

II. MISSISSIPPI CFSR PIP NARRATIVE

A. OVERALL STRATEGY FOR PIP DEVELOPMENT

The overall strategy for Mississippi's PIP development includes a combination of the continued simultaneous implementation of the Mississippi Practice Model and comprehensive Continuous Quality Improvement plan along with statewide initiatives in order to improve in all areas of safety, permanency, and well-being.

The implementation of the MS Practice Model/ CQI plan will be rolled out incrementally, with seven of Mississippi's thirteen regions having the full effect of implementation within the PIP time frame. The remaining six regions will roll-out incrementally after the PIP time frame. Concentration on regions in an incremental manner will allow the time and resources to be focused in a way to ensure success and effectiveness of the plan to benefit the entire state's child welfare system.

Although the MS Practice Model coupled with the CQI plan will affect all areas of safety, permanency, and well-being, Mississippi has additional plans with statewide effectiveness that will complement the MS Practice Model/ CQI plan and focus on specific areas needing improvement discovered through various self-assessments, assessments from other child welfare experts, and from the Child and Family Services Review.

Specifically, Mississippi's PIP will include plans for improvement in the following areas as a result of the CFSR Final Report 2010:

- Outcomes--Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-Being 1, Well-Being 2, Well-Being 3
- Systemic Factors -- Statewide Information System, Case Review System, Quality Assurance System, Service Array and Resource Development, Foster and Adoptive Parent Licensing, Recruitment, and Retention
- National Data Standards -- Placement Stability, Maltreatment of Children in Foster Care

Since much improvement can be made when resources and attention are focused on certain areas, Mississippi plans to use PIP goals to target the areas needing the most improvement.

B. STRATEGIES, GOALS, ACTION STEPS AND BENCHMARKS

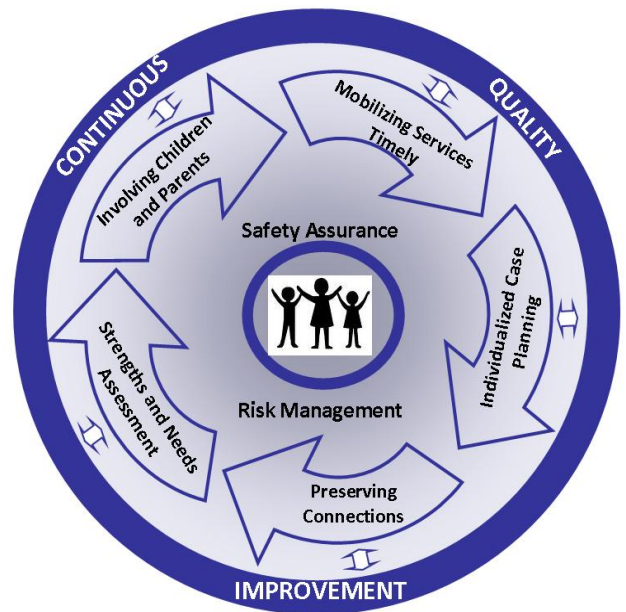
Much of Mississippi's Program Improvement Plan is tied to the simultaneous implementation of **The Mississippi Practice Model (PM)** and the comprehensive **Continuous Quality Improvement (CQI)** process, which will be rolled-out incrementally in at least seven regions to some degree during the Program Improvement Plan period. **These seven regions are I-S, II-W, V-W, IV-N, I-N, IV-S, and III-S.**

The state is divided into thirteen regions. These seven regions first implementing the Mississippi Practice Model include the three regions which participated in the CFSR and include the largest metropolitan region. Approximately fifty percent of the total children in foster care in Mississippi are represented in these first seven regions. Many goals and action steps will clearly specify that actions are to be performed only in those first seven regions implementing the Practice Model. Other goals and action steps may apply to all regions statewide.

The roll-out of the other six regions of the state will occur during or after the expected PIP timeframe, so they will not be specifically noted in action steps associated with the MS Practice Model/CQI roll-out. Focused efforts in this incremental manner will ensure more successful outcomes for the families served in the entire state.

Mississippi’s Child Welfare Practice Model

Mississippi’s Department of Human Services, Division of Family and Children’s Services, (DFCS) is currently addressing a number of initiatives in its efforts to strengthen child welfare practice and improve outcomes for children and families. The *Olivia Y. Settlement Agreement* provides the foundation for many changes underway, along with DFCS’ pursuit of accreditation by the Council on Accreditation, the upcoming Federal Child and Family Service Review (CFSR) and continuing efforts to implement family centered practice in the State. In its efforts to organize and comprehensively address the many changes underway, DFCS is adopting a child welfare Practice Model that will guide all interventions with children and families. The Practice Model, while serving as a vehicle for implementing DFCS’ many mandates, is primarily a reflection of the value that the Department places on family-centered practice and on strengths-based interventions with families. The Practice Model includes six inter-connected categories of activities, all aimed at ensuring the safety, permanency, and well being of children and families. The implementation of the Practice Model will be reinforced through a Continuous Quality Improvement (CQI) process that will permit the Department to monitor and support staff and providers in serving children and families in ways that reflect the components of the Practice Model.



Components of the Practice Model

- Safety Assurance and Risk Management: Activities in this component will help children remain safely at home when possible and appropriate and ensure safety of children in foster care. This requires thorough initial and ongoing safety and risk

assessments throughout the life of the case, and providing services commensurate with the level of risk or harm present for a child.

- Strengths and Needs Assessments: Comprehensive assessment of the strengths and needs of all family members is an ongoing process of gathering, organizing, and analyzing information for the purpose of informed decision-making and service-planning. It incorporates, but goes beyond safety and risk assessment, and identifies underlying conditions affecting the family's circumstances.
- Involving Children and Families in Case Planning and Decision Making: This component requires the participation of age-appropriate children and youth and all relevant family members in identifying their unique strengths, needs, and service requests, and in developing plans that address their needs, establish goals, and support appropriate relationships with children in foster care.
- Individualizing Case Planning: Individualized case planning starts with information from the comprehensive family assessment and continues to be informed by ongoing assessment throughout the life of the case. Case plans are developed *with* the family not *for* the family, occurring early in the casework process, addressing underlying issues that contribute to the presenting needs and are flexible to change as the family's needs and progress toward achieving the identified goals change.
- Mobilizing Appropriate Services Timely: This component of the Practice Model requires that services be designed and delivered pursuant to an assessment of children's and parents' needs, and includes an adequate array of appropriate placement resources, therapeutic, safety and supportive services. Services should be specifically matched to the family members' strengths and needs.
- Preserving and Maintaining Connections: This component promotes the normalizing of relationships for children in foster care whenever safe and appropriate. Activities focus on keeping children safe and stable within placement settings that permit them to retain important relationships, cultural traditions and connections, and social institutions that, such as school, religion, and communities.

DFCS began implementation of the Practice Model with two regions in the State in early 2010. Regions are being added at intervals until all regions and counties in the State are involved in implementation activities.

How the Practice Model Will Affect DFCS Staff

- Staff will work in partnership with family members to make decisions and monitor progress;
- Staff will work closely with service providers to develop and evaluate specific services for families;
- Staff will be trained in the components of the Practice Model;
- Staff will be supported in their practice by practice coaches during the implementation period; and

- Staff will receive feedback on their interventions that helps them to support families and children.

How the Practice Model Will Affect Stakeholders

Stakeholders, such as service providers, foster caretakers, and other agencies will

- Benefit from uniform decision making and case planning processes;
- Provide individualized and flexible services based on assessed needs of children and families;
- Participate in team planning and decision making with families and DFCS;
- Support children and families in maintaining strong, safe relationships; and
- Support reinforcement of the Practice Model through CQI activities.

How the Practice Model Will Affect Families and Children

- Family members will have a voice in identifying their strengths and needs and in developing plans;
- Families will have a single case plan that guides their work with DFCS and service providers;
- Permanency decisions can be made sooner through prompt provision of services and informed decision making;
- Services will be tailored to the strengths and needs of family members; and
- Absent parents will be engaged and involved whenever appropriate.

The Practice Model roll-out procedure in each region includes a 6-month planning period in which implementation teams are formed, plans are developed, and stakeholders are engaged.

After the 6-month planning period in each region, an extensive CQI baseline review is conducted. This baseline review mimics the CFSR, in that a similar review instrument is used by a two-person team using the paper case record plus the electronic case record in MACWIS to review the case on specific items, and conduct private interviews with caseworkers, parents, foster parents, children, and other professionals to aid in the review. Reviewers then rate the region's performance against high standards of safety, permanency, and well-being. The high standards include recommendations of best practice and requirements found in CFSR, Mississippi's *Olivia Y. Settlement Agreement* and Council on Accreditation guidelines. In this way, the field staff gains a keen awareness of the expectations of practice and a clear sense of how this can be accomplished in a way to provide excellence in child welfare practice and meet standards required of Mississippi Division of Family and Children's Services (DFCS). Local stakeholders' involvement during the baseline review includes personal engagement, confidential questionnaires and attendance at the baseline review exit conferences in each region.

The information gathered during the baseline review in each region is compiled into a CQI report and used to demonstrate specific strengths and areas needing improvement for

that region so that information can be strategically used to guide the one-year implementation period to follow.

Regional Implementation Teams will develop regional improvement plans in which the strengths and areas needing improvement are individualized for that area, yet still meet statewide standards. Gaps in resources and training can be determined and addressed.

During the one-year implementation period, the Center for Support of Families and DFCS partner together to provide intense training and coaching of front-line workers, supervisors, and regional directors to equip DFCS staff with the knowledge, tools, habits, and successful practice experience to enable DFCS staff to provide best practice for the children and families served, which will in-turn, result in substantial improvement in subsequent CQI reviews. Desk audits and monthly CQI case reviews help staff and CQI unit to measure progress on an on-going basis.

Monthly CQI case reviews of one foster care case and one in-home case will be conducted in each region every month following the baseline review.

There is an official follow-up CQI review after the one year of implementation to measure progress for that region and to help make improvements to the entire Practice Model/CQI process to benefit regions not yet involved in implementation.

The most intensive training and technical assistance from Center for Support of Families for each region will end after the one-year implementation period in each region. The Regional CQI Coordinator and Regional Foster Care Reviewer will work closely together to help sustain and continually improve the region's provision of best child welfare practice.

Out of the six Mississippi Practice Model components, Mississippi will focus on two of the components for the Program Improvement Plan—**1) Safety Assurance and Risk Management** and **2) Strengths and Needs Assessments of Children and Families**. Implementation of these two components in the first seven implementation regions will be utilized to improve child welfare practice in Strategies I and II. The two components are expected to have a positive effect on the National Data Standard of Maltreatment in Foster Care.

Strategy I: Strengthening Safety Assurance and Risk Management

Goal A: To implement the Safety Assurance and Risk Management component of the Practice Model in the first seven Practice Model implementation regions of the state.

This goal will focus on the implementation of the Safety Assurance and Risk Management component of the Practice Model in the first seven implementation regions.

Safety and risk-related interventions are designed to help children remain safely at home whenever possible and appropriate. Assuring child safety begins with the first report to DFCS that someone suspects a child is being maltreated and continues through initiating investigations of maltreatment; initial safety and risk assessment; ongoing safety and risk assessment; developing a case plan; assuring safety during placement; reunification; and case closure. Safety and risk interventions are applicable for all children within a home, not only for a child for whom a report of maltreatment has been received.

Action steps include 1) Development of a new safety and risk assessment form, 2) training of staff on Safety Assurance and Risk Management by practice coaches and staff from Center for Support of Families, 3) provision of Practice Guides to staff, and 4) coaching of staff to assist in integration of knowledge and techniques learned into daily case activities and relationships.

First Quarter Progress

Strategy I. A. 1.

A new Safety and Risk Assessment Form has been completed and implemented in Regions I-S and II-W.

First Quarter Progress

Strategy I. A. 2. a.

Training has occurred for the Safety and Risk Assessment Form in Regions I-S and II-W.

First Quarter Progress

Strategy I. A. 3. a.

Practice Guides have been completed and provided to staff in Regions I-S and II-W.

In Region I South, Practice Guides have been provided to staff in conjunction with Group Practice Model Training. As changes have been made to the practice guides, updated copies have been shared with staff as well. The practice guides are frequently used during coaching sessions to encourage staff to refer to the guides for direction and focused attention in the areas of safety and risks, as well as strengths/needs assessment.

In Region II West, Practice Guides have been provided to staff in conjunction with Group Practice Model Training. As changes have been made to the practice guides, updated copies have been shared with staff as well. The practice guides are frequently used during coaching sessions to encourage staff to refer to the guides for direction and focused attention in the areas of safety and risks, as well as strengths/needs assessment.

First Quarter Progress

Strategy I. A. 4. a.

Coaching in Region I South has been provided by CSF coaches to all supervisors in the Region. This has included specific coaching in the area of clinical supervision. The Regional Practice Coach has worked one on one with direct service staff. Additionally, the Regional FPS Advanced has provided some coaching as well as an ASWS that was

completing her MSW field placement. The Regional Practice Coach and CSF Practice Coach have provided county and/or unit Learning Labs for staff and supervisors as well.

In Region II West, coaching has been provided by CSF coaches to all supervisors individually and in group settings.

Copies of coaching summaries and practice guides have been submitted as supporting documents for these strategies.

Fourth Quarter Progress

Strategy I. A. 2. b.

Training of staff on Safety Assurance and Risk Management has occurred for Regions IV-North and V-West. The Practice Model Curriculum was trained over a period of 4 days for all staff. The Practice Model Curriculum includes six components that were trained over 4 days. One of the components is the Safety Assurance and Risk Management, which is the 3rd component of the Practice Model and is trained on the second day of training.

The Practice Model Training was provided in IV-North for the Regional Director, Practice Model Coach, and all Supervisors from February 8, 2011 through February 11, 2011. All direct service staff were trained in March 2011. Half of the direct service staff were trained from March 14-17, 2011 and the other half of the direct service staff were trained from March 28-31, 2011.

The Practice Model Training was provided in V-West for the Regional Director, Practice Model Coach, and all Supervisors on January 13, 14, 19, and 20th of the year 2011. Direct service staff was divided up into 4 training sessions. Each group participated in the 4 day training on different dates to allow for continued coverage for regular duties in the region. Direct staff in session one was trained from February 22, 2011 through February 25, 2011. Session two was trained from March 8, 2011 through March 11, 2011. Session three was trained from March 15, 2011 through March 18, 2011. Session four was trained from March 29, 2011 through April 1, 2011.

Copies of Practice Model training sign in sheets have been submitted as supporting documents for these strategies except for the sign in sheet for January 20, 2011, which was the fourth date of training for the Regional Director, Practice Model Coach, and all supervisors. An e-mail from the Regional Director for Region V-West has been submitted confirming that the fourth day of training did occur on January 20, 2011 for the Regional Director, Practice Model Coach and all supervisors that participated in the first three days of training on January 17, 2011 through January 19, 2011.

CB had a question regarding training in V-West stating that in the matrix an email mentioned the training would not occur until January 2012, but there was a training sign in sheet for August 12, 2011. The training occurred on August 12, 2011. The email had a typographical error stating "Dionna Evans in V-West"...would train in January 2012. Dionna Evans is the Regional Director for V-East.

Fourth Quarter Progress

Strategy I. A. 3. b.

Practice Guides for all six components of the practice model curriculum were initially developed and provided during the Practice Model training. Since the Practice Model Curriculum was initially developed, 5 of the curriculum's practice guides have been revised and provided to DFCS. The most recent revisions occurred in May 2011, prompting the need for statewide training. The 5 practice guides that were last updated and trained include the following:

- Assuring Safety and Managing Risk
- Developing the Safety Plan
- Social Worker Visits
- Interim Supervisory Protocol
- Working with the Educational System

The practice guides are frequently used during coaching sessions to encourage staff to refer to the guides for direction and focused attention in the areas of safety and risks.

The Regional Practice Model Coach and Regional Supervisor for IV-North were trained with all other Regional Practice Model Coaches and Regional Supervisors statewide by the Director of Field Operations and the Child Welfare Specialist on June 20, 2011. The Regional Practice Model Coaches and Regional Supervisors were responsible for training all other supervisors and direct staff in their respective regions. All supervisors for IV-North were trained on all practice guides on August 23, 2011. Direct staff was trained on practice guides in IV-North on three different dates including September 8th, 14th, and 15th of 2011.

The Regional Practice Model Coach and Regional Supervisor for V-West were trained with all other Regional Practice Model Coaches and Regional Supervisors statewide by the Director of Field Operations and the Child Welfare Specialist on June 20, 2011. The Regional Practice Model Coaches and Regional Supervisors were responsible for training all other supervisors and direct staff in their respective regions.

All supervisors for V-West were trained on the practice guides on August 12, 2011. Direct Service staff was divided up into 4 groups for training to allow for regional coverage at all times for regular job duties. Each group attended one day of training where all 5 practice guides were. Those training dates were on September 21, 2011, September 27, 2011, September 29, 2011, and October 27, 2011.

Copies of practice guides, supporting e-mails, and sign in sheets for training have been submitted as supporting documents for these strategies.

Fourth Quarter Progress

Strategy I. A. 4. b.

Region IV-North did not have a practice model coach during the fourth quarter reporting period. Region IV-North will report on coaching in the fifth quarter.

Coaching in Region V-West has been provided by CSF and Regional Practice Model coaches to all supervisors and direct staff in the area of strengthening safety assurance and risk management. The Regional Practice Coach and CSF Practice Coach have provided county and/or unit Learning Labs for staff and supervisors as well. All coaching activities have focused on implementing and strengthening the use of the new safety and risk assessment form as well as strengthening skills around assuring safety and managing risks. Coaching of staff has included activities that involve integration of knowledge and techniques learned into daily case activities and relationships.

Copies of coaching summaries and practice guides have been submitted as supporting documents for these strategies.

Fifth Quarter Progress

Strategy I. A. 4. b.

Coaching in Region IV-North has been provided by CSF and Regional Practice Model coaches to all supervisors and direct staff in the area of strengthening safety assurance and risk management. The Regional Practice Coach and CSF Practice Coach have provided county and/or unit Learning Labs for staff and supervisors as well. All coaching activities have focused on implementing and strengthening the use of the new safety and risk assessment form as well as strengthening skills around assuring safety and managing risks. Coaching of staff has included activities that involve integration of knowledge and techniques learned into daily case activities and relationships.

Copies of coaching summaries and practice guides have been submitted as supporting documents for these strategies.

Sixth Quarter Progress

Strategy I. A. 2. c.

Training has occurred for the Safety and Risk Assessment Form in Regions I-North and IV-South. The Practice Model Curriculum includes six components that were trained over several days. One of the components is the Safety Assurance and Risk Management, which is the 3rd component of the Practice Model and is trained on the second day of training.

The Practice Model Training was provided in I-North on June 14, 15, 20, 21, 22, 23, 29, and 30, 2011; July 6, 7, 18 and 19, 2011; August 1-2, 2011; September 21-22, 2011; and also October 12-13, 26, 2011.

The Practice Model Training was provided in IV-South on August 9-12, 23-26, 2011.

Copies of Practice Model training sign in sheets have been submitted as supporting documents for these strategies.

Sixth Quarter Progress

Strategy I. A. 3. c.

The 5 practice guides that were last updated and trained included the guide one Assuring Safety and Managing Risk. The practice guides are frequently used during coaching sessions to encourage staff to refer to the guides for direction and focused attention in the areas of safety and risks. Regional Practice Model Coaches and Regional Supervisors statewide were trained on the new guides by the Director of Field Operations and the Child Welfare Specialist on June 20, 2011. The Regional Practice Model Coaches and Regional Supervisors were responsible for training all other supervisors and direct staff in their respective regions.

In I-North, the Regional ASWS provided and reviewed the updated Practice Guides to all ASWSs and county staff during county staff meetings which were held from September-October 2011. Sign-in sheets are provided as EOC.

In IV-South, practice guides were distributed and trained to staff throughout September 2011. Sign in sheets have been provided as evidence of completion.

These Practice Guides have already been submitted to CB during the Fourth Quarter.

Sixth Quarter Progress

Strategy I. A. 4. c.

Region I-North, coaching has been provided by CSF coaches to all supervisors in the Region. Region I-N did not have a DFCS Regional Practice Coach from January 2012-September 2012. The CSF coach has provided some coaching with some of the front line workers. These summaries have been provided for April-August 2012.

DFCS requests that Region I-N provide coaching summaries with direct staff from the new coach for October-December, in the Seventh Quarter.

Coaching in Region IV-South has been provided by CSF and Regional Practice Model coaches to all supervisors and direct staff in the area of strengthening safety assurance and risk management. The Regional Practice Coach and CSF Practice Coach have provided county and/or unit Learning Labs for staff and supervisors as well. All coaching activities have focused on implementing and strengthening the use of the new safety and risk assessment form as well as strengthening skills around assuring safety and managing risks. Coaching of staff has included activities that involve integration of knowledge and techniques learned into daily case activities and relationships.

Copies of coaching summaries have been submitted as supporting documents for these strategies.

Seventh Quarter Progress

Strategy I. A. 4. c.

Coaching in Region I-North has been provided by CSF and Regional Practice Model coaches to all supervisors and direct staff in the area of strengthening safety assurance and risk management. The Regional Practice Coach and CSF Practice Coach have provided county and/or unit Learning Labs for staff and supervisors as well. All coaching activities have focused on implementing and strengthening the use of the new safety and risk assessment form as well as strengthening skills around assuring safety and managing risks. Coaching of staff has included activities that involve integration of knowledge and techniques learned into daily case activities and relationships.

Copies of coaching summaries have been submitted as supporting documents for these strategies.

Eighth Quarter Progress

Strategy I. A. 2. d.

Training has occurred for the Safety and Risk Assessment Form in Region III-South. The Practice Model Curriculum includes six components that were trained over several days. One of the components is the Safety Assurance and Risk Management, which is the 3rd component of the Practice Model and is trained on the second day of training.

The Practice Model Training was provided in III-South on August 1-4, 2011 for the Regional Director and ASWSs. All other staff was trained on August 15-18, 2011 and September 12-16, 2011.

Copies of Practice Model training sign in sheets have been submitted as supporting documents for these strategies.

Eighth Quarter Progress

Strategy I. A. 3. d.

The 5 practice guides that were last updated and trained included the guide one Assuring Safety and Managing Risk. The practice guides are frequently used during coaching sessions to encourage staff to refer to the guides for direction and focused attention in the areas of safety and risks. Regional Practice Model Coaches and Regional Supervisors statewide were trained on the new guides by the Director of Field Operations and the Child Welfare Specialist on June 20, 2011. The Regional Practice Model Coaches and Regional Supervisors were responsible for training all other supervisors and direct staff in their respective regions.

In III-South, practice guides were distributed and trained to staff October 24, 2011. Sign in sheets have been provided as evidence of completion.

These Practice Guides have already been submitted to CB during the Fourth Quarter.

Eighth Quarter Progress

Strategy I. A. 4. d

Coaching in Region III-South has been provided by CSF and Regional Practice Model coaches to all supervisors and direct staff in the area of strengthening safety assurance and risk management. The Regional Practice Coach and CSF Practice Coach have provided county and/or unit Learning Labs for staff and supervisors as well. All coaching activities have focused on implementing and strengthening the use of the new safety and risk assessment form as well as strengthening skills around assuring safety and managing risks. Coaching of staff has included activities that involve integration of knowledge and techniques learned into daily case activities and relationships.

Copies of coaching summaries have been submitted as supporting documents for these strategies.

Strategy II: Improve Strengths and Needs Assessments of Children, Parents, and Resource Parents and provide matching services to meet the needs.

Goal A: Implement the *Strengths and Needs Assessments* component of the Practice Model in the first seven Practice Model implementation regions of the state.

This goal will focus on the implementation of the *Strengths and Needs Assessment* component of the Practice Model in the first seven implementation regions.

Comprehensive family assessment is the ongoing and continuous process of gathering, organizing, and analyzing information for the purpose of informed decision making and service planning concerning the safety, permanency, and well-being of children, youth and families. Beyond an assessment of risks, safety and the circumstances leading to agency involvement, the assessment includes a broader focus of the strengths and needs of all individual family members along with underlying conditions affecting the family.

Action steps include 1) Development of a new strengths and needs form, called the Comprehensive Family Assessment, 2) training of staff on Strengths and Needs Assessment by practice coaches and staff from Center for Support of Families, 3) provision of Practice Guides to staff, and 4) coaching of staff to assist in integration of knowledge and techniques learned into daily case activities and relationships.

First Quarter Progress

Strategy II. A. 1.

A new Comprehensive Family Assessment form has been completed and implemented in Regions I-S and II-W.

First Quarter Progress

Strategy II. A. 2. a.

Training has occurred for the Comprehensive Family Assessment Form in Regions I-S and II-W.

First Quarter Progress

Strategy II. A. 3. a.

Practice Guides have been completed and provided to staff in Regions I-S and II-W.

In Region I South and II West, Practice Guides have been provided to staff in conjunction with Group Practice Model Training. As changes have been made to the practice guides, updated copies have been shared with staff as well. The practice guides are frequently used during coaching sessions to encourage staff to refer to the guides for direction and focused attention in the areas of safety and risks, as well as strengths/needs assessment.

First Quarter Progress

Strategy II. A. 4. a.

In Region I South, Coaching has been provided by CSF coaches to all supervisors in the Region. This has included specific coaching in the area of clinical supervision. The Regional Practice Coach has worked one on one with direct service staff. Additionally, the Regional FPS Advanced has provided some coaching as well as an ASWS that was completing her MSW field placement. The Regional Practice Coach and CSF Practice Coach have provided county and/or unit Learning Labs for staff and supervisors as well.

In Region II West, coaching has been provided by CSF coaches to all supervisors individually and in group settings. Additionally, Resource Parents have received coaching regarding shared parenting skills and benefits.

Copies of coaching summaries and practice guides have been submitted as supporting documents for these strategies. Coaching has been provided by CSF coaches to all supervisors in the Region. This has included specific coaching in the area of clinical supervision.

Fourth Quarter Progress

Strategy II. A. 2. b.

Training has occurred for the Comprehensive Family Assessment Form in Regions V-West and IV-North. The Practice Model Curriculum was trained over a period of 4 days for all staff. The Practice Model Curriculum includes six components that were trained over 4 days. The fourth component of the Practice Model is the Strengths and Needs Assessment of Children and Families, which trains on the new Strengths and Needs Form called the Comprehensive Family Assessment (CFA), and is trained on the third day of training.

The Practice Model Training was provided in IV-North for the Regional Director, Practice Model Coach, and all Supervisors from February 8, 2011 through February 11, 2011. All direct service staff were trained in March 2011. Half of the direct service staff were trained from March 14-17, 2011 and the other half of the direct service staff were trained from March 28-31, 2011.

The Practice Model Training was provided in V-West for the Regional Director, Practice Model Coach, and all Supervisors on January 13, 14, 19, and 20th of the year 2011. Direct

service staff was divided up into 4 training sessions. Each group participated in the 4 day training on different dates to allow for continued coverage for regular duties in the region. Direct staff in session one was trained from February 22, 2011 through February 25, 2011. Session two was trained from March 8, 2011 through March 11, 2011. Session three was trained from March 15, 2011 through March 18, 2011. Session four was trained from March 29, 2011 through April 1, 2011.

Copies of Practice Model training sign in sheets have been submitted as supporting documents for these strategies except for the sign in sheet for January 20, 2011, which was the fourth date of training for the Regional Director, Practice Model Coach, and all supervisors. An e-mail from the Regional Director for Region V-West has been submitted to confirm that the fourth day of training did occur on January 20, 2011 for the Regional Director, Practice Model Coach and all supervisors that participated in the first three days of training on January 17, 2011 through January 19, 2011.

Fourth Quarter Progress

Strategy II. A. 3. b.

Practice Guides for all six components of the practice model curriculum were initially developed and provided during the Practice Model training. Since the Practice Model Curriculum was initially developed, revisions have been provided to the practice guides. The most recent revisions included 5 of the curriculum's practice guides in May 2011, which prompted the need for statewide training. The 5 practice guides that were last updated and trained did not include a practice guide on the Strengths and Needs Assessment or the new Comprehensive Family Assessment (CFA). There has not been a need to revise the practice guide for the new strengths and needs assessment, also called the CFA. Therefore, the practice guide for this component was given at the time of the Practice Model Training.

The Practice Model Training was provided in IV-North for the Regional Director, Practice Model Coach, and all Supervisors from February 8, 2011 through February 11, 2011. All direct service staff were trained in March 2011. Half of the direct service staff were trained from March 14-17, 2011 and the other half of the direct service staff were trained from March 28-31, 2011.

The Practice Model Training was provided in V-West for the Regional Director, Practice Model Coach, and all Supervisors on January 13, 14, 19, and 20th of the year 2011. Direct service staff was divided up into 4 training sessions. Each group participated in the 4 day training on different dates to allow for continued coverage for regular duties in the region. Direct staff in session one was trained from February 22, 2011 through February 25, 2011. Session two was trained from March 8, 2011 through March 11, 2011. Session three was trained from March 15, 2011 through March 18, 2011. Session four was trained from March 29, 2011 through April 1, 2011.

Copies of Practice Model training sign in sheets have been submitted as supporting documents for these strategies except for the sign in sheet for January 20, 2011, which was the fourth date of training for the Regional Director, Practice Model Coach, and all

supervisors. An e-mail from the Regional Director for Region V-West has been submitted to confirm that the fourth day of training did occur on January 20, 2011 for the Regional Director, Practice Model Coach and all supervisors that participated in the first three days of training on January 17 2011 through January 19, 2011.

Fourth Quarter Progress

Strategy II. A. 4. b.

Region IV-North did not have coaches during the fourth quarter reporting period. Region IV-N will report during the fifth quarter period.

In Region V-West, coaching has been provided by the Regional Practice Model and CSF coaches to all supervisors and direct staff individually and in group settings. Following the Practice Model Training, the Regional Practice Model Coach and CSF Practice Model Coach have facilitated coaching activities in regions V-West to assist in implementing and strengthening the use of the new assessment form, which is called the Comprehensive Family Assessment (CFA).

Copies of coaching summaries have been submitted as supporting documents for these strategies.

Fifth Quarter Progress

Strategy II. A. 4. b.

In Region IV-North, coaching has been provided by CSF coaches to all supervisors in the Region. The Regional Practice Coach and CSF Practice Coach have provided county and/or unit Learning Labs for direct service staff and supervisors as well. Following the Practice Model Training, the Regional Practice Model Coach and CSF Practice Model Coach have facilitated coaching activities in regions IV-North to assist in implementing and strengthening the use of the new assessment form, which is called the Comprehensive Family Assessment (CFA).

Copies of coaching summaries have been submitted as supporting documents for these strategies.

Sixth Quarter Progress

Strategy II. A. 2. c.

Training has occurred for the Comprehensive Family Assessment Form in Regions I-North and IV-South. The Practice Model Curriculum includes six components that were trained over several days. The fourth component of the Practice Model is the Strengths and Needs Assessment of Children and Families, which trains on the new Strengths and Needs Form called the Comprehensive Family Assessment (CFA), and is trained on the third day of training.

The Practice Model Training was provided in I-North on June 14, 15, 20, 21, 22, 23, 29, and 30, 2011; July 6, 7, 18 and 19, 2011; August 1-2, 2011; September 21-22, 2011; and October 12-13, 26, 2011. CFA training occurred again in Region I-N for workers who missed the first trainings. These were held on June 18-20, 22, 2012.

The Practice Model Training was provided in IV-South on August 9-12, 23-26, 2011.

Copies of Practice Model training sign in sheets have been submitted as supporting documents for these strategies.

Sixth Quarter Progress

Strategy II. A. 3. c.

The 5 practice guides that were last updated and trained did not include a practice guide on the Strengths and Needs Assessment or the new Comprehensive Family Assessment (CFA). There has not been a need to revise the practice guide for the new strengths and needs assessment, also called the CFA. Therefore, the practice guide for this component was given at the time of the Practice Model Training.

In I-North, the Regional ASWS provided and reviewed the Practice Guides to all ASWSs and county staff during county staff meetings which were held from September-October 2011. Sign-in sheets are provided as EOC.

In IV-South, practice guides were distributed and trained to staff throughout September 2011. Sign in sheets have been provided as evidence of completion.

These Practice Guides have already been submitted to CB during the Fourth Quarter.

Sixth Quarter Progress

Strategy II. A. 4. c.

In Region I-North, coaching has been provided by CSF coaches to all supervisors in the Region. Region I-N did not have a DFCS Regional Practice Coach from January 2012-October 2012. The CSF coach has provided some coaching with some of the front line workers. These summaries have been provided for April-August 2012. **DFCS requests that Region I-N provide coaching summaries with direct staff from the new coach for October-December, in the Seventh Quarter.**

In Region IV-South, coaching has been provided by CSF coaches to all supervisors in the Region. The Regional Practice Coach and CSF Practice Coach have provided county and/or unit Learning Labs for direct service staff and supervisors as well. Following the Practice Model Training, the Regional Practice Model Coach and CSF Practice Model Coach have facilitated coaching activities in regions IV-South to assist in implementing and strengthening the use of the new assessment form, which is called the Comprehensive Family Assessment (CFA).

Copies of coaching summaries have been submitted as supporting documents for these strategies.

Seventh Quarter Progress

Strategy II. A. 4. c.

In Region I-North, coaching has been provided by CSF coaches to all supervisors in the Region. The Regional Practice Coach and CSF Practice Coach have provided county and/or unit Learning Labs for direct service staff and supervisors as well. Following the Practice Model Training, the Regional Practice Model Coach and CSF Practice Model Coach have facilitated coaching activities in regions I-North to assist in implementing and strengthening the use of the new assessment form, which is called the Comprehensive Family Assessment (CFA).

Copies of coaching summaries have been submitted as supporting documents for these strategies.

Eighth Quarter Progress

Strategy II. A. 2. d.

Training has occurred for the Comprehensive Family Assessment Form in Region III-South. The Practice Model Curriculum includes six components that were trained over several days. The fourth component of the Practice Model is the Strengths and Needs Assessment of Children and Families, which trains on the new Strengths and Needs Form called the Comprehensive Family Assessment (CFA), and is trained on the second and third days of training.

The Practice Model Training was provided in III-South on August 1-4, 2011 for the Regional Director and ASWSs. All other staff was trained on August 15-18, 2011 and September 12-16, 2011.

Copies of Practice Model training sign in sheets have been submitted as supporting documents for these strategies.

Eighth Quarter Progress

Strategy II. A. 3. d.

The 5 practice guides that were last updated and trained did not include a practice guide on the Strengths and Needs Assessment or the new Comprehensive Family Assessment (CFA). There has not been a need to revise the practice guide for the new strengths and needs assessment, also called the CFA. Therefore, the practice guide for this component was given at the time of the Practice Model Training.

In III-South, practice guides were distributed and trained to staff on October 24, 2011. Sign in sheets have been provided as evidence of completion.

These Practice Guides have already been submitted to CB during the Fourth Quarter.

Eighth Quarter Progress

Strategy II. A. 4. d.

In Region III-South, coaching has been provided by CSF coaches to all supervisors in the Region. The Regional Practice Coach and CSF Practice Coach have provided county

and/or unit Learning Labs for direct service staff and supervisors as well. Following the Practice Model Training, the Regional Practice Model Coach and CSF Practice Model Coach have facilitated coaching activities in regions III-South to assist in implementing and strengthening the use of the new assessment form, which is called the Comprehensive Family Assessment (CFA).

Copies of coaching summaries have been submitted as supporting documents for these strategies.

Goal B: Strengthen Parent/Child/Worker visitation in the first seven Practice Model implementation regions of the state.

An initial state-wide training has been conducted on how to conduct Quality Visits using one particular curriculum. Workers were trained on how to structure and conduct visits with both children and parents in order to promote placement stability, well-being and permanency. Supervisors received additional training on how to help staff prepare for their contacts with children and parents.

Additionally, as the Practice Model rolls out incrementally, staff is learning more about how to improve the quality of visits through the components of the Practice Model.

Through the action steps, there will be an emphasis to ensure that the current staff in the first seven implementing regions has received training on how to improve the quality of visits and then to coach the staff to integrate the knowledge learned into daily practice.

First Quarter Progress

Strategy II. B. 1. a., b., c. and d.

The National Resource Center for Permanency and Family Connections training on Quality Visits was conducted throughout the state for workers to be trained on how to structure and conduct visits with both children and parents in order to promote placement stability, well-being and permanency. Supervisory Training, Quality Visits for the worker and child and Quality Visits for the worker and parent were conducted across the state. As the Practice Model rolls out in each region staff is educated on how to improve the quality of visits.

Seventh Quarter Progress

Strategy II. B. 2. a-c.

Regional Practice Coaches and the CSF coaches have provided coaching on applying the skills learned in Quality Visits Training and/or training for this goal through components of Practice Model. Coaching on Quality Visits has occurred individually and in group settings with direct service workers. Monthly coaching reports are provided for documentation purposes.

Coaching has been provided in Regions I-S, II-W, V-W, IV-N, I-N and IV-S. Regions IV-S and V-W did not have a Practice Model Coach during this quarter. However, the CSF coach provided coaching and prepared a CSF coaching report.

Coaching reports for all regions have been submitted as EOC.

DFCS provided additional information to CB on 3/25/2013 for Region I-S (2.a.); CB accepted this EOC on 3/29/2013. DFCS requested to report on coaching in Regions IV-S and V-W for February and March in the Eighth Quarter. As of January 1, 2013, both of these regions now have Practice model coaches; however, coaching will not begin until February 2013. CB agreed. See Carola's email on 3/29/2013.

Eighth Quarter Progress

Strategy II. B. 2. b.

Region V-W

Regional Practice Coaches and the CSF coaches have provided coaching on applying the skills learned in Quality Visits Training and/or training for this goal through components of Practice Model. Coaching on Quality Visits has occurred individually and in group settings with direct service workers. Monthly coaching reports are provided for documentation purposes.

Coaching reports for Region V-W for January-March have been submitted as EOC.

Eighth Quarter Progress

Strategy II. B. 2. c.

Region IV-S

Regional Practice Coaches and the CSF coaches have provided coaching on applying the skills learned in Quality Visits Training and/or training for this goal through components of Practice Model. Coaching on Quality Visits has occurred individually and in group settings with direct service workers. Monthly coaching reports are provided for documentation purposes.

Coaching reports for Region IV-S for February-March have been submitted as EOC.

Eighth Quarter Progress

Strategy II. B. 2. d.

Region III-S

Regional Practice Coaches and the CSF coaches have provided coaching on applying the skills learned in Quality Visits Training and/or training for this goal through components of Practice Model. Coaching on Quality Visits has occurred individually and in group settings with direct service workers. Monthly coaching reports are provided for documentation purposes.

Coaching reports for Region III-S have been submitted as EOC.

Goal C: Enhance access to services for children and families by collaborating with community partners to maximize provision of matching services in the first seven Practice Model implementation regions of the state.

The Resource Development Unit is a newly created program within the Mississippi Department of Human Services Division of Family and Children Services (MDHS DFCS)

designed to ensure the delivery of an adequate array of services in the State of Mississippi through maximizing the use of existing services and coordinating the development of new services through contracts, collaboration with other agencies and service providers, and coordination of service/resource related work within DFCS and the state as a whole. The Resource Development Unit will help ensure the compatibility of existing services and newly created services with the principles and practices required by the *Olivia Y. Settlement Agreement*, the Children's Bureau, Council on Accreditation (COA) standards, and the Practice Model.

The Resource Development Unit, through proactive planning and development, prepares for current and future service needs and implementation of the plan for efficient and effective service delivery. The Unit not only addresses existing service needs within DFCS units, but will seek services that address issues for all children and their families and will work to make these services available and easily accessible. Other functions include addressing financing issues related to service provision, contracting procedures, protocols and practices, and the substance of services provided.

There are several state mental health groups which provide opportunity to collaborate with individuals concerning service array as well as service delivery in order to improve access to individualized services. Meetings attended and dates are as follows:

- The Children's Coordinator/Map Team Coordinators Meeting, December 15, 2010 and February 18, 2011.
- Mississippi Department of Mental Health Child's Task Force, October 29, 2010, December 14, 2011, February 11, 2011 and June 10, 2011.
- Mississippi State Department of Mental Health Planning and Advisory Council, November 19, 2010 and June 23, 2011.

Outcomes from these meetings have indicated progress toward building a relationship with our Community Mental Health Centers to provide the individualized services needed for our children and their families.

- Mental Health (MH) Assessments – no two mental health regions provide services in the same manner. Regions are working with each DFCS region to provide access to services in different ways. One MH region has designated one particular day that our workers can access services with no appointment scheduling (this is working well for our workers and children). Another MH region will be providing mental health assessments in the child's school. During the summer they will accommodate our children in their centers. MH has provided contacts to set up these assessments timely. Other regions have provided schedules of day and times that DFCS workers can obtain this service for our children. One area is providing the mental health assessment services in court and/or setting up timely appointments at that time. Another DFCS region is collaborating with MH to work out the details of what is best for our workers, children and their families.

- Mental Health Regions are cooperating with DFCS workers to provide individualized services for our children whether services are parenting skills, family therapy, or children's therapy based on the individual need.
- DFCS workers have been included in participating in MAP Teams. This has become part of our policy for our DFCS workers. This collaboration will help to provide the best services for our families and children.
- Collaborating with MH has opened the door to better access by having information of points of contact for our workers. In the past workers would contact the main office number and be advised there was a waiting list. With points of contact they can directly children services personnel that can make timely appointments.
- Including Children's Coordinators on DFCS Regional Implementation Teams has contributed to the break down barriers from the past and is opening doors to a better working relationship between the two agencies all to better serve our common population.

Communication and collaboration are keys to reaching the success desired for all children and their families. The agency is currently undergoing a gradual implementation of the new Practice Model. Each DFCS Region across the state is required to form a Practice Model Implementation Team that is made up of internal and external stakeholders according to the regional implementation schedule for each Region. These teams assist the DFCS Region in forming a strategic plan to improve service delivery to DFCS clients. With our primary goal as connecting people to resources for the purpose of helping children and families achieve success. The Resource Development Unit will take advantage of the communication taking place in these Implementation Teams so that collaboration efforts can strategically increase service delivery in each Region. During the Program Improvement Plan (PIP) time frame, seven Regions will be implementing the Practice Model and will have Teams in place for collaboration. These regions are I-S, II-W, V-W, IV-N, I-N, IV-S, and III-S.

Action Step 1: Staff and develop the Resource Development Unit in the MDHS DFCS, including hiring a Division Director II, Program Manager, and a Program Specialist.

Second Quarter Progress

Strategy II.C.1.

The Resource Development Unit has been developing since July 2, 2010 when a Bureau Director was hired. In this past year this unit has added positions to build infrastructure to ensure the delivery of an adequate array of services for children and families in the State of Mississippi by maximizing the use of existing services and coordinating the development of new services to include the construction of a statewide resource directory. As evidenced by the attached organization chart the unit consists of the following: Sandra McClendon, Bureau Director, hired July 2, 2010; Kathy Shipp, Administrative Assistant, hired October 1, 2010; Hollie Jeffery, Division Director II, hired December 1, 2010; Temcula Robinson, Program Manager, hired November 29, 2010; Laura Parker, Interpreter, hired April 5, 2011; Arlin Lang, Interpreter, hired April 7, 2011; Mario Johnson, Division Director I, hired September 1, 2011, Ashley Falgout, Program

Administrator, hired September 1, 2011 and Juan Wilson, Program Specialist, hired September 1, 2011. In the near future there are positions allocated for additional staff which includes two program managers, a project officer IV, and six community resource liaisons. Anticipated hire dates will be January 1, 2012. See Organizational Chart.

Action Step 2: Resource Development Bureau Director or designee will meet with the Mississippi Department of Mental Health (MDMH) Director of Children's Programs and the Community Mental Health Center (CMHC) Children's Coordinators in their bimonthly statewide meetings to inform, negotiate, and communicate barriers in service delivery to improve access to individualized services for families and children.

First Quarter Progress

Strategy II. C. 2.

The MDMH meets bimonthly. The Bureau Director, II, Resource Development, is a member of this group. Dates and times for meetings are communicated via e-mail. The first meeting was held on December 15, 2010 at 10:30 A.M. at Mississippi State Hospital, and the second meeting was held February 18, 2011 at 10:30 A.M. at Mississippi State Hospital. The scheduling of dates and time is determined by the MDMH State Children's Coordinator, Division of Children and Youth Services. The meetings are documented by summaries which indicate what occurred in the meetings and how progress was made toward the goal.

From participation in this group, each CMHC Children's Coordinators is requested to provide a schedule for DFCS children to receive mental health assessments timely. Three regions plan to initiate schedules to accommodate DFCS needs for children. This is documented by copies of schedules, summaries of meetings, and/or ultimately letters of intent. It is anticipated that as collaboration continues and needs are expressed that all 15 CMHC Regions will join in providing services that fit the needs of children and families.

The Resource Development Director and the Division Director began meeting December 2010 with the MDMH Director of Children's Programs and CMHC Children's Coordinator's in their bimonthly statewide meetings.

Collaboration and communication with MDMH will continue on an ongoing basis in order to continue to build relationships between the two agencies.

Second Quarter Progress

Strategy II. C. 2.

Significant outcomes have been produced from these collaborative efforts. Mental health regions are cooperating with MDHS workers to provide individualized services for our children whether it be parenting skills, family therapy, or children's therapy based on the individual need. As well mental health assessments are easier to schedule and are being provided in more areas in the state than ever before. DHS workers have been included in participating in MAP Teams. This has become part of our policy for DHS. This collaboration will help to provide the best services for our families and children. Collaborating with MH through this avenue has opened the door to better access by

having information of points of contact for our workers. MDHS Regional Directors are now including Children's Coordinators on Regional Implementation Teams which are beginning to break down barriers from the past and open doors to a better working relationship between the two agencies in order to better serve our common population. See Agendas and Sign-In Sheets.

Third Quarter Progress

Strategy II. C. 2.

Children's Coordinators and Map Team Coordinators Meetings were held: Significant outcomes have been produced from these collaborative efforts. Mental health regions are cooperating with MDHS workers to provide individualized services for our children whether it be parenting skills, family therapy, or children's therapy based on the individual need. As well mental health assessments are easier to schedule and are being provided/offered in more areas in the state than ever before. DHS workers have been included in participating in MAP Teams. This has become part of our policy for DHS. This collaboration will help to provide the best services for our families and children. These meetings are ongoing at the discretion of the Bureau Director of Family and Youth Services at Mississippi Department of Mental Health. MDMH and MDHS are working together to better serve our common population. Sign-in sheets are provided as evidence of participation in December 2, 2011 meeting.

MDHS/DFCS requests that this action step be considered as complete, and no further reporting on this action step be required beyond the third quarter. CB concurs.

Action Step 3: Resource Development Director will meet with the Executive Directors of the Community Mental Health Centers (CMHC) at the monthly Executive Directors' meeting on at least one occasion to discuss DFCS needs, gaps in services and funding sources for meeting those needs.

The Resource Development Director will meet with the CMHS Executive Directors to discuss barriers to service delivery between the two agencies. Communicating and collaborating with the Executive Directors will develop better relationships and will provide opportunity for DFCS to express needs of children and families. Reform efforts related to the Practice Model for providing better services to children and families will be discussed. With a better understanding of what DFCS is doing and how CMHC's system of care fits with the Practice Model reform to serve the whole family system, barriers can be addressed.

Summaries of meetings and letters of intent will be evidence of collaboration. However, the most important evidence that CMHC's are providing the services needed will ultimately be that children are receiving mental health assessments timely, which will be measured through MACWIS reports.

First Quarter Progress

Strategy II. C. 3.

The Resource Development Director and her Division Director were invited to CMHC Executive Director's Meeting on March 9, 2011. There was a large group of executive directors from 15 regional mental health centers. Also in attendance were Children's Coordinators and Map Team Coordinators.

There was much dialogue among those present. The most significant outcome was that they (directors) are on board with working with DFCS in providing individualized services to our families and children. They were all in agreement that we share many clients and that we need to work together. Explanation was given about our Practice Model Implementation and their System of Care which are synonymous terms. Because of this our working together should optimize the services delivered to our children and families. One concern was because CMHC's are private non-profit agencies payment could be a problem. We explained that we are striving to have every foster child Medicaid eligible. They do accept Medicaid. We explained that if a child does not have Medicaid and a service was necessary we certainly would make sure that payment would be made prior to Medicaid eligibility.

It is anticipated in the future we will be invited again to a monthly meeting so that we can keep them updated concerning our Practice Model progress and to continue discussing service array/delivery for all areas of Mississippi.

Action Step 4: Regional Directors in the first seven regions implementing the Practice Model will invite CMHC Children's Coordinators to participate in the development and implementation of the Regional Implementation plan.

Each DFCS Region will begin implementing the Practice Model according to the implementation schedule for the Region. The Regions will form a Regional Implementation Team made up of internal and external stakeholders. The Regional Director will lead the team in preparing and implementing a strategic plan to improve service delivery within that DFCS region. The Regional Director will share data with the team that was gathered through Continuous Quality Improvement reviews and data gathered through the Mississippi Child Welfare Information System (MACWIS) that produces reports regarding performance of practice standards.

Included in each plan will be ways to improve the service delivery of mental health services. External mental health stakeholders are essential in these strategic planning efforts, including the Children's Coordinators of the Mississippi Department of Mental Health's Community Mental Health Centers. Since collaboration with current service providers is key to maximizing their services, communication with these players is crucial.

Regional Directors (RDs) are the leaders for the counties in their regions, as well as the leaders of the Implementation Team. Therefore, the RDs will determine who should be invited to participate on the implementation team. The Regional Directors will, by letter,

formally invite all MDMH Community Mental Health Center Children's Programs Coordinators within the MDHS DFCS region to participate in their Regional Implementation Teams. (DFCS and MDMH regions are not the same and therefore more than one Children's Coordinator may be invited. In fact, Children's Coordinators may serve on more than one MDHS Implementation Team.) These letters of invitation will be provided as evidence that the Regional Directors have initiated contact with the Community Mental Health Centers.

The Resource Development Unit will follow up with the MDMH Children's Coordinators at the bimonthly meetings to insure their invitations to join the MDHS Regional Implementation Team were received. The Resource Development Director or her Designee will contact DFCS Regional Directors to discuss any barriers in communication efforts in regard to inviting the Children's Coordinators.

The Resource Development Unit will receive copies of the letters of invitation from the Regional Directors via email and will maintain a record of the invitations in order to provide sufficient quarterly updates of goals achieved.

First Quarter Progress

Strategy II. C. 4. a.

Regional Directors in the first two Practice Model implementation regions, I-S and II-W, invited CMHC Children's Coordinators via mail and/or email to participate in the development and implementation of the Regional Implementation Plan.

The Community Mental Health Center Children's Coordinator from the Region III Mental Health Center, which services 6 of the 8 counties in Region I South, was initially invited to be a part of the strategic planning in Region I South as the Regional Implementation Plan was developed. She agreed to join the team and/or send a representative in February 2011. The Community Mental Health Center Children's Coordinator from the Region II Mental Health Center, which services the remaining 2 counties in Region I South, was recently contacted and requested to serve on the Regional Implementation Team. She expressed interest in doing so and asked to be notified of future meetings.

Second Quarter Progress

Strategy II. C. 4. b.

Regional Directors in the second two Practice Model implementation regions, V-W and IV-N, invited CMHC Children's Coordinators via mail and/or email to participate in the development and implementation of the Regional Implementation Plan.

Third Quarter Progress

Strategy II. C. 4. c.

Regional Directors in Practice Model implementation regions, I-N and IV-S, invited CMHC Children's Coordinators via mail and/or email to participate in the development and implementation of the Regional Implementation Plan. Letters provided as evidence of invitations.

Third Quarter Progress

Strategy II. C. 4. d.

The Regional Director in Practice Model implementation region, III-S, invited CMHC Children's Coordinators via mail and/or email to participate in the development and implementation of the Regional Implementation Plan. Letters provided as evidence of invitations.

Strategy III: Strengthen Child Welfare Practice through Family Team Meetings (FTM).

Goal A: Train and implement Family Team Meetings to improve practice in the first seven Practice Model implementation regions.

An effective tool for developing individualized case plans and monitoring the status of the plans is the Family Team Meeting (FTM). This provides the opportunity to bring together both informal (the family, including non-custodial parents as appropriate, extended family members, friends and other informal community supports) and formal supports (representatives from education, mental health, physical health, substance abuse, etc who may be involved with or needed by the family) for the family to identify supports and services which will assist the family in achieving positive outcomes and ultimately reaching a life without the formal child welfare's intervention. Once the initial plan is developed the FTM provides the forum to regularly review the child and family's status, progress and results to ensure that the case plan maintains relevance, integrity and appropriateness.

It has been determined that the purpose of a Family Team Meeting is often misunderstood and underutilized by caseworkers. Therefore, it has been determined that it is worth the time and effort to train workers on elements, such as who to include in FTMs, when to hold FTMs, for what reasons to hold FTMs, and how to facilitate FTMs.

Action steps will include 1) training on Family Team Meetings in the first seven implementing regions with assistance from Center for Support of Families, and 2) coaching on Family Team Meetings to assist staff to integrate FTM's into their daily practice.

Third Quarter Progress

Strategy III. A. 1. a.

Regions I-S and II-W have developed and conducted training on Family Team meetings. The training curriculum did not contain a Table of Contents, so the entire Learning Lab has been provided as evidence of completion. Further evidence is shown in the Regional Implementation Plan Quarterly Reports.

Third Quarter Progress

Strategy III. A. 1. b.

Regions V-W and IV-N have developed and conducted training on Family Team Meetings. The training curriculum did not contain a Table of Contents, so the entire

Learning Lab has been provided as evidence of completion. Further evidence is shown in the Regional Implementation Plan Quarterly Reports.

Fourth Quarter Progress

Strategy III. A. 2. a.

Regions I-S and II-W have developed and conducted training on Family Team Meetings. Since the training in I-S and II-W, the Regional Practice Coaches and the CSF coaches have provided coaching on FTM activities monthly. Coaching on FTM activities has occurred individually and in group settings with direct service workers. Learning labs have also been facilitated on FTM activities. Monthly coaching reports are provided for documentation purposes.

Fourth Quarter Progress

Strategy III. A. 2. b.

Region IV-N will report in Fifth Quarter as this region did not have coaches during the Fourth Quarter period.

Region V-W has developed and conducted training on Family Team Meetings. Since the training in V-W, the Regional Practice Coaches and the CSF coaches have provided coaching on FTM activities monthly. Coaching on FTM activities has occurred individually and in group settings with direct service workers. Learning labs have also been facilitated on FTM activities. Monthly coaching reports are provided for documentation purposes.

Fifth Quarter Progress

Strategy III. A. 2. b.

Region IV-N has developed and conducted training on Family Team Meetings. Since the training in IV-N, the Regional Practice Coaches and the CSF coaches have provided coaching on FTM activities monthly. Coaching on FTM activities has occurred individually and in group settings with direct service workers. Learning labs have also been facilitated on FTM activities. Monthly coaching reports are provided for documentation purposes.

Sixth Quarter Progress

Strategy III. A. 1. c.

Regions I-N and IV-S have developed and conducted training on Family Team Meetings. The training curriculum did not contain a Table of Contents, so the entire Learning Lab has already been provided in previous quarters. Further evidence is shown in the Regional Implementation Plan Quarterly Reports and sign in sheets.

In Region I-N, DFCS Practice Coach and CSF Practice Coach conducted trainings on Family Team Meetings to ASWSs and direct service staff on September 1, 7, 23, 29, 2011, and October 19, 26, 2011. Regional ASWS and CSF Practice Coach provided training to all staff on Family Team Meetings on June 18-20, 22, 2012. Sign-in sheets have been provided as EOC for Region I-N.

In Region IV-S, staff received training on Family Team meetings in October 2010 and October 2011. Evidence for Region IV-S, is reflected in the Regional Implementation Plan Quarterly Report, as well as sign in sheets from those trainings.

Sixth Quarter Progress

Strategy III. A. 1. d.

Regions III-S has developed and conducted training on Family Team Meetings in October 2011. The training curriculum did not contain a Table of Contents, so the entire Learning Lab has been provided as evidence of completion in previous quarters. Further evidence is shown in a training schedule and in the Regional Implementation Plan Quarterly Reports.

Seventh Quarter Progress

Strategy III. A. 2. c.

Since the training in I-N, the Regional Practice Coaches and the CSF coaches have provided coaching on FTM activities monthly. Coaching on FTM activities has occurred individually and in group settings with direct service workers. Learning labs have also been facilitated on FTM activities. Monthly coaching reports are provided for documentation purposes.

Region IV-S did not have a Practice Model Coach during this quarter. However, the CSF coach provided coaching and prepared a CSF coaching report. Coaching reports for all regions have been submitted as EOC.

Seventh Quarter Progress

Strategy III. A. 2. D.

Since the training in III-S, the Regional Practice Coaches and the CSF coaches have provided coaching on FTM activities monthly. Coaching on FTM activities has occurred individually and in group settings with direct service workers. Learning labs have also been facilitated on FTM activities. Monthly coaching reports are provided for documentation purposes.

Eighth Quarter Progress

Strategy III. A. 2. C.

Regional IV-S did not have a Practice Model Coach during the seventh quarter. Regional IV-S obtained a practice model coach in January 2013 who began coaching in February 2013. Coaching summaries for Region IV-S have been submitted for February-March 2013 as EOC.

Strategy IV: Strengthen permanency and stability for children in their living situations.

Goal A: Strengthen permanency by utilizing Permanency Round Tables.

This goal will utilize Permanency Roundtables to break through obstacles regarding permanency on children in foster care for long periods of time in order to achieve legal permanency or permanent connections for these children. This concept is already being introduced to staff. The steps will include training and technical assistance from Casey

Family Programs, as well as a planning process before implementation begins. There will be an intense re-visiting of all issues and relationships pertaining to the child's permanency and a collaboration of effort among systems to accomplish permanency goals for children whose permanency goals are most challenging.

Although Permanency Roundtables are set for specific children in foster care, there is an expectation that staff participation in trainings and experience in Roundtables on many children will have a major effect statewide on the mindset of staff when faced with daily decisions and case activities which impact permanency for all children.

Action Step 1: Training and Technical Assistance will be obtained by Casey Family Programs regarding Permanency Roundtables. This training for pertinent state office staff, regional directors, area social work supervisors, and many stakeholders was conducted in the framework of a Permanency Summit, which was held in November, 2010. This summit included an introduction to Permanency Roundtables, and conveyed the urgency of prioritizing permanency for children in foster care. Training and Technical Assistance from Casey Family Programs will be ongoing through 2012.

First Quarter Progress

Strategy IV. A. 1.

DFCS staff was introduced to Permanency Round Tables (PRTs) by Casey Family Programs in November 2010 at a Permanency Summit held in Natchez, Mississippi. In attendance at the Summit were DFCS Regional Directors, direct service supervisors, state office staff from Office Directors to Division Directors, Youth Court judges, Court staff, a Supreme Court Justice, Stakeholders from around the state, and staff from the Court Improvement Project. Casey Family Programs arranged the meeting place and developed the program.

During the two day event, the key note speakers were former foster children who spoke about the importance of permanency to them. Three break-out sessions were held on the MS Practice Model, the Forrest County 0-3 Program and MN Signs of Safety and Case Mapping Project. The introduction to Permanency Round Tables was led by Casey Family Program staff who developed this approach to achieving legal permanency for children in the foster care system.

From the Permanency Summit a plan was developed to pilot the PRTs in two regions of the state – one in the Delta and one on the Coast. A criterion for the selection of cases for the PRTs was children who had been in care three or more years. In Region 2 West, 65 children were identified who met the criteria. After the cases were validated, 48 children were selected for the PRTs. The teams for the PRTs were selected from the field and state office and consisted of a Facilitator, Master Practitioner, Scribe and a Permanency Consultant from Casey. DFCS staff chosen to participate was staff that expressed interest in learning more about the process and had demonstrated a commitment to permanency.

The PRTs for Region 2 West were held the week of May 23 – 27, 2011 in Greenville, MS. The first two days of the week were training sessions conducted by staff from

Casey. The first day's training was "Permanency Values Training" and included stakeholders from the region, the PRT members and the workers who had cases to be presented at the PRTs. The second day of training was "Permanency Roundtable Skills Training" for the team members. The third through the fifth days were the actual PRTs. There were four Roundtables with three sessions per day. The sessions were two hours long for a single child and two and a half hours long for a sibling group. At the conclusion of each day, a debriefing was held for the team members to talk about common themes which had emerged during the sessions.

During each session, the worker and supervisor presented the case summary, the team asked clarifying questions, and together a plan was developed of tasks to be accomplished to help the child(ren) achieve permanency. Each of the tasks were assigned to particular members of the team. Follow up Sessions for each team are scheduled for August, and will be held monthly thereafter as long as needed. Plans are under way for the second pilot region to have the PRTs in October.

Second Quarter Progress

Strategy IV.A.1.

Casey Family Programs has continued to work with DFCS staff to continue the pilot of Permanency Round Tables. A Follow Up session was held in Region 2 West to review the progress made on obtaining permanence for the children whose cases were reviewed in the May Permanency Round Tables. The teams who reviewed the cases in May were reassembled and each case was reviewed with an update on the Action Plans developed by the teams. Another follow up session is planned for December.

Plans are under way for two additional pilot regions to have the PRTs in October. The teams will be made up of some of the same people who were on teams in Region 2 West, with some additions of staff in an effort to give more staff an opportunity to experience the roundtable process. These staff can in turn provide information to their co-workers about the experience and spread the interest and enthusiasm for the project which is building around the state as word spreads.

Third Quarter Progress

Strategy IV.A.1.

During the third quarter, Permanency Roundtables were held in Regions V-W and VII-E over a two week period in October. Region V-W reviewed cases for twenty-seven children, and Region VII-E reviewed cases for sixty-five children. November 29-December 1, Casey Family Programs sponsored a Permanency Update for DFCS field staff, which included all regional directors and all ASWS's in the state as well as selected office staff. The meeting was held in Jackson with over 200 in attendance. More information is provided in the narrative.

Fourth Quarter Progress

Strategy IV.A.1

On February 24, 2012, Casey Family Programs staff met with the regional directors and supervisors from regions I-N, I-S, and II-E in Oxford, Mississippi. This was a general

orientation meeting for the staff in preparation for the permanency roundtables to be held during the fourth quarter. Information about the forms the workers use to prepare the case summaries and case presentations were discussed as was the overall process and the logistics of the staff training and the actual PRTs. After the meeting, Casey staff, the logistics coordinator and local DFCS staff visited each of the sites to be used for the trainings and the actual PRTs.

The cases to be reviewed were selected from the report of children in care for 3 years or more who do not have a permanent placement near finalization or who do not have a permanent connection. The schedule for the PRTs was developed in consultation with the regional directors and supervisors. Workers began completing the Case Summary forms and submitting them to the logistics coordinator. Folders for each team member were prepared with the appropriate Case Summaries included. The list of court personnel and stakeholders to be invited to the Permanency Values Training was developed by each regional director in preparation for mailing the invitation letters. The members of the five PRT teams were selected and notified of the dates and times of the trainings and the PRTs. Hotel arrangements for the team members were completed by DFCS staff. Arrangements for the meeting sites and food were completed by the local DFCS staff and Casey staff.

Fifth Quarter Progress

Strategy IV.A.1.

Permanency Roundtables were held for Regions 1 North, 1 South and 2 East during the month of April, 2012. The Permanency Values Training was held in Oxford, MS on April 19, and included DFCS staff from each of the regions involved, judges, court personnel and community stakeholders from each region. The Permanency Skills Training was held in Oxford on April 20, and included DFCS staff participating as team members in the Permanency Roundtables. The actual Permanency Roundtables were held in Oxford on April 23, 24, 25, 26, and 27. There were five PRT teams meeting concurrently the entire week and cases of eighty-six children were reviewed.

Plans are to have Permanency Roundtables in four additional regions before the end of the calendar year. Specific dates have not been set for these PRTs.

Action Step 2: Specific DFCS staff will be designated to participate on Permanency Roundtables teams with special attention given to the matching of participants skill sets to what is needed in each role for success of the objectives. Each team of six will consist of a Facilitator, a Master Practitioner, a Casey Consultant, a Scribe, the Area Social Work Supervisor of the case, and the Child's Worker.

Second Quarter Progress

Strategy IV.A.2.

Team Members for Permanency Round Tables

Facilitators

1. Andrea Thornton – Region 1 S
2. Dorothy Courtney – Regional ASWS – Region 2 E

3. Randy Boyd – Pike County ASWS – Region 5W
4. Annie Bell Varner – Region 5W

Master Practitioners

5. Patti Young – Region 1S
6. Jim O’Brian – Region 5W
7. Nicole Holliman – Region 5W
8. Karen Freemand – Region 1S

Scribes

9. Tracy Malone – Regional Director - 1S
10. Tonya Rogillio – Regional Director - 5W
11. Viedale Washington – Regional Director – 2W
12. Rena Williams – Region 5W

Permanency Consultants – (Casey Staff Members – To Be Named)

13. Virginia Pryor
14. Linda Jewell Morgan
15. Lein Bragg
16. Anita Shannon

Alternates – these people will be available to fill in for Facilitators, Master Practitioners or Scribes

17. Carolyn Townes – Consultant
18. Linda Millsap – Office Director of Family and Children’s Services – State office
19. Carolyn Gremillion – Policy Director – State Office
20. Angie Williams – Permanency Director – State Office

Floater

21. Lori Woodruff – Deputy Administrator – DFCS
22. Brenda Coe-Wess – Regional Director – 7 E
23. Tammy Miller – Office Director of Field Operations – State Office
24. Mary Ann Everett – Consultant/Logistics Coordinator

Action Step 3: Scope of Permanency Roundtable Project will be determined, including list of specific children to be included, timeframes of Roundtables, and other logistical details. Case selection criteria will be determined. Some elements reviewed will include length of child’s stay in care, whether child has an identified adoptive placement, and the stage of permanency for each child. Plans for preparation and follow-up will be determined.

Second Quarter Progress:

Strategy IV.A.3.

The purpose of Permanency Roundtables is to develop a plan to expedite permanency for children in care as well as to identify systemic barriers to permanency. The PRT stimulates thinking and learning about pathways to permanency for children. The actual PRT is a case review methodology, lead by the internal agency and supported by Casey Family Programs, which brings people together to focus on permanency planning for youth in care.

The primary goals of Permanency Roundtables are: (1) Expediting permanency,

(2) Increasing staff competencies (attitudes, knowledge, skills) related to expediting permanency, and (3) Gathering data to address systemic and cross-systems barriers to permanency (policies, protocols, procedures, training needs).

The first permanency roundtables in Mississippi were held for Region 2 West the week of May 23 – 27, 2011 in Greenville, MS. Because of the large number of youth care for more than 36 months, the decision was made that the cases of these children would be reviewed in the first pilot of the Permanency Roundtables. Most of these youth are older adolescents and many have been identified by their caseworkers as being “most difficult” or “stuck”. In Region 2 West, cases of 48 children were reviewed and Action Plans developed to work toward permanency for each child.

The Permanency Roundtable Process is described below:

TEAM COMPOSITION, ROLES, AND RESPONSIBILITIES

A core permanency roundtable team consists of the following members:

Neutral Facilitator

- Facilitates the structured case consultation
- Charts brainstorming results

Caseworker

- Presents case
- Responds to questions
- Participates in brainstorming and permanency action plan development

Supervisor

- Provides supplemental information
- Responds to questions
- Participates in brainstorming and permanency action plan development

Master Practitioner

- Provides consultation
- Brings expert knowledge of the jurisdiction’s system: its resources and challenges
- Participates in brainstorming and permanency action plan development
- Electronically documents the permanency action plan created by the team
- May conduct the weekly or monthly follow-up reviews with caseworker and supervisor on each

case in the months following the permanency roundtable

Permanency Consultant

(consultant external to the jurisdiction, often Casey Family Programs staff)

- Provides consultation
- Brings a new perspective and fresh set of eyes to the case and knowledge of best and promising practices
- Participates in brainstorming and permanency action plan development

Scribe

- Records the Permanency Action Plans on appropriate forms
- Transmits the Permanency Action Plans to the Caseworker and the Supervisor

Each permanency roundtable case consultation are scheduled for approximately two hours for one child or youth and an additional hour for each of his or her siblings in foster care, if any. At the end of each day of permanency roundtables, a half-hour is scheduled for the team to debrief.

Third Quarter Progress

IV.A.3

The Permanency Round Table process will be implemented incrementally by Region with a goal of statewide implementation. Round-tabled sessions include the cases of children in custody 36 months or longer and have not achieved legal permanence, or have specific permanent connections identified. Follow up for each set of Round Table sessions will be at quarterly increments until permanency is achieved for the children reviewed. After all identified eligible children have been reviewed by the Round Table Teams, the implementing region will begin holding Round Table sessions for those children in custody 24 months or more and then for children in custody 12 months or more who have not achieved legal permanence or have permanent connections identified. Follow up sessions will also be held quarterly after these round tables. More information is provided in the narrative.

Action Step 4: The DFCS staff designated to participate will receive specialized training as needed for their particular roles.

Second Quarter Progress

Strategy IV.A.4.

DFCS staff designated to participate in Permanency Round Tables have obtained training from Casey Family Programs. Agenda, Schedule of Training and Table of Contents have been provided as evidence of completion.

Action Step 5: Permanency Roundtable implementation will begin. The week-long Permanency Roundtable event for each area will include a day of Permanency Values training to include staff and stakeholders, a day of skills training to include Permanency Roundtable participants, 2-1/2 days of Permanency Roundtable meetings, with daily debriefings and a final debriefing. Each set of Permanency Roundtable participants will commit to action plans with the goal of achieving legal permanence and/or permanent connections for all children addressed.

Third Quarter Progress

Strategy IV. A. 5.

Permanency roundtables have been conducted in Regions V-W and VII-E. Roundtables are scheduled in 2012 for Regions I-N, I-S and II-E. A schedule of Permanency Roundtables has been provided in the evidence of completion as well as a tracking tool.

Fourth Quarter Progress

Strategy IV. A. 5.

The second follow up to the II-W Permanency Roundtables was held on January 24 and 25, 2012, in Greenville, Mississippi. Members of the original PRTs were present and the

workers and supervisors from the region presented updated information about each child. The schedule for the follow up is attached as evidence.

Fifth Quarter Progress

Strategy IV. A. 5.

Permanency Roundtables were held for Regions 1 North, 1 South and 2 East during the month of April, 2012. The actual Permanency Roundtables were held in Oxford on April 23, 24, 25, 26, and 27. There were five PRT teams meeting concurrently the entire week and cases of eighty-six children were reviewed.

Plans are to have Permanency Roundtables in four additional regions before the end of the calendar year. Specific dates have not been set for these PRTs.

The schedule for the PRT's held in April has been included as evidence of completion. A tracking tool has also been included.

Goal B: Enhance permanency through competency training to provide placement stability, determine appropriate permanency goals, achieve appropriate permanency goals, and achieve timely adoption within 24 months or less, when appropriate.

History:

In 2010, Mississippi worked with the National Resource Center for Adoption (NRCA) to offer training on their Adoption Competency Curriculum. NRCA consultants trained the Resource Supervisors on the three modules. Three 3-day sessions were conducted in May, July, and September 2010. Approximately 28 people were trained on three modules of the Adoption Competency Curriculum:

- Child Assessment and Preparation
- Family Assessment and Preparation
- Decision-making and Placement Selection

Action Step 1: Because the path to permanency is much the same whether it is through adoption, reunification, family preservation or placement with a relative, the three previously trained models of the Adoption Competency Curriculum (ACC) will be used to develop a Permanency Competency Training. Adjustments will be made on content and presentation to accommodate the broader emphasis on permanency and not just adoption. TA has been discussed with NRCA consultants. The Permanency Competency Training will reflect the 6 components of the Practice Model, the tenets of family centered practice, and agency policy. This action step will be completed by the end of the Second Quarter.

Second Quarter Progress

Strategy IV. B. 1.

The Permanency Competency Curriculum is a family-centered training curriculum with a focus on permanency and concurrent planning. The purpose of this training is to improve

staff response to children who enter foster care and their families and reduce the time a child spends in foster care, foster permanent connections, and reduce the losses that children in the State of Mississippi will experience by entering foster care. This training will be provided to all DFCS staff.

Third Quarter Progress

Strategy IV. B. 1.

The Permanency Competency Curriculum is a family-centered training curriculum with a focus on permanency and concurrent planning. The purpose of this training is to improve staff response to children who enter foster care and their families and reduce the time a child spends in foster care, foster permanent connections, and reduce the losses that children in the State of Mississippi will experience by entering foster care. This training will be provided to all DFCS staff. This curriculum has been incorporated into the pre-service training all new hires will receive and will be delivered separately to all current staff by the end of the sixth quarter to ensure all direct service workers have received the training.

Action Step 2: All direct service staff currently employed by DFCS will be trained on the Permanency Competency Curriculum by the end of the sixth quarter. Roll out of the Permanency Competency Curriculum will follow the same schedule as the roll out of the Practice Model beginning in Region I-S followed by Regions II-W, IV-N, V-W, I-N, III-S, IV-S. Regional training will begin in the fifth quarter and will be completed by the end of the sixth quarter.

Third Quarter Progress

Strategy IV. B. 2.

Mississippi is unable to meet Strategy IV.B.2 which states that training of the Permanency Competency Curriculum is to begin in the Third Quarter. Challenges with staffing have prevented us from completing the training in Regions I-S, II-W, IV-N, and V-W by the end of the Third Quarter as intended. However, progress has been made. The curriculum has already been incorporated into the pre-service training for new workers which will be implemented in February 2012. The State Office Adoption Unit, in conjunction with the Training Unit, is working to develop a revised training schedule which will be completed by the end of the Fourth Quarter.

Carola Pike and Angela Adams agree that this can be reported in the Fourth Quarter.

Fourth Quarter Progress

Strategy IV. B. 2. a-d

Initial training was provided on March 27-29, 2012, for select Regional Directors, regional supervisors and trainers. A second training is scheduled for April 10-12, 2012, for the remainder of the Regional Directors, select regional and county supervisors and Practice Model coaches. The registration list and March sign-in sheets are attached. Permanency Unit staff will work with the Bureau Director of Professional Development in the next quarter to develop a schedule to roll out this training statewide.

Fifth Quarter Progress

Strategy IV. B. 2. a-d.

Mississippi would like to renegotiate this strategy as follows:

Mississippi has been unable to meet Strategy IV.B.2 which states that training of the Permanency Competency Curriculum is to be provided in seven regions (Regions I-N, I-S, II-W, III-S, IV-N, IV-S, V-W) by the end of the fifth quarter. In fact, Mississippi originally intended to begin the trainings in the third quarter and be finished by the end of the fourth quarter. Lack of staff has prevented us from completing the training as originally intended. However, progress has been made in training regional directors, Practice Model Coaches, trainers, and in hiring additional trainers. Mississippi proposes to train the Permanency Competency Curriculum in Regions I-N, I-S, II-W, III-S, IV-N, IV-S, V-W by the end of December 2012. It will be a two day training and will be offered to all staff. Trainers will be assigned in pairs to deliver the training. A specific schedule that includes each of the seven regions and the trainers assigned to train in each region will be developed in the sixth quarter.

Sixth Quarter Progress

Strategy IV. B. 2. a.

Training is scheduled for Region I-S on October 22-25, 30-31, 2012. Training for Region II-W is scheduled for October 8-9, 10-11, 22-23, 2012. A training schedule has been submitted as EOC.

Sixth Quarter Progress

Strategy IV. B. 2. b.

Training is scheduled for Region V-W on October 8-11, 2012. Training for Region IV-N is scheduled for October 18-19, 22-23, 2012. A training schedule has been submitted as EOC.

Sixth Quarter Progress

Strategy IV. B. 2. c.

Training is scheduled for Region I-N on October 1-2, 3-5, 8-9, 11-12, 2012. Training for Region IV-S is scheduled for October 16-19, 2012. A training schedule has been submitted as EOC.

Sixth Quarter Progress

Strategy IV. B. 2. d.

Training for Region III-S is scheduled for Region III-S on November 7-8, 15-16, 2012. A training schedule has been provided as EOC.

Action Step 3: Working with the State Office Adoption Unit, Training Unit, Regional Directors, Foster Care Review Unit, and Diligent Recruitment Staff, three training teams will be assembled to train the Permanency Competency Curriculum statewide. It will be a two day training event and will be held twice in each region so that half of the staff may attend the first session and the other half may attend the second. A “train the trainer” session will be held with members of the training teams, Regional Directors and Practice

Model Coaches by the end of the fourth quarter. A training schedule, including dates, locations and an agenda, will be developed by the end of the fourth quarter.

Fourth Quarter Progress

Strategy IV.B.3.a-d.

Coaching has been provided to Regions I-S, II-W, V-W, IV-N, I-N, IV-S and III-S to aid their staff in the implementation of the Practice Model in applying Permanency Competency Training.

Fifth Quarter Progress

Strategy IV.B.3.a-d.

The Regional Directors and Practice Model coaches were trained on the Permanency Competency curriculum in March and April 2012 (5th Quarter). Coaches were instructed to immediately begin coaching staff in applying the concepts and lessons of the permanency training. Some regional directors and practice model coaches reported that some components of the Permanency Competency curriculum are similar to the practice model training and believed the permanency training to be a good refresher for staff on training they had already received. Therefore, Mississippi believes it is appropriate to claim coaching activities related to permanency since the training of the coaches in April.

Sixth Quarter Progress

Strategy IV. B. 3. a-d.

Mississippi will provide a summary report of the Practice Model Coaches' activities related to the core concepts of the Permanency Competency Curriculum. The report will be broken down by region and will include specific examples provided by the coaches. The first summary report will cover April-September 2012. Two reports will follow to cover October-December 2012 and January-March 2013. These reports will be provided by the State Practice Model Coordinator, Ramona Lockett.

The first report has been submitted as EOC.

Seventh Quarter Progress

Strategy IV. B. 3. a-d.

All Practice Model Coaches are applying the Permanency Competency Training in their consultation with staff on an ongoing basis throughout each month. The practice model coaching summaries for October through November 2012 detail coaching activities that both support the components of the Practice Model and the Permanency Competency Curriculum.

All coaching activities facilitated with front line workers are directed towards fostering permanency in a competent and timely manner while assuring safety and managing risks. The coaching summaries now include a section listing examples of coaching activities that support Mississippi's efforts in achieving permanency for the children served by the Child Welfare System. A report by Region has been provided as EOC.

Additional information was sent to CB on 3/25/2013 for Regions I-N, II-W and IV-N. CB accepted this EOC on 3/29/2013. DFCS will only report on Region V-W in the eighth quarter for February and March.

Eighth Quarter Progress

Strategy IV. B. 3. b.

DFCS submitted another summary for Region V-W in the eighth quarter for January-March, along with the coaching summaries.

Goal C: Strengthen Permanency by Diligent Recruitment and Retention of Resource Homes.

The statewide focus on diligent recruitment and retention of Resource Homes is expected to have a direct effect on the issue of placement stability. Having more homes available will help the DFCS staff to place children in homes that are better suited for their needs and reduce the chances of having to be moved to another placement.

The statewide training of foster parents and staff on new licensure standards will help the state apply its foster care standards to all licensed or approved foster family homes (Resource Homes) or child care institutions receiving title IV-E or IV-B funds.

History:

In October 2010 Mississippi was awarded one of seven discretionary grants for the Diligent Recruitment of Families for Children in the Foster Care System by the Children's Bureau. This grant is awarded as a cooperative agreement between the Administration on Children, Youth and Families (ACF), the Children's Bureau (CB) and the Mississippi Department of Human Services.

Mississippi will use these grant funds to develop and implement a diligent recruitment program to identify, prepare, and support resource families for children in the State's foster care system. Activities will focus on locating families who will serve as foster and adoptive families for children who are the most difficult to place:

- Large sibling groups
- Sexually abused children
- Children who act out sexually or are sexually active
- Pregnant girls who plan to keep the baby in the foster home
- Children with severe behavioral problems
- Teenagers of both genders, and
- Children with physical (including medically fragile), emotional or intellectual challenges.

The diligent recruitment initiative will be linked to major reforms in the State that include implementing a new Practice Model, a Continuous Quality Improvement process, and policy revision. It will also allow State Office to hire additional staff dedicated to the recruitment and retention of resource families. The State has committed to additional staff for recruitment and retention at the state level in addition to those funded by the grant.

Recruitment strategies will include general, targeted, and child-specific recruitment and will use market segmentation data to identify the types of families most likely to foster and adopt the kinds of children in Mississippi's foster care system as well as the communities where those families are most likely to live.

In addition to the financial resources of the grant, tremendous support and technical assistance are provided to grantees by the Children's Bureau and AdoptUsKids. Mississippi's grant also includes the additional support of an evaluator and the Center for the Support of Families.

The Diligent Recruitment grant requires a 12-month planning period (Phase I) for the development of the project and a 48-month implementation period (Phase II). The planning period of the grant will be completed by the end of the Second Quarter of the PIP.

Phase I (of the Grant) activities to complete in the First PIP Quarter will include hiring and training project staff and establishing the State Implementation Team. Grant staff and DFCS leadership will identify team members and the project evaluator and CSF consultant will work with grant staff to train and orient the team to their purpose and function.

Other Phase I activities will include but are not limited to:

- Obtain data needed on characteristics of children in care, the State's need for additional resource families (Quarter 1);
- Develop specific recruitment strategies and implementation schedule for Phase II (Quarter 2);
- Revise Regional Implementation Plans to include diligent recruitment strategies (Quarter 3);
- Evaluate current training, policies and procedures within the Resource Units and other units to identify changes needed for implementation (Quarter 2); and
- Consult with AdoptUsKids regarding training of their "customer service" model in Mississippi (Quarter 2).

During Phase II of the Grant, recruitment activities will be implemented to include statewide general recruitment as well as targeted and child-specific recruitment. The following general recruitment activities will begin the Fourth Quarter of the PIP and will be ongoing:

- Diversity training for resource staff;
- Statewide broadcast activities;
- Implement internal tracking procedures to identify inquiring families and status;
- Add recruitment information to MDHS web site;
- Develop contracts with Licensed Child Placing Agencies; and
- Revise and implement training for resource families.

Targeted recruitment activities will begin in Phase II and will include but are not limited to:

- Develop baseline data (Quarter 1);
- Develop Strategic Recruitment Plans (Quarter 3);
- Modify existing Regional Implementation Plans in early Practice Model regions, I-S, II-W, V-W, and IV-N (Quarter 3);
- Develop Regional Implementation Plans in later Practice Model regions, I-N, IV-S, and III-S (Quarter 4); and
- Implement other targeted recruitment activities (Quarter 3).

Child-Specific Recruitment Activities will also begin in Phase I and continue through Phase II. These will include but are not limited to:

- Update and restructure the Mississippi adoption photo listing exchange (Quarter 4);
- Fully implement the expedited licensure policy and protocol for relative resource homes (Quarter 1); and
- Use Practice Model to identify/evaluate relative resources early (Quarter 1).

Action Step 1: Design statewide resource recruitment and retention strategies and plan for gathering baseline data. The copies of the plans will be evidence of completion, in addition to a summary of recruitment and retention activities to be submitted in on-going quarters.

Third Quarter Progress

Strategy IV.C.1.

A statewide strategy for resource home recruitment and retention has been designed, as well as a plan to gather baseline data. A copy of the strategy and plan has been provided as evidence of completion.

Fourth Quarter Progress

Strategy IV.C.1.

Recruitment plans have been developed in Regions I-S and II-W. Product development is well underway and Implementation Teams in these two regions are working with Diligent Recruitment Staff in the state office to order necessary materials and supplies to carry out these plans. Implementation teams have already been organized and training underway in the next roll out Regions, IV-N and V-W.

Fifth Quarter Progress

Strategy IV.C.1.

A report has been submitted as Evidence of Completion. It is a copy of the third six-month report for Mississippi's Diligent Recruitment grant. This report covers the reporting period that ends March 31, 2012 and has been accepted and approved by the Federal Project Officer. This report details ongoing activities in Region I-S and II-W, the initiation of activities in Regions IV-N and V-W, the development of recruitment tools, revisions to existing training, addition of new training, the inclusion of private providers, changes in existing protocol, and challenges faced. Mississippi is pleased to report that

grant activities are progressing according to the grant implementation plan and schedule. While there have been challenges, Mississippi has met those challenges with team work and has remained solution-focused.

Sixth Quarter Progress

Strategy IV. C. 1.

Grant activities continue in Regions I-S, II-W, IV-N, and V-W. Feedback from these regions is mostly very positive. Few challenges or barriers have been reported, and those that have are to be expected when implementing such a change in practice. Anecdotally the regions are reporting an increase in inquiries in those counties where diligent recruitment activities have rolled out. Staff appear to be enthusiastic and excited about grant activities.

Attached is the sixth month report submitted to the Federal Project Officer for the period of April-September 2012.

Seventh Quarter Progress

Strategy IV. C. 1.

The grant evaluator has provided a preliminary draft of a data report in Region II-W. That data will be presented at an intake refresher training for Regions I-S, II-W, IV-N and V-W in February and March 2013. The draft data report is attached. The next sixth month report is due to the Federal Project Officer in April 2013.

Eighth Quarter Progress

Strategy IV. C. 1.

A draft of the sixth month report to be submitted to the Federal Project Officer for the period of October 2012 to March 2013 has been submitted as EOC. The final report is not due to the FPO until April 30, 2013 and has not yet been reviewed by the grant leadership team and grant staff. Plans for Regions II-W, IV-N and V-W have also been submitted. Remedial efforts are underway in Region I-S to bring that region current in its efforts. Training has been done in Regions I-N and IV-S. Efforts are currently underway in both of those regions to write their recruitment plans.

Action Step 2: Develop and Implement recruitment and retention strategies for the first four regions implementing the practice model, and provide a status report on the development process in the next two regions, along with a schedule to roll out in the remaining seven regions. ~~Develop and implement recruitment and retention strategies for the first seven regions implementing the practice model.~~ Evidence of completion for the first four regions will be copies of regional plan recommendations and summary of recruitment/retention activities in those regions.

Fourth Quarter Progress

Strategy IV.C.2.a.

Recruitment Plans have been developed in Regions I-S and II-W. Product development is well underway and Implementation Teams in these two regions are working with Diligent Recruitment staff in the state office to order necessary materials and supplies to carry out

these plans. Implementation Teams have already been organized and training is under way in the next roll out regions, IV-N and V-W.

Fifth Quarter Progress

Strategy IV.C.2.b.

Recruitment Plans have been developed in Regions IV-N and V-W. Both plans have been approved by the Federal Project Officer. Implementation Teams have been organized in both regions and training completed. Recruitment products and materials have been developed and are being ordered. Kick-off events have been scheduled for both regions. Regional recruitment plans have been submitted as evidence of completion.

Sixth Quarter Progress

Strategy IV. C. 2.c-d.

Diligent Recruitment/Retention activities have not begun in Regions I-N and IV-S yet. Diligent Recruitment activities roll out in Regions I-N, III-S, and IV-S in January 2013. Roll out is proceeding according to the schedule set in Year I of the Diligent Recruitment Grant. There has been no delay. It was simply an oversight to include I-N and IV-S and III-S in the sixth and seventh quarters. All three of these plans will be ready in the eighth quarter.

Staff is currently scheduling pre-planning meetings with regional directors and regional staff in I-N, III-S, and IV-S for November and December. Regional Recruitment Teams will be organized between now and January. Training, strategy development and written plans will be completed by March 2013. **DFCS requests that this strategy by renegotiated to the eighth quarter. CB agreed, see Carola Pikes email dated 10/22/2012.**

Seventh Quarter Progress

Strategy IV.C.2.c.

Grant activities have just begun in Region IV-S. There has been a general meeting held with the Regional Directors and Resource Supervisors in IV-S to discuss upcoming grant activities. Training dates have been set for IV-S resource staff, and training will be held on January, 31, February 13 and 28, 2013. Once this training is complete, the regional recruitment and retention subteam will develop a recruitment plan for the region with the assistance of staff.

The initial meeting with I-N had to be postponed due to inclement weather. We are waiting to hear back on a confirmed date. Grant activities continue in Regions I-S, II-W, IV-N and V-W.

There will likely not be completed plans by the end of the PIP timeframe which ends March 31, 2013. DFCS would like to renegotiate the EOC for this item. DFCS would like to provide CB with a progress report rather than a completed plan. CB agreed. See Carola's email 3/19/2013.

DFCS provided the new required EOC to CB on 3/25/2013. CB agreed. See Carola's email on 3/29/2013.

Seventh Quarter Progress **Strategy IV.C.2.d.**

Grant activities were scheduled to begin in Region III-S, but were delayed six months due to staff shortages in that region. DFCS hopes to begin grant activities in Region III-S in July 2013. DFCS requests renegotiation for this region. We request to provide a schedule of the roll out for the remaining seven regions. CB agreed. See Carola's email 3/19/2013. DFCS will report further on the schedule in Quarter 8.

Eighth Quarter Progress **Strategy IV. C. 2. d.**

In July 2013 grant activities will roll out in Mississippi's remaining seven regions (Regions II-E, III-N, III-S, V-E, VI, VII-E and VII-W.) A specific plan of action will be developed and implemented before July to accommodate so many regions rolling out at one time.

Individual planning conferences will be held with each of the seven regions, but the training and initial draft of the recruitment plans will be done in a conference-style meeting. If possible, each region will be allowed to bring a team of 3-5 people. Each team must include a regional point person and appropriate resource staff. Regions will be encouraged to include a resource parent and community stakeholder as well.

Grant leaders from the existing six regions will be used as small group leaders and some will be chosen to assist with training.

Action Step 3: Revise policy related to licensure standards for resource homes and facilities. (Included in Phase I of the Grant.) Evidence of completion will be a copy of the policy issued and evidence of dissemination.

Second Quarter Progress: **IV.C.3.**

Mississippi's Licensing Requirements for Residential Child Caring Agencies and Child Placing Agencies include policies and standards that govern the licensure and operation of group homes, shelters, and resource homes licensed by private providers. These requirements have recently been revised by a workgroup that includes Licensure staff, the Attorney General's Office and outside counsel representing the Department in the *Olivia Y.* law suit. Provider comments on the new requirements were looked at very closely and changes were made based on almost every comment. In October 2011 this final draft will be submitted to the Attorney General's Office and outside counsel for review and the Secretary of State's Office for the final commenting period. We anticipate a training period of January-March 2012 for providers and staff on the new requirements with an effective date of April 1, 2012.

Action Step 4: Train direct service workers, supervisors, resource workers, resource supervisors, and facility staff on revised policy related to licensure standards. (Included in Phase II of the Grant.)

Sixth Quarter Progress

Strategy IV. C. 4.

Training on the new licensure standards for Residential Child Caring and Child Placing agencies was held for facility staff on February 28-29, 2012 and March 1, 2012 from 10:00 a.m. to 12:00 p.m. at MDHS State Office. New licensure standards went into effect July 1, 2012. Three sessions were offered as a convenience to facility staff. The same information was presented at all three sessions. An overview of each section of the standards was presented. Facility Staff submitted questions in advance and licensure staff identified particular areas of concern that were highlighted. There was a time for Q&A at the meeting. Notes used to lead the training and sign in sheets have been submitted as EOC.

DFCS staff will be trained during the seventh quarter. CB agreed to renegotiate to Seventh Quarter. See Carola Pike's email dated 10/02/2012. Regional Directors will be trained on October 24, 2012 to gain knowledge and information. The RD will ensure that all of their supervisors and staff are trained by December 31, 2012.

Seventh Quarter Progress

Strategy IV. C. 4.

Regional Directors and Regional Supervisors were trained on DFCS Policy Section F. (Licensure) at Joint Resource Training on October 24, 2012. The agenda and sign in sheets have been produced as EOC. Regional Directors then trained their supervisors and staff. Their sign in sheets have been produced as EOC.

DFCS would like an extension on the following Regions: IV-N, V-W and VI. Region V-W ASWS's have received training on Section F and will begin staffing it with their workers. Region VI will train staff by the end of February. DFCS would like to forward these to Carola by March 1, 2013.

DFCS sent remaining EOC for Regions IV-N, V-W and VI on 3/4/2013 to CB.

Action Step 5: Incorporate revised licensure standards into Resource Parent training. (Included in Phase II of the Grant.)

Seventh Quarter Progress

Strategy IV. C. 5.

State Office staff is in the process of incorporating the policy revisions into the Standard Operating Procedures Manual for Resource Parents (SOP). When the SOP Manual is complete an in-service training will be developed based on the manual to be presented to all resource parents. All resource parents will be required to complete this in-service training before their license expires. A resource family license will not be renewed if this in-service has not been done.

Strategy V: Strengthening Monitoring and Oversight through Continuous Quality Improvement process.

Goal A: Mississippi's State Automated Child Welfare Information System (MACWIS) will readily identify the placement location and permanency goals for every child who is in foster care.

In efforts to assure that MACWIS will readily identify this information, it has been determined that action steps will include a validation process of particular MACWIS reports. Based on the validation of these reports, AFCARS and NCANDS will need to be resubmitted and guidance provided to staff regarding error and error trends discovered.

MACWIS Reports Validation Process – Overview

STEP 1: The process for MACWIS reports validation begins with the validation coordinator 1)conducting user testing for newly developed reports, 2) documenting the high level business rules and data point locations for each report, 3) pulling report samples (minimum of 5 – 10%), 4) assigning reports (or parts of reports) to reviewers for data validation.

STEP 2: Each data validation team member takes their assigned report (or report section) and while using the high level business rules/data point locations document as a guide, works each sample record to determine in MACWIS if the data in the system matches the report data based on the data point location within MACWIS. Each team member documents their findings within a standardized error reports document.

STEP 3: The validation coordinator compiles team member validation results for QA review, and then assigns the report or report sections to QA team members for secondary validation of results (approx 5% of reviewed cases are reviewed for QA).

STEP 4: The validation coordinator reviews all results, researches issues found, documents errors for further review by MIS. When possible, errors are communicated from the validation coordinator to the social workers for data correction. Error trends discovered during the validation process will be communicated to the Field Operations Director for dissemination to field staff to improve practice.

Reports developed during the Bridge Plan of the *Olivia Y* Settlement Agreement in the Summer of 2010, including reports listed in Action Step 1 below and any newly developed reports moving forward are scheduled for re-validation every 6 months. The re-validation process works the same as above with the exception of the validation coordinator beginning with #3 of STEP 1 – pulling report samples – since the other tasks would have already been completed during the initial round of validation.

Action Step 1: Validate MACWIS reports on Placement Stability regarding Number of children in custody 12 months or less that have 1 or 2 placements (MWZPLM5D) and Placement Stability- Number of Placements for Children in Active Custody (MWBRD07D).

First Quarter Progress

Strategy V. A. 1.

MACWIS reports on Placement Stability regarding Number of children in custody 12 months or less that have 1 or 2 placements (MWZPLM5D) and Placement Stability-Number of Placements for Children in Active Custody (MWBRD07D) were validated as evidenced by reports submitted as Evidence of Completion.

Action Step 2: Validate MACWIS report specifying Children Placed In-County and Out-of-County and within 50-mile Radius (MWLS314D)

Fourth Quarter Progress

Strategy V. A. 2.

MWLS314-Proximity of Initial Placement for all Children Entering Custody --DRAFT, IN UAT/VALIDATION

MWLS314 is in UAT/validation due to changes in report requirements and is expected to be finalized mid May.

Fifth Quarter Progress

Strategy V.A.2.

CB wanted a statement of what we did here in the Fourth Quarter. Cindy Greer sent this information to Carola Pike via e-mail on July 27, 2012. Attached to that email were a report guide and a sample detail report.

Action Step 3: Validate MACWIS report on Children who have had Permanent Plan Developed within 30 days of Entry into Foster Care (Report number will be assigned when validated report is in production.)

Fourth Quarter Progress

Strategy V. A. 3.

MWLS312-Children Who have had a Permanent Plan Developed within 30 Days of Entry into Foster Care --IN PRODUCTION

MWLS312 was finalized and in production as of October 2011

Fifth Quarter Progress

Strategy V.A.3.

CB wanted a statement of what we did here in the Fourth Quarter. Cindy Greer sent this information to Carola Pike via e-mail on July 13, 2012. Attached to that email were initial test results, a report guide and a sample detail report.

Action Step 4: Based on results of validation, resubmit AFCARS and NCANDS at or before 6-month intervals and notify Children's Bureau Regional Office of submission.

First Quarter Progress

Strategy V. A. 4.

AFCARS and NCANDS were submitted in May 2011, at or before 6-month intervals, and notification provided to the Children's Bureau Regional Office of submission. The next submission will be in November 2011.

Third Quarter Progress

Strategy V.A.4.

AFCARS and NCANDS were submitted in November 2011, and notification was provided to the Children's Bureau Regional Office. The next submission will be May 2012.

MDHS/DFCS requests that this action step be considered as complete, and no further reporting on this action step be required beyond the third quarter.

Action Step 5: Practice guidance provided to staff on errors and/or error trends according to validation process. The information will be sent from the validation coordinator to Field Operations Director to use to inform field staff so that practice can be improved.

First Quarter Progress

Strategy V. A. 5.

Practice guidance was provided to staff on errors and/or error trends according to validation process. The information was sent from the validation coordinator to Field Operations Director to use to inform field staff so that practice can be improved as evidenced by emails submitted as Evidence of Completion.

Second Quarter Progress

Strategy V. A. 5.

The information was sent from the validation coordinator to Field Operations Director to use to inform field staff so that practice can be improved as evidenced by emails submitted as Evidence of Completion.

Third Quarter Progress

Strategy V.A.5.

This information is provided to the field on a monthly basis.

MDHS/DFCS requests that this action step be considered as complete, and MDHS/DFCS will no longer be required to report on this action step beyond the third quarter.

Goal B: Have a multifaceted continuous quality assurance system that evaluates the quality of services, identifies strengths and needs of service delivery system, provides relevant reports, and evaluates implemented program measures.

History: Mississippi DFCS has used the Foster Care Review program as the primary vehicle for quality assurance. Since at least 2008, Mississippi has been in the process of developing a comprehensive continuous quality improvement unit, which includes improvements to the Foster Care Review program, but additionally includes an

Evaluation and Monitoring Unit. Since the planning for this unit began, significant progress has occurred regarding the infrastructure of the unit, such as hiring and developing staff and development of the written plan to coordinate the accountability and feedback loop to what is being trained and coached to front-line staff during the one-year implementation period of the MS Practice Model.

Action Step 1: Actively advertise and recruit to staff the Continuous Quality Improvement Unit. Staffing of the Continuous Quality Improvement Unit is ongoing. Some roles have already been filled, such as Director of CQI, Director of Evaluation and Monitoring, Director of Foster Care Review, and Director of MACWIS. Others, such as CQI Regional Coordinators, will be hired for each region before the region begins implementation of the CQI plan.

A CQI subcommittee will be designated to include Evaluation and Monitoring Unit's Regional CQI Coordinator and Foster Care Reviewer from that region plus any others designated by Regional Director. The CQI subcommittee will be made up of agency staff and, eventually, community partners, and will meet quarterly to review data from the monthly CQI case reviews, the data dashboards, and the Foster Care Review reports. The data presented will be used by the committee to help inform the Region's Implementation Team of progress toward implementing the Practice Model and to aide in the development of strategies for improvement planning.

CQI Directors' Meetings are held to provide coordination/collaboration of all CQI functions (Evaluation and Monitoring, Foster Care Review, MACWIS, Council of Accreditation (COA) process, Court Improvement, DFCS Complaint Line, and Special Safety Reviews, which address maltreatment of children in Foster Care.)

The CQI State Level Implementation Team meets quarterly to provide leadership to the overall CQI plan/process and serves as communication and support channel between state level and regional level staff.

An organizational chart with dates of hire will demonstrate the progress made in this area.

Third Quarter Progress

Strategy V.B.1.

The Continuous Quality Improvement (CQI) Unit has been staffed. The organizational chart for the CQI Unit has been provided as evidence of completion.

Fourth Quarter Progress

Strategy V.B.1.

As of April 26, 2012, the Division of Evaluation and Monitoring is made up of a Division Director, two Senior Program Administrators, a Program Manager who oversees the Complaints process, a Special Projects Officer IV assigned to carrying out Special Safety Reviews, and a Family Protection Specialist Advanced who is currently housed in the state office to assist with covering the complaints line. The Senior Program Administrators were hired primarily to provide direct supervision to the Field Liaisons for

each region and to coordinate case review operations throughout the state. There are currently five (5) Evaluation and Monitoring Field Liaisons who carry out case reviews and other monitoring activities in their assigned regions. These positions are of the Family Protection Specialist Advanced class which requires four (4) years of social work experience and a license to practice social work in the State of Mississippi. These Liaisons are currently in Region 1-North, Region 1-South, Region 2-West, Region 4-North, and Region 4-South. Recently, advertisements were made for positions to be filled in Region 3-South, Region 5-West, and Region 7-East. A Certificate of Eligibles was received on April 25, 2012 and interviews have been scheduled for May 7, 2012. It has been anticipated that these positions can be filled by June 1, 2012. In addition to the three regions mentioned above, there continues to be a need for Evaluation and Monitoring Field Liaisons in the remaining five (5) regions in the state which are Regions 2-East, 3-North, 5-East, 6, 7-West. These positions will be advertised and eventually filled as Family Protection Specialist Advanced positions (PINs) are allocated to the Division of Evaluation and Monitoring. Work is being carried out at this time by the Director of Continuous Quality Improvement to secure these needed PINs to fill the remaining vacancies in Evaluation and Monitoring as well as the other Divisions within CQI. In summary, there are thirteen (13) regions in the state for which a Field Liaison is to be assigned. Five (5) Field Liaison positions currently filled. The Division of Evaluation and Monitoring needs eight (8) positions filled to be fully staffed at the field level.

Fifth Quarter Progress

Strategy V.B.1.

CB was concerned we may not reach full staff by the end of the PIP. They suggested that we may want to reword this strategy. Rewording of this strategy and the action step are above in pink highlight. Also the revised CQI Plan submitted in the Fifth Quarter shows the hiring on schedule according to the Plan.

Action Step 2: The initial comprehensive CQI Plan has been developed and will be revised periodically. Evidence of completion will be submission of the initial CQI Plan. A CQI case review instrument with instructions, scoring guide, and guide to finding information in MACWIS has also been developed.

First Quarter Progress

Strategy V. B. 2.

The initial comprehensive CQI Plan has been developed and will be revised periodically. Evidence of completion is submission of the initial CQI Plan.

Action Step 3: A summary of activities will document how the CQI Plan is implemented in the first seven regions. Activities may include introductory meetings with direct service workers and supervisors in the regions, meeting with Regional Director and Regional Area Social Work Supervisor to plan for the CQI on-site baseline review to be conducted in that region, coordination of Regional Implementation Teams, and communication with regional staff regarding engagement of stakeholders.

First Quarter Progress

Strategy V. B. 3. a.

Region I-South and II-West (Phase One)

Regions I-South and II-West were the first two regions to implement the Mississippi Child Welfare Practice Model (MCWPM). Their planning period began January 1, 2010 with the initial implementation phase starting July 1, 2010. The first step in the implementation was for each region to develop a Regional Implementation Team. DFCS CQI staff and CSF representatives presented an overview of the MCWPM and the CQI process to staff in each region (supervisors and direct service workers).

Both regions held community kick off meetings in April 2010 to engage stakeholders in the development of their implementation plans and to strengthen the agency's partnership with community resources. In June of 2010, Regions I-S and II-W each submitted their Regional Implementation Plans and the baseline CQI reviews were conducted in each region. Following the release of the CQI baseline reviews final reports, "Data to Action" meetings were held to assist Regional Directors and their staff in using the finding of the report to revise the regional practice model implementation plans.

The MCWPM training of supervisors in regions I-S and II-W began in July and August 2010. The initial training in I-S and II-W did not include a module on safety because the statewide maltreatment training was being delivered at the same time. In September and October 2010, the DFCS PM Coaches delivered the training of the practice model to the direct service staff in their respective regions.

First Quarter Progress

Strategy V. B. 3. b.

Regions V-West and IV-North

DFCS CQI staff and CSF representatives presented an overview of the MCWPM and the CQI process to staff in each region (supervisors and direct service workers) in August 2010. In September 2010, a meeting was held between CFS representatives and the V-W and IV-N Regional Directors to initiate the discussion of their MCWPM implementation. Topics discussed were the development of the Regional Implementation Team and Plan, preparation for the initial desk audit and baseline CQI review, and the schedule and process regarding roll-out of the coaching activities. Regions V-W and IV-N submitted the first draft of their Implementation Plan at the end of December 2010.

Region V-West participated in their CQI review in late November 2010. MCWPM supervisory training was held in January 2011 with approximately 18 participants. The "Data to Action" meeting was held in April 2011. By the end of March 2011, all staff had participated in the MCWPM worker training.

Region IV-North had its CQI Review in January 2011. MCWPM training supervisory training was held in February 2011 and by the end of March 2011 all workers had participated in the MCWPM worker training. Their "Data to Action" meeting was held May 18, 2011.

Regional Directors from both regions in collaboration with CFS met to discuss next steps for implementation of the Practice Model. (Region V-W met on April 7, and Region IV-N

met on March 9th). Both regions were scheduled to submit updates to their Regional Implementation Plans by April 30, 2011.

Second Quarter Progress

Strategy V. B. 3. c.

Regions I-North and IV-South

The CQI/Practice Model overview was held in **Region I-North** on February 22-23, 2011. The baseline CQI review was held in Region I-North May 10-12, 2011, with the Exit Conference taking place on May 13, 2011. The baseline CQI report was completed on July 25, 2011, and it was forwarded to the Regional Director, Terry Phillips, after being reviewed by the agency's attorneys. The vacant Evaluation and Monitoring Liaison position was filled on September 1, 2011. After a period of training during the month of September, the Evaluation and Monitoring Liaison for Region I-North began monthly case reviews in her assigned region in October 2011. A Data-to- Action meeting was held with the Region I-North supervisory staff and other key staff on September 14, 2011 to discuss the results of the CQI baseline report and the most recent data dashboard information in an effort to help informed practice and their implementation plan of the Practice Model. Foster Care Review activities in Region I-North took place on a continuous basis during this entire reporting period.

The CQI/Practice Model overview was held in **Region IV-South** on March 3, 2011. The vacant Evaluation and Monitoring Liaison position was filled on April 1, 2011. The baseline CQI review was held in Region IV-South on July 26-28, 2011, with the Exit Conference taking place on July 29, 2011. Monthly case reviews began in August 2011 conducted by the Evaluation and Monitoring Liaison in Region IV-South. The baseline CQI report was completed on September 29, 2011 and was submitted to the Agency's attorneys. Upon receipt of the report from the attorneys, it will be forwarded to the Regional Director for Region IV-South. Discussions are taking place to schedule a Data-to- Action meeting with Region IV-South staff. Foster Care Review activities in Region IV-South took place on a continuous basis during this entire reporting period.

Second Quarter Progress

Strategy V. B. 3. d.

Region III-South

The CQI/Practice Model overview was held in **Region III-South** in March 2011. The vacant Evaluation and Monitoring Liaison position has been advertised but has not been filled. The baseline CQI review was held in Region III-South on August 23-25, 2011, with the Exit Conference taking place on August 26, 2011. The baseline CQI report is in the process of being completed. Once completed the report will be sent to the Agency's attorneys for review and then forwarded to the Regional Director in Region III-South. Foster Care Review activities in Region III-South took place on a continuous basis during this entire reporting period.

Action Step 4: Conducting the CQI baseline reviews in the first seven implementing regions will include a process similar to the CFSR, except that review items and scoring

additionally provide for measurement against COA standards and *Olivia Y.* Settlement Agreement requirements, as well as CFSR standards.

A universe of in-home and foster care cases is requested from Mississippi Information System (MIS) in each region in preparation for CQI on-site case review. Fourteen foster care cases and ten in-home cases are randomly selected from the universe of cases. Non-applicable cases are eliminated and case-specific interviewees are invited and scheduled to participate in on-site case review. Elimination criteria includes any Interstate Compact for the Placement of Children (ICPC) case, any case that has not been open 60 days within the period under review (PUR), any case that is labeled for the wrong region, or any case in which the family requests not to be interviewed. Stakeholder surveys are sent out to external and internal stakeholders (DFCS workers, DFCS supervisors, Resource Parents, judges and other court personnel, tribes involved in the region, and regional implementation team). Surveys address systemic factors: 1) Training of Staff and Providers, 2) Placement Resources, 3) Service Array, 4) Caseloads, 5) Oversight and Monitoring, 6) Court Processes, and 7) Data Quality and Usage. Surveys are collected and concluded the week following CQI baseline on-site review.

CQI staff and rotating state office staff from various program areas partner with caseworkers and supervisors from the region being reviewed to conduct the on-site review. Training is held the first day. Days two and three are reserved for case reviews, which include electronic case research and pertinent interviews with internal and external stakeholders. Debriefings are held at the end of days two and three for all case review participants to discuss findings, trends, strengths, areas needing improvement, preliminary data, status of review schedule, and to receive any additional instruction needed. Trained CQI staff conduct primary QA on case reviews as reviews are completed, providing assistance to reviewers, and fielding any safety issues discovered on days two and three. Day four is reserved for an Exit Conference, which is conducted by CQI staff and includes external stakeholders, field staff and supervisors from the region, and state office staff.

Data indicators are compiled from MACWIS and based on Practice Model components. These data indicators are used to set the baseline. This information is provided to all DFCS staff via the Data Dashboard, which is accessed through MACWIS.

A region-specific Baseline CQI Review Report is compiled after each region's baseline CQI on-site case review has been conducted. This report gives background information and evaluates that region's progress in the incorporation of each Practice Model component into daily practice. Information is compiled from 1) Data Indicators, 2) on-site case record reviews and case member interviews, 3) desk audits, and 4) stakeholder surveys.

Annual CQI Follow-Up Reviews, Monthly Reviews, and methods of communicating feedback to the field to improve practice are explained below. They will not be included in action steps, but will be included in measurement.

Annual follow-up reviews will be conducted in each of the first seven regions one year after that region's CQI baseline review, and every year thereafter. The same method used for baseline reviews will be used for the follow-up reviews.

Monthly reviews will be conducted in each of the first seven regions beginning the month following the region's baseline CQI review. Monthly case reviews are conducted on one in-home case and one foster care case in each region by the CQI Regional Coordinator who partners with a county worker from a different county than the family's case being reviewed. These reviews include interviews with case members and a debriefing of the results of the case review with the Area Social Work Supervisor, assigned caseworker, and (if available) the Regional Director or their designee. The results are then compiled and presented at the quarterly Regional CQI Committee meetings to inform practice on the Region's progress toward implementing the Practice Model. Monthly case reviews will not be conducted in months in which baseline or follow-up reviews are held.

Feedback is given to each Region regarding its progress toward incorporating concepts of the Practice Model into daily practice.

The CQI subcommittee, made up of agency staff and, eventually, community partners, and will meet quarterly to review data from the monthly CQI case reviews, the data dashboards, and the Foster Care Review reports. The data presented will be used by the committee to help inform the Region's Implementation Team of progress toward implementing the Practice Model and to aid in the development of strategies for improvement planning. Feedback is also provided to field staff through the Data Dashboard, which is accessed through MACWIS.

After the baseline CQI review is held in each of these first seven regions rolling out the Practice Model/CQI, desk audits are conducted by workers on each case having an ISP. These desk audits require them to evaluate and document on a separate desk audit form details on items where data indicators have not yet been established, such as: service type, timeliness of each ISP, date of most recent assessments, date of most recent Family Team Meeting, date of Initial Dental Evaluation, date of Initial Medical Evaluation, and date of Initial Mental Health Evaluation. Reports from Desk Audit Results are forwarded to the county and regional staff for feedback and corrective action.

Second Quarter Progress

Strategy V. B. 4. a.

Regions I-South and II-West

CQI baseline reviews have been conducted in Regions I-South and II-West. The CQI baseline reports have been provided as evidence of completion.

Second Quarter Progress

Strategy V. B. 4. b.

Regions V-West and IV-North

CQI baseline reviews have been conducted in Regions V-West and IV-North. The CQI baseline reports have been provided as evidence of completion.

Third Quarter Progress

Strategy V. B. 4. c.

Regions I-North and IV-South

CQI baseline reviews have been conducted in Regions I-North and IV-South. The CQI baseline reports have been provided as evidence of completion.

Third Quarter Progress

Strategy V. B. 4. d.

Regions III-South

CQI baseline review has been conducted in Region III-South. The CQI baseline report has been provided as evidence of completion.

Strategy VI: Strengthen Court Processes with collaboration and/or cross-training between Mississippi Supreme Court, Administrative Office of the Courts' Court Improvement Program, Mississippi's Commission on Children's Justice, Youth Court personnel, Tribes, and DFCS Staff to improve permanency outcomes.

HISTORY:

Collaboration with Court

Significant collaboration with the Youth Courts and the Mississippi Supreme Court occurred from October 2008 through June 2010. Three curricula were developed and trained to direct workers statewide and are currently part of the ongoing mandatory training for all new hires: (1) Professional Development for Youth Court Practice; (2) Interstate Compact for the Placement of Children (ICPC), Title IV-E Eligibility and the Uniform Rules of Youth Court Practice; and (3) Disproportionality and Six Steps to Find a Family: A Practice Guide for Family Search and Engagement. Keynote speakers for the Annual Judges and Referees Conferences were provided by the Administrative Office of Courts and DFCS CIP Workgroup.

DFCS participated in drafting the Uniform Rules for Youth Court Practice (URYCP) during 2008 with the Task Force appointed by the Chief Justice of The Mississippi Supreme Court. The Rules became effective January 2009. (See The Mississippi Supreme Court website under Rules for the text of the Uniform Rules for Youth Court Practice www.mssc.state.ms.us).

Goal A: is to hold seven regional summits of approximately 30-40 participants with representation from the courts, Tribes, DFCS staff and other local stakeholders to develop strategies from each Regional Implementation Plan for court-related permanency issues. Seven regional summits are planned, which correlate with the rollout of the Mississippi Child Welfare Practice Model in Regions I-S, II-W, V-W, IV-N, I-N, IV-S, and III-S.

Action Step 1: Work with the Practice Model Coordinators to identify seven dates (four in the Fall of 2011 and three dates in the Spring of 2012) to hold the summits and choose locations to hold the meeting.

Multiple Regions are targeted in order to reach the maximum number of Chancellors, Youth Court Judges, Referees, Prosecutors, Guardians *ad litem*, Court Administrators, Attorney General's Office representatives, Administrative Office of Courts representatives, DFCS Regional Directors, Area Social Work Supervisors, and Practice Model Coaches for participation in identifying barriers to permanency for children, developing short term goals and commitment of the participants to achieving the goals. The short term goals will be included in the modified Regional Implementation Plans.

Second Quarter Progress

Strategy VI.A.1.

"Legal Stakeholders for Permanency for Children" summits have been scheduled in four Practice Model Regions for the Fall of 2011. The dates and locations are as follows: Region IV-N, Starkville, MS on October 28, 2011; Region I-S, Tupelo, MS on November 3, 2011; Region V-W, McComb, MS on November 9, 2011 and Region II-W, Greenville, MS on December 2, 2011.

Third Quarter Progress

Strategy VI.A.1.

The Regional Summits scheduled for the Spring of 2012 include: March 1, 2012-Region III-S, Jackson, MS; March 30, 2012-Region I-N, Corinth, MS; and April 20, 2012-Region IV-S, Meridian, MS.

Action Step 2: A State Office coordinator will be identified to oversee development of an invitation list, an agenda, to contact potential presenters and to calendar tasks.

Second Quarter Progress

Strategy VI.A.2.

Mary Fuller is the State Office Coordinator who oversees the Court Improvement Program meetings in Jackson. Tonya Rogillio is the Regional Coordinator. Mrs. Rogillio has helped the four regions develop invitation lists and mail out save-the date cards. She also developed an agenda that will be the same throughout all of the summits. The keynote speaker will be Judge R. Michael Key from LaGrange, Georgia. Judge Key is the President of the National Council of Juvenile and Family Court Judges, and he has served on the Juvenile Court bench in Troup County, Georgia since 1989. Judge Key has served on the Committee on Justice for Children for more than 15 years, is a lead judge in the Georgia Court Improvement Initiative, and he is a frequent presenter in state and national programs.

Action Step 3: Work with Practice Model Coordinators to organize a team to contact local legal stakeholders and send out invitations, collect RSVPs and gather regional data reports in folders for dissemination.

Second Quarter Progress

Strategy VI.A.3.

Team Members include:

Region I-S: Tracy Malone, Regional Director; Sheila Nabors and Jennifer Harris, Practice Model Coordinators.

Region II-W: Viedale Washington, Regional Director; Annie Gee, Practice Model Coordinator/

Region IV-N: Vicki Reed, Regional Director; Iris Joiner and Wander Carr, Practice Model Coordinators.

Region V-W: Tonya Rogillio, Regional Director and Practice Model Coordinator.

Action Step 4: The regional coordinators will develop county invitation lists of youth court judges, referees, chancellors, GALs, county prosecutors, Attorney General's Office attorneys, DFCS Regional Directors, DFCS ASWSs, Practice Model Coaches, Administrative Office of Court and DFCS/AOC Court Improvement Program Workgroup.

Second Quarter Progress

Strategy VI.A.4.a.

Regional Coordinators for Regions I-S and II-W developed an invitation lists which includes all of the stakeholders listed in Action Step 4. Save-the-Dates were sent to all of these stakeholders in advance so that they could put the dates on their calendars as soon as possible.

Second Quarter Progress

Strategy VI.A.4.b.

Regional Coordinators for Regions V-W and IV-N developed an invitation lists which includes all of the stakeholders listed in Action Step 4. Save-the-Dates were sent to all of these stakeholders in advance so that they could put the dates on their calendars as soon as possible.

Third Quarter Progress

Strategy VI.A.4.c.

Regional Coordinators for Regions I-N and IV-S developed an invitation lists which includes all of the stakeholders listed in Action Step 4. Save-the-Dates will be sent to all of these stakeholders in advance so that they could put the dates on their calendars as soon as possible.

Third Quarter Progress

Strategy VI.A.4.d.

The Regional Coordinator for Region III-S developed an invitation lists which includes all of the stakeholders listed in Action Step 4. Save-the-Dates will be sent to all of these stakeholders in advance so that they could put the dates on their calendars as soon as possible.

Action Step 5: When the meetings are convened in each Region, the invitees will become a standing committee known as “Legal Stakeholders for Permanency for Children”. This group will develop short term plans to address barriers to permanency which will become part of the modified Regional Implementation Plans.

Third Quarter Progress

Strategy VI.A.5.a.

Legal Stakeholders for Permanency for Children convened on November 3, 2011 for Region I-S; and December 2, 2011 for Region II-W.

Third Quarter Progress

Strategy VI.A.5.b.

Legal Stakeholders for Permanency for Children convened on October 28, 2011 for Region IV-N; and; November 9, 2011 for Region V- W.

Fourth Quarter Progress

Strategy VI. A. 5. c.

Legal Stakeholders for Permanency for Children convened on March 30, 2012 for Region I-N, and Region IV-S convened on April 20, 2012. Region I-N had five Judges/Referees in attendance, three prosecutors, one prosecutor’s assistant and four guardian ad litem. Sign-in sheets for Region I-N were emailed to Carola Pike as EOC on June 21, 2012. Region IV-S did not have any court representatives present.

Fourth Quarter Progress

Strategy VI. A. 5. d.

Legal Stakeholders for Permanency for Children convened on March 1, 2012 for Region III-S.

Action Step 6: Regional Implementation Plans will be modified at each regional summit as determined by attendees in the county regarding specific barriers to permanency.

Fourth Quarter Progress

Strategy VI. A. 6. a.

Region I-S and II-W modified the respective Regional Implementation Plan as determined by attendees at the “Legal Stakeholders for Permanency for Children” to include the short term goals to address barriers to permanency.

Fourth Quarter Progress

Strategy VI. A. 6. b.

Region V-W and IV-S modified the respective Regional Implementation Plan as determined by attendees at the “Legal Stakeholders for Permanency for Children” to include the short term goals to address barriers to permanency.

Fourth Quarter Progress

Strategy VI. A. 6. c.

Region I-N and IV-S modified the respective Regional Implementation Plan as determined by attendees at the “Legal Stakeholders for Permanency for Children” to include the short term goals to address barriers to permanency.

Fifth Quarter Progress

Strategy VI.A.6.a-c.

CB wanted updated Regional Implementation Plans. These plans that were updated since these Regions held their summits. If a plan had not changed, they wanted an explanation. Updated plans have been submitted for Regions I-S, III-S, IV-S, and IV-N. An extension of time to August 17, 2012 to provide the EOC was requested and granted by CB for Regions I-N, II-W and V-W. This information was submitted to Carola on 8/16/2012.

Fifth Quarter Progress

Strategy VI. A. 6. d.

Region III-S modified its Regional Implementation Plan as determined by attendees at the “Legal Stakeholders for Permanency for Children” summit to include the short term goals to address barriers to permanency. The modified plan has been submitted as evidence of completion.

Action Step 7: A reporter for each Regional Summit will be appointed to forward a quarterly progress report of the Regional Implementation Plan to the Court Improvement Program workgroup (CIP) for tracking improvement. Also, the Regional Implementation Plans will be monitored and progress reported through the Practice Model process.

Fourth Quarter Progress

Strategy VI. A. 7. a.

Region I-S has identified a reporter, Tracy Malone, to forward a progress report on Regional Implementation Plan quarterly to Administrative Office of Courts and DFCS Court Improvement Program Workgroup. Region II-W has identified a reporter, Viedale Washington, to forward a progress report on Regional Implementation Plan quarterly to Administrative Office of Courts and DFCS Court Improvement Program Workgroup. CB did not receive a progress report from Region II-W. R-II-W provided EOC in Fifth Quarter. This information was submitted to Carola on 8/16/2012.

Fourth Quarter Progress

Strategy VI. A. 7. b.

Region V-W has identified a reporter, Tonya Rogillio, to forward a progress report on Regional Implementation Plan quarterly to Administrative Office of Courts and DFCS Court Improvement Program Workgroup. Region IV-N has identified a reporter, Victoria Reed, to forward a progress report on Regional Implementation Plan quarterly to Administrative Office of Courts and DFCS Court Improvement Program Workgroup. CB did not receive a progress report from Region IV-N during the Fourth Quarter. Region IV-N has submitted a report and included it with the Fifth Quarter PIP submission. An

extension of time to August 17, 2012 to provide the EOC was requested and granted for Regions V-W. This information was submitted to Carola on 8/16/2012.

Fifth Quarter Progress

Strategy VI. A. 7. c.

Region I-N has identified a reporter, Terry Phillips, to forward a progress report on Regional Implementation Plan quarterly to Administrative Office of Courts and DFCS Court Improvement Program Workgroup. Region IV-S has identified a reporter, Tina Stokes, to forward a progress report on Regional Implementation Plan quarterly to Administrative Office of Courts and DFCS Court Improvement Program Workgroup. An extension of time to August 17, 2012 to provide the EOC was requested and granted for Regions I-N. This information was submitted to Carola on 8/16/2012.

Fifth Quarter Progress

Strategy VI. A. 7. d.

Region III-S has identified a reporter, Maggie Mixon, to forward a progress report on Regional Implementation Plan quarterly to Administrative Office of Courts and DFCS Court Improvement Program Workgroup. Region III- S report has been submitted as evidence of completion.

Sixth Quarter Progress

Strategy VI. A. 7. a-d.

Each Region has submitted a quarterly report for their Regional Implementation Plan for April-June 2012.

Seventh Quarter Progress

Strategy VI. A. 7. a-d.

Each Region has submitted a quarterly report for their Regional Implementation Plan for July-September 2012.

DFCS submitted additional information to CB for Regions I-S, V-W, I-N, IV-S and III-S. CB agreed with the updated EOC. See Carola's email 3/29/2013. No further reporting for this item.

Action Step 8: Develop a short survey on Survey Monkey regarding feedback from judges on how the Regional Implementation Plan has been implemented in their court at the Annual Judges and Referees Conference in 2012.

Sixth Quarter Progress

Strategy VI. A. 8.

CB agreed to renegotiate this until Eighth Quarter. See Carola Pike's email dated 10/02/2012.

Eighth Quarter Progress

Strategy VI. A. 8.

The Survey Monkey was created on December 10, 2012. Only 8 out of 79 participants responded to the survey. A copy of the survey questions and results has been submitted as EOC.

Action Step 9: Work with Center for Support of Families to develop agenda to include an overview of the Mississippi Practice Model.

Second Quarter Progress

Strategy VI.A.9.

The Court Improvement Workgroup has worked with the Center for Support of Families to develop an agenda which includes an overview of the Mississippi Practice Model. A summary of the agenda development has been provided as evidence of completion.

Goal B: is to develop training for the Annual Judges and Referees Conference regarding diligent search and engagement of families in permanency planning.

Action Step 1: The Conference is scheduled for September 14-16, 2011 in Natchez, Mississippi. This Conference is mandatory for all Youth Court Judges and Referees, as well as Chancellors. The Mississippi Judicial College will send out the notices, agenda, registration and program for the Conference.

First Quarter Progress

Strategy VI. B. 1.

The Mississippi Judicial College posted the 2011 conferences for Judges and Referees on their website at <http://www.olemiss.edu/depts/mjc/>. The Conference is scheduled for September 14-16, 2011 in Natchez, Mississippi.

Action Step 2: The Administrative Office of Courts will print conference materials for the training.

Second Quarter Progress

Strategy VI.B.2.

The Administrative Office of Courts compiled a folder for the 2011 Annual Judges and Referees Conference. The folder included the following: an Agenda, a Save-the Date Bulletin, Key Principles for Permanency Planning for Children handout, and a Permanency Planning and Family Engagement Powerpoint Presentation.

Action Step 3: Technical assistance will be requested from the National Resource Centers on diligent search and engagement of families in permanency planning for the 2011 Conference. Additional technical assistance will be requested for topics requested by the judiciary for the 2012 Conference. The National Resource Centers will provide the curricula and speakers for these events.

First Quarter Progress

Strategy VI. B. 3.

The Administrative Office of Courts and the DFCS Court Improvement Workgroup have requested and received TA from the NRC on Legal and Judicial Issues to secure Texas Model Youth Court Judge, Darlene Byrne, as the keynote speaker for the conference. Judge Byrne will speak regarding Family Search and Engagement.

Fourth Quarter Progress

Strategy VI.B.3.

Practice Model - Judge Michael Key

Since September of 2011 through April of 2012, Judge Michael Key, Troup County, Georgia, has visited approximately six (6) regions of in the state of Mississippi in order to present Practice Model information from a judicial prospective. Although the audiences were predominantly composed of social workers, judges, and other youth court personnel were also present. It was during these conferences that some ranking members of the Counsel of Youth Court Judges agreed that the information shared by Judge Key at the Regional Permanency Summits on the Practice Model would be vital to judges throughout the state. Therefore, Judge Key is being scheduled to present at the Youth Court Judges and Referees Conference held on September 12-14, 2012 in Natchez, MS. We look forward to his continued assistance in our remaining regions as well.

A Judicial Guide to Child Safety in Custody Cases

Mississippi Judicial College scheduled a conference for Trial and Appellate Court Judges. In preparation for this conference, the Court Improvement Work Group contacted Katheryn Yetter of the National Council of Juvenile and Family Court Judges to seek out judicial instruction for chancery judges involved in child custody cases. For several weeks, Ms. Yetter began the search for appropriate judicial instructors. CIP funding was secured to pay for all expenses. AOC entered into a Memorandum of Agreement in order to reimburse NCJFCJ for all costs incurred.

The two judges presented on April 26, 2012 from a Judicial Guide produced by the National Council on Juvenile and Family Court Judges. This presentation was recommended to an audience of predominantly chancery court judges due to their frequent involvement with child custody cases. Speakers are Judge Amy Krause (Michigan) and Judge Jerry Bowles (Kentucky).

Because custody cases involving abuse have intermingled issues of safety and access, judges require effective and accessible information and tools to aid their decision-making. The Judicial Guide used in this session contains 14 bench cards which provide an easy-to-use checklist system for judges at critical decision-making points throughout the case, as well as a supplemental guide which provides additional information about in- and out-of-court behaviors, best interest of the child, and order issuance and enforcement.

Also speaking will be Patricia Walker Fitzgerald who will be presenting on Parent Representation, and Martha Bloomquist will present on Best Practices.

Action Step 4: The training will be presented at the Youth Court Judges and Referees Conference September 15, 2011.

Second Quarter Progress

Strategy VI.B.4.

The Keynote Speaker, Judge Darlene Byrne-Texas Model Youth Court Judge, conducted a presentation on Permanency Planning and Family Engagement at the Youth Court Judges and Referees Conference September 15, 2011. Judges and Referees also received benchcards on the topic of permanency, including diligent searches.

Goal C: is to improve timeliness of filing termination of parental rights petitions (TPR) by DFCS submitting complete and accurate TPR packets to the Attorney General's Office (AG's) and for the AG's Office to file TPR petitions timely.

Action Step 1: In Mississippi, the AG's Office is appointed by statute to file petitions for termination of parental rights and set hearings. DFCS, AOC and the AG's Office representatives will meet monthly to analyze the tracking documents produced by the AG's Office and DFCS' Mississippi Automated Child Welfare Information System (MACWIS) reports regarding children in custody 13 out of 22 months, 15 out of 22 months and other reports.

First Quarter Progress

Strategy VI. C. 1.

DFCS, AOC and the AG's Office representatives began meeting in March 2011 to analyze the tracking documents produced by the AG's Office and DFCS' Mississippi Automated Child Welfare Information System (MACWIS) reports regarding children in custody 13 out of 22 months, 15 out of 22 months and other reports. Action Plans are updated monthly. A TPR Subcommittee was formed in March 2011 to identify barriers to TPR; contact supervisors regarding deficiencies in data entry or processing of complete TRP packets to forward to the AG's Office. At times the meeting involves the entire Court Improvement Workgroup and other times the newly formed TPR Subcommittee meets to analyze reports.

Second Quarter Progress

Strategy VI.C.1.

DFCS, AOC and the AG's Office representatives met monthly from July-September 2011 to analyze the tracking documents produced by the AG's Office and DFCS' Mississippi Automated Child Welfare Information System (MACWIS) reports regarding children in custody 13 out of 22 months, 15 out of 22 months and other reports. Action Plans were updated monthly. Reports were emailed to the Regional Directors who reviewed and forwarded to direct staff for corrective action to move children toward permanency.

Third Quarter Progress

Strategy VI.C.1.

DFCS, AOC and the AG's Office continued to meet monthly from October 2011-December 2011. Action plans were updated monthly. Reports continued to be emailed to the Regional Director's, who forwarded them to direct staff for corrective action plan.

Fourth Quarter Progress

Strategy VI. C. 1.

DFCS, AOC and the AG's Office representative met monthly from January 2012-March 2012. Action plans were updated monthly. Reports were mailed to the Regional Directors, who forwarded them to direct staff for corrective action. The DFCS and AG Tracking Reports are posted on the DFCS Connection available to all staff to review how TPRs are moving through the legal system and if any additional information is required from the field in order to proceed.

Fifth Quarter Progress

Strategy VI.C.1.

DFCS, AOC and the AG's Office met monthly from April-June 2012. Action plans were updated monthly. Reports were mailed to the Regional Directors, who forwarded them to direct staff for corrective action. The DFCS and AG Tracking Reports are posted on the DFCS Connection available to all staff to review how TPRs are moving through the legal system and if any additional information is required from the field in order to proceed. Meetings have been scheduled through April 2013.

MDHS/DFCS requests that this Action Step and Benchmarks be considered complete.

Action Step 2: The AG's Office will collaborate with DFCS and AOC to analyze the current separate tracking reports that are prepared by DFCS and the AG's Office to identify barriers to filing petitions timely and achieving adoption or other permanent placement timely. This goal will focus on CFSR Item 28 regarding filing of TPR petition when a child has been in custody 15 out of 22 months. The AG's Office will provide monthly reports regarding TPRs pending 0-3 months; 3-6 months; and 6 months and older to DFCS which track name of child, date TRP packet is received, date filed, attorney responsible for filing the petition, county and status of hearing set. The AG's Office will also provide instructions for submitting a TPR packet and Checklist for Termination of Parental Rights Actions.

First Quarter Progress

Strategy VI. C. 2.

A TPR Subcommittee was formed in March 2011 to identify barriers to TPR; contact supervisors regarding deficiencies in data entry or processing of complete TRP packets to forward to the AG's Office. The TPR Subcommittee provided the AG's Office TPR Status Report to the Regional Directors on May 19, 2011. The FCR Director provided the Director of Field Operations and the Director of Permanency with tracking forms from the 4253 completed by the FCR reviewers with January 2011 data. These reports will be provided monthly for review, plan of correction and follow up. The AG's Office provides

monthly reports regarding TPRs pending 0-3 months; 3-6 months; and 6 months and older to DFCS which track name of child, date TRP packet is received, date filed, attorney responsible for filing the petition, county and status of hearing set. The AG's Office provides instructions for submitting a TPR packet and Checklist for Termination of Parental Rights Actions.

The TPR Subcommittee identified breakdowns and/or barriers to timeliness of submitting packets to the AG's office in this quarter as:

- Current DHS tracking report at State Office is a Weekly Report; AG's Office tracking report is a Monthly Report, so the figures are different.
- Birth Certificate has misspelled names, conflicting names between siblings information regarding the mother's name or race (when all siblings have the same mother).
- Court Orders are incorrect due to clerical error or incorrect Birth Certificate information.
- Process to correct Birth Certificates is lengthy: Worker must write a letter to the Department of Vital Statistics, wait for an application to correct the information, then return to Vital Statistics and wait for corrected Birth Certificate.
- Lack a process to catch incorrect information on Birth Certificates upon receipt originally. Worker should verify information and ASWS should do a second verification.
- Missing 459s (voluntary surrender of parental rights) when parent signs one during a court hearing. State Office is often unaware of 459s.
- DFCS practices which create reasons for continuance of TPR hearing:
 - Lack of diligent search
 - Contact information for persons who require notice is not updated
 - Person who have a right to notice are not notified
 - TPR Memo for AG's Office has "Unknown" for father – i.e. Judge asks if child knows the father and child knows who the father is and where he lives.

Solutions to barriers to Timeliness of Submitting Packets to the AG's Office were identified as:

- Need policy to assign responsibility for accuracy of Birth Certificates to Worker and ASWS.
- Need policy to assign responsibility to Worker for submitting 459s with the TPR packet to State Office.
- Need policy regarding level of review before 459s are offered to parents due to irrevocable after signed; mother receives no services; and father has no child support responsibilities. 459s should not be executed in cases where adoption is not the primary goal.
- Need a form for persons to sign that they were notified of the hearing and given information regarding right to retain an attorney.
- Need to see which MACWIS report identifies children without exceptions for whom TPR has not been filed and develop process for accountability of forwarding TPR packet to State Office when adoption is the primary goal.

Second Quarter Progress

Strategy VI. C. 2.

The TPR Subcommittee identified a breakdown in the filing methods of TPR packets at State Office. The packets outstanding on the AG's Report need to be identified and separated from TPRs which have been dismissed, reached finalization or voluntary surrender on 459s signed. A systematic review of cases in the file room at State Office is in process to match cases with the list on the AG's Report and to determine closure or resolution for all other files remaining.

Another barrier was lack of instructions regarding the next steps a worker should take after receiving the DFCS TPR Report and the AG's TPR Report. Instructions were drafted and will be part of the email to the Regional Directors with the reports monthly.

Third Quarter Progress

Strategy VI.C.2.

The TPR Subcommittee identified a breakdown in the completion of diligent search efforts, which hold up the TPR process because of notice requirements. Also, many counties are in need of TPR training.

Fourth Quarter Progress

Strategy VI. C. 2.

There is a disconnect with the workers getting requested information back to the AG's office in a timely manner, such as the workers not reviewing the Petition in a timely manner and not correcting the information in the Petition in a timely manner.

Fifth Quarter Progress

Strategy VI.C.2.

The field is notified regarding the TPR reports via e-mail as described in the action step below. Also, beginning in June 2012, an article regarding TPR tips will be submitted for the DFCS Newsletter. Each month the TPR subcommittee will submit an article relating to TPR process and packets. TPR training is discussed in the next action step.

An instruction sheet for requesting more information on TPR packets has been developed and explains the TPR process and what happens if the requested information is not received. There is also a packet documentation request form. Copies of these have been submitted as evidence of completion. Notice to the field was provided via email that information was posted to the DFCS Connection.

MDHS/DFCS requests that this action step be considered as complete, and no further reporting on this action step be required beyond the third quarter.

Action Step 3: Representatives will identify where breakdowns occur in the TPR process at the monthly meetings, notify DFCS staff of breakdowns and outline corrective plans of action.

First Quarter Progress

Strategy VI. C. 3.

Representatives from DFCS and the AG's office identified where breakdowns occur in the TPR process at the monthly meetings. DFCS staff received notice of breakdowns and were instructed to make corrective plans of action as evidenced by emails with AG's report on pending TPRs attached.

Second Quarter Progress

Strategy VI. C. 3.

Representatives from DFCS and the AG's office identified breakdowns in communication with the workers regarding next steps upon receipt of the TPR reports. Instructions were included in the emails with the TPR Reports attached.

Third Quarter Progress

Strategy VI.C.3.

In the coastal counties a breakdown in diligent search efforts was identified. The Regional Director's were notified and diligent search training was held in those counties, Jackson, Harrison and Hancock. Also, many counties in the state are in need of TPR training. A TPR training curriculum is in the process of being developed. The Regional Director's have been asked if they would like to receive additional TPR training.

Fourth Quarter Progress

Strategy VI. C. 3.

TPR training will begin in May 2012. The training will begin with the following counties: Hinds, Harrison, Hancock and Jackson and continue throughout the state. If the AG's office is not receiving information in a timely manner, the packet should be returned to the Permanency Unit.

Fifth Quarter Progress

Strategy VI.C.3.

A brief training has been developed. This overview will mostly take place during the Regional Staff meetings, or by county in some Regions. This training is an overview of the TPR process and how to put together the TPR packet. TPR training was held in Region III-S on May 17, 2012. The Regional Director was in attendance, as well as the Regional ASWS, the Practice Model Coach, a Resource worker, several ASWS's and direct field staff workers. A TPR update was held on May 18, 2012 with the Foster Care Review Staff to make them aware of the TPR changes and update them on the upcoming trainings. Upcoming trainings are scheduled as follows: Region VII-W, July 12, 2012; Region VII-E, July 13, 2012; Region V-E ASWS's, July 19, 2012. Region V-E direct staff will be trained at a later date beginning with Lincoln and Copiah county staff, August 16, 2012. The training packet and sign-in sheets have been submitted as Evidence of Completion.

CB would like a report on the progress from the group since these meetings have been held. It is early to determine progress made from the training until new packets began to arrive from the counties where training took place. The Workgroup will discuss this issue

at the August CIP meeting and develop a method of assessing effectiveness of the TPR training.

Action Step 4: The DFCS Permanency Unit will track packets submitted by the field staff for completeness and determine whether packets return to the county for additional information. MACWIS reports currently available are:

- MWCURTP2 Listing of Children Freed for Adoption: Region/County/Total Plan/Total TPR
- MW14017S Children with Court Ordered TPR Request – State Totals
- MW14017R Children with Court Ordered TPR Request – Region Totals
- MW14017E Court Ordered TPR Request – Without Judge’s Request Date
- MWZ014S1 Children Who Have Been in Custody for 15 out of the Most Recent 22 Months with **no** ASFA Exception Noted: County/Region/State Summary Totals
- MWZ014S2 Children Who Have Been in Custody for 15 out of the Most Recent 22 Months **with** ASFA Exception Noted: County/Region/State Summary Totals
- MWZ014D3 Children Who Have Been in Custody for 13 out of the Most Recent 22 Months with **no** ASFA Exception: Worker/Child ID/Child Name/Birth Date/Custody Date/Time in Custody/TRP Req. Date/TRP Pet. Filed Date/Legally Freed Date
- MWZ014S3 Children Who Have Been In Custody for 13 out of the Most Recent 22 Months with **no** ASFA Exception: Region/County/Total w/TPR Request Date/Percent; Total w/TPR Petition Filed/Percent; Total Legally Freed Date/Percent

First Quarter Progress

Strategy VI. C. 4.

The Tracking Form for TPR:

- tracks a TPR packet from the date, (stamped date) DFCS receives the packet at State Office;
- includes the child’s (or children’s) names, race, sex, date of birth, and date of custody;
- includes County of Responsibility;
- includes Social Worker and Region;
- includes 459 Court Order;
- shows date received by State Office
- shows date the packet is reviewed for completeness
- indicates the date missing document information is requested, if needed;
- shows date missing document(s) is received;
- shows date of second review for completeness;
- shows date the packet is sent to AG's Office;
- indicates date the Petition is signed; and
- includes date of completed TPR (Judgment) and comments.

The Tracking Form is designed in increments of quarters starting with 0-3 months, 3-6 months, and 6 months and longer. The purpose of AG's tracking Form is to track the status of a packet in accordance with the DFCS tracking form in increment of quarters starting from 0-3, months, 3-6 months, and 6 months and longer to ensure that the Adoption Unit number of TPRs agrees with AG's Office report. This list is currently being shared with the RD for information only.

Second Quarter Progress

Strategy VI. C. 4.

DFCS and the AG's Office continue to track TPR packets through several reports as outlined in First Quarter Progress.

Third Quarter Progress

Strategy VI.C.4.

DFCS and the AG's Office continue to track TPR packets through several reports as outlined in the First Quarter submission and Minutes of TPR Subcommittee.

Fourth Quarter Progress

Strategy VI. C. 4.

DFCS and the AG's Office continue to track TPR packets through several reports as outlined in the First Quarter submission and Minutes of TPR Subcommittee.

Fifth Quarter Progress

Strategy VI.C.4.

DFCS and the AG's Office continue to track TPR packets through several reports as outlined in the First Quarter submission and Minutes of TPR Subcommittee. Redacted reports have been submitted as evidence of completion.

CB would like a report on the progress from the group since these meetings have been held. Detailed TPR checklists and TPR Trainings have been developed to minimize errors and simplify the process of compiling a TPR packet. Therefore, complete TPR packets with fewer errors are arriving in State Office. Several protocols have been implemented to request needed documentation in a timely manner as well as case staffings which need extra attention. It now takes less time to review the TPR packets and submit to the AG Office and the packets are usually complete and accurate which allows the AG Attorney to file the petitions timely.

Tracking forms developed by the AG Office and State Office are posted on the DFCS Connection so all staff can view the progress of their TPR cases at any time in the process. This has assisted in securing needed documentation, signatures on petitions, and other information which expedites the TPR process. A summary of the progress that has been made was submitted to Carola Pike on August 16, 2012.

MDHS/DFCS requests that Goal C be considered as complete, and no further reporting be required beyond the third quarter.

Action Step 5: DFCS will develop a system for monitoring cases where child's primary goal is adoption or has been changed to adoption.

Second Quarter Progress

Strategy VI.C.5.

The current Foster Care Review (FCR) process provides a system to monitor and report on each individual child, which includes all children in care 13 or more months. Two reviews are completed on these children prior to 13 months. At 15 months another review occurs. Those children without compelling reasons or a TPR packet are identified. The report goes to the county ASWS, who then is required to have a case staffing with the worker and develop corrective action timeframes. The Director of FCR identifies the individual names of those children cited and identifies cases without a TPR report. These cases are sent to Field Operations at the State Office, the Permanency Unit and the Court Improvement Program TPR Subcommittee to raise awareness of the number of children who should be freed for adoption. Proper administrative follow up is expected on these cases. The FCR instrument and tracking forms are being developed or revised to monitor these particular cases.

Action Step 6: Submission of a TPR packet to State Office will be required within 30 calendar days of the designation of the primary goal as adoption in new cases, or change in the primary goal to adoption when reunification has not been achieved.

Second Quarter Progress

Strategy VI.C.6.

When a child's permanency goal is established as adoption, DFCS shall submit a TPR packet to the State within 30 calendar days (MDHS DFCS Policy Section D, p. 106). Within 30 calendar days of receipt of the TPR packet by the State Office, the State Office shall review the packet, remedy any deficiencies, and submit a TPR referral to the Office of the Attorney General. Within 30 calendar days of such referral, the Office of the Attorney General shall either file a petition for TPR or document to DFCS a legal deficiency preventing timely filing. Within 10 working days of receiving documentation of a legal deficiency, the assigned DFCS caseworker shall document to the Office of the Attorney General the steps to be taken to address the deficiency. The DFCS caseworker and that caseworker's supervisor shall meet in person every 30 calendar days thereafter to document progress being made to address the legal deficiency until a TPR referral has been accepted as legally sufficient by the Office of the Attorney General, who shall file the petition for TPR within 30 calendar days.

Goal D: is to notify all persons involved in a case, who have the right to present information in hearings, of the date, time and location of such hearings in advance sufficient to make arrangements to attend.

Recent changes in the Social Security Act – Title IV-E confer a “right” to be heard instead of an “opportunity” for preadoptive parents and other caregivers at all reviews and permanency hearings. The Fostering Connections to Success and Increasing Adoptions

Act of 2008 also requires notice to all adult relatives of a child within 30 days of the child's removal, of the relatives' options to become a placement resource for the child. The Courts are required to document in their orders that such notifications have occurred.

Action Step 1: DFCS will revise policy regarding duty to notify all persons who have the right to present information or participate in hearings according to Mississippi statute and federal guidelines.

First Quarter Progress

Strategy VI. D. 1.

DFCS revised policy regarding duty to notify all persons who have the right to present information or participate in hearings according to Mississippi statute and federal guidelines as evidenced by Policy submitted as Evidence of Completion.

Action Step 2: Train supervisors and direct service workers regarding duty to notify all persons who have the right to present information or participate in hearings according to Mississippi statute through Advanced Professional Development for Court Procedure.

Third Quarter Progress

Strategy VI. D. 2.

Advanced Professional Development and Court Procedure will not rotate through training until March or April.

Carola Pike and Angela Adams concur that revised training schedules and revised curriculum can be reported in the Sixth Quarter.

Sixth Quarter Progress

Strategy VI. D. 2.

Advanced Professional Development and Court Procedure has been scheduled in many Regions, and is continuing to be scheduled in the remaining Regions. The current training schedule has been produced as EOC, as well as the curriculum update.

Seventh Quarter Progress

Strategy VI. D. 2.

The training unit is currently training and scheduling the Advanced Professional Development and Court Procedure. All regions may not receive training by the end of March 31, 2013.

CB agreed to renegotiate this action step, and to allow the Regional Directors to staff the duty to notify requirements with their ASWS's and direct workers by the end of January 2013. Therefore, this will be reported in the eighth quarter. Regional Directors will provide sign-in sheets of the meetings when this was staffed as EOC in the eighth quarter. See Carola's email dated 12/11/12.

Eighth Quarter Progress

Strategy VI. D. 2.

Regional Directors have staffed this requirement with all staff, and/or staff has received the Advanced Professional Development and Court Procedure training. The Advanced Professional Development and Court Procedure training has occurred in every Region at least once since the seventh quarter. A copy of the sign-in sheets from the staffing, a schedule of the trainings and sign-in sheets from the trainings have been provided as EOC.

Action Step 3: DFCS will reinforce the duty to notify all persons who have the right to present information or participate in hearings according to Mississippi statute by the third PIP quarter in Regional Directors' and ASWS' staffing meetings with direct service workers. Agendas of the staffings will be provided to the CIP workgroup for tracking.

Third Quarter Progress

Strategy VI. D. 3.

DFCS policy has been revised and a statewide memorandum has been sent via email requiring Regional Directors and ASWS's to staff all direct service workers on this matter before January 31, 2012. The sign-in sheets will not be available before the Third Quarter due date.

Carola Pike and Angela Adams agreed that the sign-in sheets could be provided in the Fourth Quarter.

Fourth Quarter Progress

Strategy VI. D. 3.

DFCS reinforced the duty to notify all persons who have the right to present information or participate in hearings according to Mississippi statute in Regional Directors' and ASWS' staffing meetings with direct service workers. Staff was trained as evidenced by the Sign-In Sheets. No agendas were prepared since the staffing was specifically regarding the notice requirements

Action Step 4: DFCS will provide information, such as bench cards, regarding rights of persons to present information at hearings to judges and court personnel at the Judges and Referees Conference and at the seven Regional Summits to be held in the first seven regions implementing the Practice Model, I-S, II-W, V-W, IV-N, I-N, IV-S, and III-S.

Second Quarter Progress

Strategy VI.D.4.

Judges attending the Annual Judges and Referees Conference in September 2011 received benchcards on permanency. The Judges who were not in attendance will be provided the benchcards in the Regional Summits of the Legal Stakeholders for Permanency October-December 2011 for I-S, II-W, IV-N and V-W.

Third Quarter Progress

Strategy VI.D.4.

Judges who attended the Regional Summits held during October-December 2011 received benchcards on permanency. Benchcards were also left with Regional Directors to distribute to those Judges who were unable to attend the summits.

Action Step 5: One element of this goal will be to provide information regarding these requirements through a letter from the Mississippi Supreme Court to all Chancellors, Youth Court Judges and Referees in Mississippi. Further, this goal includes making sure DFCS staff are aware of their duty to notify all persons, who have the right to present information at scheduled reviews or permanency hearings, sufficiently in advance to make arrangements to attend.

First Quarter Progress

Strategy VI. D. 5.

A letter from the Mississippi Supreme Court Chief Justice William Waller, Jr. was sent to Chancery Judges, Youth Court Judges and Referees on May 24, 2011 citing the statutory notice requirements and instruction for compliance.

Action Step 6: A report will be developed by the Administrative Office of Courts Court Improvement Program, through Mississippi Youth Court Information Delivery System, (MYCIDS), to track participation at hearings. Feedback will be available quarterly to the court in counties that are fully operational using MYCIDS through AOC.

Eighth Quarter Progress

Strategy VI. D. 6.

There are 42 out of 82 counties that are operational in MYCIDS.

MYCIDS has a screen where the court staff can enter the names, addresses and relationships of persons who are required by law to be notified of hearings. Notices can be automatically generated.

Further, there is place to enter the names of persons who attended hearings. If counties are fully implementing MYCIDS and entering this information in the system, the information populates into the Order which pertains to that specific hearing. Judges are able to view the information in the Order prior to signing. When this information is included in court orders, there are fewer delays for termination of parental rights proceedings because there is a record of participation in each order which generally will be undisputed.

C. IMPLEMENTATION AND MONITORING

The Program Improvement Plan for Mississippi will be implemented in the allotted two-year time frame. Mississippi DFCS has strategic plans in place that will far exceed the two-year time frame of the PIP, so goals outlined reflect the part of the on-going process that is expected to be completed in the two-year PIP time-frame.

There are workgroups in place for each major strategy of the PIP, which consist of DFCS staff at state, regional, and county levels, community service providers, state and regional level department heads of collaborating agencies or organizations, and other various stakeholders. Other DFCS staff and stakeholders may serve as consultants to these workgroups throughout the PIP process. Many sources of training and technical assistance, federal and non-federal, will be utilized. These workgroups will monitor and track PIP progress through each quarter and report to the PIP team in time for collection of information to be included in submission of quarterly reports to the regional office of the Children's Bureau.

On action steps in the PIP Matrix that apply specifically to the first seven regions implementing the Mississippi Practice Model, the action step is listed first and below that, the seven regions are divided into four clusters, so that implementation of each action step and progress in those clustered groups can be monitored clearly. For example, actions to be implemented in the first two regions, I-S and II-W, will have a separate line in the matrix for that action step to show quarter due and quarter completed for those two regions only. Then regions V-W and IV-N will have a separate line in the matrix to show quarter due and quarter completed for those two regions only. This process will continue to allow all seven regions to demonstrate progress since the implementation is incremental.

Action steps not broken down into these regional clusters will either be implemented statewide, or may be steps that can be implemented and monitored in all seven regions at one time.

D. DATA AND MEASUREMENT PLAN

The methodology described below will capture a good cross section of new performance across the seven regions after the baseline is completed in the first two PIP quarters.

The first seven regions to implement the Practice Model/ CQI Plan in the state will also be the same seven regions used to set the PIP Baseline. These seven regions are I-S, II-W, V-W, IV-N, I-N, IV-S, and III-S.

Baseline and annual follow-up CQI Reviews include fourteen foster care cases and ten in-home cases from each region. Monthly reviews include one foster care case and one in-home case per region.

The chart below shows when CQI Baseline Reviews and CQI Annual Follow-Up Reviews have occurred or are planned to occur from the beginning of the entire Practice Model / CQI roll-out period through the end of the PIP timeframe and how the data will be rolled for PIP quarterly progress measurement.

Region	Type of CQI Review	Date	Included in PIP Baseline/Month of Last Review	PIP Quarterly Report, Regions Reported, and Rollup
I-South	CQI Baseline Review	June 2010		
II-West	CQI Baseline Review	June 2010		
V-West	CQI Baseline Review	December 2010	X	
IV-North	CQI Baseline Review	January 2011	X	
I-North	CQI Baseline Review	May 2011	X	
I-South	CQI 1 st Annual Follow-Up Review	June 2011	X	
II-West	CQI 1 st Annual Follow-Up Review	June 2011	X	
IV-South	CQI Baseline Review	July 2011	X	
III-South	CQI Baseline Review	August 2011	X	Q1 Report 8/11 baseline not yet summarized (5 months overlap adjustment applied)
V-West	CQI 1 st Annual Follow-Up Review	December 2011	December 2010	Q2 Report 11/11 Baseline Reported
IV-N	CQI 1 st Annual Follow-Up Review	January 2012	January 2011	
III-N	CQI Baseline Review	February 2012	N/A	Q3 Report 2/12 Drop V-West baseline – report rolling through V-West 12/11
V-E	CQI Baseline Review	March 2012	N/A	
VII-E	CQI Baseline Review	April 2012	N/A	
I-N	CQI 1 st Annual Follow-Up Review	May 2012	May 2011	Q4 Report 5/12 Drop IV-N baseline – roll through IV-N 1 st Follow-Up
I-S	CQI 2 nd Annual Follow-Up Review	June 2012	June 2011	
II-W	CQI 2 nd Annual Follow-Up Review	June 2012	June 2011	
IV-S	CQI 1 st Annual Follow-Up Review	July 2012	July 2011	
III-S	CQI 1 st Annual Follow-Up Review	August 2012	August 2011	Q5 Report 8/12 Drop I-N, I-S baseline – roll through I-S 1 st Follow-Up
II-E	CQI Baseline Review	September 2012	N/A	
VI	CQI Baseline Review	October 2012	N/A	
VII-W	CQI Baseline Review	November 2012	N/A	Q6 Report 11/12 Drop II-W, IV-S, III-S baseline – roll through III-S 1 st Follow-Up
V-W	CQI 2 nd Annual Follow-Up Review	December 2012	December 2011	
IV-N	CQI 2 nd Annual Follow-Up Review	January 2013	January 2012	

III-N	CQI 1 st Annual Follow-Up Review	February 2013	N/A	Q7 Report 2/13 Drop V-W 1 st Follow-Up – roll through V-W 2 nd Follow-Up
V-E	CQI 1 st Annual Follow-Up Review	March 2013	N/A	
				Q8 Report 5/13 Drop IV-N – roll through IV-N 2 nd Follow-Up

Schedule allows measurement to be compared against baseline in 6 quarterly reports – additional reporting is possible through non-overlapping period as long as pattern of 7 baseline regional reviews is maintained.