety, permanency and wellbeing.

The Office of Performance and Quality Improvement was created in 2008. In August 2009, the Executive Director of the Mississippi Department of Human Services issued a memorandum endorsing the DFCS PQI efforts to promote a culture of excellence and continual improvement. Also, in this memorandum, DFCS was directed to regularly set quality goals; develop a plan for monitoring and evaluating those goals; and produce and distribute an annual report on gains made toward those goals. At this time, these are goals that are works in progress as the state's PQI program continues to be implemented. However, the state's PQI plan calls for all of these activities to take place.

4. Major Initiatives Implemented Since the Round 1 CFSR

Special Safety Review Team: DFCS conducted a special safety review of all currently licensed resource homes with two or more reports of maltreatment, including corporal punishment, within the last three years to determine whether any children placed in these homes are at risk of harm or any licensing standards related to child safety are not being met. Special safety reviews include group homes and other residential facilities that house children in custody with three or more reports of maltreatment, including corporal punishment, within the last two years. Any necessary corrective actions are identified and tracked by reports to the Division Director, Regional Directors and appropriate staff. DFCS anticipates incorporating the Special Safety Review Teams into the PQI program.

Foster Care Review System Initiatives: In July 2008, the Foster Care Review Program (as a result of the process oriented goals implemented during the performance improvement plan) incorporated a number of items from the Child and Family Services Review outcomes and Council on Accreditation standards into the Foster Care Review process in Mississippi by revising the Periodic Administrative Determination form and including a concise guide that addresses the item, the authority/mandate for the item (policy citations, state/federal statutes, COA standard, etc.), a description of the item, and where information on the item can be found during the course of the case review (case file, client/staff interviews during the Foster Care Review County Conference, areas of MACWIS).

The intent was to (1) move toward a more comprehensive case review for foster care cases, (2) provide more consistency in the Foster Care Review process, (3) to raise awareness of these outcomes among field staff across the state by identifying frequent areas of concern through the monthly Foster Care Review Issues report in an effort to strengthen safety, permanency, and well-being outcomes for children in the state's custody. These revisions were shared with staff through senior management meetings as well as through Foster Care Review presentations among field staff in the regions throughout the state by the Foster Care Review Program staff. Feedback from the field on these presentations as well as the revisions to the Periodic Administrative Determination form was positive

5. Measures and Assessment of Performance

Data Tables: Each month, the agency's senior management staff is provided with data tables from the Office of Performance and Quality Improvement's Evaluation and Monitoring Division on a number of performance measures that were identified for improvement during the PIP that resulted from the 2004 CFSR. They are as follows:

- **Foster Care Review Issues:**
  - In SFY 2007 82.6% of the cases reviewed had no issues cited.
  - In SFY 2008, 84.3% of the cases reviewed had no issues cited.
- **Supervisory Administrative Reviews:**
  - The SFY 2009 average statewide percentage of supervisory administrative reviews overdue was 9.5% for initial reviews and 0.3% for 16 month reviews.

Foster Care Review Monthly Issues Report: In state fiscal year 2009 (July 2008-June 2009), the Foster Care Review Program reviewed 4,495 foster care cases. 978 (21.8%) of those cases were cited with issues pertaining to the possible safety, permanency, and well-being of the child.

Foster Care Review Client Satisfaction Surveys: The Foster Care Review program also distributes and collects client satisfaction surveys from parents of children in foster care, children in care, placement providers, and guardians *ad litem*/special advocates to measure their level of satisfaction with their involvement in case planning activities, services provided, and interaction with agency staff.

The purpose of the surveys is to determine the level of satisfaction the parents, foster children, placement providers, and court appointed guardians have with regard to case planning activities, interaction with agency staff, services provided, and sensitivity by the agency toward their needs, values, and beliefs. During the months of January 2009 through June 2009 in state fiscal year 2009, the Foster Care Review Program distributed client satisfaction surveys to parents of foster children, foster children, placement providers, and guardians *ad litem*/CASA workers. 995 client satisfaction surveys were distributed during this six month period and 573 (57.6%) were received.

The Supervisory Administrative Review (SAR) was deployed by MACWIS to review all cases, custody and non-custody, within three months of the case assignment. The review is mandated by Section 43-15-13 of the Mississippi Code of 1972. The SAR is intended to be a tool which helps the Worker determine or recall the tasks which need to be performed in order to achieve a child's or parent's individual service plan. The SAR will help the ASWS give instruction or guidance to the Worker. This also familiarizes the ASWS with the case in the event the worker is out or the case needs to be transferred. MACWIS deployed three SAR types:

- Initial – completed within 90 days of the direct service start date.
- 15th month – completed when the case is opened 15 months
- Subsequent – can be completed any time between two mandatory review periods.

The SAR will be completed on all case types excluding ICPC incoming and Adult Protective Services (APS) cases. Other aspects of the SAR include:

- Ticklers will be triggered from the start date of the direct service on the initial ISP.
- First tickler 60 days from direct service date and second tickler 425 days from the direct service start date.
- ASWS will have 30 days to complete the SAR, and if not completed within 30 days from the date of the tickler, RD will get tickler stating that SAR is overdue and the ASWS will also be alerted.

The Supervisory Administrative Review report was developed to allow management staff to track in and out of home cases that are overdue for Supervisory Administrative Reviews based on agency policy; 90 days for initial reviews and 455 days for 15th month reviews. The report is sorted by region/county and further broken down by ASWS/worker/clients. Specifically, all active clients (by direct service start dates beginning 9/29/07 and forward) excluding Adult protective services and ICPC incoming, shall be reviewed based on current agency policy guidelines. The report shows the number and percentage of active clients that are overdue for either the initial or the 15th month review. The direct service of the clients is also displayed on the report. County, Regional and State summaries are also reported.

6. Strengths and Barriers

With the creation of the Office of Performance and Quality Improvement and the development of the Mississippi Child Welfare Practice Model, the Division of Family and Children's Services is making positive efforts to establish a foundation for improved practice to better serve the families and children in the State of Mississippi. The creation of the Evaluation and Monitoring Division will add to the continuing quality improvement efforts that are already in place through the existing Mississippi Automated Child Welfare Information System (MACWIS) Division and Foster Care Review program.

The management reports provided by MACWIS each month are an essential tool for all agency staff in measuring performance. These reports are constantly evaluated and revised to meet the needs of the agency's management team in their day-to-day operations and assessment of county, regional, and state performance measures.

The state's Foster Care Review program continues to be a resource for the agency that monitors and reports on many items related to safety, permanency, and well-being on foster care cases. The Foster Care Reviews are conducted by a Foster Care Reviewer who is an experienced, licensed Worker (Family Protection Specialist Advanced). Throughout the month, the Foster Care Review Program Director compiles a report of any issues of concern observed by the Foster Care Reviewer during the course of a case review and reports these issues to the Regional Directors, DFCS' Unit Directors, and DFCS' Director and Deputies. The Monthly Foster Care Review Issues Report contains a case specific listing of the issues cited and the aggregate data on the issues most commonly cited each month. The Regional Directors forward the information to the

appropriate county staff for a response. A response is due to the Foster Care Review Program Director within 30 days of the report.

There are concerns about the validity and reliability of data reported through MACWIS. However, the agency is currently undergoing a self-assessment of the validity of MACWIS data to ensure the integrity of the data. It is important that the PQI system have access to aggregate data to monitor and evaluate indicators and outcomes. While some of the concerns about data and reports generated from MACWIS can be attributed to the capacity of MACWIS itself, some issues with regard to the quality of data are attributable to data entry errors by the users themselves. When the data become the sources of information used to evaluate performance through PQI, it is likely that some of the user concerns may be addressed and will help to increase the accuracy and reliability of MACWIS information.

The agency's Evaluation and Monitoring process is still in its initial phases. The capacity of the process will continue to grow and improve as the Mississippi Child Welfare Practice Model is carried out statewide. It has been a challenge for Mississippi to develop a unified or cohesive statewide quality assurance system. There are multiple reporting systems that are not a unified and cohesive system of quality assurance, with coordination at the state level and between state and county levels.

Item 32: *Initial staff training.* **Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?**

1. Assessment of Performance
Pre-Service training for newly hired DFCS staff is provided by our Child Welfare Professional Development Instructional Training, which includes classroom instruction and On- The-Job Training (OJT). This intensive training curriculum includes the Mississippi Automated Child Welfare reporting system (MACWIS), Family Centered Practice concepts, safety and risk assessments from intake through the life of a case, case planning, family engagement, comprehensive visitation activities and well-being issues. Training related to case management of foster care and adoption cases is included in the MACWIS portion which gives the workers some hands-on training as they follow a case from intake through adoption. All newly hired DFCS workers are required to begin the pre-service training within 90 days of their hire date and new pre-service training classes begin every other month. The classroom instructional sessions last four weeks, four and half days per week, based on an eight hour work day, and there is at least a week between each session. The training is held in a regional location to allow close proximity for training, and the number of graduates will vary based on the number of new hires. This part of the pre-service training is delivered by the DFCS Regional Training Coordinators.

The OJT portion of the pre-service training begins on the date of hire and continues throughout the time the worker is in training. This part of the training is provided by the supervisor or other designated staff, and there is a manual for the trainer to follow. The worker is to complete three weeks of OJT prior to going to a class, and continue every

other week for a total of ten weeks. New workers may not be assigned any cases until they have completed the pre-service training and passed the competency test. Part of the OJT is shadowing an experienced worker.

Curriculum revisions pertaining to policy and practice updates are made as needed, and the curriculum is reviewed by training staff annually. Training hours for workers are tracked in MACWIS by the Regional Training Coordinators.

A new 40 Hour Supervisory Workshop, developed in collaboration with the State Personnel Board, is designed for the new child welfare supervisor. The course covers transitioning from worker to supervisor, legal aspects of supervising, case review from the supervisor's perspective and random moment surveys. The workshop is held in Jackson and conducted by instructors from the State Personnel Board and the DFCS Training Director. All new DFCS County Supervisors are required to attend this training. Feedback from participants in this training has been positive and indicates the training is effective in preparing them for the supervisory role. If a supervisor is also a new hire to the agency, she/he would attend the general pre-service training prior to attending the supervisory training.

2. Performance on Round 1 CFSR
This item was rated as a Strength and did not require addressing program improvement efforts in the State PIP. Regarding training for new hires, the state was found to be operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who delivered these services.

3. Statute, Regulation, and Policy
Policy on training requirements is in the process of development by the agency Policy Committee. All new caseworkers hired by DFCS receive a minimum of 270 hours of pre-service training, including instructional training and supervised field training, prior to assuming any case responsibilities. All new caseworker supervisors hired or promoted by DFCS receive a minimum of 40 hours of pre-service training directed specifically at the supervision of child welfare caseworkers prior to assuming any supervisory responsibilities. The training must begin within 90 days of the worker's start date. If the worker is not able to pass the competency test, they are either terminated or reassigned. The 40 hour Supervisory Course is mandatory for all new supervisors and must be successfully completed prior to assuming supervisory duties.

4. Major Initiatives since the Round 1 CFSR
MDHS has revised, and continues to revise, the pre-service training curriculum to coincide with current practice and the requirements set out in the *Olivia Y.* Settlement Agreement and COA Standards. The policy that a new worker must begin pre-service training within 90 days of hire and cannot be assigned a case load until he/she has completed training has been implemented. The pre-service training for new supervisors has been developed since Round I, and has been well received. A module on Cultural Competency has been incorporated into the pre-service training recently.

5. Measures and Assessment of Performance

Because pre-service training is mandatory within 90 days of being hired and prior to a new worker being assigned cases, 100% of new workers completed the training during the last fiscal year. Those who, for some reason, could not complete the training or pass the test either were reassigned within the agency or found other jobs. Many of these workers do not have social work degrees and some do not have the skills needed to be case workers. The pre-service is tracked in MACWIS and is the responsibility of the Regional Training Coordinators.

All workers attending pre-service training are given a pre-test at the beginning of each training module and a post-test at the completion of each module.   They also take a comprehensive test after the 4th week of training which encompasses all the training from the 4 weeks of classroom work. The worker must pass the test in order to continue employment with the agency in the position to which they were hired.

Although there is no formal measurement of the transfer of learning, the training unit does receive feedback from supervisors about the workers who have completed the pre-service. Obviously, the workers with social work degrees usually perform better at the beginning, but many of the non-BSW workers do well, if they receive support and good supervision while they are learning.

Pre-service supervisory training is mandatory for all new supervisors prior to assuming any supervisory duties, which makes for 100% participation. Their participation is also tracked in MACWIS and is entered by the clerk for the director of the training unit.

6. Strengths and Barriers

Requiring all new workers to begin the pre-service training within 90 days of hire is a strength, as is the requirement of not assigning cases to new workers until they have completed training. This gives the new workers an opportunity to get oriented to the job and what is expected and begin to understand how to meet the expectations.

Some of the feedback from the field about the pre-service training indicates there are areas that need strengthening. One area is the placement of children in agency custody into resource family homes. Very little discussion is had about how to go about placing a child and helping her/him understand what is happening and why. There is not much emphasis on the importance of the total team approach to working toward reunification, including the resource parents. Interviewing children and what kinds of things are appropriate to discuss in the required visits with the child and the resource parents is another area that is underdeveloped. Many supervisors have stated that policy needs to be emphasized more in the classroom segments, but the program is set up so that policy is taught during the OJT portion of the pre-service training, which is the supervisors' responsibility.

These areas are being evaluated to determine if any more training can be added to the pre-service curriculum or if it would be better to cover these items in ongoing training

after new workers have had time to get some experience and practice what they have learned.

Item 33: *Ongoing staff training.* **Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?**

1. Assessment of Performance
The training unit provides staff opportunities for ongoing training throughout the year, but often falls short of the requirements in the *Olivia Y* Settlement agreement for the workers to have 40 hours of training per year and supervisors to have 24 per year. Some workers are able to get the required hours of training outside the agency at conferences and workshops sponsored by other groups.

Collaborative efforts with the University Medical Center and the Children's Justice Center continue to provide training sessions approved for continuing education credits to Workers on topic such as The Heat of the Moment: Burns, Child Abuse and MDT; Abusive Head Injuries and Death Scene Investigations for Infants and Children: Sudden Infant Death Syndrome (SIDS) and related asphyxial death scenes. These short-term workshops include content from various disciplines and knowledge bases relevant to child and family services.

2. Performance on Round 1 CFSR
Item 33 was rated as an Area Needing Improvement because the state was unable to provide ongoing training that addressed all the skills and knowledge base needed by staff to carry out their duties with regard to the services included in the CFSP.

3. Statue, Regulation and Policy
The *Olivia Y* Settlement Agreement, as well as agency policy for ongoing training, requires all direct service workers to have 40 hours of on-going training and supervisors to have 24 hours per year. This policy has not been issued as yet, but the agency has been requiring it for the past two years. The ongoing training that has been offered has been directed at the county level staff because that was and continues to be the area of greatest need.

4. Major Initiatives Implemented since the Round I CFSR
A new court improvement training was implemented as part of the collaboration with the Administrative Office of Courts, Court Improvement Program, and in effort to meet the State's IV-E Improvement Plan. This training covers Interstate Compact, IV- Eligibility and the new MS Uniform Youth Court Rules of Practice and was trained in all Regions between September 2009 and December 2009. The training will be offered regionally for new hires as needed, but no less than annually. The workshop is facilitated by the DFCS Training Coordinators and support staff state-wide.

The Education Liaison position was created to improve communication and the professional working relationship between Universities with Social Work Programs and

the Mississippi Department of Human Services' Division of Family and Children's Services. The Educational Liaison coordinates activities involving University partners, such as joint recruitment efforts via career fairs, conferences and the participation in University sponsored boards and committees. In an effort to increase the number of staff who are licensed social workers, she has coordinated Social Work Licensure Prep courses across the state to aid staff in improving their test scores in order to obtain a Social Work license. For the last two years, DFCS has been able to pay the registration costs for staff to attend this course.

The demand for pre-service training across the state as DFCS continues to steadily increase direct-service staff in the field has left very little time for the Regional Training Coordinators to provide ongoing training. A plan for meeting the need of ongoing training for staff has been developed which utilizes regional staff who do not carry case loads or supervise staff as a part of the regional training teams. This plan is being implemented with the Quality Visits training. These regional training teams will enable the agency to meet the expectation of providing ongoing training to the extent mandated in the *Olivia Y* Settlement Agreement and will allow staff to fulfill continuing education requirement for social work licensure.

In addition to attending all the ongoing training offered direct service staff, supervisors and regional directors are offered monthly training from January through August through Learning Labs provided by the University of Southern Mississippi School of Social Work Training Academy. These are day-long sessions and the content is a subject suggested by the participants in an annual survey to determine their needs. An evaluation is completed at the conclusion of each session, also.

We are receiving technical assistance and training from two national resource centers: The National Resource Center for Permanency and Family Connections and the National Resource Center for Adoption. Each of these centers is conducting a facilitators training session on curriculum developed by the respective center. The NRCPFC has already delivered the facilitators training on Quality Visits and the trainer will be returning to the state to co-train and coach the MDHS regional training teams. The NRCA will be delivering a facilitators training in May on the Adoption Competency Curriculum. This training is primarily for the regional resource units, but all direct service staff will receive the training. The plan is to make these trainings part of the regular ongoing training offerings so as new staff come, they can have the benefit of the training. The training unit has 4 graduate social work students in field placement through July, and one of the student's field projects is to develop a formalized plan for ongoing training of staff.

As part of the transfer of learning process associated with implementing the practice model and fulfilling practice requirements of *Olivia Y*, we have contracted for technical assistance with the Center for the support of Families (CSF). CSF will pair expert practitioners (coaches) with MDHS trainer/coaches in order to build staff capacity to practice in accordance with the Mississippi Child Welfare Practice Model in the regions implementing the model. The CSF practice coaches, together with the MDHS trainer/coaches will provide intensive onsite technical assistance to caseworkers and

supervisors in the two regions implementing the practice model by guiding and coaching them in the acquisition of new skills and applying them to their work with families. This technical assistance will help them to actually apply the training they have received to their work with children and families, and will build supervisory capacity to monitor and manage for the quality of practice in their units.

In this way, DFCS will move beyond classroom training into actual application of the training materials in work with children and families as counties/regions implement the Mississippi Child Welfare Practice Model. By pairing MDHS trainer/coaches with CSF coaches, DFCS will also build the capacity of the MDHS training staff to carry out these roles with county/regional staff.

With the implementation of the agency's practice model, there are six training components being developed as follows: Assuring Safety and Managing Risk; Strengths and Needs Assessments; Mobilizing Appropriate Services Timely; Individualized Case Planning; Involving children and Families in case Activities and Decision Making; and Preserving and Maintaining Connections. These training components will complement existing training and will be integrated into the pre-service and ongoing training curricula over time.

Staff are encouraged to attend conferences and trainings offered by groups outside the agency, and will reimburse for expenses when funds are available.

The Professional Enhancement Scholarship Program allows approved staff to receive reimbursement for tuition, fees and books while attending an accredited University to obtain a graduate social work degree.

5. Measures and Assessment of Performance
Until recently, it has not been possible to obtain a report from MACWIS on the number of staff who have met or not met the required ongoing hours during the last fiscal or calendar year. Recently, the MACWIS system was programmed to give a monthly training tracking report, so that a worker and/or a supervisor can determine how many hours they have and how many are needed in order to meet the requirement. Unfortunately, MACWIS still does not allow training staff to enter trainings completed outside DFCS. We are hopeful this will be corrected in the near future.

Approximately 95 to 100% of the supervisors attend the learning labs monthly and actively participate.

Evaluations are conducted on all ongoing training. Each one of these is reviewed and efforts are made to modify the training, based on staff feedback. Training needs are identified through interviews with the state office program staff, evaluations of training sessions completed by the participants and an annual survey which is sent to all DFCS employees to provide feedback about job satisfaction and training needs.

6. Strengths and Barriers
Due to the considerable amount of hiring that is occurring across the state, the DFCS training program continues to struggle with staff for the unit that will allow the ongoing curricula to be offered consistently through out the year across the state. The current training unit staff spends most of their time meeting the requirements for new hire training. The recently implemented plan of having regional training teams will help alleviated this situation.

Plans are to implement an eLearning Program sometime in 2010, which will be a great tool for workers and supervisors to utilize for enhancement of their knowledge, skills and practice. The eLearning will be cost effective as workers will be able to access it from their offices and will not have to travel to a training site. The eLearning will be a supplement to on-site offerings, both pre-service and ongoing training, and will enable workers to learn at their own speed. Staff who are licensed social workers will be able to obtain 20 hours of social work CEs through eLearning. In addition to child welfare related topics, it will offer courses on business and professional related items as well as software skills courses. eLearning will also free up time for the training coordinators to provide more hands-on training for new staff and skill development training as part of the ongoing training. The evaluations for the pre-service training sessions are already being completed on line.

A barrier to successful training program in DFCS is the lack of support from supervisors for workers returning from training sessions. Supervisors do not appear to understand they are to be coaches for their workers and help them develop skills so they can perform to the best of their ability. The Quality Visits training includes a half-day session for supervisors to help them understand their role in helping workers transfer their learning to their work with children and families and support them in the process.

Another barrier is the fact the ongoing training hours have not been tracked, so the agency does not know if workers have met the requirement of having 40 hours per year. This will improve with the recent change in the MACWIS system which will allow ongoing training hours to be entered and will allow a workers and supervisors to check the number of hours that have been obtained and how many are needed.

Item 34: *Foster and adoptive parent training*. Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

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

Monthly Pre-Service training is provided locally in each Region. Families also have the option of traveling to a surrounding region to attend training. Currently, there is an average waiting period of 30 days between the initial contact with DFCS and a training invitation being mailed to the family. Based on past responses, families feel that the initial training is adequate. However, the initial training needs to be reinforced continuously to sustain skills improvement, knowledge development and maintain high retention level.

Pre-Service training is usually in a group setting, rarely completed in a home setting. Training in a home setting may occur when there is a need for an immediate or child specific placement. Children in care with special needs are placed in therapeutic homes, which are licensed through private providers. The training provides a degree of specialization in various areas of child specific needs. However, extra training hours are needed to equip therapeutic resource home parents.

Relative caregivers receive the same training as non-relative resource parents. Training is provided by DFCS, and the training hours are tracked for each resource parent. Residential child caring and child placing agencies are responsible for meeting the training needs of approved families which their agency licenses.

2. Performance on Round 1 CFSR
Item 34 was an Area Needing Improvement because the State's training for current and prospective resource parents does not adequately address the skills and knowledge base needed to carry out their duties with regard to foster and adopted families.

3. Statute, Regulation, and Policy
An inquiry process is completed for families who contact DFCS about becoming resource parents. Based on the inquiry, the family is invited to Pre-Service training. The completion of Pre-Service training allows the family to make application to become resource parents. Upon receipt of all the necessary background checks, documentation and verification, the home study process is immediately initiated, usually within seven to ten days. In cases where the family fails to provide the necessary information/ documents, the home study is completed between 30 and 60 days.

Resource parents serve as co-trainers during Pre-Service training. Both parents are required to complete the training. The following training has been implemented to provide the skills and knowledge needed in order for resource parents to adequately carry out their duties and responsibilities:

PRE-SERVICE TRAINING for FOSTER/ADOPTIVE PARENTS (Resource Parents): Revision of Pre-Service training (PATH) curriculum was implemented. The Mississippi Path (Parents As Tender Healers) replaced the original PATH Training curriculum. The training consists of (5) five sessions, (3) three hours per session.

ONGOING IN-SERVICE TRAINING
- Resource families are approved for a one year certification period.

- Both parents in an approved resource family are required to complete (5) five hours of approved In-Service for license renewal purpose.
- DFCS provides In-Service training as well as assists in finding other approved In-Service trainings offered by State agencies.
- Resource parents are encouraged to attend support group meetings held in their area. Resource families receive ongoing training through the support groups, which are usually informal meetings. There are times when formal training is provided to resource parents through various State sponsored conferences.
- Various Regions provide in-service opportunities for resource parents to attend for the purpose of license renewal.
- Training certificates and letters of verification of training are provided to each resource parent for each training session attended.
- Resource parents are permitted to attend any training session, seminar, workshop or conference specifically dealing with children or parenting abilities. All in-service training must be approved by the DFCS Child Welfare Professional Development Unit prior to beginning the training.
- Certificates of verification must be signed by the agency providing the training.
- Home-based or on-line training modules are available to resource parents.
- Resource homes for a teenage parent are required to have an additional eight (8) hours of specialized training from a professional provider who is an authority on teenage parenting is required. These eight (8) hours must include, but not limited to:
  1. Parenting the Teenage Parent (2 hours)
  2. Teaching the Teen to Parent (4 hours)
  3. Transitioning to Independence (2 hours) exclusive of DFCS Independent Living requirements.

Resource parents are given the opportunity to recommend needed subject areas that will meet training needs and enhance parenting skills. DFCS and support groups work together to accommodate the training requirements.

4. Major Initiatives Implemented Since the Round 1 CFSR
Child Welfare Training Institute (CWTI) was implemented through regionally based training sessions. PATH curriculum was revised.

Technical assistance was received from Adopt US Kids to "train trainers" pairing resource families with staff to provide training for responding to the call from prospective foster and adoptive parents. Technical assistance was also received from the National Child Welfare Resource for Special Needs Adoption and the National Child Welfare Resource Center for Family-Centered Practice and Permanency Planning (NCWRCFCPPP) to enhance the current pre-service training curricula to address the roles of foster and adoptive families in working as team members and based on programmatic changes to policy.

5. Measures and Assessment of Performance

Training requirements are being met for current and prospective resource parents. Resource parents must complete the initial training prior to being licensed as a resource parent. Approximately 85% of those making inquiry, including relatives, complete the initial training. Approximately 98% of DFCS resource parents comply with ongoing In-Service training requirements and are immediately utilized for placement. The 2% who do not comply either voluntarily terminate service or the home is closed or license is not renewed for failure to complete requirements. Currently, there are no pre or post content based tests for resource parents.

6. Strengths and Barriers
Strengths
- A yearly calendar of resource trainings, based on the survey findings is posted on the MACWIS website.
- Regional support group meetings with approved training hours are offered.
- Regional resource workers coordinate with local agencies and organizations to offer additional trainings based on survey results or regional support group requests.
- Yearly conference training opportunities are provided to resource parents selected as regional trainers.

Barriers that can hinder adequate Pre-Service Training:
- Lack of the necessary training supplies such as adequate supply of Participants Training Manuals, training supplements such as videos and basic supplies.
- Lack of availability of space to conduct monthly Pre-Service Training (may vary throughout the state)

Barriers that can hinder adequate/timely In-Service training:
- Lack of adequate In-service training may vary by Region.
- Lack of timely approval for In-service training due to resource parents' failure to provide all documents requested and timely receipt of all background checks and verifications.
- Lack of trained professionals or staff to conduct Teenage Parent Training for approved resource parents.

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

1. Assessment of Performance
Mississippi has in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency. The following services constitute Mississippi's statewide service array designed to address the issues of safety, permanency and well being.

- **Prevention of Child Abuse/Neglect Services**
  Prevention Services- Provided to families when support services are identified in the initial safety assessment. These services are not court ordered and social workers monitor the family's progress on the Individual Service Plan.

  Family Preservation Program (FPP) - These services are strength based, child centered and family focused programs. The program is a home based prevention service that provides: parent education, child management training, creative and flexible scheduling, and assists families when there is an eminent risk of removal

- **Mississippi Centralized Intake (MCI**) - Requests for services are accepted and screened through the MCI. Any person who has reason to suspect the abuse of a child may make a report by telephone to 1-800-222-8000 and the report will be screened to the appropriate county for assignment. Reports may also be sent to www.msabusehotline.mdhs.ms.gov.

- **Placement Services**- are available for children who cannot be safely maintained in their homes.
  - Emergency Shelters
  - Licensed Relative Homes
  - Licensed Foster Homes
  - Therapeutic Foster Homes
  - Therapeutic Group Homes
  - Residential Treatment Facilities
  - Specialized Treatment Facility (located on the Mississippi Gulf Coast)

- **Intensive In Home Services-** Services that are presently provided by contracted providers. This service is designed to provide therapeutic services to children who are in the state's custody placed in DFCS foster or adoptive homes who are experiencing behavioral problems.

- **Reunification Services-** These services are designed to provide therapeutic services to children with serious emotional disorders who can remain or return home to their immediate or extended family if participating in intensive in-home services. These children must be in the legal custody of DFCS who are in DFCS foster homes or adoptive placements prior to or after the adoption finalization to provide stabilization in order to prevent disruption.

- **MYPAC-** Mississippi Youth Programs Around the Clock is administered by Mississippi Medicaid through outsourced providers that enable children to remain safely in their homes while providing needed therapeutic and residential services.

- **Family First Resource Centers (FFRC**)- These centers are located throughout the state and provide the following:
  - Individual and Family Counseling
  - Parenting classes

- o After School Programs
- o Tutoring Services
- o Healthy Marriages Classes
- o Fatherhood Initiative

- **Regional Mental Health Centers-** are available statewide and provide assessments for children and adults and offer counseling, anger management classes, drug and alcohol screenings and treatment programs.

- **EPSDT-** Early Periodic Screening Diagnosis and Treatment ensures that all Medicaid eligible children receive comprehensive and preventative health care to the maximum extent that Medicaid allows. These screenings are conducted at county health departments and Medicaid accepted providers.

- **SNAP-**Supplemental Nutrition Assistance Program and TANF (Temporary Assistance for Needy Families) is available to eligible families at all local Economic Assistance offices.

- **WIC-**(Women, Infants and Children) A program that provides supplemental foods designed to meet the special nutritional needs of low-income pregnant, breastfeeding, non-breastfeeding postpartum women, infants and children up to five years of age who are at nutritional risk. These programs are available to all eligible recipients in each Mississippi County.

- **Independent Living Services-(IL)** –A program designed to provide services to ensure that foster youth fourteen years of age or older are provided an opportunity to acquire basic life skills which will enable them to live independently, responsibly, and to be self-sufficient by the time their foster care services are terminated.

- **Service to Promote Timely Adoptions (Adoption Services)**
  Southern Christian Services and Mississippi Families For Kids are two contractual agencies who have a Wendy's Wonderful Kids grant and assist the agency in promoting timely adoptions. These agencies accept referrals and attend DFCS adoption placement meetings in efforts to move children into permanent homes quickly.

- **Post Adoption Services-** Intensive In Home services are available to all adoptive parents to monitor and assist with any problems or disruptions that may arise and to stabilize the placement. This service is contracted through Mississippi Children's Home Services.

- **Language Interpretation Services and Deaf Interpretation Services-** These services provide interpretation and translation of foreign languages and interpretation services for the hearing impaired.

- **Flexible-Funds for Concrete Resources**
  When there are specific individualized needs that are identified for a child or parent that are not covered by Medicaid or other funding sources, there are flexible funds available through Regional, County, or Promoting Safe and Stable Families. Some services provided through these funds are private sitters, attorneys' fees, braces, utility bills, food, clothing, tutoring services, speech therapy and others.

2. Performance on Round 1 CFSR

Item 35 was rated as an Area Needing Improvement because the State does not have in place a sufficient array of services to assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

3. Statute, Regulation, and Policy

- **Safety Assessment**- is completed within 7 days on all assigned investigations of abuse or neglect.   If safety issues are identified a Safety Plan will be developed with the family and will be implemented immediately.
- **Family Team Meetings (FTM) –** Effective June 2009, policy was revised requiring that a FTM be conducted within thirty (30) calendar days of opening a case and are also conducted during the investigative phase. These meetings are based on Family Centered Practice principles which show that when families are included in decision making they are capable of identifying their own needs and strengths and are much more committed to the successful completion of the planning process and are more motivated to change.
- **Strength and Risk Assessment (SARA) -** The Strength and Risk Assessment is a family centered assessment tool used to assess child safety and risk of future harm. The assessment also uses family centered interview questions to identify familial, social and economic factors that impact the stability of the family unit.
  The assessment identifies the family's strengths/protective factors and the child's mental and physical health needs. This assessment further individualizes the specific services that are suited to that person.
- **Family Centered Practice-** Introduced and implemented statewide in 2005 this framework recognizes that children are better off if they can grow up in their own homes safely and stay connected to their roots. When this is not possible every effort is made to assist families in obtaining needed services so they may maintain continued and frequent parent-child interaction while the issues are being resolved. Engaging families early, keeping them informed and giving them more control over decision making has a greater effect on the outcomes of safety, permanency and well being.
- **Prevention Services**-provided to families when support services are identified in the initial safety assessment. These services are not court ordered and social workers monitor the family's progress on the Individual Service Plan.
- **Family Preservation Program (FPP**) - These services are strength based, child centered and family focused programs. The program is a home based prevention

service that provides: parent education, child management training, creative and flexible scheduling, and assists families when there is an eminent risk of removal.

- **Individual Service Plan (ISP) -** An explicit written agreement jointly between the worker and parents or primary caretakers of children who are involved in some way with the agency. This agreement addresses the target problems, the goals to be accomplished, the plan/tasks by which those goals will be accomplished, the achievement criteria, and the time frames for all parties. The tasks are individualized to meet the specific needs of each individual.
- **Protection Services**- In home services where the court has ordered supervision of this family by the county of responsibility (COR) social worker. The worker works with the child and family on their Individual Service Plan and provides support and referrals until the family is stable and has been released by court order.
- **Adoption Specialist-** Each region has dedicated adoption workers who work with children when the permanent plan becomes adoption. They are responsible for securing and assessing appropriate placements to achieve permanency for the child. All services that are available to the adoptive parent are discussed with the prospective adoptive family.

4. Major Initiatives Implemented Since the Round 1 CFSR

The Mississippi Centralized Intake (MCI) has been implemented since the Round 1 CFSR. Requests for services are accepted and screened through the MCI. Any person who has reason to suspect the abuse of a child may make a report by telephone to 1-800-222-8000 and the report will be screened to the appropriate county for assignment. Reports may also be sent to www.msabusehotline.mdhs.ms.gov.

5. Measures and Assessment of Performance

The 2008 Annual Survey Results Report addressed services provided. Each group that was surveyed was asked which services are being provided as part of the service plans they are involved in. The parents and the foster children answered with regard to the services they are being provided while the placement providers answered with regard to the services the foster children in their care are receiving. The /CASA/Guardian *ad litem* answers reflect the services the children they represent are receiving.
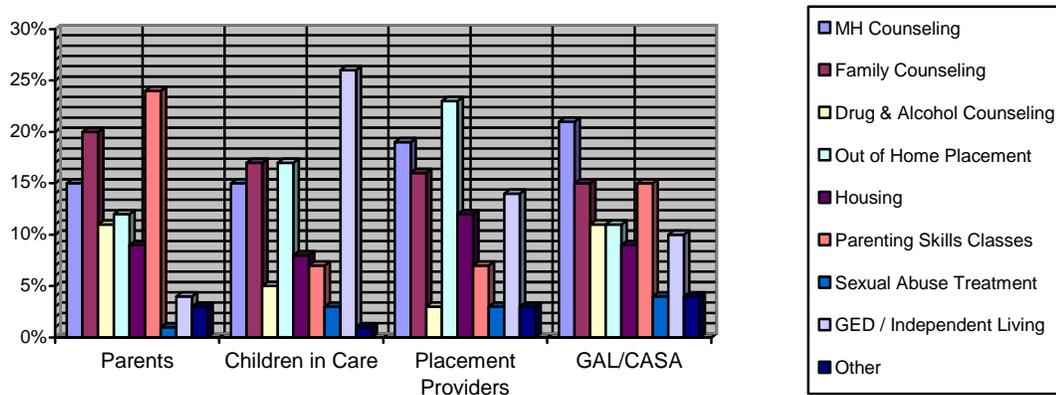
"Other" services were listed as follows:

- **Parents** – Transportation, anger management counseling, marriage counseling, and employment
- **Foster Children** – Boot camp at Camp Shelby, pre-natal care, after school tutoring
- **Placement Providers** – WIC, financial assistance with utilities, clothing, and school supplies, speech therapy and occupational therapy for the children in their care.
- **GAL/CASA** – None listed

6. Strengths and Barriers

Family Centered Practice was implemented statewide in 2005 enabling workers to accurately engage families throughout the Intake, Safety Assessment, Strengths and Risk Assessment, and Planning and Service Delivery Process. Engaging the family in the Family Team Meeting process and bringing in support systems who recognize that families have solutions to their own problems has been successful in creating an atmosphere of partnership not only with families but also with stakeholders in the communities.

Barriers
- Gaps in services such as foster homes, therapeutic homes and group homes for children of all ages
- Insufficient substance abuse services for adolescents and adults
- Lack of mental health services for children and families
- Lack of residential treatment programs for children who sexually abuse other children
- Insufficient support and respite services for resource parents.

There is a need statewide for the following services:
- Visitation Centers for court ordered visitation
- Juvenile Sexual Offenders Treatment Centers
- Additional Drug Treatment Center for mothers with newborns
- Legal Services
- Independent Living Group Homes
- In Home Drug Treatment Services

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

1. Assessment of Performance

For Round 1 of the 2004 CFSR, Family Resource Centers were in a majority of the counties and provided all needed services to DFCS. However, since Round 1, the centers have been cut due to lack of funding and this has caused a lot of counties to lose needed resources. Services currently are not located in all political jurisdictions. It may be that the service is located within the region, but not within the county. It does require an increase of time and expense to access these services for the children and families through the amount of time spent traveling and the cost of traveling to obtain these services.

Prevention Services are provided by the county social worker and are accessible in all counties throughout the state. Family Preservation Services are on a contractual basis and are accessible statewide to all jurisdictions.

Placement Services are available for children who cannot be safely maintained in their own homes.

The Assessment completed by the Center for the Support of Families (CSF) found that the following placement services are available throughout the state, but are more readily available in the urban areas and not as accessible in rural areas of the state.

Emergency Shelters are not located in all jurisdictions creating limited accessibility in the Delta region of the state. Licensed Relative Homes, Licensed Foster Homes, and Therapeutic Foster Homes are located in all counties in the state but the number of homes in each county creates limited accessibility. Residential Treatment Facilities are located in the Southern, Central and Northern regions of Mississippi but are not easily accessible for each county. There is only one Specialized Treatment Facility and it is located on the Mississippi Gulf Coast which is not easily accessible for all counties.

Intensive In Home Services and Reunification Services are not readily accessible throughout the state. The lack of services is more pronounced in the rural areas of the State, and waiting list and restrictions on who may receive the services affects the accessibility services even when they exist.

MYPAC- Mississippi Youth Programs Around the Clock is administered by Mississippi Medicaid through outsourced providers that enable children to remain safely in their homes while providing needed therapeutic and residential services. This service is accessible in all jurisdictions in the state.

Family First Resource Centers (FFRC)- These centers are located throughout the state and are accessible in most urban areas but accessibility is lacking in rural areas.

Regional Mental Health Centers- are accessible statewide and provide assessments for children and adults and offer counseling, anger management classes, drug and alcohol screenings and treatment programs. However access to private providers of mental and behavioral health services is restricted, particularly in rural areas of the State.

EPSDT- Early Periodic Screening Diagnosis and Treatment ensures that all Medicaid eligible children receive comprehensive and preventative health care to the maximum extent that Medicaid allows. These screenings are conducted at county health departments and Medicaid accepted providers and are accessible in each jurisdiction throughout the state.

SNAP-Supplemental Nutrition Assistance Program and TANF (Temporary Assistance for Needy Families) is available to eligible families at all local Economic Assistance offices which are accessible in each county.

WIC-(Women, Infants and Children) A program that provides supplemental foods designed to meet the special nutritional needs of low-income pregnant, breastfeeding, non-breastfeeding postpartum women, infants and children up to five years of age who are at nutritional risk. These programs are accessible to all eligible recipients in each Mississippi County.

Independent Living Services-(IL)- These services are provided through contract services and are accessible to all Youth in Care beginning at age 14.

Post Adoption Services- Intensive In Home services are available to all adoptive parents to monitor and assist with any problems or disruptions that may arise and to stabilize the placement. This service is contracted through Mississippi Children's Home Services and is accessible throughout the state.

Flexible-Funds for Concrete Resources- When there are specific individualized needs that are identified for a child or parent that is not covered by Medicaid or other funding sources, there are flexible funds available through Regional, County, or Promoting Safe and Stable Families Grant. Some services accessible through these funds are private sitters, attorneys' fees, braces, utility bills, food, clothing, tutoring services, speech therapy and others. These services are accessible statewide.

Service to Promote Timely Adoptions (Adoption Services) - Southern Christian Services and Mississippi Families for Kids are two contractual agencies who have a Wendy's Wonderful Kids grant and assist the agency in promoting timely adoptions. These agencies accept referrals and attend DFCS adoption placement meetings in efforts to move children into permanent homes quickly. This service is accessible in all jurisdictions.

Language Interpretation Services and Deaf Interpretation Services- These services provide interpretation and translation of foreign languages and interpretation services for the hearing impaired. This service is not accessible statewide.

2. Performance on Round 1 CFSR
Item 36 was rated as an Area Needing Improvement because services identified are not accessible to families and children in all political jurisdictions covered in the State's CFSP.

3. Statute, Regulation, and Policy
Current policy provides the following protocol for securing needed medical, dental and mental health assessments and services for children in custody. For each child age three (3) and older, the County of Responsibility Worker (COR) will ensure that a dental exam is obtained within ninety (90) calendar days of the child entering custody or within 90

calendar days of his/her 3rd birthday. Dental check-ups shall recur every six (6) months. All medically necessary dental services shall be provided.

The COR Worker shall obtain an initial health screening from a qualified medical practitioner for all children within seventy-two (72) hours of custody to determine immediate health needs. Within 30 days of placement in foster care and yearly thereafter, each child shall receive a comprehensive health assessment. This examination may be obtained through Early Periodic Screening, Diagnostic, and Treatment (EPSDT) through the local Health Department or from any approved medical provider that performs this service. The Worker shall also request a developmental assessment as a part of this referral as needed. All medically necessary follow-up services and treatment shall be provided.

Current policy provides the following protocol for securing needed mental health assessments and services for children in custody. The Strengths and Risk Assessment shall be performed on children ages four (4) and older within 30 calendar days of child's custody. Each child in care who reaches the age of 4 shall be provided with a mental health assessment within 30 calendar days of his/her 4th birthday. In addition to the Strengths and Risk Assessment, within 30 calendar days of entering custody, a child shall be provided with a mental health assessment conducted by a qualified mental health professional. Such assessments shall also screen for drug and alcohol dependency as age appropriate.   Mental health may be evaluated through Early Periodic Screening, Diagnostic, and Treatment (EPSDT) through the local Health Department or from any approved medical provider that performs this service. Each child shall receive follow-up mental health services provided as recommended in the mental health assessment.

4. Major Initiatives Implemented Since the Round 1 CFSR
There has been an increase in services that have been outsourced to contract agencies such as Family Preservation, MYPAC (Mississippi's Youth Program Around The Clock), Intercept and Intensive In-Home Services. These programs have been a benefit to the families and children whom DFCS serves when children could remain safely in their homes and receive the specialized treatment that is needed. The smaller, more rural counties still have issues with no public transportation and limited services such as parenting classes and drug and alcohol treatment. Counties continue to struggle with the obstacle of not being able to communicate effectively with families who do not speak English.
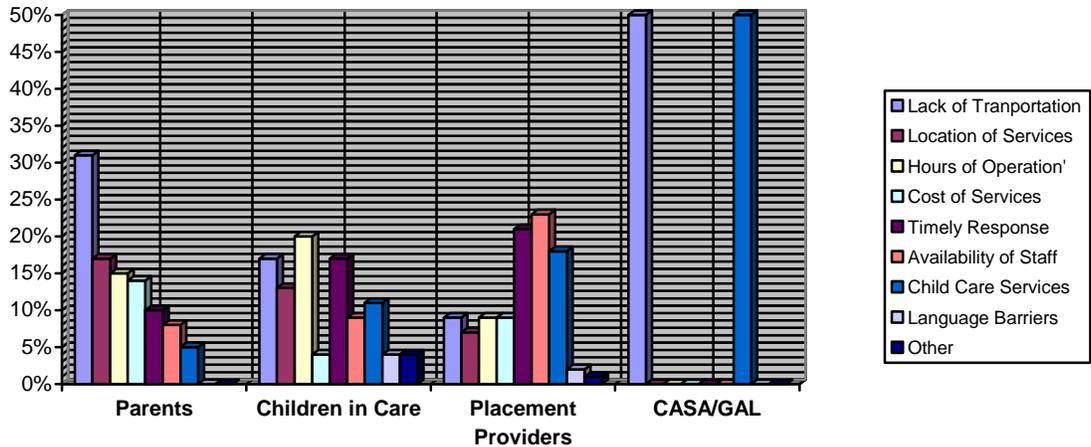
A Memorandum of Understanding between the Mississippi Department of Health and DFCS was completed on April 8, 2008 agreeing to jointly monitor, investigate and resolve cases of child abuse and neglect.

5. Measures and Assessment of Performance
In the 2008 Foster Care Review Survey, the parents and foster children were asked if it is easy to access the services that are part of their individual service plan. The placement providers were asked the same question with regard to the children in their home. The guardian *ad litem*/CASA was asked with regard to the foster children they represent.

Group Surveyed	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Parents	**59%**	**28%**	**6%**	**6%**
Children in Care	**54%**	**38%**	**5%**	**3%**
Placement Providers	**68%**	**22%**	**6%**	**4%**
GAL / CASA	**75%**	**25%**	**0%**	**0%**

If they found it difficult to access services, those surveyed were asked to give the reasons for the difficulty:

- "Other" barriers such as work obligations, conflicts with the county social worker, a lack of financial assistance from DHS were identified by those surveyed this quarter.

- A lack of transportation was identified as the primary barrier by the parents who responded to the surveys.

- A lack of available child care was listed as a barrier for 5% of parents who responded to the surveys while 11% of the youth surveyed listed it as an issue as well. 50% of the GAL/CASAs and 18% of the resource parents surveyed listed a lack of adequate child care as a barrier to services.

Some of the findings of the Mississippi Foster Care Service Assessment, by Center for the Support of Families, Inc., October 13, 2009 are:

Mental Health Services Findings

- Some mental health initiatives offer effective approaches to meeting the mental health needs of children in the child welfare system, but are limited in scope, funding, or criteria for the population served. For example, a wraparound services approach would be beneficial to all children not just those with SED, and the inter-disciplinary approach of the MAP teams could benefit children before they exhaust other available services but funding and accessibility is limited.

- County Mental Health Centers appear to be the primary source for DFCS to provide mental health services to children and youth in its care. Across the State, the centers do not offer a consistent range of services, particularly in rural areas of the State where services are considered to be quite limited, and they are often unable to provide the level of specialization needed by children in foster care. This service is not consistent as it relates to accessibility across the state.

- Access to private providers of mental and behavioral health services is restricted, particularly in rural areas of the State.

- Obtaining psychological evaluations is particularly difficult, as there are rural areas of the State where this service is not accessible.

Dental Health Services Findings

- Access to dental providers in rural areas of the State appears to be the most prominent issue. A number of providers will not accept Medicaid and families/resource families often must travel long distances to access providers.

- The dental services authorized and covered by Medicaid are limited, particularly as it relates to orthodontic care making this service not easily accessible across the state.

Physical Health Services Findings

- In general, access to physical health care appears better than dental or mental/behavioral health services with these services being more accessible statewide.

6. Strengths and Barriers

DFCS has a working relationship with the Mississippi Department of Health and Department of Mental Health to provide for the physical and mental health needs of children. A Memorandum of Understanding is in process between DFCS and Medicaid to provide more access to physicians in Mississippi.

Major barriers include the following:

All services are not available in all areas of the state. One example is the Children's Advocacy Centers whose clinicians conduct forensic interviews for children who have been sexually abused. The centers are available in North, Central and the Southern part of the state, but are not in close proximity to the Delta counties. Parenting classes are available throughout the state but many are not individualized to meet the specific needs of the family.

One of the needs identified for rural counties is legal assistance for clients and families. One provider of legal assistance, South Mississippi Legal Services, suffered severe budget cuts. This means that low income families with custody issues often try to resolve them through the DFCS system. This also includes families who are attempting to care

for their children without agency involvement, but cannot afford custody transfers to relatives for educational and medical purposes.

- Lack of transportation for families and children to service location
- Lack of full services in rural areas
- Necessary services are not available and/or have long waiting lists
- Few mental health therapists who accept Medicaid payments

Item 37: *Individualizing services.* **Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?**

1. Assessment of Performance
At this time, services are not always individualized due to limitations and availability in each county. There has been an increase in services since the 2004 CFSR which in time may result in greater individualized services. DFCS continues to develop service agreements with medical providers, Medicaid, Mississippi Department of Mental Health and Department of Health to meet this challenge. However, contractors and individual providers make efforts to individualize services and meet the needs of clients. They participate in MAP Teams and other meetings to identify and assess needs and attempt to gear services toward the individual needs, but this is not often feasible in rural areas.

Family Team Meetings are conducted in each county in an effort to make sure services can be individualized to specific needs of the family or children. Parenting classes generally are generic and are not individualized to meet the specific needs of the parent specifically teen parents and single parents.

In most areas of the state there is difficulty working with the Hispanic population because of the language barrier and lack of specific services making it difficult to individualize services. In order to individualize plans for the unique needs of children and families when there are specific language barriers such as Spanish speaking families, DFCS locates an interpreter, if possible, who teaches parenting classes in some areas of the state with a large Hispanic population. When working with hearing impaired parents or caregivers, DFCS contacts a state contracted referral service that provides assistance which can be conducted in the home.

2. Performance on Round 1 CFSR
Item 37 was rated as an Area Needing Improvement because of the limited ability of county staff to individualize services for all children and families served by DFCS.

3. Statute, Regulation, and Policy
Mississippi Code 43-15-13(3) requires a system of administered individual service plans every six months to ensure the child's needs are met while in custody.

DFCS Policy, Volume IV, Sec. D, p. 3265 requires individual service plans (ISP) for child to be initiated within 25 days of custody, reviewed within 90 days, and updated every 90 days thereafter to ensure the specific needs of the child are being addressed.

Services provided are listed in the ISP and any medical or mental issues identified and monitored. Referrals for mental health services are also listed.

The policy for Family Team Meetings (FTM), Vol. IV, Sec. D, p. 3308 (Bulletin #6200), outlines the importance of having the family fully involved in the custodial episode, emphasizing the requirement to hold a FTM at critical decision making points in the case, especially prior to entering custody and prior to exiting custody in order to address the individual needs of the child. During the pre-custodial meeting, the team attempts to place services in the home to prevent removal. In practice, the pre-custodial FTM appears to be the key to stabilizing many of these cases. When appropriate services are offered prior to a custody episode, the family is able to use the services to prevent the removal of their children and keep the family together. At the pre-discharge FTM, the team determines additional supports and services needed by the family to maintain permanency and prevent the child from re-entering custody.

The Indian Child Welfare Act (ICWA)-The Indian Child Welfare Act (ICWA) was passed in 1978 to protect the rights of the American Indian Children. On each referral during the assessment in the investigative phase the worker determines whether the family is a member of a federally recognized tribe. If they are a member the Mississippi Choctaw Reservation Tribal Council is notified and they make the determination on whether they wish to take the case or they will recommend that it is handled by DFCS in the county where the child lives. DFCS has a working relationship with the Choctaw Nation to ensure the needs of American Indian children are met.

4. Major Initiatives Implemented Since the Round 1 CFSR
The increase in DFCS staff allows all workers to spend more quality time with families and do a better job in their assessments. A focus on the overall needs of the family can be addressed and more individualized services can be offered.

A Memorandum of Understanding between DFCS and the Mississippi Department of Health was reached April 8, 2008 agreeing to jointly monitor, investigate and resolve barriers to provision of medical services in cases of child abuse and neglect.
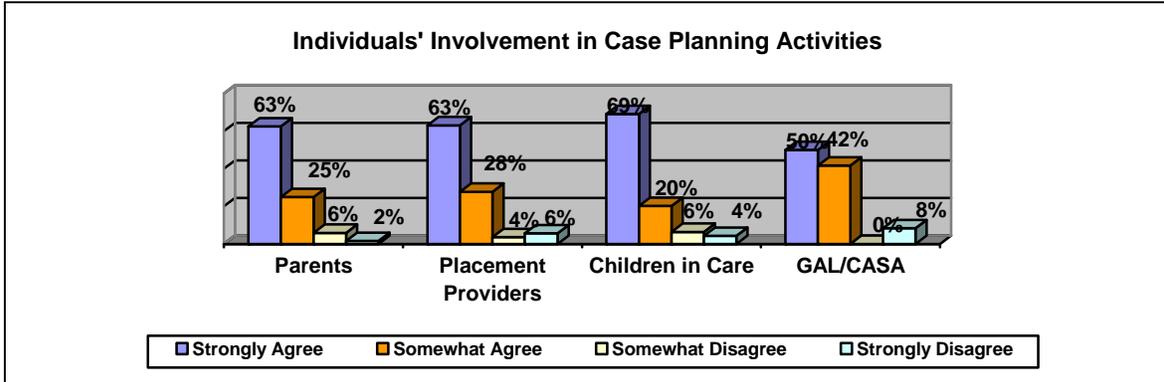
DFCS has developed the Mississippi Child Welfare Practice Model and Practice Guide as of September 25, 2009. Component VI-Individualized and Timely Case Planning will be implemented in every Region over the next 48 months, beginning January 2010 in Region 1 South and Region 2 West.

5. Measures and Assessment of Performance
The following are results of the Foster Care Review surveys for the January 2009 through June 2009 survey period regarding development of ISPs:

The parents of children in foster care and their children who are in foster care were asked if they had a chance to assist in the development of their individual service plan (ISP). The placement providers were asked if they had an opportunity to help in case planning activities for the children who are in their care and the Guardian *ad litem*/CASA workers

were asked if they had an opportunity to provide input into their clients' case planning. The results for the January-June 2009 period are as follows:

Individuals' Involvement in Case Planning Activities

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Parents	63%	25%	6%	2%
Placement Providers	63%	28%	4%	6%
Children in Care	69%	20%	6%	4%
GAL/CASA	50%	42%	0%	8%

6. Strengths and Barriers
With additional specialized services, such as Family Preservation, Intensive In-home Services and MYPAC (Mississippi's Youth Program Around the Clock), families are being able to stay together and remain intact.

When families are only available to meet with the social worker after hours, those accommodations can be made, as workers often work after hours to meet the needs of their clients. Additionally, each county has a worker who is On Call after hours and on week ends for any emergency that may arise. Parenting classes and foster parent training are often offered after hours and on week ends. At the Family Team Meeting, the family is instrumental in providing input in structuring the Individual Service Plan where there are specific tasks that are identified for each family member and worker in order to reach their stated goals.

When there are specific language barriers for Spanish speaking families, an interpreter is located, if possible, who teaches parenting classes in some areas of the state with a large Hispanic population. When working with hearing impaired parents or caregivers, we are able to contact a state contracted referral service that provides can be conducted in the home.

Major barriers are listed in the Mental Health, Dental Health and Physical Health Assessment in number 5 above - Measurement and Assessment of Performance.

Item 38: *State engagement in consultation with stakeholders.* **In implementing the provisions of the CFSP, does the State engage 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 include the major concerns of these representatives in the goals and objectives of the CFSP?**

1. Assessment of Performance
DFCS 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 include the major concerns of these representatives in

the goals and objectives of the CFSP. The Five Year Strategic Planning Conference convened in February 2009 with 110 participants (approximately 60 DFCS staff and 40 stakeholders) to develop the Mississippi Child and Family Services Plan (CFSP). The 40 stakeholders included other State agency representatives, Tribal representatives, judges, guardians *ad litem*, service providers and members of the Citizen Review Panel. Ten workgroups were created with the 110 participants in the group pertaining to their expertise. Each workgroup developed a plan of action which was presented to the entire group during the last session. The plans of action were then incorporated into the Child and Family Services Plan (CFSP) for 2010-2014.

In March and April 2009, 5-Year Strategic Planning Conferences were held regionally in seven locations and involved local stakeholders in outlining the basis of the CFSP. Stakeholders were asked to make a commitment to work with DFCS over the next five years to bring about positive changes in the well-being of children in Mississippi. Many stakeholders agreed to be a part of the CFSR process in May, 2010

Since 2004, good progress has been made on the local level between DFCS and the local Choctaw Social Services; however this has not been reflected on a more formal level of cooperation. It is DFCS' understanding the current newly elected Chief of the Mississippi Band of Choctaw Indians does not desire to participate in a formal Memorandum of Understanding between the Tribe and DFCS. A draft Memorandum of Understanding was written and recommended by the Attorney General's representatives of both the State of Mississippi and the Choctaw Tribe. However, this document was never presented to the tribal council for consideration. DFCS makes every effort to follow the Indian Child Welfare Act and acknowledges tribal authority over Choctaw citizens. DFCS continues to include tribal representatives as stakeholders in all aspects of programmatic development. Choctaw Social Services participate in activities. Local cooperation is evidenced by ongoing relationships, inclusion and good will.

2. Performance on Round 1 CFSR
Item 38 was rated as a Strength in Round 1 CFSR because DFCS engaged 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 include the major concerns of these representatives in the goals and objectives of the CFSP.

3. Statute, Regulation, and Policy
Providing support services for children in DFCS custody or protection/prevention in-home cases is addressed in Policy, Vol. IV, Sec. A, pp. 1110-1117. Support services must be provided directly to the client either through DFCS staff, through the purchase of services from providers outside DFCS or by services provided without cost by other agencies and community providers. Support services are those services needed, in addition to the worker direct service, which will aid the client in removing barriers to attaining the goal, such as support services needed to aid in the prevention of neglect or abuse. Support services must relate to the need of the client as identified through the assessment and service planning process such as: personal needs, medical needs, mental health and counseling needs, Independent Living needs, referral services, DFCS and other agency services.

4. Major Initiatives Implemented Since the Round 1 CFSR
The Five Year Strategic Planning Conference was implemented in February 2009, which involved 40 stakeholders in the development of the CFSP. Regional focus groups with local stakeholders were conducted in March and April 2009 and these stakeholders participated in service array assessments regarding medical, dental, mental health, educational and Independent Living services available and needed services. The findings of these assessments informed the development of the Mississippi Child Welfare Practice Model and the CFSP.

5. Measures and Assessment of Performance
The measure and assessment of performance for Item 38 is demonstrated by the continuing commitment to provide services to Mississippi children and participation of stakeholders statewide in the CFSP/CFSR processes. Approximately 40 judges, attorneys, guardian *ad litem*, service providers, agency representatives from the Department of Health, Mississippi Department of Mental Health, Medicare, Youth Services and others met in February 2009 to discuss and draft the CFSP. Ten workgroups prepared outlines of their discussions.

The Mississippi Citizen Review Panel (CRP) has been actively involved in the First Round PIP as well as the Second Round CFSR process. The Mississippi Citizen Review Panel is charged with evaluating state child welfare systems and making suggestions for improvement. This Panel is interested in promoting greater citizen involvement in programs and policies associated to the well being of children which is based on policy goals related to pragmatic and community-focused objectives. Panel membership is comprised of (1) providers of services to abused and neglected children and families, and (2) local citizens, including consumers of the Child Protective Services system such as foster parents, former foster children, adoptive parents, parents, interested business and civic representatives, educators, and members of the community at large. As a result of collaboration with the CRP, the Child and Family Services Plan incorporated many of the concerns identified in meetings.

Sample of Current Work Projects/Focus of the Mississippi Citizen Review Panel
- Examining the policies and procedures of state and local agencies to include the type and extent of social services available for children and families
- Review the relationship among agencies (court, law enforcement, and schools)
- Evaluate state standards relative to information for maintaining effective programs
- Review and give comment for the Child and Family Service Plan, Annual Progress Service Report, and Program Improvement Plan

Client Satisfaction Surveys:
During the months of January 2009 through June 2009 in state fiscal year 2009, the Foster Care Review Program distributed client satisfaction surveys to parents of foster children, foster children, placement providers, and guardian ad litem/CASA workers. 995 client satisfaction surveys were distributed during this six month period and 573 (57.6%) were received. The results of these surveys influenced the focus of the Child and Family

Services Plan by targeting areas needing improvement identified by parents, resource parents, children/youth, providers and court personnel. Below is a comparison between this six month period and the previous years' bi-annual receipts with regard to the surveys:
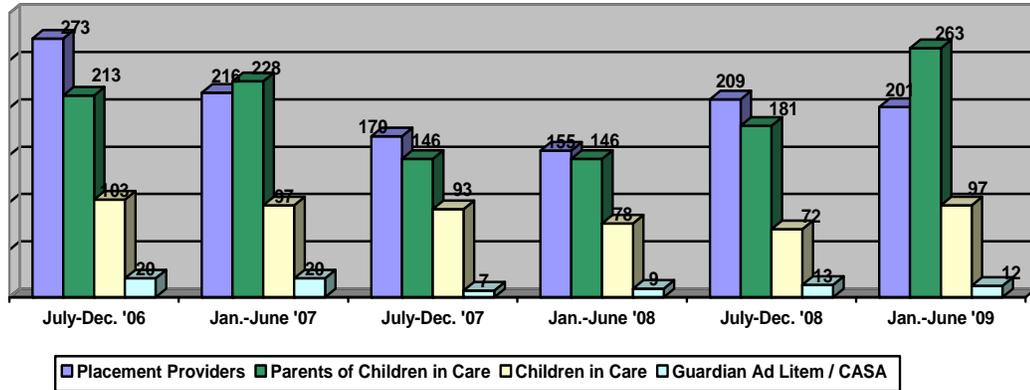
The client satisfaction surveys are distributed by the Foster Care Reviewers at the end of each county conference. The above mentioned groups are given the opportunity to complete the survey at the conference site (usually the county office) and return it to the Foster Care Reviewer or they may take the survey home, complete it, and return it to the Foster Care Review Program Administrator in a self addressed stamped envelope.

The following is a summation of the combined statewide results of the surveys for the January 2009 through June 2009 survey period:

The parents of children in foster care and their children who are in foster care were asked if they had a chance to assist in the development of their individual service plan (ISP). The placement providers were asked if they had an opportunity to help in case planning activities for the children who are in their care and the guardian *ad litem*/CASA workers were asked if they had an opportunity to provide input into their clients' case planning. The results for the January-June 2009 period are as follows:
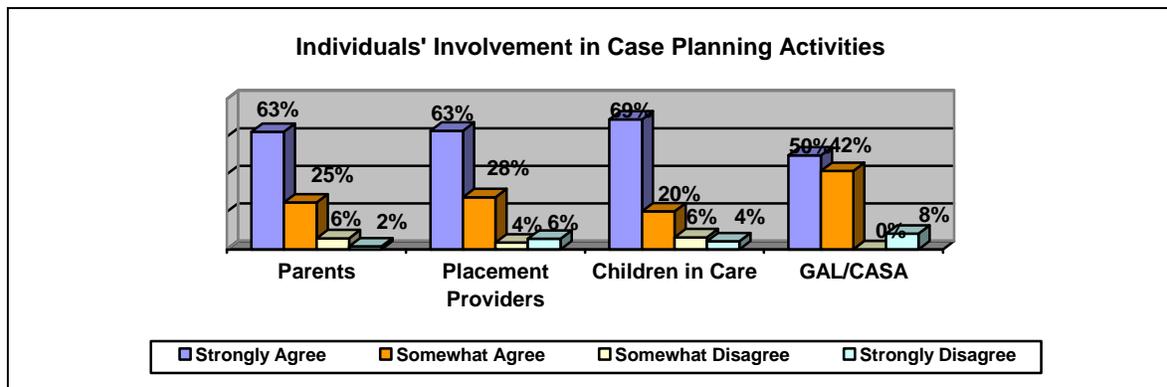
6. Strengths and Barriers

Collaboration with many stakeholders such as other agencies, service providers, law enforcement, courts and others is the greatest strength.   Some examples are listed below:
- Citizens Review Panel
- Administrative Office of Courts, Court Improvement Program
- Multidisciplinary Team meetings (held monthly in some counties and weekly in others)
- MAP (Make a Plan) meetings
- Monthly Providers' meetings (Informational / Problem Solving)
- Statewide forensic interviewing efforts – Children's Advocacy Centers
- Adoption Consortium
- Memorandum of Understanding between DFCS and Mexican Consulate
- Memorandum of Understanding between DFCS and Mississippi Department of Health
- Family Team Meetings include parents, relatives, resource parents, teachers, providers and guardians *ad litem*/CASA.

Barriers
- While some agencies have a state office, the county offices are independently operated which makes consistency statewide difficult.
- Lack of communication between DFCS and other agencies regarding various services available through each agency
- Insufficient county funds to provide services locally

Item 39: *Agency annual reports pursuant to the CFSP.* **Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?**

1. Assessment of Performance
Throughout the year, DFCS develops the Annual Progress Services Report (APSR) through the various meetings and workshops with the stakeholders. The Annual Progress Services Report is posted on the MDHS/DFCS websites for public review as well as on the ACF website. Annual reports from the Citizens Review Panel and the State Child Fatality Review Board are included in the APSR.

2. Performance on Round 1 CFSR
Item 39 was rated a Strength in the Round 1 CFSR because DFCS developed, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.

3. Statute, Regulation, and Policy
DFCS currently does not have any policy regarding the development of agency annual reports, but complies with federal regulations and Mississippi statutes.

The Mississippi Citizen Review Panel is created by statute and charged with evaluating state child welfare systems and making suggestions for improvement. This Panel is interested in promoting greater citizen involvement in programs and policies associated to the well being of children which is based on policy goals related to pragmatic and

community-focused objectives. Panel membership is comprised of (1) providers of services to abused and neglected children and families, and (2) local citizens, including consumers of the Child Protective Services system such as foster parents, former foster children, adoptive parents, parents, interested business and civic representatives, educators, and members of the community at large. The Citizens Review Panel is required to have no less than ten (10) members and no more than eighteen (18) members.

Current work projects include:
- Examining the policies and procedures of state and local agencies to include the type and extent of social services available for children and families
- Reviewing the relationship among agencies (court, law enforcement, and schools)
- Evaluating state standards relative to information for maintaining effective programs
- Reviewing and commenting on the Child and Family Service Plan, Annual Progress Service Report, and Program Improvement Plan

The Multidisciplinary Child Abuse Review Teams have been made possible through funding by the Governor's Task Force, which administers the Children's Justice Act Grant through the Mississippi Department of Human Services. Family Crisis Services of Northwest Mississippi, Inc. and the South Mississippi Center for the Prevention of Child Abuse developed and implemented this project. This project is a result of a recommendation of the Mississippi Children's Justice Act Task Force and implemented through the Mississippi Department of Human Services.

The purpose of a Multidisciplinary Child Abuse Review Team is to develop a standard response using a team approach to the investigation and prosecution of all child abuse cases, and to function in a manner that causes the least possible trauma to the children and their families. The Team accomplishes this by inviting all disciplines involved in child abuse cases to meet and work collaboratively on those cases using the team approach.

MDHS/DFCS, Family Crisis Services of Northwest Mississippi, Inc. and the South Mississippi Center for the Prevention of Child Abuse work together as a fatality review team in the state. The Child Fatality Review Board serves as a review board for all child fatalities in Mississippi, not only abuse related deaths, but all child deaths. The goal is preventing unnecessary child fatalities across our state. The local child fatality teams will fully staff all child fatalities in the selected counties to assess the circumstances surrounding the death and will then make recommendations to the State Child Fatality Review Board regarding preventative efforts. An annual report provides data on the number of child deaths in the State and causes of death. These reports are reviewed and efforts made to prevent child deaths in the future.
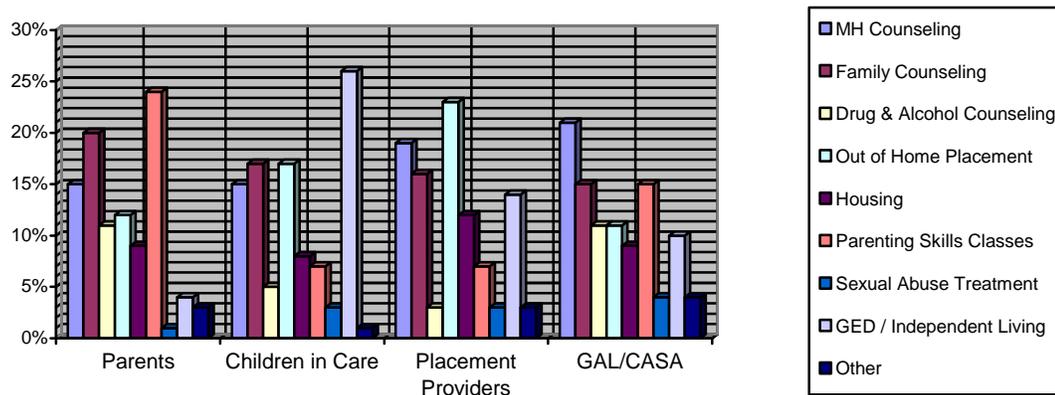
4. Major Initiatives Implemented Since the Round 1 CFSR
Foster Care Review Client and Stakeholder Surveys have been implemented in 2005, which indicate the progress or lack of progress made which is reported through the APSR.

5. Measures and Assessment of Performance

The results of the SFY 2008 and first half of SFY 2009 Foster Care Review surveys to stakeholders are listed below. Each group that surveyed was asked which services are being provided as part of the service plans in which they are involved. The parents and the foster children answered with regard to the services they are being provided while the placement providers answered with regard to the services the foster children in their care are receiving. The guardian *ad litem*/CASA answers reflect the services the children they represent are receiving.
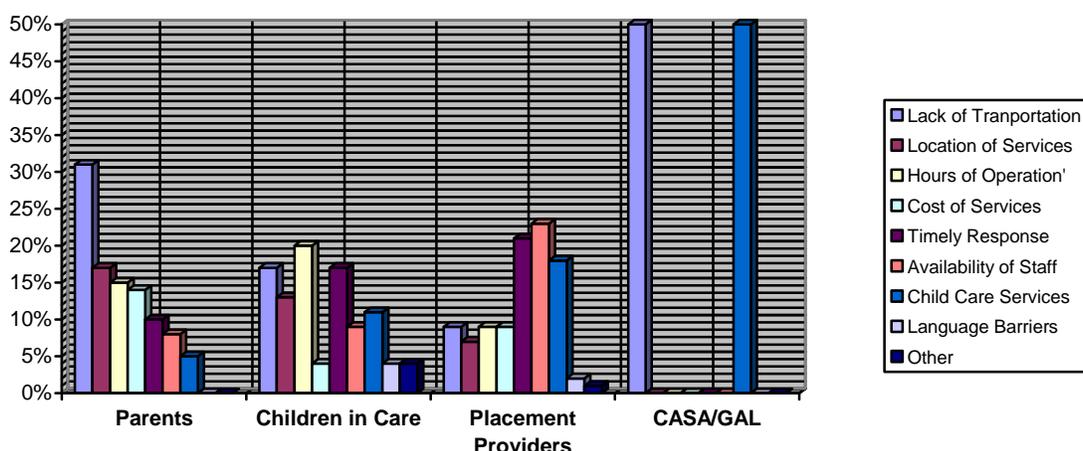
SFY 2008

"Other" services were listed as follows:

- **Parents** – Transportation, anger management counseling, marriage counseling, and employment
- **Foster Children** – Boot camp at Camp Shelby, pre-natal care, after school tutoring
- **Placement Providers** – WIC, financial assistance with utilities, clothing, and school supplies, speech therapy and occupational therapy for the children in their care.
- **GAL/CASA** – None listed

The parents and foster children were asked if it is easy to access the services that are part of their individual service plan. The placement providers were asked the same question with regard to the children in their home. The guardian *ad litem*/CASA was asked with regard to the foster children they represent.

Group Surveyed	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Parents	59%	28%	6%	6%
Children in Care	54%	38%	5%	3%
Placement Providers	68%	22%	6%	4%
GAL / CASA	75%	25%	0%	0%

If they found it difficult to access services, those surveyed were asked to give the reasons for the difficulty:
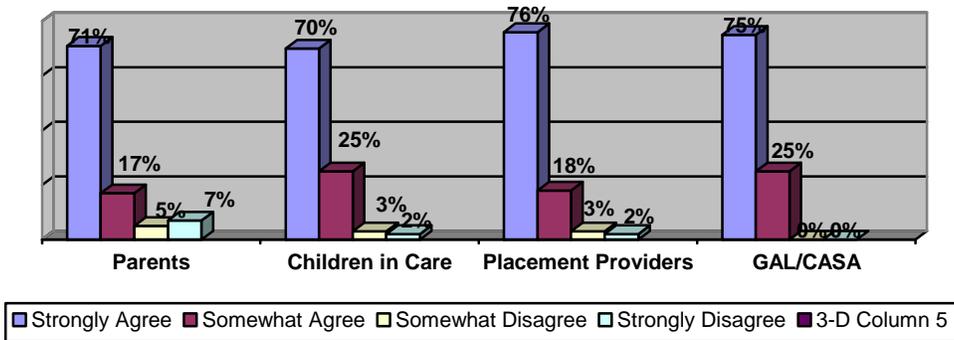
The parents and foster children were asked if the services they receive as part of their individual service plan fit with their personal and cultural beliefs. The placement providers were asked if they feel comfortable in providing services that meet the personal and cultural beliefs of the children in their care. The guardian *ad litem*/CASA was asked if they feel the services their clients receive fit their (the clients') personal and cultural beliefs.

(Cultural Beliefs) Group Surveyed	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Parents	60%	29%	4%	7%
Foster Children	64%	28%	5%	3%
Placement Providers	85%	13%	2%	0%
GAL / CASA	88%	6%	0%	0%

The parents and foster children were asked if the people who provided services to them worked well together. The placement providers were asked if the service providers worked well together with regard to the services the children in their care are receiving. The guardian ad litem/CASA was asked if there is a coordination of services with regard to the services the children they represent are receiving.

Group Surveyed	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Parents	71%	16%	7%	7%
Foster Children	75%	23%	1%	1%
Placement Providers	79%	15%	3%	2%
GAL / CASA	94%	6%	0%	0%

The parents and foster children were asked if overall, the services provided to them are helpful. The placement providers and the guardian *ad litem*/CASA were asked this question with regard to the services provided to the children they serve.

For the first half of SFY 2009 the results follow:

Each group that was surveyed was asked which services are being provided as part of the service plans they are involved in. The parents and the foster children answered with regard to the services they are being provided while the placement providers answered with regard to the services the foster children in their care are receiving. The guardian *ad litem*/CASA answers reflect the services the children they represent are receiving.

- "Other" services were listed as follows: Transportation, anger management counseling, marriage counseling, employment, boot camp at Camp Shelby, pre-natal care, after school tutoring, WIC, financial assistance with utilities, clothing, school supplies, speech therapy, and occupational therapy.

The parents and foster children were asked if it is easy to access the services that are part of their individual service plan. The placement providers were asked the same question with regard to the children in their home. The guardian *ad litem*/CASA was asked with regard to the foster children they represent.

Group Surveyed	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Parents	56%	31%	8%	5%
Children in Care	58%	36%	4%	1%
Placement Providers	70%	25%	5%	0%
GAL / CASA	36%	63%	0%	0%

The majority of the respondents agree (strongly or somewhat) that the services being offered to them, the children in their care, or the children they represent as court advocates are easy to access. This could mean that more services are available to more people, service providers are making themselves more accessible to their clients or that transportation services are being provided to assist them in obtaining the needed services. It is encouraging that these respondents all agree (strongly or somewhat) that services are easily accessible. However, if they found (or in the past have found) it difficult to access services, those surveyed were asked to give the reasons for the difficulty:

Barriers to Accessing Services
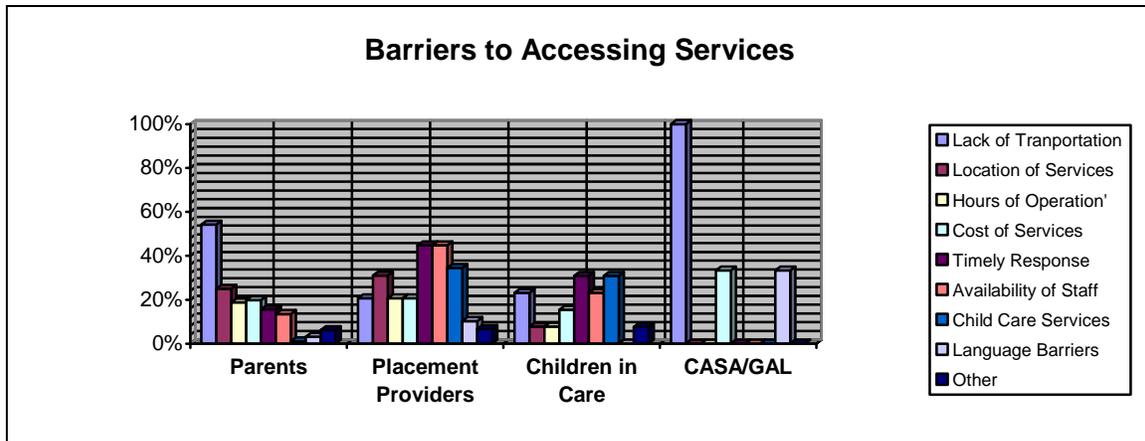
6. Strengths and Barriers

A strength is DFCS' continued participation and cooperation with the Citizens Review Panel, Multidiciplinary Child Abuse Review Teams and the Child Fatality Review Board. The annual reports of these committees are included in Annual Progress Services Report.

Barriers cited in the Foster Care Review Client Satisfaction and Stakeholder Surveys are:

- "Other" barriers such as work obligations, conflicts with the county social worker, a lack of financial assistance from DHS were identified by those surveyed this quarter.
- A lack of transportation was identified as the primary barrier by the parents who responded to the surveys.
- A lack of available child care was listed as a barrier for 5% of parents who responded to the surveys while 11% of the youth surveyed listed it as an issue as well. 50% of the GAL/CASAs and 18% of the resource parents surveyed listed a lack of adequate child care as a barrier to services. (SFY 2008) A lack of available child care was listed as a barrier for 35% of the resource parents who responded to the surveys while 31% of the youth surveyed listed it as an issue as well. (first half of SFY 2009)
- Availability of staff also appears to be a barrier that was identified by all of the respondents as well as what they view as a timely response by county staff or service providers to their needs.

Item 40: Coordination of CFSP services with other federal programs. **Are the State's services under CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?**

1. Assessment of Performance

DFCS has many memoranda of understanding with outside agencies and collaborative agreements with divisions within MDHS to coordinate the provision of services to the children and families served.

- FEMA – DFCS has the SSBG (Social Services Block Grant)-Hurricane Katrina Award and the SSBG-Disaster Award. These funds are used for restoration purposes in the southern portion of the state and the Mississippi Central Intake. DFCS coordinates with the Department of Homeland Security/Emergency Preparedness and Response/Federal Emergency Management Agency regarding preparation for disasters and response when a disaster occurs.
- DFCS coordinates with the US Department of State, US Department of Health and Human Services/Administration for Children and Families/Office of Refugee Resettlement.
- EA/TANF (Economic Assistance/Temporary Assistance for Needy Families) – Division of Family and Children's Services (DFCS) receives a portion of TANF funds for cost allocation. Economic Assistance oversees the majority of the TANF funds.
- SSI (Social Security Income) – According to the Clerical Handbook for DFCS, if a child receives less than the board payment (determined by the MDHS/DFCS dependent upon the appropriation of the MS legislature and based on the age, SSI status, or non-SSI disability status, or special needs of a child) the full amount of the child's benefit shall be applied to the reimbursement. If the child receives more than the board payment, only the amount of the board payment shall be reimbursed. There are exceptions. When handling lump sum payments of SSI, instructions from the SSA should be followed.

DFCS is responsible for the implementation and support of prevention of child abuse and neglect programs. All primary prevention services, secondary prevention services, family preservation services, post-adoptive services, along with intensive in-home services are managed by this Division of MDHS. DFCS also oversees the Advisory Boards associated with the various grants and Citizen Review Panels, Public Awareness and campaigns such as the Annual Blue Ribbon Campaign and the Mississippi Conference on Child Welfare (MCCW). The MCCW is an event that has provided training of the highest quality for individuals working with or caring for children, youth, and families. This event is also a tremendous opportunity to bring the children and families that DFCS partners with everyday to move beyond barriers and work in partnership with other families and private/public agencies. It represents the outgrowth of a collaboration of public and private agencies that partner with the Mississippi Department of Human Services (MDHS), Division of Family and Children's Services (DFCS) to be successful in Mississippi.

All of these programs are a combined effort to ensure that the populations being served through all federally funded programs are being met.

Title IV-B
DFCS coordinates resources for Family Preservation, In-Home Services and Support Services through contracts. Funded by the Mississippi Department of Human Services, Division of Economic Assistance, Families First Resource Centers provide a comprehensive array of services to families in counties throughout the state. These are support services that enhance/strengthen the ability of parents to respond to their children in a positive manner, stabilize the family unit, prevent teenage pregnancies, increase parenting skills and knowledge, and prevent disruptions in family life. Family and Children's Services and Economic Assistance Divisions of MDHS coordinate these efforts.

Title IV-D
The Division of Family and Children's Services works in collaboration with the Division of Child Support to locate absent parents and to make referrals for child support when children are placed in DFCS custody.

Title IV-E
IV-E programs include foster child placement, Independent Living and Adoption. The Administration Unit handles the legal and fiscal aspects of the contracts and the Permanency Planning Unit handles the authorizations and terminations for children approved to receive contractual services. All eligibility determinations are made by the State Office Eligibility Unit.

The state has contracts with residential child caring and child placing agencies to provide emergency shelter services, therapeutic group home services, and therapeutic foster home services. Contract language is strengthened every year at contract renewal time. The language addresses requirements for the contractor related to medical assessments, discharge planning, no decline/no dismiss policy, therapeutic services, leave, Independent Living and others. Authorizations for the therapeutic services are processed through the state office Permanency Planning Unit and approved by the Unit Director.

MDHS has a separate Division of Audit and Evaluation that monitors these programs for program, contractual and fiscal compliance. The monitoring is conducted annually during the contract period. The contractor has to successfully clear any findings of the monitoring before any new or renewal contracts are signed. This provides accountability, as well as quality assurance.

The Administration Unit handles the legal and fiscal aspects on the contracts. The Permanency Planning Unit handles the programmatic aspects including authorizations and terminations for children approved to receive contractual services. The Prevention unit provides the monitoring for the services related to prevention of abuse and neglect. Contractors are required to submit, along with their reimbursement requests monthly progress notes on the children served. The contractor is also required to submit an

Annual Report which addresses the outcomes achieved by the program. The Division of Monitoring conducts exit interviews and sends the contractor findings regarding the monitoring site visits. If the contractor is out of compliance and has a negative finding, they are given the opportunity to clear the findings. Some of the findings require monetary payment to MDHS.

Examples of other collaborative efforts include:
Multidisciplinary Team meetings (held monthly in some counties and weekly in others) to review child abuse cases and expedite criminal prosecution.
MAP (Make a Plan) meetings
Monthly Providers' meetings (Informational/Problem Solving)
Statewide Forensic Interviewing Efforts-Children's Advocacy Centers

Regions III North and South utilize a protocol when initiating investigations of reports alleging sexual or severe physical abuse which includes involvement of members of the Multidisciplinary Team. Through this collaborative, unified effort, prosecuting criminal cases as increased.

2. Performance on Round 1 CFSR
Item 40 was rated a Strength because DFCS' services under CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population. Although the item was rated as strength, when stakeholders were interviewed they offered differing opinions regarding how effective the state was in the coordination of services whose programs served the same population.

3. Statutes, Regulations and Policy
Under the umbrella of the Mississippi Department of Human Services (MDHS), the Division of Family and Children's Services (DFCS) is the agency authorized by state statute to promulgate regulations, policies and procedures necessary to implement the state's child welfare system and to ensure the safety, permanency, and well-being for Mississippi's families and children. The DFCS is responsible for the Title IV-B Subpart 1 (Child Welfare Services), IV-B Subpart 2 (Promoting Safe and Stable Families-PSSF), Title IV-E (Foster Care and Adoption Assistance), Child Abuse Prevention and Treatment Act (CAPTA), Chafee Foster Care Independence Program (CFCIP) and Educational Training Voucher (ETV), Children's Justice Act, Children's Trust Fund, Community-Based Child Abuse Prevention (CBCAP), and PSSF-Caseworker Visitation.

Policy has been implemented regarding the Indian Child Welfare Act (ICWA). DFCS has a working agreement with the Mississippi Band of Choctaw Indians even though the current Chief declined to sign a Memorandum of Understanding. When DFCS notifies the Tribe regarding a child with Native American heritage, the Tribe determines whether they will investigate or request DFCS to investigate the case based on whether the parent or child is registered and/or lives on Tribal land. Generally, DFCS is requested to investigate cases where parent and/or child do not live on Tribal land.

4. Major Initiatives Implemented Since the Round 1 CFSR

- Medical, Dental, and Medical Health Assessment (June 4, 2009 Bulletin #6241) has been implemented.

- A Memorandum of Understanding (MOU) with Mississippi Department of Health was signed and implemented in April 2008 agreeing to jointly investigate, monitor and resolve health issues due to abuse or neglect of children.

- ICWA policies/procedures (August 17, 2005 Bulletin #5965; October 1, 2009 Bulletin #6276) require notifying the Choctaw Social Services regarding any child with Native American heritage.

- Memorandum of Understanding (MOU) Mexican Consulate, August 13, 2009 to comply with policy requirement to notify the Mexican Consulate when a child of Mexican heritage, who may or may not be a United States citizen, has been abused or neglected.

- DFCS developed the Mississippi Emergency Repatriation Plan, which is an Attachment to Emergency Support Function #6, Comprehensive Emergency Management Plan in effect since March 27, 2009 between local, state, national and federal organization/agencies.

- Collaborative efforts with the Administrative Office of Courts, Court Improvement Program, included assisting in drafting the Uniform Rules of Youth Court Practice in 2008. The Rules became effective January 8, 2009 (See Mississippi Supreme Court website for Rules). Additionally, Court Improvement Professional Development curricula was written regarding IV-E funding, Interstate Compact for the Placement of Children and the Uniform Rules of Youth Court Practice. This curriculum was trained statewide between September and December, 2009.

- **Strategic Planning Meetings**
  The Division of Family and Children's Services has coordinated its services with both private and public stakeholders, whether federal, state or private funded, to protect children from abuse and neglect, and to help meet their needs of safety, permanency and well being. A Strategic Planning Meeting was held in February 2, 2009 to bring stakeholders together to identify opportunities for collaboration and reaffirm commitments to service delivery. These meetings were replicated in each region at least once, and in some regions they continue to be ongoing. The members consist of, but are not limited to: law enforcement; school counselors, hospital social workers, resource parents, clergy, DFCS staff, Department of Health, Department of Mental Health, Department of Education, Medicaid and local resource centers.

- **In Region VI,** the agency works with the Forrest County Youth Court on a very special and effective program, Zero to Three, in which the agency social worker and the youth court's Zero to Three social worker actively engage with families and provide comprehensive services to the family to ensure a safe, stable home for children from birth to age there. Through this program, the family may receive services from a pediatrician that participates in the Zero to Three program, the Health Department, dyadic therapy from Mississippi Children's Home Services, and other services depending on the needs of the family.

5. Measures and Assessment of Performance

DFCS has Memoranda of Understanding (MOU) with several state agencies and is in the process of completion on others. Those which are operational include the following:

- Mississippi Department of Health for health care for children and adults
- The Consulate of Mexico for protocol related to Mexican citizens
- The Mississippi Department of Public Safety for fingerprinting
- The Mississippi Bureau of Narcotics for background checks.

The Refugee Services Unit has begun work with the Division of Medicaid and the Department of Health for MOUs related to the refugee population. The Attorney General's office is currently reviewing the MOU with the Division of Medicaid. There are also monthly meetings between staff from DFCS and Medicaid to discuss therapeutic services for children in state custody.

There is no MOU with the Department of Mental Health; however, the State Level Case Review Team, composed of representatives from Mental Health, Education, Medicaid and DFCS, meets monthly to plan for children with special needs. The Review Team is coordinated by Mental Health and meets in DHS state office.

Within the Department of Human Services, there are multiple areas of cooperation and coordination of services as follows:

- Child Support Enforcement for assistance in locating absent parents and for referrals for child support services
- Office for Children and Youth to provide child care certificates for foster children
- Economic Assistance for provision of services to foster youth regarding abstinence.

Mississippi continues to make strides in its involvement of community partners and coordination of services in planning to ensure effective service delivery to families and children.

6. Strengths and Barriers

Positive system changes, initiation of best practices and a number of ongoing initiatives provide hope of improvement in the agency's ability to coordinate with state stakeholders. At the same time, all these positive improvements have converged, and are being implemented simultaneously and have probably used energy needed to focus on improvement of coordination with stakeholders. Requirements of *Olivia Y* settlement, COA accreditation efforts, preparation of the five year plan, preparation for the upcoming CFSR, reorganization of the entire structure of Family and Children's Services and development and roll out of the Mississippi Child Welfare Practice Model have showcased the need for much better coordination of services, but have consumed time and energy needed to realize the coordination expected. A significant shortfall in state tax collections has resulted in multiple broad cuts in state agencies' budgets. Budget shortfalls do provide a heightened awareness of the need for better coordination with other federal and state services. As well as posing a temporary barrier, the aforementioned system

changes, initiatives and ongoing requirements provide the impetus and resources through which better coordination of services can be realized.

The current DHS administration and upper management for DFCS have provided a mandate and an atmosphere of cooperation, openness and collaboration.

Item 41: Standards for foster homes and institutions. **Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?**

1. Assessment of Performance
Mississippi has implemented standards for resource homes (foster and adoptive) as well as residential child caring facilities and child placing agencies that are reasonably in accord with recommended national standards. Standards for licensing resource homes were revised in November 2007. Standards for residential child caring facilities and child placing agencies were revised in 1993 and 1992 respectively. Licensing standards are updated as needed to reflect changes in state and federal laws and to implement policy changes and initiatives such as Fostering Connections to Success, the *Olivia Y.* Settlement Agreement, and COA Accreditation.

2. Performance on Round 1 CFSR
During Round 1, this item was considered to be a Strength as Mississippi's standards were found to be reasonably in accord with national standards, routinely updated and enforced.

3. Statutes, Regulations and Policy
The Mississippi Department of Human Services is the designated agency to provide social services under Public Law 93-647, Title XX of the Social Security, Title IV-A, Aid to Families with Dependent Children, Title IV-B, Child Welfare Services, Title IV-E, Foster Care and Adoption Assistance, and related programs of social services. To qualify for federal funds administered through these programs, a facility serving children must be licensed or certified by the State Department of Human Services as meeting the minimum standards. Compliance with all applicable state and federal laws is required.

Mississippi Code, Section 45-15-105, provides in part that the Department of Human Services is authorized to administer and supervise the licensing and inspection of all private child placing agencies and child caring facilities, institutions, group homes and boarding homes. There are exceptions for religious agencies, but the law provides opportunity for these agencies to request to be licensed.

There are times when children may be placed in an unlicensed home or facility by court order. In such a case, DFCS works with the family to license the home. Children may remain in unlicensed relative homes which may have met the safety standards for expedited licensing, but cannot meet the full licensing requirements. As soon as a determination is made that the relative placement will not be able to meet all licensing requirements an appropriate placement is sought. There is an expedited licensing process for relative placement which allows a child to be placed following a safety assessment of

the relative home and receipt of criminal background checks and Central Registry checks. Thereafter, the relative home must meet all other requirements for licensure within 60 days, with no variance or waivers of the standards.

DFCS Policy, Vol. IV, Section F, pp. 4525-4531 outlines the procedure when a home is closed due to request of the family or the family moves out of state. Also, policy outlines the procedure when a license is denied, revoked, denial of renewal or suspended due to allegations of abuse or neglect, failure to report changes within the household or family refuses to cooperate with regulations and policies of DFCS. The decision may be appealed by submitting in writing a request for an administrative hearing to the Director of DFCS within 10 days of receipt of the written notification of licensure action. Both types of action can be implemented quickly, particularly if the safety of a child is involved.

Resource Homes
Mississippi standards set forth a single application process for Resource Homes that includes adoptive, foster and relative homes. Applicants must complete a 15 hour pre-service training curriculum and are issued a 'Mississippi PATH Participant's Handbook." A home study that includes fingerprinting and background checks on all household members who are 14 years old and older must be completed within 60 days of inquiry. Therapeutic resource homes must meet additional licensing standards set forth by the Mississippi Department of Mental Health. All resource homes must meet home safety standards. Resource homes shall have no more than three (3) foster children in the home with a maximum of five (5) children total. Additional placement restrictions apply relative to special needs children, children under the age of two and teen parents or pregnant teens. Exceptions are made in order to keep siblings together but require an additional level of administrative approval. The tasks of licensing, training and approving resource homes are the responsibility of resource workers and their supervisors located in the 13 DFCS Regions of the state. A resource home license is renewed annually with five (5) hours of in-service training required each year. Standards set forth requirements for a worker to visit the resource home when there are foster children placed in the home and when there are not. Licensing staff are required to visit a resource home monthly if no children are placed and semi-annually if children are in placement.

An expedited licensure process for relatives can be utilized in order for a child to be placed quickly after coming into care, but only after a safety assessment of the home and all criminal and child welfare background checks have been completed. Home studies must be completed within 14 calendar days and the full licensure process completed within 60 calendar days. Applications for relative resource homes receive top priority from workers due to the paramount need to place children with their own families and the compressed time frame for completion of the study. Policy issued in January 2009 requiring relative resource families to meet the same standards as non-relative homes caused a decrease in the number of relative homes able to be licensed. Some families were unable to meet the standards, so the children were placed in non-relative homes.

The vast majority of children are adopted by their resource parents; however, MACWIS does not track this information. The dual licensing process means that all resource homes are considered as both foster and adoptive homes. When a family decides to adopt a child already placed in the home, the adoption specialist works with both the child and the family to prepare them for the entire adoption process. Following the thirty-day appeal time frame after termination of parental rights, an addendum to the resource study is prepared by the adoption worker, and the approval letter is sent to the family. The addendum and legal processes can usually be completed within forty-five days.

Congregate Care
Residential child caring facilities and child placing agencies are licensed and monitored by staff who are located in the state office and who work closely with county workers, placement staff, and the providers themselves to address issues identified in the course of providing care to children in state custody. Licenses are approved on an annual basis; and Mississippi policy requires that providers comply with all standards and mandates set forth by licensing standards including training, background checks on staff as well as health and safety standards for the facility.

Providers that offer therapeutic services must meet additional licensing standards set forth by the Mississippi Department of Mental Health. Examples of these standards include the availability of a mental health therapist, the provision of therapy at least once weekly, and group meeting content, for instance anger management. The Department of Mental Health monitors the facilities annually for compliance with their standards. DFCS monitors each facility several times a year. An announced visit is made to complete the formal renewal process, and unannounced visits are made at other times during the year. DFCS Licensure staff performs safety checks, inspects personnel records, and talks with youth to determine if all DFCS standards are met. If standards are not met, the agency is given a formal citation for the violation and given ample time to come into compliance. If this is not accomplished, the facility is placed on a Corrective Action Plan.

4. Major Initiatives Implemented Since the Round 1 CFSR
In 2008, Mississippi began conducting Special Safety Reviews (SSR) of resource homes and congregate care facilities. The terms of the *Olivia Y.* Settlement Agreement dictated that these SSRs be conducted on all homes with two or more reports of maltreatment of a child while in care and on facilities with three or more reports; however, the decision was made to conduct SSRs on all congregate care facilities caring for children in DFCS custody regardless of the number of reports. SSR staff worked closely with licensure staff to assure that all issues identified are addressed. All SSR site visits are unannounced. While the requirements of the Settlement Agreement have been completed, SSRs will be implemented through the Continuous Quality Improvement Plan in the future.

5. Measures and Assessment of Performance
DFCS does not track the length of time from initial contact with DFCS to the issuance of a license. Once the resource family completes the application, medical examinations and

training, the home becomes available for placement. The licenses of all homes and facilities, public and private, are renewed annually. All agencies have copies of DFCS standards and are required to meet these standards. Both announced and unannounced monitoring visits are made to the agencies. Private child-placing agencies send monthly reports to the DFCS Licensing Unit listing applicants, certified homes, closures and any other changes.

Each DFCS Region submits a Monthly Resource Report to track, among other things, the number of home studies completed, approved and denied; inquiries entered and applications pending; resource homes closed, reevaluated, and those with licensure changes. MACWIS tracks individual resource homes and provides ticklers for needed action; however, there is no report to provide cumulative data or the identify trends.

The task of tracking Serious Incident Reports (SIRs) that include reports on resource homes and congregate care facilities has recently been assigned to a state office staff person as this person's primary responsibility. This person is working to develop and implement a process to identify trends, such as a number of reports coming from a particular geographical area or related to a particular topic (i.e., discipline), to inform quality assurance and help direct training and intervention related to licensing and approving both resource homes and congregate care facilities. MACWIS does not track this information, and the process for monitoring these reports is too new to identify any reliable data on trends. An additional position in state office has been created and recently filled to assist with recruiting and training resource homes, tracking related data, and monitoring policy.

6. Strengths and Barriers
Licensing Standards for Residential Child Caring Facilities and Child Placing Agencies were revised, but not yet approved, in 2008-2009 with stakeholder feedback. The proposed standards are currently under review to determine if they meet the requirements of the *Olivia Y.* Settlement Agreement. The standards will then be submitted for public review and comment before approval.

Lack of adherence to the resource home standard regarding prohibition against the use of corporal punishment is most often identified as the cause for non-compliance by resource homes. The Resource ASWSs are working with staff to place more emphasis on this issue and to offer techniques for alternative discipline in the resource family pre-service training

Additional staff has been added to the Licensure Unit to enable closer and more helpful monitoring of congregate care facilities.

Efforts have begun to form a closer working relationship with the Department of Mental Health's licensing unit for better coordination of work with facilities between the two agencies.

Item 42: Standards applied equally. **Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?**

1. Assessment of Performance

Mississippi standards for foster family homes and child care institutions are applied equally to all homes or institutions receiving title IV-E or IV-B funds. Regular foster family homes are licensed by MDHS/DFCS while all therapeutic homes are licensed by other State agencies. Regardless of the agency that issues the license, all foster family homes must meet state standards. In addition, therapeutic homes and institutions must also meet licensing standards set forth by the Mississippi Department of Mental Health.

2. Performance on Round 1 CFSR

During Round 1, this item was rated a Strength because the standards were applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds. According to the Statewide Assessment, adherence to state standards was required for all licensed foster family homes or child care institutions receiving title IV-E or IV-B funds.

3. Statute, Regulation, and Policy

Volume IV, Sec. F – Family Resource Licensure outlines protocol for recruiting, training, licensing, ongoing in-service training and retaining resource families. Also, procedures for closure of homes which do not meet licensing requirements, re-licensing following a correction action plan, and/or appeal of the home closure or denial of licensure or denial of renewal of license are outlined in pages 4522-4531. All resource homes, including relative placement homes, must meet the same standards for safety, including criminal background checks and Central Registry checks, licensing, training, and ongoing in-service training.

Feedback on the draft of revisions to the Licensing Standards for Residential Child Caring Facilities and Child Placing Agencies has been received. The Standards are currently under review to determine if they meet the requirements of the *Olivia Y.* Settlement Agreement. The Standards will then be submitted for public review and comment before approval.

4. Major Initiatives Implemented Since the Round 1 CFSR

Mississippi no longer grants waivers for relative placements. However, an expedited licensure process is utilized in order to place a child quickly with a relative after coming into care. Even so, a safety assessment of the home and all criminal and child welfare background checks must be completed first. Home studies can be completed within 14 calendar days and the full licensure process within 60 calendar days. Kinship care placements are required to meet the same standards as all resource homes.

The tasks of licensing, training and approving DFCS resource homes are the responsibility of resource workers and their supervisors located in the 13 DFCS regions of the state. During Round 1, these functions were carried out at the State Office. The license for both foster family homes and child care institutions are now renewed annually.

5. Measures and Assessment of Performance

No data is available to assess statewide performance on Item 42.

6. Strengths and Barriers

Using Resource Workers housed at the regional level to license and train resource family homes creates the opportunity for workers to know their communities well and to respond in a timely manner; however, it also fosters inconsistent practice across the regions and creates challenges to tracking/managing data and ensuring good documentation. A state office position has recently been created and filled to assist the regions with recruiting and training resource families, tracking related data, and monitoring policy.

All Resource ASWSs met with State Office Placement and Permanency staff in December 2009, and another meeting is planned for February 4, 2010. The purposes of these meetings include improving consistency of studies, pre-service training, and other resource development issues.

MACWIS notifies workers with a 90-day tickler prior to the expiration date of the resource home. It also alerts staff on the expiration day. A safeguard and strength is that the MACWIS system does not allow board payments to be generated to a non-licensed resource home.

Item 43: Requirements for criminal background checks. **Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?**

1. Assessment of Performance

Mississippi is in compliance with the federal requirements for Criminal Background Checks.

2. Performance on Round 1 CFSR

This Item was rated Strength in the First Round of CFSR since DFCS complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements.

3. Statutes, Regulations and Policy

DFCS Policy Vol. IV, Sec. F, p. 4510, Bulletin 6177, dated August 14, 2008, states that any applicant or household member who has a criminal history of conviction or pending indictment of a crime, whether a misdemeanor or a felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of children as set forth in Section 43-15-6 of the Mississippi Code, may not provide child care or be licensed as a Resource Family. Felony convictions include, but are not limited to, child abuse or neglect, spousal abuse, crimes against children (including child pornography), crimes involving violence which include rape, sexual assault, or homicide. If a record check reveals a felony conviction for physical assault, battery or drug-related offense, and if a court of competent jurisdiction has determined that the felony was committed within

the past five (5) years, a license shall not be granted. Other convictions shall be considered on a case-by-case basis.

DFCS' Prevention/Protection Fingerprint Program is responsible for fingerprinting applicants and any individual living in the home age 14 and above. Such fingerprints shall be forwarded to the Department of Public Safety. If no disqualifying record is identified at the state level, the fingerprints shall be forwarded by the Department of Public Safety to the FBI for national criminal history record check. If there is a disqualifying record, a final license shall not be granted. A fee of $32.00 per applicant is required and fees are paid by MDHS for resource homes, employees and potential new hires. Residential group homes pay the fee pursuant to the Memorandum of Understanding regarding fingerprinting.

If applicant has "no criminal history found", the results should be available within 24 to 48 hours after the State Office receives the four required documents. (SS card, photo ID, signed Permission for Background Check form and the Request for Live Scan Service form) All other requests will require two weeks to process. The process includes, but is not limited to, request and receipt of the dispositions and criminal history justification form. The average timeframe is two weeks for the county to receive the results on the applicants that "criminal history results are found".

A background check shall be conducted within the agency and also with private contractors to determine any history of child abuse or neglect. A Central Child Abuse Registry check will be completed for all household members age 14 years old and older in every state (that maintains a Central Registry) in which they have resided in the last five years (SSA Section 471(a)(20)), along with county and local law enforcement background checks. Subsequent screens shall be completed annually. Background checks shall also be completed within 2 weeks of a Resource Parent reporting that an additional person age 14 or older has moved into the home.

The State shall request any other State in which any such prospective parent or other adult has resided in the preceding 5 years, to check any child abuse registry maintained by such other State for such information. The State shall comply with any such request to check its child abuse and neglect registry that is received from another State.

Background checks are completed annually for resource families, unless there is a change reported or identified (i.e. an unrelated adult moves into the home or family member turns 14 years old.) When an additional adult joins the household, fingerprinting must be completed within two weeks of the reported change. Currently, DFCS is not monitoring how frequently the two week timeframe is being met.

4. Major Initiatives Implemented Since the Round 1 CFSR
Since Round 1 CFSR, MDHS purchased 27 Live Scan Touch Print series and provides statewide fingerprint services to ensure compliance with Adam Walsh Act of 2006.

A Memorandum of Understanding between DFCS and licensed residential group homes was initiated in 2008. The agreement is part of the licensing process and residential group homes agree to fingerprint all staff and other persons providing services for children or youth, as well as children placed in the residential group home.

5. Measures and Assessment of Performance
DFCS does not currently monitor any data concerning timeliness of completing these background checks, percent of incidents when background checks were not conducted as set forth in agency policy, or performance for private child placing agencies.

Upon completion of the background check, the fingerprint program delivers the findings via certified mail to the Regional ASWS listed for the conducting region. The Resource Area Social Work Supervisor delegates the entry of findings into MACWIS within the applicant's home study. The data is located on the "head of household" tab and is a part of the Resource Family's home study.

6. Strengths and Family Centered Practices
The State has been able to secure and license relative placements in a timely manner. However, timeliness is not currently being tracked. The required license ensures financial support for the child. The State does not appropriate funds for relative placement unless the home is licensed. A safeguard is that the MACWIS system cannot generate a payment to an unlicensed resource home.

Barriers include:
1. Delay in receiving and obtaining the dispositions
2. Dispositions are not forwarded to the MCIC or NCIC by the arresting agencies. If the dispositions are a part of the criminal record, DFCS is able to process the file faster.
3. Failure of applicant to return the Criminal History Justifications to State Office in a timely manner
4. Fees required for dispositions from some arresting agencies
5. Applicant's lack of proper ID for fingerprinting
6. Failure of resource home to report changes in household
7. DFCS has 84 county offices which share 27 live scan machines

Item 44: Diligent recruitment of foster and adoptive homes. **Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?**

1. Assessment of Performance
Through the Division of Family and Children's Services and the private agencies, a number of strategies have been implemented for recruitment and maintaining a sufficient range of potential resource parents.

The State of Mississippi has several efforts in place to ensure diligent recruitment takes place to reflect the ethnic and racial diversity of children and to recruit potential foster and adoptive families as follows:

- AdoptUsKids
- Wednesday's Child
- Wendy's Wonderful Kids
- Tuesday's Child
- Resource Adoption Exchange

There are no recruitment plans or strategies specifically targeting African American or Hispanic communities; however, most recruitment efforts for adoptive families include pictures of the children, which staff believes identifies the race and ethnic groups preferred.

Recent recruitment in the Choctaw community living off the reservation was led by a member of the Choctaw Tribe, but resulted in no applicants. DFCS will assess recruitment methods to determine cultural sensitivity.

2. Performance Round 1 CFSR
This Item was rated as an Area Needing Improvement because there was no comprehensive process to ensure the adequate recruitment of potential and adoptive families that reflected the ethnic and racial diversity of children in the State for whom foster and adoptive homes were needed. Each Region developed and assessed its recruitment plan to meet the needs of children in their Region. There was also a recruitment emphasis to increase the pool of families available to children with special mental health and medical needs. However, there was no statewide tracking or evaluation of the effectiveness of regional recruitment and retention plan for foster and adoptive parents. Television, radio, the Adoption resource Exchange Booklet and the MDHS/DFCS website were used as recruitment tools.

3. Statutes, Regulations and Policy
Mississippi Code Section 43-15-13(2) requires DFCS to establish a foster care placement program for children whose custody lies with the department to (1) protect and promote the health, safety and welfare of children (2) prevent unnecessary separation from family (3) remedy or assist in solving the problems which may result in abuse, neglect or exploitation or delinquency (4) restore children to their families when safe to do so (5) place children in suitable adoptive homes when they cannot safety return home and (6) assure safe and adequate care of children away from their home, in cases where child cannot be returned home or cannot be placed for adoption. In order to maintain such a system, it is necessary to develop a plan for recruitment and retention.

DFCS Policy, Vol. IV, Sec. F, pp. 4500-4505 requires staff to work to assure that each child in custody has a family who meets his/her needs for safety, permanency and well-being. The emphasis is "finding a family for each child, rather than finding a child for each family". Through the use of these standards, the agency seeks to develop a pool of Resource Families who reflect the diverse racial, ethnic and minority status of the children in care. The primary basis for selection is the applicant's potential to meet the needs of children who have been abused or neglected and require placement with

Resource Families. Policy requires Resource Family Placement Committee meetings to be held regionally and statewide. DFCS Policy includes adherence to the Indian Child Welfare Act and Multi-Ethnic Placement Act.

DFCS has recently implemented a plan of specialized resource workers, who are dedicated to either foster or adoptive services. These workers are both responsible for recruitment and training of applicants. The adoption staff begins working with the child as soon as the primary permanent plan becomes adoption. They are responsible for preparing the child for adoption and are involved with the child throughout the process. If the resource parents do not wish to adopt the child, the adoption worker begins the recruitment process as soon as the child is freed for adoption. The adoption staff works with the Adoption Consortium (all private agencies) and national recruiting methods to identify permanent homes for children. Child-specific recruitment continues until an appropriate home is found.

4. Major Initiatives Implemented since the Round 1 CFSR
Through the AdoptUsKids, an active list of support groups and private agencies was developed for foster/adoptive parent support groups and private agencies for support services. Technical assistance was provided to support groups and private agencies on how to develop support services for resources families through collaborative efforts and partnership. Through the AdoptUsKids website, DFCS provides a photo listing of each child to the National Website (AdoptUsKids) to provide prospective adoptive parents an opportunity to search for children themselves.

5. Measures and Assessment of Performance
The number of children who are awaiting adoptive homes has remained relatively constant over the past few years, but the percentages of children waiting has decreased significantly. In October 2007, of 476 children freed for adoption, 101 or 21 % were waiting for placement. In October 2008, of 497 children freed for adoption, 90 or 19% were waiting. In October 2009, of 588 freed for adoption, only 98 or 16% are waiting.

The number of children who were legally adopted during the past three FFYs has also remained relatively stable, as follows: 2007 – 295 adoptions, 2008 – 321, and 2009 – 298.

The Tables below show the stability of DFCS' performance regarding diversity of resource homes over the past two years. The percentage of foster children and resource families by race is almost identical. MACWIS tracks race, but not ethnicity, of children and caregivers.

Table: Children in Custody and Primary Caretaker Race Comparison as of 7/4/07-7/3/08 (DFCS) and Private Provider Homes)				
RACE	Children	%	Primary Caretaker	%
White	2709	47.46	1519	45.09
African American	2778	48.67	1773	52.63
Asian	1	0.02	0	0.00

Native Hawaiian/Other Pacific Islander	4	0.07	3	0.09
Multiple Race	135	2.37	8	0.24
American Indian/Alaska Native	8	0.11	0	0.00
Unable to Determine	72	1.26	61	1.8
None	3	0.05	5	0.15
Statewide total	5708	100%	3369	100%

Children in Custody and Primary Caregiver Race Comparison as of 7/4/08 – 7/3/09 (DFCS and Private Provider Homes)				
RACE	Children	%	Primary Caregiver	%
White	2513	45.08	1644	42.90
African American	2807	50.35	2032	53.03
Asian	0	0.00	0	0.00
Native Hawaiian/Other Pacific Islander	4	0.07	9	0.23
Multiple Race	124	2.22	11	0.29
American Indian/Alaska Native	13	0.23	1	0.03
Unable to Determine	97	1.74	124	3.24
None	17	0.30	11	0.29
Statewide total	5575	100%	3832	100%

6. Strengths and Barriers:

Focus groups with resource parents and separately with resource staff identified support services which help to retain resource parents and maintain placements. Those services included thirty-one (31) support groups meeting throughout the state, on-going training, local newsletters, special events such as picnics, week-end retreats and conferences, transportation services, child care and respite care.

There has been no recruitment focusing on the Hispanic community, which is an issue to be addressed.

A module on cultural competency was added to the pre-service training curriculum for new workers and implementation was initiated in January 2010. A more enhanced half-day workshop is being developed for on-going training for experienced workers. Two different regional six-hour Learning Labs on cultural competency for all Area Social Supervisors and Regional Directors were held in February and March 2010 statewide.

Item 45: State use of cross-jurisdictional resources for permanent placements. **Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?**

1. Assessment of Performance
DFCS has made diligent efforts towards improving cross-jurisdictional placements and has included the Safe and Timely Interstate Placement of Foster Children Act of 2006 in the adoption and foster care policies. This law has also been implemented into DFCS' practice and training modules to facilitate timely placements.

2. Performance Round 1 CFSR
This Item was rated as a Strength because the State had a process to use cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting

children. Joint Placement Committee meetings were held to facilitate the selection of placement resources for children across jurisdictional boundaries. In addition, The Interstate Compact on the Placement of Children and adoption resources exchanges were used.

3. Statutes, Regulation, Policy
The Safe and Timely Interstate Placement of Foster Children Act of 2006 became effective October 1, 2006. This law amended Titles IV-B and IV-E of the Social Security Act. The law encourages states to improve protection for children and holds states accountable for the safe and timely placement of children across state lines. It requires states to conduct, complete and report the results of a home study within 60 days after receiving a request from another state. DFCS requires staff to complete and report their results within 45 calendar days after receiving the request from another state, giving the agency a 15 day grace period in case there are items which need clarification in the study summary.

4. Major Initiatives Implemented since the Round 1 CFSR
The Interstate Compact Unit has collaborated with the Fingerprinting Unit to secure background checks for home studies in a timely manner. The unit transmits home studies through email, fax and overnight mail to assure timeliness.

The ICPC Unit participated in the creation of training modules for regional staff and Youth Court Judges. The training was provided by Carla Fults with the American Public Human Services Association in September 2009 to selected DFCS staff and to Youth Court Judges and Referees. All DFCS county and regional workers and supervisors have received the training as of December 31, 2009.

5. Measures and Assessment of Performance
During FFY2008, DFCS processed 764 requests for foster care, relative, adoption and residential placements. Of this number, 92 were for adoption of foster children.

6. Strengths and Barriers
DFCS has established collaboration efforts with AdoptUsKids to recruit and retain foster and adoptive families and to connect them with children who need placement. Through the AdoptUsKids, an active list of support groups and private agencies were developed for support services. Mississippi provides a photo listing of each child awaiting placement to the AdoptUsKids website to provide prospective adoptive parents an opportunity to search for children themselves. DFCS continues to maintain the Mississippi Adoption Resource Exchange, a listing of all children who are legally free for adoption and in the custody of the Department of Human Services.

Mississippi is one of the pilot states testing a paperless ICPC tracking system.

ICPC home studies are being faxed and scanned for faster delivery.

Cross-jurisdictional placements for adoptive and permanent homes continue to meet delays. When adoption is cited as the primary permanent plan, some workers are not proceeding in a timely manner toward freeing the child for adoption or looking for permanent placements across state lines. The designation of specific workers for children when the plan becomes adoption should begin to alleviate this problem.

Other barriers to interjurisdictional placements are as follow:
- Lack of awareness among child welfare and judicial professionals of the ICPC guidelines and requirements is a barrier to timely coordination and facilitation of placements.
- The processing time for criminal background check requests is a major contributor to delays in placing children in permanent homes. The process can take from ten to thirty days to receive the background checks results. There is also a delay in getting the family members in a resource home finger printed timely.
- ICPC requires communication of referrals from the local to the State level in the sending State and from the State to the local level in the receiving State. The process alone is time consuming.
- Tracking and reporting interstate cases are problematic. The list of pending cases has been inaccurate. Staff from ICPC and MACWIS have worked together, and implementation of new tracking tabs to correct this problem is anticipated for late February. Other areas of MACWIS may need redefining for accurate data collection for ICPC.

Section V – State Assessment of Strengths and Needs

STRENGTHS

1. Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily strengths, citing the basis for the determination.

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

Item 2: Repeat maltreatment. This area is a Strength. According to the Children's Bureau Data Profile for Mississippi, Mississippi's percentage of 95.4% for absence of recurrence of maltreatment exceeds the national standard of 94.6%. However, Mississippi's percentage of 98.28% for absence of child abuse and/ or neglect in foster care is slightly under the national standard of 99.68%, making this an Area Needing Improvement.

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

Item 3: Services to family to protect child in the home and prevent removal or re-entry of children from their homes. This is a Strength. Mississippi has had a total of 97

re-entries into foster care from January 1, 2009 through September 30, 2009, representing less than 2% of our total foster care population for that same period.

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

Item 5: Foster care re-entries. This area is a Strength. Mississippi has had a total of 97 re-entries into foster care from January 1, 2009 through September 30, 2009, representing less than 2% of our total foster care population for that same period. Mississippi DFCS continues to meet or exceed the national standard on this item. Although the percentage of children re-entering care has increased, it remains higher than the national standard. Efforts will be made to positively impact this downward trend. In 2009, both case reviews and state data indicate that DFCS is effective in preventing re-entries into foster care within 12 months from a prior foster care episode.

Item 9: Adoption. This area is a Strength. In November 2009, 44% of children who were adopted were adopted within 12 to 24 months of custody. 28% of children were adopted within 24 to 36 months of custody. Mississippi exceeded the standard of 106.4 or higher for timeliness of adoptions in FFY 2008 (115.5) and FFY 2009 (120.0). Statewide DFCS has improved the Termination of Parental Rights (TPR) referral process in compliance with the provisions of Adoption and Safe Families Act (ASFA), which requires filing a petition when a child has been in custody 15 out of the most recent 22 months. However, by statute, DFCS must forward the TPR packet when the child has been in custody for 6 months unless there is a compelling reason to not file TPR. A TPR checklist is available on the MACWIS website and a form developed by the Attorney General's Office outlining the information needed in the packet. The county Workers currently submit the packets to State Office timely to begin this process. The State Office will not accept an incomplete TPR packet and returns it to the field for completion.

Item 19: Worker visits with child. This is area is a Strength. In SFY 2009, a MACWIS report (MWBLAS22 - Custody Contact Report) indicates 90.5% of the children in care had monthly face-to-face contact with their caseworkers. Each month in SFY 2009, from July 2008 to June 2009, the statewide average for the case worker visits with the child on a monthly basis was 90.85%.

Systemic Factor B: Case review system (Items 25-29)
This is a Strength. Stakeholders and the statewide assessment team feel that the state provides a process that ensures each child has a written case plan, timely permanency reviews and permanency hearings, and a system for the termination of parental rights that are in accordance with the provisions of the Adoption and Safe Families Act. However, areas where improvement is needed include more efforts for parents and youth in the development of the case plan, and a system for notification of caregivers including foster parents, relative caregivers, and pre-adoptive parents. Some areas continue to have a need for interpreters during the case plan development process. The State's Foster Care Review Program is used to meet the federal periodic review requirement. Overall, the state's Foster

Care Review program has been an asset to DFCS and the clients it serves in that it allows clients an opportunity to participate in their case planning and provides caseworkers with an opportunity to discuss their practice on a case by case basis. The state's Foster Care Review program was identified by the Council on Accreditation (COA) as a Strength during their initial assessment of the state at the beginning of the accreditation process.

Systemic Factor D: Staff and provider training (Items 32-33). This is a Strength. Pre-Service training for newly hired DFCS staff is provided by our Child Welfare Professional Development Instructional Training, which includes classroom instruction and On- The-Job Training (OJT). This intensive training curriculum includes the Mississippi Automated Child Welfare reporting system (MACWIS), Family Centered Practice concepts, safety and risk assessments from intake through the life of a case, case planning, family engagement, comprehensive visitation activities and well-being issues. All newly hired DFCS workers are required to begin the pre-service training within 90 days of their hire date and new pre-service training classes begin every other month. The classroom instructional sessions last four weeks, four and half days per week, based on an eight hour work day, and there is at least a week between each session when on-the-job training is done. The training is held in a regional location to allow close proximity for training, and the number of graduates will vary based on the number of new hires.

Systemic Factor F: Agency responsiveness to the community. The self-assessment team found there is ongoing and significant collaboration between the Department and its stakeholders, specifically the juvenile courts, service providers, community-based care agencies, child welfare professionals, and the community at large. There has been a wealth of innovative projects, some involving technology, the media, academia and other industries, that have improved community awareness of child welfare issues and increased the community's input toward the betterment of Mississippi's children in care.

Item 38: State Engagement in consultation with stakeholders was rated as a Strength in Round 1 CFSR because DFCS engaged 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 include the major concerns of these representatives in the goals and objectives of the CFSP and the self-assessment team identifies this as a Strength for Round 2.

Item 39: Agency annual reports pursuant to the CFSP was rated a Strength in the Round 1 CFSR because DFCS developed, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP. The self-assessment team identifies this Item as a Strength for Round 2 due to continued and increased consultation with stakeholders.

Item 40: Coordination of CFSP services with other federal programs was rated a Strength in Round 1 and the self-assessment team has again identified this as a Strength in Round 2 because DFCS' services under CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population. Cooperative efforts continue with FEMA (which involves federal, national, state, local and DFCS collaboration in preparation for and responding to disasters and assisting repatriates), Mississippi

Department of Health, and with the Mexican Consulate in regard to children in care Mississippi who may or may not be U.S. citizens.

Systemic Factor G: Foster and adoptive parent licensing, approval and retention

Item 42: Standards applied equally was rated a Strength in Round 1 and the self-assessment team identifies this Item as a Strength for Round 2**.** Mississippi standards for foster family homes and child care institutions are applied equally to all homes or institutions, including relative placements, receiving title IV-E or IV-B funds. Regular foster family homes are licensed by MDHS/DFCS while all therapeutic homes are licensed by other State agencies. Regardless of the agency that issues the license, all foster family homes must meet state standards. In addition, therapeutic homes and institutions must also meet licensing standards set forth by the Mississippi Department of Mental Health.

Item 43: Requirements for criminal background checks. This Item was rated Strength in the First Round of CFSR and the self-assessment team identifies this Item as a Strength for Round 2 since DFCS complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements.

Item 45: State use of cross-jurisdictional resources for permanent placements was rated as a Strength because the State had a process to use cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. Joint Placement Committee meetings were held to facilitate the matching of children with resources across jurisdictional boundaries. Interstate Compact for Placement of Children and adoption exchanges were also used to match children with placements. This continues to be a Strength as DFCS has implemented electronic transmittal of forms and documents between ICPC States. Home studies are now scanned and/or faxed for faster delivery.

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AREAS NEEDING IMPROVEMENT

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2. Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily areas needing improvement, citing the basis for the determination. Identify those areas needing improvement that the State would like to examine more closely during the onsite review.

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

Item 1: Timeliness of initiating investigations. This is an Area Needing Improvement. Mississippi is not in compliance with the national standard (90%) for timely initiation of investigations according to the data available at this time. MACWIS reports show that investigations were initiated timely only 78.3% of the time in SFY 2009. A change requested in the design of the MACWIS report could result in this Item actually being a Strength.

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

Item 4: Risk Assessment and safety management. As of December 15, 2009 statewide DFCS has 1,209 overdue investigations. This is less than 1% of the total number of investigations received from January 1, 2009 through November 30, 2009. In 2004, this item was identified as an Area Needing Improvement. It was rated as a Strength in 37 (79%) of the 47 applicable cases. However, it was rated as an Area Needing Improvement in 10 (21%) of the 47 applicable cases. The ratings differed considerably across CFSR sites. The item was rated as an Area Needing Improvement in 87.5% of Hinds County cases, which will be the Round 2 site as the largest metropolitan county.

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

Item 6: Stability of foster care placement. Overall, this is an Area Needing Improvement. Mississippi failed to meet the national standard of 86.7% or more children with two or fewer placements in the first round of the CFSR in 2004. We were allowed to renegotiate that PIP item due to the devastation of Hurricane Katrina and the placement moves for children as a result of relocation. However, although concerted efforts have been made, including policy and practice changes, this number has continued to decline. As of November 2009 data, Mississippi has an average number of placements per child of 4.2.

Item 7: Permanency goal for child was assessed as an Area Needing Improvement in Round 1 and the self-assessment team has identified this Item as needing improvement for Round 2. At this time, the MACWIS system does not have a report for this data. However, the Foster Care Review tracks children in custody with permanency plans and data shows a downward trend from 98.1% in SFY 2007; to 96.5% in SFY 2008 and 95.6 in SFY 2009.

Item 8: Reunification, guardianship, or permanent placement with relatives was assessed as an Area Needing Improvement in Round 1 and the self-assessment team has identified this Item as needing improvement for Round 2.

Item 10: Other planned permanent living arrangements. This is an Area Needing Improvement. DFCS tracks children 14 and over in custody using a MACWIS report to show how many of these children are involved in Independent Living services which are provided through a contract with Southern Christian Services. In November 2009, the report shows 1,065 children 14 or over in custody at the end of the month. Of these children, 93% have an Independent Living plan documented in MACWIS. 90% of these children are receiving services through the Southern Christian Services contract.

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

Item 11: Proximity of foster care placement. In MACWIS, when a placement outside of a 50 mile radius is requested for a child, the worker has to document the reason from a pick list. Regional Director approval is required for these placements. Currently, DFCS does not have a report that tracks these placements as being outside a 50 mile radius. However, DFCS has been effective in placing children in state custody close to their own birth parents or in their own communities. In Round 1, Item 11 was assigned an overall rating of Needing Improvement. Reviewers reported that item 11 was rated as a Strength in 16 (84%) of the 19 applicable cases; however rated as an Area Needing Improvement in 3 (16%) of the 19 applicable cases. Ratings for item 11 varied across CSFR sites.

Item 12: Placement with siblings. This is an Area Needing Improvement. According to the data as of October 20, 2009, of the 324 children placed outside the 50 mile proximity of their own home, 255 (56.16%) of these children were placed separate from their siblings. 180 of these children had no siblings. This counted only children placed outside of the 50 mile radius of their own home and did not take into account if there was a Court Order, a greater level of care needed, or some other appropriate reason the siblings were not placed together. If these valid reasons were taken into consideration then this data could possibly indicate further improvement in this outcome.

Item 13: Visiting with parents and siblings in foster care was assessed as an Area Needing Improvement in Round 1 and the self-assessment team has identified this Item as needing improvement for Round 2.

Item 14: Preserving connections was assessed as an Area Needing Improvement in Round 1 and the self-assessment team has identified this Item as needing improvement for Round 2.

Item 15: Relative placement was assessed as an Area Needing Improvement in Round 1 and the self-assessment team has identified this Item as needing improvement for Round 2.

Item 16: Relationship of child in care with parents was assessed as an Area Needing Improvement in Round 1 and the self-assessment team has identified this Item as needing improvement for Round 2.

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

Item 17: Needs and services of child, parents and foster parents. On December 31, 2009, there were 4816 active cases in the state's MACWIS system. There were 559 of these cases with no active ISP, or 12% of the state's cases. A total of 239 of these 559 cases had been open less than 30 days, so an initial ISP would not have necessarily have been completed. Thus, 6.6% of the cases open for more than 30 days did not have a service plan, either with a parent/caretaker or for a child. In Round 1, Item 17 was assigned an overall rating of Area Needing Improvement because in 58 percent of the cases, reviewers determined that DFCS had not adequately assessed the service needs of

children, parents, and foster parents. The 2004 CFSR reported that only 36% of the 50 cases reviewed scored in the acceptable range under the assessment indicator.

Item 18: Child and family involvement in case planning was assessed as an Area Needing Improvement in Round 1 and the self-assessment team has identified this Item as needing improvement for Round 2.

Item 20: Worker visits with parents was assessed as an Area Needing Improvement in Round 1 and the self-assessment team has identified this Item as needing improvement for Round 2.

Well-Being 2: Children receive appropriate services to meet their physical and mental health needs.

Item 21: Education. Item 21 was assigned an overall rating of Area Needing Improvement in applicable cases in Round 1. Reviewers determined that DFCS had not made diligent efforts to meet children's educational needs in both out-of-home and in-home cases. DFCS policy adequately addresses the provision of appropriate services to meet the educational needs of children in both in-home and out-of-home care. When developing an Individual Service Plan (ISP) with a family, DFCS is required to address the educational needs of everyone in the home. DFCS is unable to measure practice compliance in this area, but designates this Item as an Area Needing Improvement.

Well-Being 3: Children receive adequate services to meet their physical and mental health needs (Items 22-23). Following the 2004 CFSR, it was determined DFCS was not consistent in its efforts to meet children's physical or mental health needs. While some counties appeared to have substantial conformity, other counties did not. The lack of a sufficient service array is the major factor this is an Area Needing Improvement.

Systemic Factor A: Statewide information system. Item 24 is identified as an Area Needing Improvement by the self-assessment team. The State is currently operating a statewide information system that 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. MACWIS (Mississippi Automated Child Welfare Information System) is the statewide, automated system utilized to manage and track an average of 3,500 children in foster care and over 5,500 children that have been in custody at some point in the 2009 Federal fiscal year. The system supports the work of more than 800 users within DFCS. The MACWIS system is designed to capture the collection of statistical data and reporting for Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS).

For children in placement with a private child-placing agency, the system has the functionality to track the exact location (the foster home) of every child. This information in MACWIS is readily retrievable. The responsible worker enters the actual resource

home in MACWIS on the Placement screen/Request tab. There is no prompt in MACWIS that reminds the worker to do this.

While MACWIS has the capability to produce a variety of reports regarding the status, location, demographics and placement goals of every child and to track performance over multiple periods of time, DFCS still has difficulty with data entry. Most frequently, the information is not entered timely or not at all. However, data errors or lack of timely entry of data minimally impact status, location, demographics and placement goals since a thorough reading of the case record narratives usually clarifies this information.

Systemic Factor C: Quality assurance system (Items 30-31). This is an Area Needing Improvement. Under the *Olivia Y*. Settlement Agreement, DFCS is required to begin implementing a separate continuous quality improvement system (CQI) which can identify areas of needed improvement and require improvement plans in support of achieving performance targets, program goals, client satisfaction, and positive client outcomes. This unit must include monitoring and evaluating the quality of social and human services provided by independent contractors and other provider organizations and ensuring contractor remediation of any identified deficiencies. The Office of Performance and Quality Improvement was created in 2008 and oversees MACWIS, Foster Care Review and Evaluation and Monitoring. Complaints and the Special Safety Review Team are under Evaluation and Monitoring. The agency is in the "building" phase of its formal Performance and Quality Improvement (PQI) efforts. As a part of the Mississippi Child Welfare Practice Model, the continuous quality improvement component was implemented in two Regions in January 2010 and within six months the remaining Regions will be in some phase of the Practice Model.

Systemic Factor D: Staff and provider training (Item 34) was assessed as an Area Needing Improvement in Round 1 and the self-assessment team has identified this Item as needing improvement for Round 2.

Systemic Factor E: Service array and resource development (Items 35-37). This continues to be an Area Needing Improvement Item because the State does not have in place a sufficient array of services to assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

Systemic Factor G: Foster and adoptive parent licensing, approval and retention
Item 41: Standards for foster homes and institutions was assessed as being in substantial compliance in Round 1, but the self-assessment team has identified this Item as needing improvement for Round 2 since the revised licensing requirements for child caring and child placing agencies revised in March 2007 have not been finalized. Negotiations continue regarding the *Olivia Y*. Settlement Agreement requirement of 270 hours of pre-service training for all new hires. As soon as agreement can be reached regarding agencies licensed by DFCS, but with different training methods (i.e. workers

go out in twos and new workers are paired with supervisors), the licensing requirements can be provided to these agencies. Stakeholders have reviewed the proposed requirements and approved the content with the exception of the 270 hours of pre-service training for new hires.

Item 44: Diligent recruitment of foster and adoptive homes was rated as an Area Needing Improvement in Round 1 because there was no comprehensive process to ensure the adequate recruitment of potential and adoptive families that reflected the ethnic and racial diversity of children in the State for whom foster and adoptive homes were needed. The self-assessment team has identified this Item as an Area Needing Improvement in Round 2. Through the Division of Family and Children's Services and the private agencies, a number of strategies have been implemented for recruitment and maintaining a sufficient range of potential resource parents. Mississippi does have an adequate number of homes that reflect racial and ethnic diversity; however, there is a high volume of teenagers (who do not wish to be adopted) and large sibling groups in custody, which creates a constant need for resource homes to serve this population.

3. Additional sites for the onsite review activities
Two review sites will be conducted in Jackson, Hinds County, Mississippi's largest metropolitan area.
The two other review sites are: DeSoto and Lauderdale counties.

State CFSR Planning Team and Focus Groups

DFCS Members

Mary Fuller	Staff Officer II, Special Projects (CFSR)
Tamara Garner	State CFSR Contact Person
Jeff Wedgeworth	State CFSR Team Leader
Don Thompson	Executive Director of MDHS
Lori Woodruff	Deputy Administrator DFCS
Linda Millsap	Director of Family and Children's Services
Mike Gallarno	Director of Performance/Quality Improvement
Denise Rouse	Director of Professional Development/Training
Carolyn Gremillion	Director of Field Operations-North
Jeff Wedgeworth	Director of Field Operations-South
Kate McMillin	Director of Prevention/Protection
Angie Williams	Director of Permanency Planning/Placement
Cindy Greer	Director of MACWIS
Terry Phillips	Regional Director - Region 1 N
Tracy Malone	Regional Director - Region 1 S
Judy McClain	Regional Director - Region 2 E
Viedale Washington	Regional Director - Region 2 W
Trudy Miller	Regional Director - Region 3 N
Victoria Reed	Regional Director - Region 3 S
Maggie Mixon	Regional Director - Region 4 N
Tina Stokes	Regional Director - Region 4 S
Dionna Evans	Regional Director - Region 5 E
Tonya Rogillio	Regional Director - Region 5 W
Cynthia Renot	Regional Director - Region 6
Tommy Rainey	Regional Director - Region 6 Forrest County
Brenda Coe Wess	Regional Director - Region 7 E
Kay Altese	Regional Director - Region 7 W
Anita Bell-Muhammad	Director of Central Intake
Mario Johnson	Director of Independent Living
Barbara Proctor	Director of Adoption Services
Patricia Hickman	Director of Interstate Compact
Denetra Taylor	Director of Congregate Care/Therapeutic Licensure
Robert Hamrick	Director of Evaluation and Monitoring
Christine Townsend	Foster Care Reviewer
Joyce Barnes	Foster Care Reviewer
Lora Wright	Foster Care Reviewer
Rubijo Purdy	Foster Care Reviewer
Betty Sue Rayner	Foster Care Reviewer
Brad Green	Foster Care Reviewer
Kiki Williams-Butler	Foster Care Reviewer
Sarah Salmon	Foster Care Reviewer
Robin Wilson	Data/Performance and Quality Improvement

Linda Logan	MACWIS Business Systems Analyst
Nancy Meaders	MACWIS Business Systems Analyst
Patricia Shannon	Director of Budgets and Accounting
Nick Bridge	Director of Contracts/Grants
Debbie Brewer	Director of Revenue Management
Nina Lloyd	ASWS, Hinds County
Vannie Sturgis	Placement – DFCS State Office
LaSonya Horton	DFCS Field Staff
Jenni Murray	Policy Unit

**The following are also part of the State Planning Team and attended intensive training in the federal review instrument. Seven Teams (with 2-4 pairs of reviewers) will perform case reviews in thirteen counties during September, October and November, 2009. Case reviews in additional counties will begin in January through April, 2010.

Mary Leahman	State CFSR Reviewer
Tonita Vick	State CFSR Reviewer
Aletha Owens	State CFSR Reviewer
Shonda Brooks	State CFSR Reviewer
Janice Fortune	State CFSR Reviewer
Wade Williams	State CFSR Reviewer
Mary Jones	State CFSR Reviewer
Michael Starks	State CFSR Reviewer
Barbara Wright	State CFSR Reviewer
Joann Clark	State CFSR Reviewer
Janna Guyton	State CFSR Reviewer
Megan Smith	State CFSR Reviewer
Nicole Hollomon	State CFSR Reviewer
Daisy Lee	State CFSR Reviewer
Lakeshia Kinnard	State CFSR Reviewer
Jackie Odom	State CFSR Reviewer
Chenise Horne	State CFSR Reviewer
Kimberly Rider	State CFSR Reviewer
Tana Walker	State CFSR Reviewer
Mechille Henry	State CFSR Reviewer
Wendy Bryant	State CFSR Reviewer
Athenia Rhodes	State CFSR Reviewer
Lora Wright	State CFSR Reviewer
Consultants	
Ronnie Crawford	Consultant – CFSR
Henry Goodman	Consultant – Policy
John Reynolds	Consultant - University
Carolyn Townes	Consultant – Practice
Mary Ann Everett	Consultant – Practice
Jerry Milner	Consultant – MS
	Child Welfare Practice Model

Rusty Barnett	Consultant – Learning Labs
Stakeholders	
Randy Pierce	Associate Justice, Mississippi Supreme Court
Cynthia Davis	Mississippi Judicial College
William Charlton	Mississippi Judicial College
William Skinner	Hinds County Youth Court Judge
Earl Scales	Attorney General's Office
Patti Marshall	Attorney General's Office - CFSR Reviewer
Jamie McBride	Administrative Office of Courts
Dennis Perkins	Administrative Office of Courts
Grace Lopes	Federal Monitor – Second Layer of Case Reviews
	Council on Accreditation, Third Layer of Case Reviews
Katja Russell	Youth Villages - CFSR Reviewer
Tina Aycock	Hope Village -CFSR Reviewer
Patricia Digby	Harden House, Adoption Unit
Cindy Henry	Youth Villages – Recruiter
Linda Robinson	Southern Christian Services
Eloise Johnson	Relative Foster Parent (Adoption)
Martha and Max Gills	Resource Parents (Adoption)
Michael Forster, Chairman	Citizens Review Panel (USM))
Jane Boykin	Citizens Review Panel (Mississippi Forum)
Joyce White	Citizens Review Panel (Department of Mental Health)
Sandra Parks	Citizens Review Panel (Department of Mental Health)
Kim Shackleford	Citizens Review Panel (Ole Miss)
Christopher Cherney	Citizens Review Panel (Mississippi Children's Home Services)
Mae Bell	Mississippi Band of Choctaw Indians
Tina Scott	Mississippi Band of Choctaw Indians
Davita McClelland	Mississippi Band of Choctaw Indians
Sam Valentine	Mississippi Band of Choctaw Indians
M. C.-Tishomigo County	Youth Advisory Board
A. B.-Pontotoc County	Youth Advisory Board
C. B.-Pearl River County	Youth Advisory Board
C. W.- Sunflower County	Youth Advisory Board
P. R.-Madison County	Youth Advisory Board
M. M.- Hinds County	Youth Advisory Board
D. P.- Clay County	Youth Advisory Board
A. R.- Hinds County	Youth Advisory Board
M. M.- Jeff Davis County	Youth Advisory Board
A. W.-Walthall County	Youth Advisory Board
K. L.- Stone County	Youth Advisory Board
D. F.-Jackson County	Youth Advisory Board
D. M. - Lauderdale County	Youth Advisory Board

Focus Groups Conducted Regionally

- Four groups of caseworkers (Tupelo, Hattiesburg, Jackson and Greenville)
- Four groups of ASWS (Tupelo, Hattiesburg, Jackson and Greenville)
- DFCS Regional Directors
- DFCS Regional Resource Workers
- DFCS Regional Resource Supervisors
- One group of parents served by DFCS
- Three groups of foster parents
- A group of foster youth in foster care through DFCS

SITE LOCATIONS

Hinds County (MS) – Largest Metropolitan Area
As of the census of 2000, there were 250,800 people *(247,650 - only slight variance in 2008 Census figures which are available)*, 91,030 households, and 62,355 families residing in the county. The population density was 288 people per square mile (111/km²). There were 100,287 housing units at an average density of 115 per square mile (45/km²). The racial makeup of the county was 37.31% White, 61.12% Black or African American, 0.12% Native American, 0.60% Asian, 0.01% Pacific Islander, 0.20% from other races, and 0.63% from two or more races. 0.79% of the population were Hispanic or Latino of any race.

There were 91,030 households out of which 34.40% had children under the age of 18 living with them, 41.10% were married couples living together, 22.70% had a female householder with no husband present, and 31.50% were non-families. 26.70% of all households were made up of individuals and 8.70% had someone living alone who was 65 years of age or older. The average household size was 2.64 and the average family size was 3.22. In the county the population was spread out with 27.90% under the age of 18, 12.10% from 18 to 24, 28.90% from 25 to 44, 20.10% from 45 to 64, and 11.00% who were 65 years of age or older. The median age was 32 years. For every 100 females there were 88.80 males. For every 100 females age 18 and over, there were 83.50 males.

The median income for a household in the county was $33,991, and the median income for a family was $40,525. Males had a median income of $30,930 versus $24,593 for females. The per capita income for the county was $17,785. About 16.10% of families and 19.90% of the population were below the poverty line, including 28.60% of those under age 18 and 15.10% of those age 65 or over. Hinds County has the seventh highest per capita income in the State of Mississippi.

DESOTO COUNTY, MS. – Medium Size County, but metropolitan due to proximity to Memphis, Tennessee and Arkansas.
Bordered by Tennessee to the North and by Arkansas to the West, DeSoto County enjoys the benefits of growth while maintaining its rich heritage of hometown hospitality and community spirit. There is a unique blend of a metropolitan market mixed with traditional rural life. This county has grown into a destination county for individuals, families and corporations. DeSoto County continues to be one of the fastest growing counties in the nation. The population topped 154,000 in 2008, marking a 44 percent increase from 2000. There is a diversity of ethnic groups in DeSoto County. Memphis

and Tunica are less than a 20 minute drive away. Locally, the DeSoto Civic Center is the premier northwest Mississippi venue for concerts, live children's shows, sporting events, and conferences.

LAUDERDALE COUNTY, MS – Medium Size County
Lauderdale County had over 78,000 in 2008 which includes a diversity of ethnic groups. Meridian is the largest city in Lauderdale County. Meridian's history begins in 1831, one year after the Choctaw Indians agreed to vacate their territories in Mississippi under the terms of the Treaty of Dancing Rabbit Creek. Richard McLemore of Virginia settled first in the area from which Meridian would grow. From 1890 until 1930, Meridian was the state's largest city and a leader in manufacturing. The Grand Opera House opened its doors in 1890. The Threefoot Building, an art deco masterpiece, became Meridian's tallest skyscraper and Meridian's Carnegie Library, which now houses the Museum of Art, was constructed. Today, many of Meridian's historic neighborhoods feature fine homes and buildings typical of their eras. The city has nine recognized <u>historic districts and neighborhoods</u>, including the largest collection of historic downtown buildings in the state.