The State of Mississippi
Phil Bryant, Governor
Dr. David A. Chandler, Commissioner
www.mdcps.ms.gov

Annual Progress and Service Report (APSR)
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I. GENERAL INFORMATION

A. PRE-SENATE BILL 2179 - DFCS ORGANIZATIONAL STRUCTURE OVERVIEW:

During the implementation of the 2015-2019 Child and Family Service Plan (CFSP) and the 2017 Annual Service Progress Report (APSR) reporting timeframe, the Mississippi Department of Child Protection Services (MDCPS) was under the umbrella of the Mississippi Department of Human Services (MDHS) operating as the Division of Family and Children’s Services (DFCS). In addition, it was under the leadership of Richard A. Berry, the Executive Director of MDHS. Mark Smith was the Deputy Director of MDHS, Kim Shackelford was the Deputy Administrator of DFCS, Mike Gallarno was the Director of DFCS and Anna Lyn Whitt was the Director of Field Operations.

Before the establishment of MDCPS, DFCS was functioning under the 2011-2012 reorganization plan in cooperation with the Division of Human Resources and the Mississippi State Personnel Board. The reorganization plan resulted in the following positions being created and filled to meet the organizational needs of DFCS:

- Deputy Administrator of Family and Children’s Services
- Council on Accreditation Coordinator
- Director of Family and Children’s Services
- Director of Field Operations
- Director of Continuous Quality and Improvement
- Bureau Director of Budget and Financial Planning
- Bureau Director of Administration
- Bureau Director of Child Welfare Professional Development
- Bureau Director of Resource Development
- Bureau Director of Permanency/Planning and Placement
- Bureau Director of Prevention/Protection
- Bureau Director of Policy
- Special Investigations Unit
- Special Projects Unit
- Field Operations Bureau Director

Under the previous administration, the Deputy Administrator managed all DFCS operations with an emphasis on the Council on Accreditation (COA), Professional Development, Communications, the Modified Settlement Agreement (MSA), the Special Investigations Unit, and Administrative Support. The Special Projects Unit was supervised by a senior attorney who provided oversight to the COA coordination and staff attorneys. The Special Investigation Unit was responsible for investigating reports of child maltreatment that require special handling. The Director of DFCS managed the following units: Budget and Financial Planning, Administration, Child Welfare Professional Development, Resource Development, Policy, Permanency/Planning and Placement and Prevention/Protection. The Director of Field Operations supervised the fourteen Regional Directors and the Practice Model Coordinator. The Director of Continuous Quality Improvement managed the following units: Mississippi Automated Child Welfare System (MACWIS), Continuous Quality Improvement (CQI), Evaluation and Monitoring (EMU), Foster Care Review (FCR), Safety Review, Complaints and Data Reporting Unit.
DFCS’s Field Operations were divided into thirteen Regions designated as follows (see Map):

<table>
<thead>
<tr>
<th>Region 1 North</th>
<th>Region 4 South</th>
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<tbody>
<tr>
<td>Region 1 South</td>
<td>Region 5 East</td>
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<tr>
<td>Region 2 East</td>
<td>Region 5 West</td>
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<tr>
<td>Region 2 West</td>
<td>Region 6</td>
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<tr>
<td>Region 3 North</td>
<td>Region 7 East</td>
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<tr>
<td>Region 3 South</td>
<td>Region 7 West (2 Regional Directors)</td>
</tr>
<tr>
<td>Region 4 North</td>
<td></td>
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</tbody>
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B. DFCS VISION, MISSION, VALUES, AND ORGANIZATIONAL GOALS

1. DFCS Vision Statement
   Our vision is that children grow up in families, safe from harm with all of their needs met. We have a vision of children having stability, and a sense of belonging and permanency. Further, our vision is that no child under our “watch” continues to experience abuse or neglect and that families change for the better as a result of our intervention.

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

3. DFCS Values
   DFCS has identified six (6) values that will be honored in working with clients, community partners and each other:
   a) Competence: We have technical skills and knowledge; we work with common sense; we make informed decisions; and we follow through to achieve successful outcomes.
   b) Integrity: We are honest in our interactions; we are accountable for our actions; and we do the right thing.
   c) Responsibility: We do what we say we are going to do; we take initiative.
   d) Respect: We treat others with kindness, compassion, dignity, and honor differences of our clients and each other.
   e) Personal Courage: We are loyal to the Mission of DFCS; we advocate for our clients; we lead by example even when doing so carries risk.
   f) Collaboration: We make decisions for the common good; we share resources based on need; we work together effectively in teams; and work with a collective knowledge of all programs and services.

4. Organizational Goals
   DFCS has identified five (5) primary organizational:
   a) Implement the Core Components of the Practice Model which focuses on family-centered practice and captures the requirements of the Modified Settlement Agreement (MSA), Council on Accreditation (COA) and the Child and Family Services Review (CFSR).
   b) Recruit and retain staff by creating a healthy work environment and maintaining manageable workloads.
   c) Develop and implement a compliant State Automated Child Welfare Information System (SACWIS.)
   d) Obtain accreditation by improving organizational performance through the following: demonstrating accountability in management of resources, meeting standardized best practice thresholds for service and administration, and providing increased organizational capacity and accountability through a framework for ongoing continuous quality improvements.
   e) Network and collaborate with stakeholders, clients and communities to improve the child welfare services delivery system in Mississippi.
C. POST-SENATE BILL 2179 – MDCPS VISION, MISSION, VALUES, AND ORGANIZATIONAL GOALS

1. MDCPS STRUCTURAL OVERVIEW

On May 13, 2016, Governor Phil Bryant signed Senate Bill 2179 into law and created the Mississippi Department of Child Protection Services (MDCPS). MDCPS is the agency authorized by state statute to promulgate regulations, policies, and procedures necessary to implement the state’s child welfare system and to ensure the safety, permanency, and well-being for Mississippi’s families and children. MDCPS is responsible for the Title IV-B Subpart 1 (Child Welfare Services), IV-B Subpart 2 (Promoting Safe and Stable Families), Title IV-E (Foster Care and Adoption Assistance), Child Abuse Prevention and Treatment Act (CAPTA), Chafee Foster Care Independence Program (CFCIP), and Educational Training Voucher (ETV).

According to SB 2179, MDCPS will be the state-administered child welfare system administered at the local level by 84 county offices through fourteen Regional Directors. A central strength to this system lies in the flexibility afforded each region to determine how best to meet the needs of children and families. The Regional Directors take an active part in the operations of the county offices within their region. Each Regional Director has Regional Area Social Work Supervisor(s) (ASWS) that assists with the day-to-day operations of the region. Each region also has Resource Area Social Work Supervisors to supervise and monitor the regional licensure and adoption workers. Each region, in collaboration with other service providers, provides a wide variety of services to children and families. These services include programs designed to strengthen families, reduce the risk of child abuse and neglect, support and preserve families, and provide for placement resources and services for children in state custody.

As identified in SB 2179, MDCPS is currently functioning on a temporary basis as a division of the MDHS, which shall not exceed March 1, 2017. Under the governance of the newly passed law, the Commissioner of Child Protection Services and the Executive Director of the Department of Human Services are developing and implementing orderly plans for the establishment of the MDCPS and its transition from the Division of Family and Children’s Services of MDHS. These plans shall include the following:

- Description for the transfer of any equipment, supplies, records, furnishings or other materials, resources or funds dedicated to the operation of the Office of Family and Children's Services of the Department of Human Services, which may be useful to the Department of Child Protection Services.
- Determination for the allocation of resources between the newly created Department of Child Protection Services and the Department of Human Services, as practicable
- Determination of the allocation of functions where the performance of services may be shared between the Department of Child Protection Services and other employees of the Department of Human Services, as practicable.
- Determination of whether any administrative support services, such as Information Technology Services, bookkeeping and payroll can continue to be provided by the Department of Human Services.
- Identification of other areas deemed relevant by the commissioner and any other make recommendations to achieve an orderly transition.
- Recommended legislation changes to be sent to the Governor and the Legislature before the 2017 Regular Legislative Session.
2. MDCPS Vision Statement

We have a clean slate; we offer new opportunities for clients, staff, and stakeholders; we think with imagination and creativity; we ask how we can do something better; and we ask not why, but why not.

3. MDCPS Mission Statement

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

4. MDCPS Values

MDCPS has identified six (6) values that will be honored in working with clients, community partners, and each other:

a) Competence: We have technical skills and knowledge; we work with common sense; we make informed decisions; and we follow through to achieve successful outcomes.

b) Integrity: We are honest in our interactions; we are accountable for our actions; and we do the right thing.

c) Responsibility: We do what we say we are going to do; we take initiative.

d) Respect: We treat others with kindness, compassion, dignity, and honor differences of our clients and each other.

e) Personal Courage: We are loyal to the Mission of MDCPS; we advocate for our clients; we lead by example even when doing so carries risk.

f) Collaboration: We make decisions for the common good; we share resources based on need; we work together effectively in teams; and work with a collective knowledge of all programs and services.

5. Re-Organizational Structure

Dr. David Chandler is the Commissioner of the Department of Child Protection Services. Seth Shannon is the Chief of Staff. There are five (5) Deputy Commissioners as follows:

- Deputy Commissioner of Administration
- Deputy Commissioner of Child Welfare
- Deputy Commissioner of Financial Services
- Deputy Commissioner of Human Resources
- Deputy Commissioner of Information Technology

In order to meet the goals of the agency, the agency further provides resources within those overarching areas as follows:

- **Administration**
  - Contracts and Legal
  - Olivia Y/Policy
  - Resource Development
  - Professional Development
  - Protection/Prevention

- **Child Welfare**
  - Field Operations East & West
  - Field Support
  - Special Projects
  - Data Analysis

- **Financial Services**
  - State Funds Management
  - County Funds Management

- **Human Resources**
  - Personnel
  - Communications

- **Information Technology**
  - Network
  - MACWIS
  - CCWIS Project
  - Continuous Quality Improvement
7. Organizational Goals

MDCPS has identified five (5) primary organizational goals:

a) Implement the Core Components of the Practice Model, which focuses on family-centered practice and captures the requirements of the MSA and the Child and Family Services Review (CFSR).

b) Recruit and retain staff by creating a healthy work environment and maintaining manageable workloads.

c) Develop and implement a compliant State Automated Child Welfare Information System (SACWIS.)

d) Improve organizational performance through the following: demonstrating accountability in management of resources, meeting standardized best practice thresholds for service and administration, and providing increased organizational capacity and accountability through a framework for ongoing continuous quality improvements

e) Network and collaborate with stakeholders, clients, and communities to improve the child welfare services delivery system in Mississippi.

MDCPS Field Operations’ thirteen Regions are currently divided into 2 operating divisions: East and West as designated (see Map):

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<thead>
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<th>Eastern Field Operations Division</th>
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<td>Region 5 East</td>
<td>Region 7 East</td>
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<tr>
<td>Region 5 West</td>
<td>Region 7 West Hancock</td>
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<tr>
<td>Region 6</td>
<td>Region 7 West Harrison</td>
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D. COLLABORATION

Although the MDCPS is transitioning from under the umbrella MDHS, the newly established agency still engages in ongoing collaborative efforts with MDHS, various multi-disciplinary community partners, and stakeholders. Continuing toward those ongoing efforts toward accomplishing the goals identified in the 2015-2019 CFSP, MDCPS leadership coordinates with state and local agency personnel and community partners from across the state. The department meets regularly through monthly, bi-monthly, and as needed meetings with its stakeholders including the Administrative Office of the Courts, Tribal partners, representatives from mental health, education, state universities, and others to discuss the progress and/or barriers to the goals, objectives, interventions identified under the 2015-2019 CFSP.

For the development of this APSR, MDCPS contacted stakeholders to provide the status of projects and service delivery information, successes, perceived barriers, and strategies for improvement. These collaborative efforts are integrated into the narrative.

1. Administration Office of Courts (AOC)

MDCPS is in collaboration with the Youth Courts and the Mississippi Supreme Court Administration Office of Courts (AOC) and continues through collaboration with the Mississippi Commission on Children’s Justice, the Parent Representation Pilot Projects in Rankin, Harrison, Forrest and Adams counties, and the Annual Judges and Referees Conference. In addition, the Mississippi Youth Court Information Delivery System (MYCIDS) has been initiated statewide.

2. Mississippi Band of Choctaw Indians (MBCI)

MDCPS and the Mississippi Band of Choctaw Indians (MBCI) continued to collaborate to promote cultural awareness, understanding, and implementation of the Indian Child Welfare Act (ICWA). As a result, the 2015 Fifth Annual ICWA Conference was held in Choctaw, MS on August 13, 2015. There were 170 conference attendees, 35 Elders, and approximately 10 vendors present. There were 55 MDCPS employees in attendance. All regions of the state were represented at this conference. In addition, MDCPS continues to operate under the Memorandum of Understanding between the MBCI and DFCS executed on October 25, 2012.

For the current reporting period, quarterly planning meetings were held between MDCPS, MBCI, and AOC. The meeting locations alternated between Jackson, MS and Choctaw, MS, and they were held on November 5, 2015, January 13, 2016, and June 1, 2016. The Chief Justice of the MBCI Supreme Court served as the chair of the ICWA Conference workgroup with assistance from MBCI Tribal Courts and MBCI Children and Family Services Program. This workgroup used the conference evaluation results from the Fifth Annual ICWA Conference attendees to discuss possible topics, speakers, venues, formats, etc. for the next annual conference. As a result of this year’s quarterly meetings, the 2016 Sixth Annual ICWA Conference will be held in Choctaw, MS on August 10, 2016.

3. Court Improvement Workgroup (CIP)

The Court Improvement Workgroup (CIP) continues to meet every 3rd Tuesday of each month to address any ongoing legal issues with implementing the MSA requirements, to identify training needs for the judiciary and child welfare staff, to develop plans and goals to affect outcomes through the Youth Court, and to identify the breakdowns/barriers between MDCPS and the court system. The CIP Workgroup continues to discuss the status of ongoing CFSP/CFSR/PIP progress and steps moving forward.
Members of the workgroup include MDCPS State and Regional Staff, the Attorney General’s Office, staff from the AOC, and the MDHS Bureau Director of Child Support Services and Regional and State office staff from the Division of Youth Services (DYS).

4. Mississippi Commission on Children’s Justice

The Mississippi Commission on Children’s Justice was re-commissioned in 2016 and convened in May to: (1) develop a statewide comprehensive approach to improving the child welfare system; (2) coordinate the three branches of government in assessing the impact of government actions on the children who are abused or neglected; and (3) recommend changes to improve children’s safety, strengthen and support families and promote public trust and confidence in the child welfare system. The next Commission meeting is August 1, 2016.

5. Parent Representation Pilot

The Parent Representation Pilot Projects in Rankin, Harrison, Forrest and Adams counties continue since implemented in 2012. In April 2015, Hancock County matched Casey Family Programs funds to become the fifth pilot county in Mississippi for representation to indigent parents. Desoto County, Hinds County, and Lafayette County await funding commitments to become additional pilot projects for parent representation. Casey Family Programs has agreed to match the funding for any county that implements parent representation. The Parent Representation Task Force meets quarterly with judges, Office of State Public Defenders staff, American Bar Association technical consultants, parent attorneys from pilot counties, Casey Family Programs representatives, University of Mississippi School of Law and Mississippi College School of Law staff, The Mississippi Judicial College and legal services providers statewide. Parent attorneys participate in several training events annually. Standards of Practice for Parent Representation have been drafted and the final revision completed.

6. Mississippi Youth Court Information Delivery System (MYCIDS)

The Mississippi Youth Court Information Delivery System (MYCIDS) is mandatory statewide by order of the Supreme Court of Mississippi as of June 2015. The order requires MDCPS staff to enter a Court Case information sheet into MYCIDS within twenty-four (24) hours of the child being removed from the home or, in non-custody cases, within twenty-four (24) hours of the child being assigned to the local MDCPS social worker for investigation. The Mississippi Legislature introduced House Bill 627, effective July 1, 2015, which requires all youth courts to enter data and generate petitions and orders through MYCIDS to enable statewide collection of statistics regarding timeliness of hearings, reunifications, and adoptions. This data will assist the judiciary in identifying strengths and areas needing improvement in the courts. Certification of Compliance with MYCIDS data entry is required as of May 2016.

7. Annual Judges and Referees Conference


The AOC facilitates the participation of the Judges in the National Council for Juvenile and Family Court Judges which will be held July 17-20, 2016 and the National Conference on Child Abuse and Neglect will be held during August 31-September 2, 2016.

The One Loud Voice, A Multidisciplinary Team Approach to Child Abuse Conference was held during April 13-14, 2016.
This is an annual collaboration between the Judiciary and MDCPS which brings together the child welfare agency, judges, law enforcement, prosecutors, medical, mental health, and victim advocacy groups to create awareness and plan how to wrap services around abused or neglected children.

In April 2015, the Mississippi Supreme Court hired a Jurist in Residence to act as a liaison between the courts and MDCPS. In 2016, the Jurist in Residence met bimonthly with the newly appointed MDCPS Commissioner to discuss the needs of the Department and assist in the Department’s transition to a stand-alone Executive Branch Agency.

8. **MS Department of Mental Health**

MDCPS and Mississippi Department of Mental Health (DMH) continued to collaborate on the licensure and certification of Therapeutic Foster Care and Group Homes for children/youth with serious emotional/behavioral disorders (SED). In addition, both agencies continued to partner and share resources on the most difficult to place children/youth in both systems.

Local social workers continue to be members of local Multidisciplinary Assessment & Planning Teams (MAP) which meet monthly to review cases of children/youth ages 0-21 years who have a SED and are at immediate risk for inappropriate psychiatric residential treatment.

DMH and MDCPS continue to participate on various task forces, committees, and councils that oversee and develop services/programs for children/youth in both systems. These collaborative efforts include State Level MAP Team (meets monthly), Interagency System of Care Council, Executive Steering Council for System of Care programs, Children’s Trust Fund, State Mental Health Planning Council, and the State Early Childhood Advisory Council. In addition, DMH and MDCPS continue to provide cross training and information sharing through each of the Department’s training programs, annual Trauma-Informed Care Conference, annual Looking to the Future Conference, Child Welfare Conference, and annual MAP Team training.

9. **University of Mississippi - Child Welfare Training Academy (CWTA)**

The Child Welfare Training Academy (CWTA) is a collaborative training effort which began in 2011 between the University of Mississippi’s School of Social Work and the Mississippi Department of Child Protection Services (MDCPS). The CWTA provides three types of training in our partnership with the MDCPS. They include Pre-Service Training (for all newly hired frontline, licensure, adoption and supervisory staff), Clinical Supervisory Training (for all newly hired or promoted field level supervisors) and Ongoing Training (for all staff statewide). The training provided is based on the Mississippi Child Welfare Practice Model which has as its’ key elements: Mobilizing Appropriate Services Timely; Safety Assurance and Risk Management; Involving Families and Children in Case Planning and Decision Making; Strengths and Needs Assessments of Children and Families; Preserving and Maintaining Connections; and Individualized Case Planning.

10. **Children’s Justice Task Force**

In May of 2016, Governor Phil Bryant was asked to approve the two nominees for positions vacated by representatives during the 2014-2015 grant period. Karla Tye, with the Children’s Advocacy Centers of Mississippi, and Connie Keene, who is a criminal investigator with the Forrest and Perry Counties District Attorney’s Office, were recommended for appointment to the Children’s Justice Act Task Force. These individuals will replace members Kaye Burt, representing Child Advocacy, and Kim Henderson, representing Law Enforcement, respectively. All other members remain as approved and appointed by the Governor in 2013.
The Children’s Justice Act Task Force is a gubernatorial appointed multi-disciplinary group with primary responsibility for meeting the mandates of Section 107 of the Child Abuse Prevention and Treatment Act. Each member was appointed based on the individual’s experience and knowledge of the investigation and prosecution of child abuse.

The CJA Task Force meets on a quarterly basis on the first Friday of the first month of the quarter. The members continually provide oversight and management for the Children’s Justice Act Grant. The State of Mississippi Department of Human Services (MDHS), Division of Family and Children’s Services has previously been designated lead agency responsible for administering this grant and providing support services to the CJA Task Force.

In May of 2016, the Division of Family and Children’s Services was changed to the Mississippi Department of Child Protection Services (MDCPS) through Senate Bill 2179 and became a separate state agency from MDHS. The Mississippi Department of Child Protection Services, Prevention/Protection Unit performs the administrative function necessary to maintain the CJA Task Force and to meet the responsibilities of the Children’s Justice Act in compliance with the federal requirements of the Child Abuse and Prevention Treatment Act. The CJA Task Force acknowledges that they serve as a Citizen’s Review Panel and are willing to provide additional input regarding the agency’s progress toward improvement.

11. Mississippi Children’s Trust Fund Advisory Council

The Mississippi Children’s Trust Fund (CTF) was created by the Mississippi Legislature in 1989. The primary purpose of this fund is to encourage and provide financial assistance in the provision of direct services to prevent child abuse and neglect. The CTF Advisory Council Function is to provide direction and recommendation on behalf of the Mississippi CTF. The By-laws state that the CTF Advisory Council will consist of thirteen members. Each of the following agencies is represented on the council: Mississippi Department of Health, Mississippi Department of Education, Mississippi Department of Mental Health and the Mississippi Department of Human Services. In addition, there should be at least one citizen representing each of the four congressional districts in Mississippi and the remaining four members should be citizens that are knowledgeable about child abuse and neglect issues.

DCPS is the lead agency and is responsible to the Mississippi Legislature for the CTF Advisory Council. DCPS continues to manage the CTF. The Children’s Trust Fund Advisory Board acknowledges that they serve as a Citizen’s Review Panel and are willing to provide additional input regarding the agency’s progress toward improvement.

12. Child Advocacy Studies Training (CAST)

Child Advocacy Studies Training (CAST) is an interdisciplinary program for students entering the fields of criminal justice, social work, nursing, psychology, law, medicine, or divinity. This program involves a multidisciplinary approach while students are in higher education classes that allows the various disciplines to learn to work together to prevent, identify, and work with situations involving child abuse and neglect. CAST is a unique program that can be catered to the needs of each university and it brings academia into application by teaching students the skills necessary to work effectively as part of the team that reflects real world experience.

Based on a funding invitation made by Silent Tears at the National Attorney General’s Conference, a program was developed to comprehensibly implement CAST on a large scale throughout the Mississippi Higher Education System. Although CAST has been targeted at institutions throughout the country, no state had attempted to make a systemic change by encouraging all institutions in a state to develop CAST simultaneously.
The Children’s Advocacy Centers of Mississippi, State of Mississippi Office of the Attorney General, MDHS, and the Gunderson National Training Center collaborated to implement the project in August 2015.

13. **Arc of Mississippi**

The Arc of Mississippi, founded in 1961, is an affiliate of The Arc of the United States, the world’s largest grassroots advocacy organization for citizens of all ages with cognitive, intellectual, and developmental disabilities, and their families. The Arc is a nationally recognized organization with 140,000 members affiliated through approximately 750 state and local chapters across the nation. The Arc of Mississippi works to include all children and adults with cognitive, intellectual, and developmental disabilities in every community. They focus on Abilities, Respect, and Choice for all and encourage active citizenship and inclusion in every community. Other members of the Board of Directors include parents of children with disabilities, individuals with disabilities; representatives of other State agencies involved in the financing or delivery of related services to children and adults with disabilities and their families. Although, MDCPS does not have direct representation on the Board of Directors at this time, two members from their staff, the Executive Director and Associate Executive Director, both serve as personal and professional members of the Children’s Justice Act Task Force. Additionally, the MDCPS Prevention Unit Special Projects Officer IV who coordinated the CBCAP grant presently serves as Treasurer on the Board of Directors for the Arc of Mississippi. This person has since retired and continues to represent a prevention aspect on the Board of Directors in a personal rather than professional position.

14. **Collaboration with Adoption/Foster Care Program**

MDCPS partners with a number of private child-placing agencies in order to better serve the children whose permanent plan includes adoption. There are 9 private agencies across Mississippi who are invited to participate in quarterly or bi-annual placement committee meetings throughout the state. These agencies all license resource homes and some also provide adoption services through their agency. Some of the agencies license therapeutic foster homes and medically fragile foster homes for a specific population of the children in care. Though not all agencies licensing resource homes provide adoption services, these agencies are encouraged to present their licensed resource families who may be interested in adoption to our placement committees. If the family is matched with a child, then MDCPS provides the adoption services to the family licensed by the private child-placing agency. The partnerships with these private agencies have been strengthened over the last couple of years as clear expectations and procedures have been established.

The following is a list of the private agencies and a brief explanation of the services each agency provides:

a) **Apelah**

Apelah provides support and instruction to resource parents from trained professionals. MDCPS is always available to answer questions and to respond immediately to any concerns of the resource parents or the foster child. In addition, Apelah offers coordinated care of children with medical or emotional challenges, ongoing training, and 24-hour case management support.
b) Sally Kate Winters
Sally Kate Winters Family Services offers a continuum of care for children within the foster care system that includes emergency placement services, assessment services and respite services. Sally Kate Winters has also added a transitional living program to serve homeless and runaway youth.

c) Methodist Children’s Home (MCH)
Foster care homes serve as a haven for younger victims of abuse and neglect, as well as children who have special needs. MCH’s Foster Care Program provides Therapeutic Foster Care homes, respite foster care, and campus-based, group care services. MCH provides complete, comprehensive training to all foster parents, as well as continuing support following placement of a foster child. MDCPS is available at all times for consultation and support.

d) MS Families for Kids
Adoption Program focuses on bringing permanency to foster children and preparing families for parenthood through adoption so that it can be a positive experience. The children whom the adoption program specifically targets are those considered hard to place such as older children, those aging out of foster care, children with special needs, sibling groups, and those who have been abandoned, neglected, or abused.

e) Catholic Charities
Efforts are directed toward finding a family for any child in need of a home, regardless of special needs. Adoption Services are provided for those seeking to open their homes and hearts to adoptable children. Catholic Charities also provides therapeutic foster home services, recruitment and retention services, S.A.F.E. home study services, as well as the Unaccompanied Refugee Minor program.

f) Southern Christian Services/Harden House
SCSCY/Harden House offers a full range of services designed to meet the unique needs of adoptive and foster families. Services include therapeutic foster care, adoption, parenting training, crisis intervention, case management, family support groups, information and referral, respite care, a lending library and newsletter, and a “warm line” that provides connections to support services. Additionally, SCSCY provides recruitment and retention services and S.A.F.E home study services.

g) Mississippi Children’s Home Services (MCHS)
Services include therapeutic foster care, residential treatment, and adoption services for infants, as well as special needs children and youth. These and other services are community based and family-centered. MCHS is also on contract to conduct S.A.F.E. home studies for foster homes being licensed by MDCPS in high needs areas.

h) Youth Villages
Youth Villages provides therapeutic foster care and transitional living services in Mississippi. Youth Villages also provides therapeutic services in Mississippi through Mississippi Youth Programs Around the Clock (MYPAC). Emergency and crisis response services are offered to youth and families referred to and participating in Youth Villages’ services.
i) **200 Million Flowers**

Works diligently to create partnerships with parents to facilitate domestic, infant adoptions in Mississippi; conducts home studies; use media to influence public perception about adoption, foster care, family preservation, mentoring and the value of life; promote older children in MDCPS custody for adoption through the Mississippi Heart Gallery; provide social services to adoptive parents, birthmothers and caregivers of children in crisis; and create mechanisms and partnerships for outreach to kids from hard places.

j) **Mississippi Association of Child Caring Agencies (MACCA)**

The Mississippi Association of Child Caring Agencies (MACCA) is a nonprofit organization whose members are licensed by MDCPS to operate group homes, shelters, and adoption agencies throughout the state. MACCA exists to promote quality out-of-home care for children and serves as a vehicle through which Residential Child Caring and Child Placing Agencies in Mississippi may work cooperatively toward the improvement of group and residential care and related services to children, youth and their families. MDCPS maintains a strong relationship with MACCA and its members. MACCA hosts an annual meeting with its members, MDCPS state office staff, and regional directors to discuss areas of concern and brainstorm solutions.

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

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

The primary function of the Dorcas In-Home Family Support Program is to facilitate the ability of enrolled families to provide for the safety, permanence, and well-being of the children for whom they are responsible. Operating on the premise that the family is the expert regarding its own needs, a significant step toward this goal is accomplished by the integration of these families into the system of community-based resources available to them. Families enrolled in the Dorcas Program can benefit from assistance in accessing and utilizing these resources. The most practical strategy by which this can be accomplished is case management. The Dorcas program is not a contractual service nor does MDCPS provide funding to BCV for the program. BCV does not charge any fees for its Dorcas Program services. However, community service providers may charge fees when a family receives services. Families enrolled in the Dorcas Program pay the cost of such fees, either through household income, or through enrollment and participation in public assistance programs intended for such purposes.

Beginning January 1, 2016, BCV reported their expansion of the Dorcas In-Home Family Support Program. At the time of the announcement Regions I-North, the Dorcas Program was serving Region III-North, and Region III-South. The expansion allowed the Dorcas Program to begin offering services in Region II-East. This allowed for increased services to the following counties: Tate, Panola, Yalobusha, Grenada, Tunica, Quitman, Tallahatchie, Myles- Leflore, Carroll, and Montgomery. To date the Dorcas In-Home Family Support Program has served 39 families. The Dorcas program should serve at least 50 families during this fiscal year.
Timeframe: October 1, 2015-May 31, 2016

<table>
<thead>
<tr>
<th>Number Individuals Served</th>
<th>Number Families Served</th>
<th>Geographic area served **</th>
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<tbody>
<tr>
<td>Family Support Services</td>
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<td>17</td>
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<tr>
<td></td>
<td>Region I-N, Region II-W, Region III-N, Region III-S,</td>
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I) Mississippi Statewide System of Care

MDCPS continues to collaborate with other agencies through the SFY 2011 Interagency Memorandum of Agreement between the Division of Medicaid, MDHS, DMH, The State Department of Education, The State Department of Health, The State Department of Rehabilitation Services, and MS Families as Allies, Inc. The purpose of the collaboration is to continue an Interagency System of Care Council (ISCC) and Multidisciplinary Assessment and Planning (MAP) teams.

m) Mississippi Interagency Coordinating Council for Children and Youth (ICCCY)

MDCPS participates in the Mississippi Interagency Coordinating Council for Children and Youth (ICCCY) and the Interagency Systems of Care Council (ISCC). The ICCCY is authorized by 2012 legislation and is comprised of the Executive leaders of the state agencies for Education, Human Services, Mental Health, Public Health, and Rehabilitation. The purpose of this legislation is to provide for the development, implementation, and oversight of a coordinated interagency system of necessary services and care for children and youth. This interagency system is known as the Mississippi Statewide System of Care, which serves children up to age twenty-one (21) with serious emotional/behavioral disorders including, but not limited to, conduct disorders, or mental illnesses, which require services from multiple services and multiple programs system, (i.e. prevention services.) These services are child-centered, family-focused, family-driven and youth-guided, community-based, culturally competent, and shall provide for human rights protection, advocacy, and nondiscrimination in access to services. This system is a comprehensive array of services supported by best practices and/or evidence-based practices. Individualized service planning uses a strength-based, wraparound process, with services in the least restrictive environment. Family participation is encouraged in all aspects of planning, service delivery, and evaluation. Integrated services are coordinated through planning across child-serving agencies. The services include, but are not limited to the following:

- comprehensive crisis and emergency response services
- intensive case management
- day treatment
- alcohol and drug abuse group services for youth
- individual, group and family therapy
- supported employment services for youth
- family education and support and family partners
- youth development and support and youth partners
- positive behavioral supports (PBIS) in schools
- transition-age supported and independent living services
- vocational/technical education services for youth
n) Making a Plan (MAP) Teams

MAP teams are local county multidisciplinary teams funded through DMH and facilitated through local Community Mental Health Centers. These teams review cases concerning children and youth up to age 21, who have Serious Emotional Disturbances (SED) and are at immediate risk for an inappropriate 24-hour institutional placement. The members of these teams meet on a monthly basis to identify community-based services and resources that may divert children from inappropriate inpatient care.

A local MAP Team Coordinator, employed through the local Community Mental Health Center, facilitates MAP Teams. Team members include school personnel, law enforcement, child welfare professionals, ministers, youth court counselors, family members of the youth, advocacy organizations, and service providers.

The State Level Case Review Team, led by DMH, will review cases that have been staffed at their local MAP Teams but local community and state resources have been exhausted or children who have experienced numerous placement interruptions due to a Serious Emotional to develop a recommended service plan for appropriate treatment for these children and youth.

The plans can include formal and informal supports and services. Also, the State Level Case Review Team consists of designated staff from the following agencies and organizations: MDCPS (including the child’s caseworker, DMH, Mississippi Division of Medicaid, Mississippi Department of Health, Vocational Rehabilitation Services, and Mississippi Families as Allies.

The MDCPS Resource Development Unit’s plan to improve collaborations with local MAP teams will begin with Resource Development Coordinators receiving training from the DMH on MAP Teams and then by visiting their assigned local community MAP Team meetings at least 2 times a year.

MDCPS and DMH will collaborate and provide training to increase MDCPS caseworker and ASWS participation in and utilization of MAP Teams. MDCPS Family Protection Specialists and ASWS will obtain a better understanding of how and when to use the MAP Teams and the State Level Case Review Team.

o) Special Education Advisory Panel (SEAP)

The mission of the SEAP is to promote the education of children and youth with disabilities. The panel provides advice and guidance to the Mississippi Department of Education, Office of Special Education, regarding the provision of education and related services of children and youth with disabilities in local educational agencies. The MDCPS Resource Development Director serves on the Special Education Advisory Panel (SEAP) for the State Department of Education. Other members of SEAP include:

- parents of children with disabilities (ages birth through 21)
- individuals with disabilities; teachers
- representatives of institutions of higher education that prepare special education and related services personnel
- State and local education officials, including officials who carry out activities under subtitle B of title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.)
- administrators of programs for children with disabilities
- representatives of other State agencies involved in the financing or delivery of related services to children with disabilities
- representatives of private schools and public charter schools
- not less than one (1) representative of a vocational, community, or business organization concerned with the provision of transition services to children with disabilities
p) **Specialized Planning Option Team (SPOT)**

DMH, The Association of Retarded Citizens (ARC), and MDCPS have collaborated on behalf of foster children with special needs that made it difficult to find appropriate placements. The Specialized Planning Option Team (SPOT) meets on an as needed basis to staff individual situations so that appropriate placements and proper services are provided in a timely manner.

In addressing the special needs of hard to place children one of the resources used to find appropriate placement is team staffing with the Specialized Planning, Options to Transition Team (SPO-T). The team consists of staff from the ARC of Mississippi, DMH, MDHS, and MDCPS. They meet every other Monday to staff both children and adults that need resources for placement.

q) **Casey Family Programs-Permanency Roundtables (PRTs)**

Round I and II of the Permanency Roundtables are complete. Due the lessons learned from Round II of PRTs, Round III will be planned differently. Regions are being grouped together in order to ensure that all 13 regions can be completed over a time span of 2 ½ years. This will allow better follow-up, help eliminate burnout of volunteers, and allow staff to conduct better follow-up. In addition, we will roundtable children who have been in custody 36 months or more instead of 24 months. For severe, the Regional Director may request a case to be round tabled even if the child has not been in custody for 36 months. The tentative regional pairings and schedule are outlined below.

<table>
<thead>
<tr>
<th>1st year (2016): (Follow up reports due November &amp; December)</th>
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<td>1st Quarter</td>
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<td>2nd Quarter</td>
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<th>2nd year (2017): (Follow up reports due November &amp; December)</th>
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<td>1st Quarter</td>
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<td>2nd Quarter</td>
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<td>3rd Quarter</td>
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<th>3rd year (2018): (Follow up reports due August &amp; September)</th>
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<tbody>
<tr>
<td>1st Quarter</td>
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<tr>
<td>2nd Quarter</td>
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r) Collaboration with Private Agencies for Fingerprinting Services

Since November 2011, MDCPS has offered a Memorandum of Understanding for fingerprinting services to all Residential Child Caring Agencies and Child Placing Agencies licensed by MDCPS. This MOU allows MDCPS to provide criminal background clearances for employees, volunteers, and resource parents serving children. There is no processing fee for resource families licensed to accept MDCPS placements.

s) Collaboration with Mississippi’s Comprehensive Emergency Management Plan

Attachment to Emergency Support Function #6 of the Comprehensive Emergency Management Plan was completed on March 27, 2009 and approved by the Administration for Children and Families Office of Refugees Resettlement (ACFRR).

t) Collaboration between MDCPS and the Mexican Consulate

Collaboration through a Memorandum of Understanding was entered into on August 13, 2009 between MDCPS and the Mexican Consulate for cooperation in providing services to children in the United States who are Mexican citizens.

u) Collaboration between MDHS and the Division of Medicaid (DOM)

Collaboration through an Interagency Agreement between MDHS and DOM, dated January 24, 2011 for Provision of Medical Assistance for Refugees in Mississippi.

v) Memorandum of Understanding (MOU): Child Abuse on Keesler Air Force Base, Harrison, and Jackson Counties

MOU agreeing that any suspected cases of physical, sexual, or emotional abuse or neglect of children may, when feasible, be jointly investigated, monitored and resolved. This MOU became effective March 2010 and remains in force for twelve months and shall be renewed automatically for equal twelve-month periods, each year thereafter, unless any party gives written notice of intention not to renew prior to the expiration.

In an effort to strengthen its framework for the APSR and CFSP process, MDCPS has requested technical assistance from the Capacity Building Center for the states to assist with streamlining the goals within in the states 2015-2019 CFSP. MDCPS has continued the practice of involving both agency staff and state stakeholders in discussions regarding the delivery of services to children, youth and families. As a result of streamlining the goals, changes may occur with the collaborative efforts made by various stakeholders.
II. UPDATE ON ASSESSMENT OF PERFORMANCE

A. MISSISSIPPI CHILD WELFARE PRACTICE MODEL

The Mississippi Child Welfare Practice Model (Practice Model) focuses on family centered practice and consists of the following core components:

- Mobilizing appropriate services timely
- Safety assurance and risk management
- Involving children and parents in decision making
- Strength and needs assessments
- Preserving connections and relationships
- Individualized case planning

B. IMPLEMENTATION OF THE MISSISSIPPI CHILD WELFARE PRACTICE MODEL

Per the roll out schedule listed below, as of February 2016, MDCPS has successfully implemented the practice model in all 13 regions. As stated in the 2016 APSR submission, following the full implementation phase, each region would enter its one-year data-tracking phase where the Regions’ performance will be monitored through data reports generated through the MACWIS system and the Foster Care Review process. MDCPS and the court monitor would continue to monitor each region’s performance on MSA performance indicators and outcomes and continue to produce a large number of monthly data reports on specific outcomes and performance indicators. Finally, CQI continues to serve as a means of helping to sustain progress achieved by reviewing regions for their fidelity to the Practice Model and providing feedback to regions on strengths and areas of their practice needing improvement.

<table>
<thead>
<tr>
<th>Region</th>
<th>Practice Model Rollout Schedule Regions</th>
<th>Planning Phase (6 months)</th>
<th>Initial Implementation Phase (one year)</th>
<th>Full/Ongoing Implementation Phase (one year)</th>
<th>Data Tracking (one year)</th>
</tr>
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C. METHODOLOGY AND SOURCES

1. Over the State Fiscal Year (SFY), the Evaluation and Monitoring Unit (EMU) conducts on site case reviews with in each of the State’s 13 Regions

The purpose behind such reviews is to obtain a qualitative insight of the Agency’s practice including efforts made in practice excluding the case outcomes as well as factoring in any systemic barriers that may be affecting best practices. The following results are from SFY 2016 excluding Region 2W due to the submission deadline of the APSR. On-site case record reviews and case member interviews: To support and add insight on professional practice, regions also conducted a qualitative case review to provide deeper context to the data results. After requesting and receiving a universe of cases from each of the Regions, a random sample of 14 foster care and 10 in-home services cases from all1 of Regions statewide (excluding 2W).

Twelve teams made up of two people conducted the case reviews. One team leader and two quality assurance reviewers supported the review teams. The case characteristics of the selected cases can be found in the appendix. The information considered in the onsite follow-up review which occurred each month, each regional review covering a 12 month period ending the date of the review and came from the electronic case management system (MACWIS), paper files, and interviews with the various case members who included the parents, the children, and the caseworkers.

2. In addition to the Annual Follow-Up Reviews, the EMU Liaisons also conduct Monthly case reviews

A random sample is pulled for one county selected within each of the regions. One foster care case and one in-home case is reviewed. Following the quality assurance process and scheduling with the county of responsibility, the EMU Liaison returns back to the county for a debriefing process. The debriefing form is filled out by the EMU Liaison based on the results of the monthly case review. The debriefing is broken down by practice model component and Item number from the EMU tool.

After each of the practice model components, the EMU Liaison identifies both strengths and areas needing improvement in practice approaches in each of the components. The EMU Liaison then makes a recommendation to possible improvements in the quality of practice or approaches that could be chosen by the county of responsibility. The county, which is typically the area social work

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1 Regions which had cases included in the 2016 SFY results were: 1-North, 1-South, 2-East, 3-North, 3-South, 4-North, 4-South, 5-East, 5-West, 6, 7-East, and 7-West.
supervisor and the assigned caseworker, offer a response to corrective actions or steps towards the improvement of practice. Case specifics are discussed as well as any applicable systemic barriers that could be affecting practice or case outcomes.

3. The EMU Liaison typically also facilitates the Regional CQI Sub team

Each individual Region is charged with whom they want to include in that Regional CQI Sub team. Depending on the needs or areas of focus within the Regions, certain areas are monitored or ideas agreed upon by team members are executed. The CQI Sub team setting also allows for stakeholder participation.

4. The EMU Liaison can complete targeted reviews

Depending on the needs of the Region or the identified areas needing improvement, a specific EMU item can be used to evaluate a particular practice area. The targeted review allows for a more representative sample of cases to be reviewed (for that item) to look for any strengths or areas lacking in practice.

The results of the targeted reviews could offer clarification to leadership in the Region as to the issues that may be barriers to achieving goals guide approaches for improvement. Targeted reviews are completed upon the request of the Regional Leadership and/or a Regional Team or Plan requesting a more in depth look at a particular practice component.

5. Heat Tickets

The Heat System is an automated way to track either practice or safety concerns. The Heat system is also utilized by other units within the Agency such as Foster Care Review, Data Validation, and Complaints received by the Agency.

For EMU, Heat tickets generated are either considered a level 2 (practice concern) or a level 1 (Safety Concern). Each Regional Director (or designated assignee) in Field Operations is assigned the ticket according to the County of Responsibility. Level 1 (Safety Concerns) are to be resolved and responded to within 5 days of the Heat Ticket Entry. Level 2 (Practice Concerns) are to be responded to within 20 days of entry. A bi-weekly report is run on open Heat Tickets and is sent to Leadership within CQI and Field Operations.

6. Stakeholder Surveys

Stakeholder involvement is critical to the success of the Practice Model. In particular, service providers, as well as the courts, resource parents, the Regional Implementation Team, and Caseworkers and Supervisors need to be fully engaged in the child welfare process. Throughout the year, Stakeholders statewide was provided with surveys to determine how they believe the agency is performing with regard to the following systemic factors: Training of Staff and Providers, Service Array, Placement Resources, Caseloads, Oversight and Monitoring, Court Processes, and Data Quality and Usage.

Local regional leadership identified stakeholders as participants and partners in servicing MDCPS clients. Stakeholders were surveyed through email addresses provided by the area social work supervisors (ASWS) in each county as well as by personal delivery of hard copy surveys, which were then collected later. The stakeholders were identified by the ASWS and forwarded to the Regional Director who then compiled a condensed list of stakeholders who were solicited for participation. A more detailed account of the return rate for SFY 2016 can be found in section two of this report.
D. PART 1: CHILD AND FAMILY OUTCOMES

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

- Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

  Evaluation and Monitoring Unit (EMU) Item 1: Timeliness of initiating investigations of reports of child maltreatment: July 1, 2015 through June 30, 2016: 75.65% of 115 applicable cases rated a strength. 82.17% of 129 applicable cases rated a strength during the previous federal fiscal year (July 1, 2014 through June 30 2015)). Strength indicates that the investigations into the reports of maltreatment were initiated in accordance with MDHS timeframes and requirements for a report of that priority and that face-to-face contact was made with the child(ren) who are the subject of the report was made in accordance with the State’s timeframes and requirements for a report of that priority.

  Report MWZ128SS: Child Investigation Timeliness Report: For the month of June 2016, 71.1% of intakes were initiated timely.

  Report SZ1271: Timeliness of Investigations for Custody Children: 6/01/2016-6/30/2016: 90.91% of investigations of maltreatment were initiated timely statewide.

Currently, the state shows a decrease in performance for this measure compared to the data collected in the previous year. Incidences where Priority Level 2 Investigations that were elevated to Level 3 Priority may be a contributing factor in this decline of performance for this particular measure. All Regional Directors have instructed investigation workers to initiate all reports within 24 hours, regardless of priority level. In addition to this, workers have been reminded to be mindful of investigations which are received on or around the dates of Data Extraction, as this, too, can lead to investigations not being captured as timely.

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

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

  EMU Item 2: Repeat maltreatment: July 1, 2015 through June 30, 2016: 94.83% of 58 applicable cases rated a strength. 82.61% of 64 applicable cases rated a strength for the previous federal fiscal year. Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, a case is rated as strength if the children were not victims of another substantiated or indicated maltreatment allegation within a 6-month period, or if there is another substantiated report of maltreatment, the circumstances of the reports of maltreatment are not of a similar nature.

  EMU Item 3: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care: July 1, 2015 through June 30, 2016: 72.97% of 185 applicable cases rated a strength. 77.37% of 190 applicable cases rated a strength for federal fiscal year 2015. This item looks at concerted efforts to provide or arrange for appropriate services to the family to protect children and prevent their entry into foster care or
re-entry into foster care after a reunification and if removal was necessary to ensure the child’s safety if the child was removed without providing or arranging for services. The agency has shown a decline in performance in this measure over the past year, in comparison to the previous year’s performance. This decline in performance could be attributed to the timeliness with which services are provided, or in the provision of services overall, as both scenarios have been witnessed. CQI Staff continues to stress the importance of providing appropriate services to families and children in a timely manner whenever a case must be opened. This is especially important in working to prevent foster care entry for the children served.

EMU Item 12: Foster Care Re-Entries: July 1, 2015 through June 30, 2016: 92.86% of 56 applicable cases rated a strength while 87.93% of 58 applicable cases rated a strength for federal fiscal year 2015. A strength indicates that any child re-entering foster care within 12 months of a discharge from a previous foster care episode had evidence of concerted efforts made to prevent re-entry.

Report MWLS311S: Children Who Have Re-Entered Foster Care within One Year of Reunification: Rolling 12 month period from July 1, 2015 through June 30, 2016: 6.09% of children re-entered foster care within 12 months of a prior discharge from foster care to reunification.

The agency has shown progress in this measure, based on the selections of cases reviewed during the previous two Federal Fiscal Years.

- Item 3: Risk and Safety Assessment and Management

EMU Item 4: Risk assessment and safety management: July 1, 2015 through June 30, 2016: 66.35% of 312 applicable cases rated a strength. July 1, 2014-June 30, 2015: 70.19% of 312 applicable cases rated a strength. A strength rating indicates that safety and risk were assessed timely initially and on an ongoing basis throughout the review period.

The agency has shown a decrease in performance in this measure as compared to the previous fiscal year’s performance in the same measure. Risk assessments are qualitatively assessed by reviewers for their timeliness and content, as well as whether or not ongoing assessments (either formal or informal) were made during the review period. In this reporting year, ongoing assessments were generally done informally, and the formal ongoing assessments have been lacking. CQI stresses at each review that the assessment of strengths and needs, both initially and ongoing, is crucial to the successful outcomes for children and their families.

Report SBRD06: Rate of Maltreatment in Care: Rolling one year period from 7/01/2015 through 6/30/2016: 0.76% of children in custody had a substantiated investigation of abuse or neglect during this 12 month period.

Strengths and concerns regarding this outcome: MDCPS has developed a Special Investigations Unit. The Special Investigations Unit conducts QA on all special investigations.
Permanency Outcome 1: Children have permanency and stability in their living situations.

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

  EMU Item 14: Stability of Foster Care Placement: July 1, 2015 through June 30, 2016: 88.46% of 182 applicable cases rated a strength. July 1, 2014 – June 30, 2015: 85.71% of 182 applicable cases rated a strength. A strength indicates that if there was more than one placement, all placement changes during the review period were planned by the agency in an effort to achieve the child’s case plan goals or made in an effort to meet the needs of the child, the child’s placement is stable, the child placement meets their needs for therapeutic, educational, and medical needs if they’ve been assessed with special needs, and the child’s placement is least restrictive.

  Report SZPLM5: Children in Custody less than 12 months who have 2 or fewer placements: Rolling 12 month period from July 1, 2015 through June 30, 2016 84.10% of children who were in custody for less than 12 months during this time frame had 2 or fewer placements statewide.

- **Item 5: Permanency Goal for Child**

  EMU Item 10: Permanency goal for child: July 1, 2015 through June 30, 2016: 31.32% of 182 applicable cases rated a strength. July 1, 2014-June 30, 2015: 27.47% of 182 applicable cases rated a strength. A strength indicates that the child has a permanency goal specified in the case file and that the plan was developed within 30 days of the child entering state’s custody. If the child was in state’s custody for 15 of the most recent 22 months, a petition for termination of parental rights was entered or an exception (or compelling reasons) for not filing for TPR was documented in the case file. That efforts toward concurrent planning are documented during the review period, and that if a child is discharged home to reunification, that a thorough safety assessment of the home has been made. This measure also takes into consideration whether or not a child’s permanency goals are appropriate given the circumstances of the child’s case.

  Report SLS312: Children Who Have a Permanency Plan Developed within 30 Days of Entry into Foster Care: Rolling 12 month period from July 1, 2015 through June 30, 2016: 48.10% of children entering foster care during this time frame had a permanency plan developed within 30 days.

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

  EMU Item 13: Reunification, Guardianship or Permanent Placement with Relatives: July 1, 2015 through June 30, 2016: 34.17% of 120 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 40.37% of 109 applicable cases rated a strength. Of the children in foster care with a permanency goal of Reunification, Guardianship, or Permanent Placement with Relatives, their case rated a strength if the agency and the court are making concerted efforts to achieve the goal in a timely manner, the parental service plans identify services MDCPS deems necessary to address behaviors or conditions resulting in the child’s placement in foster care, if the agency made those services available through direct or indirect referral, and if the child was discharged and reunified during the review period, was there a 90 day trial home placement.
The agency has shown a decrease in performance as it relates to this measure. Identified barriers to timely achievement of these goals have been the barrier of the court system giving parents and other family members extended time to complete their service agreements as opposed to moving to other options timely, the provision of adequate services to families to help them achieve timely permanence, and the lack of adequate resources in all areas to provide services necessary for families to address the issues which led their family into DCPS Focus initially. The agency is working to develop adequate resources statewide to provide all needed services to families to address their identified needs.

EMU Item 15: Adoption: July 1, 2015 through June 30, 2016: 33.73% of 83 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 34.85% of 66 applicable cases rated a strength. For those children with a plan of Adoption, a strength is identified when the agency and the court are making concerted efforts to achieve the plan of Adoption in a timely manner and the child has an assigned Adoption Specialist, the resource family has been informed of available subsidies, and there is evidence that that the resource parents have been engaged on discussions regarding adoption.

The agency has shown a slight decrease in performance in this measure in comparison to the previous fiscal year. This is potentially due to the number of continuances granted to parents prior to the termination of their parental rights, to not filing for termination of parental rights in a timely manner, or to parents being unavailable to be served process to appear in court for termination proceedings. The Evaluation and Monitoring Unit (EMU) has encouraged workers and supervisors to assume that all cases will go to adoption, and for workers to begin gathering information for Termination of Parental Rights packets at the early onset of case opening.

EMU Item 16: Other planned permanent living arrangement: July 1, 2015 through June 30, 2016: 60.78% of 51 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 62.5% of 56 applicable cases rated a strength. A strength is evident when youth in custody ages 14 to 20 were provided services to adequately prepare them for independent living when the child leaves foster care and that there is a living arrangement that is permanent where the child will remain until discharged from foster care.

The agency has shown a small decrease in performance in this area when compared to the previous fiscal year’s performance. The primary barrier identified for this is the failure of workers to properly document Independent Living Skills in the child’s case record or to update the Independent Living Plan at all. CQI stresses the importance of timely documentation of any services appropriate to independent living and has provided direction in how this documentation should be done. Additionally, the agency provides trainings on Independent Living to workers in refresher courses throughout the year.

Report SBRD05: Children Exiting Custody with an Outcome of Reunification: Rolling 12 month period from July 1, 2015 through June 30, 2016: 65.23% percent of children exited to reunification within 12 months statewide.

Report SBRD10: Length of Time to Adoption Finalization: Rolling 12 month period from July 1, 2015 through June 30, 2016: 3.20% of children were adopted within 12 months, 14.20% of children were adopted within 24 months and 48.70% of children were adopted within 36 months.
Permanency Outcome 2: The continuity of family relationships is preserved for children.

- **Item 7: Placement with Siblings**

  **EMU Item 20: Placement with Siblings: July 1, 2015 through June 30, 2016:** 98.36% of 122 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 99.19% of 123 applicable cases rated a strength. A strength is evidence when children in foster care are placed with all siblings who are in foster care or, if not, there is a valid reason for the child’s separation from siblings such as the separation was necessary to meet the needs of one of the siblings or to accommodate a large sibling group.

  This item shows a very small decrease in performance as compared to the data reported in the previous year’s reporting. This small number is representative of only one child in the reporting period. Evaluation and Monitoring stresses the importance of positive sibling relationships and encourages all workers to place children with their siblings whenever it is safe and appropriate to do so.

  **Report SLS316: Children in Sibling Groups Who Have Entered Care Who are Initially Placed Together:** Rolling 12 month period from July 1, 2015 through June 30, 2016: 72.86% of siblings were placed together or had exceptions noted during this time frame.

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

  **EMU Item 21: Visiting with parents and siblings in foster care: July 1, 2015 through June 30, 2016:** 25.81% of 155 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 25.0% of 97 applicable cases rated a strength. A strength is identified when initial visitation plans are developed within 30 days of the child’s placement into custody and updated as circumstances in the case warrant. Visits between the child, parents, and separated siblings are of a frequency and quality to maintain or promote the continuity of the relationship.

  While this particular item has shown a slight improvement from the data reported in the previous year, the current performance does not yet meet the established performance standard. EMU reviews reveal that if documentation is occurring with children and their families, often it is not documented as happening. Absent parents are often not provided with the opportunity to visit, and non-visiting parents (when they decide not to visit on their own) are not regularly reported to the courts to receive exception orders for visitation. All of this has been brought to the attention of the field staff in an effort to increase overall performance.

  **Report MWLS318S: Child Contact with Parents and Siblings While in Custody:** For the month of June 1, 2016-June 30, 2016, 7.09% of children met with their mother, 5.60% of children met with their father, 24.08% of children met with their siblings and 5.52% met all visitation requirements.

- **Item 9: Preserving Connections**

  **EMU Item 19: Proximity of Foster Care Placement: July 1, 2015 through June 30, 2016:** 98.24% of 170 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 93.68% of 174 applicable cases rated a strength.
A strength is evident when the child is placed in the same county as he or she was removed and the placement is close enough to his or her parents or other potential caregiver to facilitate frequent face-to-face contact between the child and the parents while the child is in foster care. If not, the reason for the location of the placement was to assure the child’s needs and case plan goal are achieved. If the child was not able to remain in the same school as prior to foster care placement, it must be appropriate based on case circumstances to rate a strength.

EMU Item 22: Preserving Connections: July 1, 2015 through June 30, 2016: 80.22% of 182 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 78.57% of 182 cases rated a strength. In rating strength, there is evidence that concerted efforts were made to maintain the child’s important connections and that ICWA inquiries were made and actions were taken in the event the child is found to be of Native American ancestry.

Report SLS314: Proximity of Initial Placement for all Children Entering Custody: For the month of June 1, 2016 through June 30, 2016, 99.80% of children with one placement in PUR were placed in COR, within 50 miles, or outside 50 miles with approved an exception.

Item 10: Relative Placement

EMU Item 24: Relative placement: July 1, 2015 through June 30, 2016: 60.12% of 166 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 61.27% of 173 applicable cases rated a strength. A strength is evident when the child’s current or most recent placement is with a relative and the placement is stable. If the child is not placed with a relative, efforts to identify, locate, and evaluate maternal and paternal relatives were made before being ruled out as, or were unwilling to be, placement resources.

The agency has experienced a slight decline in performance for this measure in the current fiscal year, and this is attributed largely to not engaging and identifying absent parents, generally fathers, and by extension, not seeking out extended family from that side of the child’s family (typically, the paternal side.)

Report SZ0510: Number of Children in Foster Care by Placement Type: As of 6/30/2016, 32.54% of all children in foster care were placed in relative placements.

Item 11: Relationship of Child in Care with Parents

EMU Item 23: Relationship of Child in Care with Parents: July 1, 2015 through June 30, 2016: 27.52% of 109 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 22.31% of 121 applicable cases rated a strength. This item rates a strength when there is evidence a meeting occurred between the birth parents and the resource parents within the first month of placement (if the placement occurred during the period under review) and if there is evidence of shared parenting responsibilities between the birth parent and the resource parent. Evaluation and Monitoring regularly encourages the practice of shared parenting in its debriefings and exit conferences, and encourages all workers to promote shared parenting between birth and resource parents whenever it is safe and appropriate to do so.
Report SZTACR: Timeliness of County Conference Frequency: Rolling 12 month period from July 1, 2015 through June 30, 2016: 76.87% of the most recent county conferences were held timely.

Report SPAD19: Children who have a Permanency Plan Detailing Goal, Timeframes and Activities to Support Goal: Report Period December 1, 2015 through May 31, 2016: 42.03% of children had an initial FSP/ISP developed within 30 days in a Family Team Meeting. 43.64% of children had a permanency plan detailing goal, timeframes and activities to support the goal.

Report SPAD4: County Conference Participation Report: Report Period January 1, 2016 through June 30, 2016: 0.60% of county conferences had the required participation with the exception of a guardian ad litem being present.

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

- Item 12: Needs and Services of Child, Parents and Foster Parents

EMU Item 5 (Section A): Needs and Services of Child, Parents, and Foster Parents: July 1, 2015 through June 30, 2016: 56.09% of 312 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 55.45% of 312 applicable cases rated a strength.

EMU Item 5 (Section B): Needs and Services of Child, Parents, and Foster Parents: July 1, 2015 through June 30, 2016: 19.25% of 265 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 21.01% of 276 applicable cases rated a strength.

EMU Item 5 (Section C): Needs and Services of Child, Parents, and Foster Parents: July 1, 2015 through June 30, 2016: 83.75% of 160 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 87.2% of 164 applicable cases rated a strength.

EMU Item 5 (Overall): Needs and Services of Child, Parents, and Foster Parents: July 1, 2015 through June 30, 2016: 25.96% of 312 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 24.04% of 312 applicable cases rated a strength.

A strength for this item is evident when the strengths and needs of the child, the parents, and the resource parents are assessed formally and/or informally on an initial basis as well as on an on-going basis and that services are provided a timely manner to meet any identified needs.

Report SPAD12: CFA in 30 Calendar Days: Report Period January 1, 2016 through June 30, 2016: 51.43% of children had a Comprehensive Family Assessment completed within 30 days.

Report SLS315: Children Who have had an Initial Screening and Comprehensive Health Assessment upon Entering Custody: Rolling 12 month Period from July 1, 2015 through June 30, 2016: 34.79% of children were in custody for at least 72 hours had an initial screening, and 40.06% of children who were in custody for at least 30 days had a Comprehensive Health Assessment within 30 days of entering care.
Report SPAD9: Least Restrictive Placement: Report Period January 1, 2016 through June 30, 2016: 95.65% of children were placed in the least restrictive placement in regards to their needs.

Report SPAD20: Service Plans Updated Quarterly and for Placement Changes: Reporting Period January 1, 2016 through June 30, 2016: 12.12% of children had a service plan updated quarterly as a result of a Family Team Meeting. 32.51% of children with a placement change during this period had a service plan updated timely after the placement changed. 11.14% of children had service plans updated quarterly and after a placement change.

- **Item 13:** Child and Family Involvement in Case Planning

EMU Item 7: Child and family involvement in case planning: July 1, 2015 through June 30, 2016: 14.42% of 312 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 9.03% of 310 applicable cases rated a strength.

EMU Item 11: Case Planning: July 1, 2015 through June 30, 2016: 19.87% of 312 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 23.4% of 312 applicable cases rated a strength. A strength for this item indicates that family team meetings were utilized in the initial and on-going development of case plans with the birth parents and the resource parent’s attendance in the family team meetings.

The agency currently shows a decrease in performance for this measure in comparison to last fiscal year’s performance. Evaluation and Monitoring looks to whether documentation labeled as Family Team Meetings are planned, structured, decision making meetings, and whether appropriate parties were included in these meetings. Evaluation and Monitoring recommends frequent, ongoing family team meetings throughout the life of the case and views them as the cornerstone for successful practice.

Report SPAD20: Service Plans Updated Quarterly and for Placement Changes: Reporting Period January 1, 2016 through June 30, 2016: 12.12% of children had a service plan updated quarterly as a result of a Family Team Meeting. 32.51% of children with a placement change during this period had a service plan updated timely after the placement changed. 11.14% of children had service plans updated quarterly and after a placement change.

Report SPAD4: County Conference Participation Report: Report Period January 1, 2016 through June 30, 2016: 0.60% of county conferences had the required participation with the exception of a guardian ad litem being present.

- **Item 14:** Caseworkers Visits with Child

EMU Item 8: Caseworker visits with child: July 1, 2015 through June 30, 2016: 56.73% of 312 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 58.01% of 312 applicable cases rated a strength. A strength indicates that children were seen, face-to-face, and the contacts were of a frequency and a quality to address issues pertaining to safety, permanency, and well-being.

This particular measure looks not only at the frequency with which children are seen by their workers, but also at the quality of the content of the contacts. It is believed that the small
decrease in performance can be attributed mostly to the failure to see children in prevention and protection cases twice per month. Evaluation and Monitoring has placed an emphasis on the importance of giving Prevention and Protection Cases the same level of attention as that given to children in foster care cases.

Report MWZWCM5S: Annual Worker/Child Face to Face Visit Contact Report: Rolling 12 month period from July 1, 2015 through June 30, 2016: 90.72% of monthly required child visits occurred within this 12 month period statewide.

- Item 15: Caseworkers Visits with Parents

EMU Item 9: Caseworker visits with parents: July 1, 2015 through June 30, 2016: 20.5% of 278 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 17.74% of 265 applicable cases rated a strength. A strength indicates that parents (mother and father) were seen, face-to-face, and the contacts were of a frequency and a quality to address issues pertaining to safety, permanency, and well-being of the child and promote the achievement of case plan goals.

Report SZCR3: Frequency of Caseworker Visits with Parents/Caregivers with whom Children are to be Reunified: For the month of June 1, 2016 through June 30, 2016, 35.38% of cases met the frequency of parent/caregiver contact requirement when there was a goal of reunification in the FSP.

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

- Item 16: Educational Needs of the Child

EMU Item 6: Educational Needs of the Child: July 1, 2015 through June 30, 2016: 68.42% of 171 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 71.02% of 176 applicable cases rated a strength. Cases where the child’s educational needs were assessed initially and on-going and services were provided to meet their identified educational needs rated a strength. This measure shows a slight drop in performance in comparison to the previous year’s performance. Timeliness of assessments for educational needs, and the provision of all services is likely the cause of this decline. EMU has learned that when children who are already in state custody become school age, the timeliness of getting those children assessed is not as fast as children who enter custody already at school age.

EMU has recommended that all children of appropriate age be assessed for and provided educational needs while they are in foster care, and if not in foster care, if educational needs present during the review period, they should be addressed as well.

Report SPAD15: General and Special Education Screening: Report Period January 1, 2016 through June 30, 2016: 51.47% of children received timely general and special education screening during this report period.

Report SPAD16: Timely Registration for School: Report Period January 1, 2016 through June 30, 2016: 64.08% of the children who entered custody during the period in review were registered for school timely. 66.80% of children with a placement change were registered for school timely.
**Well-Being Outcome 3:** Children receive adequate services to meet their physical and mental health needs.

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

  **EMU Item 17: Physical Health of the Child: July 1, 2015 through June 30, 2016:** 53.92% of 217 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 60.63% of 221 applicable cases rated a strength. This item rated a strength if the child’s physical health and dental health were assessed in a timely manner (initially and on-going) and services were provided to meet the child’s identified needs.

  **Report SLS315: Children Who Had an Initial Screening and Comprehensive Health Assessment upon Entering Custody:** Rolling one year period from July 1, 2015 through June 30, 2016: 34.79% of children were in custody for at least 72 hours received an initial screening timely, and 40.06% of children who were in custody for at least 30 days had a Comprehensive Health Assessment within 30 days of entering care.

  **Report SPAD27m1: Dental Exam over 3 within 90 Days of Custody:** Report Period January 1, 2016 through June 30, 2016: 42.18% of children over 3 years in age received a timely dental examination.

  **Report SPAD27m2: Dental Exam for Children Turning 3 and Routine Exam:** Report Period January 1, 2016 through June 30, 2016: 42.93% of children turning 3 had a timely dental examination, and 42.60% of children received a timely routine dental examination.

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

  **EMU Item 18: Mental/Behavioral Health of the Child: July 1, 2015 through June 30, 2016:** 51.15% of 174 applicable cases rated a strength. July 1, 2014 through June 30, 2015: 55.56% of 180 applicable cases rated a strength. Cases rated a strength if the child’s mental health needs were assessed initially and –on-going and services were provided to meet those identified needs.

  **Report SPAD25: Mental Health Assessment within 30 Days of Custody:** Report period January 1, 2016 through June 30, 2016: Cases reviewed during this 6 month period show that 32.53% of children, aged 4 and older, received a timely mental health assessment. 28.77% of children who turned 4 in the report period had a timely mental health assessment following their birthday.

**E. SYSTEMIC FACTORS**

**Statewide Information System-Mississippi Automated Child Welfare Information System**

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

Case Review System

- **Item 20: Written Case Plan:** How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child’s parent(s) and includes the required provisions?

  **Report SPAD19: Children who have a Permanency Plan Detailing Goal, Timeframes and Activities to Support Goal:** Report Period 11/1/2015-4/30/2016: 41.46% of children had an initial FSP/ISP developed within 30 days in a Family Team Meeting.

  **Report SPAD20: Service Plans Updated quarterly and for Placement Changes:** Reporting Period 11/1/2015-4/30/2016: 11.33% of children had a service plan updated quarterly as a result of a Family Team Meeting. 27.08% of children with a placement change during this period had a service plan updated timely after the placement changed. 10.30% of children had service plans updated quarterly and after a placement change.

- **Item 21: Periodic Reviews:** How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than every 6 months, either by a court or by administrative review?

  **Report SZTACR: Timeliness of County Conference Frequency:** Rolling 12 month period from 5/1/2015-4/30/2016: 76.22% of the most recent county conferences were held timely.

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

  **Report SZTPHR: Timeliness of Permanency Hearing:** Rolling 12 month report from 5/1/2015-4/30/2016: 58.79% of children statewide who were in custody 12 months or more had a timely permanency hearing.

- **Item 23: Termination of Parental Rights:** How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

  **Report MWZ014S1: Children who have been in custody 15 of the most recent 22 months with no ASFA exception noted:** 37.61% of children in custody 15 out of the most recent 22 months do not have an AFSA exception noted.

  **Report MWZ014S2: Children who have been in custody 15 of the most recent 22 months with ASFA exception noted:** 62.39% of children in custody 15 out of the most recent 22 months do have an AFSA exception noted.
Report SZ0171: Children in custody 17 of 22 months with a TPR filed or exception noted:
Report Period 4/1/2016-4/30/2016: 85.65% of children had a TPR petition filed/exceptions noted within 17 of 22 months (12.46% had a petition filed, and 73.19% had an ASFA exception noted.)

- **Item 24: Notice of Hearings and Reviews to Caregivers:** How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

**Report SPAD4: County Conference Participation Report:** Report Period 11/1/2015-4/30/2016: 0.50% of county conferences had the required participation with the exception of a guardian ad litem being present.

Mississippi Code of 1972 Section 43-21-603(5)(e) states that if a child has been adjudicated a neglected child or an abused child, before entering a disposition order, the youth court shall consider, among others, relevant testimony and recommendations, where available, from the foster parent of the child, the grandparents of the child, the guardian ad litem of the child, representatives of any private care agency that has cared for the child, the family protection worker or family protection specialist assigned to the case, and any other relevant testimony pertaining to the case.

MDCPS policy directs staff to invite parents and/or legal guardians, foster, adoptive or relative-care parents, and grandparents to the review hearings, and any proceedings held with respect to the child in foster care pursuant to Miss. Code Ann. Section 43-21-603(5)(e), and others who may have relevant testimony may be invited.

Depending on local court rules, MDCPS may be required to provide the following types of notice: telephone calls, letters, summons and/or subpoena or face-to-face notification. MDCPS should provide documentation to the court regarding who provided notice and what type of notification was used. Supervisors and direct service workers are trained on the duty to notify all persons who have a right to present information in hearings through the Pre-service Training.

**Quality Assurance System**

- **Item 25: Quality Assurance System:** How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

MDCPS Quality Assurance System is functioning statewide by (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system and (4) provides relevant reports.
Strengths and concerns regarding this factor: MDCPS Quality Assurance System has a goal to develop a CQI process for Performance Improvement Plans (PIP) across all regions based on performance results of yearly Evaluation and Monitoring (EMU) regional reviews.

Staff and Provider Training

- **Item 26: Staff and Provider Training:** How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

  **Staff Training:** The DCPS Professional Development Unit (PDU) continues to provide training and technical assistance to the field with regard to training and workforce development. The structure of the unit has maintained as well as the supervisory structure. In the 2015-2016 training year the partnership with The University of Mississippi continued as they provide Pre-Service training in conjunction with the PDU training coordinators around the state. In addition to Pre-Service training they deliver Clinical Supervisory Training to all newly hired or promoted supervisors as well as ongoing training to all of the staff in the field. In the 2016-2017 year we plan to continue each of these efforts as well as implementation of a new court training. DCPS has continued to work with the Court Improvement Project and will deliver training in the fall in partnership with the AOC. Court Training is also being revised to deliver across the state as an ongoing training topic.

  **Provider Training:** Private providers that offer placement and adoption services are licensed by MDCPS as either Residential Child Caring Agencies (group homes) or Child Placing Agencies (private foster homes and/or adoption services). All providers licensed by MDCPS are required to comply with the staff qualifications and training requirements outlined in the Licensing Requirements Manual for Residential Child Caring and Child Placing Agencies. Providers must offer new staff orientation in addition to at least forty (40) hours of pre-service training and twelve (12) hours of ongoing training. Training topics are defined for the pre-service and ongoing training. Therapeutic providers must also meet the additional training required by the Department of Mental Health.

MDCPS continues to invite private agency staff to attend S.A.F.E. home study trainings sponsored by the Department. Private agency staff may attend at no cost to the private agency. Since July 1, 2014, MDCPS has included private agency staff in two S.A.F.E. home study trainings.

- **Strengths and concerns regarding this factor:**
  - **Strengths:** Staff training is newly revised and instrumental in staff development. The training covers all aspects of the work the newly hired staff will conduct.
  - **Concerns:** Staff retaining all the knowledge received in pre-service training. The way this is addressed is through the use of ongoing OJT, solid supervision and the use of regional practice coaches. With this team, a newly hired staff member has someone available to assist in times of need.

- **Item 27: Ongoing Staff Training:** How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?
The Professional Development Unit (PDU) continues to provide all newly hired frontline staff and supervisory staff 270 hours of pre-service training. The structure of this training as well as the Clinical Supervisory Training has remained the same in the 2015-2016 year. The on-going training program was successful in its first year and additional training classes were added during the 2015-2016 training year. Ninety-nine percent of DCPS staff successfully completed their ongoing training requirement for the year. The one percent who did not complete received documented counseling sessions with his/her supervisor. In addition, MDCPS continues to partner with the University of Mississippi for delivery of our ongoing training classes.

During the 2013-2014 reporting period, MDCPS had 48 staff statewide who were non-compliant in their ongoing training hours. This number was reduced to 8 non-compliant staff in the 2014-2015 reporting year which was a significant improvement. Presently, the data for 2015-2016 will not be available for a few months.

Staff is working very diligent to have that data readily available and MDCPS will report this data in the upcoming 2018 APSR reporting timeframe. Ongoing training hours are being tracked through a manual tracking system. Currently, this data system we have access to does not produce reports. We do not have plans to change this at this time. This was agreed to in the court order as "ok" so we do not have other plans right now.

Furthermore, each regional director assigns a staff member to receive copies of training hours from staff and they enter the training certificates into a spreadsheet. These hours are then sent to the Professional Development Unit where they are sorted and reviewed for accuracy. Once the data has been verified, an annual report is completed and produced to the federal court monitor as well as the field division. Our current course of action for those who are found to be non-compliant face disciplinary action.

- **Item 28: Foster and Adoptive Parent Training:** How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care and adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

During this reporting period, two contracts were awarded for adoption support services. One contract was awarded to Southern Christian Services for Children and Youth, and the other was awarded to Catholic Charities. Both contractors provide five hour training sessions for resource parents on weekend. Southern Christian Services offers this training 4 times per year; Catholic Charities offers it 3 times per year. Both organizations report larger numbers in attendance, as much as 60 resource parents in each session.

MDCPS continues to offer online training for resource parents. Policy allows resource parents to get up to 5 hours of in-service training online. MDCPS purchased training hours from fosterparents.com and fosterparentcollege.com. These are available at no cost to the resource parent. MDCPS staff may also obtain continuing education credits toward their license at no cost at fosterparents.com.
MDCPS continues its efforts of establishing a more streamlined and efficient licensure process for Resource families. In addition, Family Resource Center of Northeast Mississippi continues to offer MS PATH training in North Mississippi, and Mississippi Community Education Center continues to offer the training in South Mississippi. Southern Christian Services for Children and Youth, and Catholic Charities also continue to provide training sessions for resource parents on weekends.

Service Array and Resource Development

- **Item 29: Array of Services**: How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?
  - Services that assess strengths and needs of children and families and determine other service needs;
  - Services that address the needs of families in addition to the individual children in order to create a safe home environment;
  - Services that enable children to remain in safely with their parents when reasonable; and
  - Services that help children in foster care and adoptive placements achieve permanency.

There are resources in all areas of the state. Magnolia Health Plan is our primary management care provider. Magnolia has providers all over the state who provide dental, mental health and medical services. There are 15 mental health centers that service each county in the state. There are substance abuse treatment centers scattered throughout the state. Private providers provide family preservation services. The MDCPS Resource Directory is compiled of all the resources by county for the entire state, and is available to staff through the MDCPS Connection Website.

MDCPS provides services regardless of cultural or linguistic background to all Limited English Proficiency (LEP) clients involved with MDCPS. Interpreters are provided for all languages to serve the needs of MDCPS clients. This service is available for LEP clients when they are involved with MDCPS, 24 hours a day, seven days a week.

Resource families learn the concept of shared parenting in pre-service training. Resource families are encouraged to work with MDCPS toward the goal of reunification or relative placement whenever possible. If reunification occurs, the resource family is set up as a permanent support for the family. If the child is ultimately freed for adoption, the resource family is a likely adoptive placement and is in a position to maintain permanent ties to the biological family. For children who are free for adoption but without an adoptive placement, Mississippi uses the following services to help them find permanency in addition to the work of the assigned adoption specialist:

- There are two Wendy’s Wonderful Kids providers that work with MDCPS to recruit adoptive placements.
- Southern Christian Services for Children and Youth is a private adoption agency that works with MDCPS on child-specific recruitment, including youth who identify as LGTBQ.
- MDCPS’s youth are featured on the Wednesday’s Child television program, the Adopt US Kids website, and the MDCPS website.
Placement Committee meetings that happen at the local, regional, multi-regional, and state level to match children in care who are free for adoption with a waiting family. Representatives from licensed child-placing agencies, including private adoption agencies, are invited to attend.

200 Million Flowers is a private adoption agency that works with MDCPS to promote the adoption of older foster children in state custody in Mississippi for adoption through community information sessions and a heart gallery-like event. 200 Million Flowers continues their work with the Rescue 100 project on the coast. In the first two quarters of the contract with 200 Million Flowers (October 2014-April 2015), an additional 28 youth were photographed for the heart gallery. There are currently 41 youth featured in the gallery. The gallery was displayed in 10 different locations across the state, and 200 Million Flowers processed 58 inquiries. 200 Million Flowers is also responsible for posting Mississippi youth on the AdoptUSKids web site. There is an increase of 30 Mississippi youth currently posted on AUK.

The Adoption Recruitment and Retention Grant contract continues to assist MDCPS staff in finding permanency for children freed for adoption. Southern Christian Services for Children and Youth is awarded the contract for the upcoming year. MDCPS’s goal is to develop and maintain an up-to-date online gallery of Mississippi children freed for adoption on its website through this partnership. In addition, SCSCY will recruit resource families for MDCPS’s children and youth through resource parent information sessions, banquet, online profiles, and by other means. MDCPS is training one adoption supervisor and one adoption specialist in each regions on Family Finding and the 3-5-7 Model of preparing youth and families for adoption.

- **Update:** By the end of this reporting period, MDCPS will have taken its next steps in rolling out the Family Finding and 3-5-7 models throughout the state. First, by the end of June 2015 an overview of the 3-5-7 and Family Findings models will be held for all MDCPS staff in five different locations across the state. Second, plans will be finalized for rolling out Family Finding/3-5-7 training for all staff in two regions – Regions 4-N and 4-S.

- **Update:** Staff in Regions 4-N and 4-S are fully trained in Family Findings and the 3-5-7 Model. Coaching calls hosted by its developers continue to assist MDCPS staff with implementation of the model into their daily work. MDCPS will ensure Regions 4-N and 4-S have the support needed for continued use of this model. MDCPS will begin training on Family Findings/3-5-7 Model in Regions I-N and I-S in the upcoming year.

Wednesday’s Child” is a television program which depicts children waiting for adoption. Representatives from several licensed child-placing agencies attend the taping to identify their families which might be appropriate for the child. Additionally, children are presented in the state’s major newspaper’s regular column on waiting children and are featured on the Adopt US Kids website.

Placement committee meetings happen at the local, regional, multi-regional, and state level to match children in care who are free for adoption with a waiting family. Representatives from licensed child-placing agencies, including private adoption agencies, are invited to attend.
• Item 30: Individualizing Services: How well is the service array and resource development system functioning statewide to ensure that the services item 29 can be individualized to meet the unique needs of children and families served by the agency?

Report SPAD 12: CFA in 30 Calendar Days: Report Period 11/1/2014-4/30/2015: 42.48% of children had a CFA completed within 30 days.

The FSP should be individualized, strengths-based, family-focused, and culturally responsive. The components of an FSP include: Family Team Meetings; reason for services; services provided; educational; medical; emotional behavioral issues; tasks, plans and goals; task evaluation; adoption discussion; barriers to permanent plan; mental health assessment; and family engagement.

The goals and tasks, set forth within the FSP shall be a direct reflection of the decisions made within the FTM. The parent(s)/caretaker(s) and the child shall sign this FSP upon agreeing to the listed goals and tasks within it. All efforts to engage parent(s) in developing the FSP must be well documented in MACWIS, whether successful or not.

  o Strengths and concerns regarding this factor: Mississippi lacks substance abuse services to match the needs of MDCPS clients.

Agency Responsiveness to the Community

• Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR: How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child-family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

MDCPS actively interacts with the MBCI by meeting quarterly and as needed to discuss any issues that may arise, as well as to address specific child/family circumstances and consult with the MBCI Social Services. These quarterly meetings with Tribal representatives provide the opportunity for ongoing dialogue.

MDCPS regional staff is active in supporting and sharing feedback from the Tribe and facilitating meetings for direct feedback to MDCPS State Office. For the development of this APSR, MBCI Children & Family Services Program personnel and court liaisons were contacted to provide program information, successes, perceived barriers, and strategies for improvement. On-going collaboration efforts on a variety of initiatives are incorporated into the collaboration narrative.

In addition to the Annual ICWA Conference planning, MDCPS meets frequently with the Mississippi Administrative Office of Courts (AOC) to collaborate on other initiatives. There is the monthly Court Improvement Workgroup, which consists of Court Improvement Coordinator staff from AOC, the Office of the Attorney General and MDCPS Staff. Attending from MDCPS are Directors of Contracts and Legal, Permanency and Placement, and Training. The focus of this group is to strengthen court processes with collaboration and/or cross-training between
Mississippi Supreme Court, AOC’s Court Improvement Program, Mississippi’s Commission on Children’s Justice, Youth Court personnel, Tribes, and MDCPS Staff to improve permanency outcomes of children within the child welfare system through collection and analysis of data in the Mississippi Youth Court Information Delivery System (MYCIDS).

MYCIDS is a statewide system for the real time management of the activities of the Mississippi Youth Court System. The system is designed to support the Youth Court staff in the decision making process by providing rapid access and visibility to information shared in a common information repository. MDCPS staff members are continuing to receive MYCIDS user training from AOC staff on a county by county basis.

MDCPS is also continuing its collaboration with AOC to develop Basic Courtroom training for regional and county staff. This training will involve a multidisciplinary approach to courtroom practice. The goals are to improve courtroom practice for MDCPS staff, and to enhance regional collaboration between the agency and the Youth Courts. The regional groups will be composed of regional directors and staff from local departments of MDCPS, Youth Court Judges, attorneys for children and parents and any other local entity that supports the work of the local collaborative from a particular region. Training will be offered at the regional level and will include opportunities for networking with peers from nearby counties. Regional meetings will allow local representatives to learn from each other and develop solutions to common challenges.

In an effort to strengthen its framework for the APSR and CFSP process, MDCPS has requested technical assistance from the Capacity Building Center for the states to assist with streamlining the goals within the states 2015-2019 CFSP. MDCPS has continued the practice of involving both agency staff and state stakeholders in discussions regarding the delivery of services to children, youth and families. As a result of streamlining the goals, changes may occur with the collaborative efforts made by various stakeholders.

MDCPS also recognized that the current APSR reporting framework needed to be re-evaluated and re-designed for the 2017 APSR submission. As a result, MDCPS re-organized and clarified the information submitted in this year’s report so that it no longer resembled the states CSFP. For the upcoming 2018 APSR, the state will be changing its reporting framework by planning and meeting more frequently throughout the year to discuss and track agency goals that were previously identified in the CFSP and/or revised due to streamlining. The goal here is to improve the communication and eliminate information gaps between MDCPS and its stakeholders when reporting their progress or barriers to progress in a timely matter. Another anticipated outcome of collaborating more with its partners is that MDCPS will strengthen its ability to track and monitor performance measures throughout the year by having its partners assist with verifying and reporting on those collaborative measures as well for the APSR process.

- **Item 32: Coordination of CFSP Services with Other Federal Programs:** How well is the agency responsiveness to the community system functioning statewide to ensure that the state’s services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?
As stated, MDCPS continues to collaborate with other agencies through the SFY 2011 Interagency Memorandum of Agreement between the Division of Medicaid, MDHS, DMH, The State Department of Education, The State Department of Health, The State Department of Rehabilitation Services, and MS Families as Allies, Inc. The purpose of the collaboration is to continue an Interagency System of Care Council (ISCC) and Multidisciplinary Assessment and Planning (MAP) teams.

MDCPS continues to participate in the Mississippi Interagency Coordinating Council for Children and Youth (ICCCY) and the Interagency Systems of Care Council (ISCC). The ICCCY is authorized by 2012 legislation and is comprised of the Executive leaders of the state agencies for Education, Human Services, Mental Health, Public Health, and Rehabilitation. The purpose of this legislation is to provide for the development, implementation, and oversight of a coordinated interagency system of necessary services and care for children and youth. This interagency system is known as the Mississippi Statewide System of Care, which serves children up to age twenty-one (21) with serious emotional/behavioral disorders including, but not limited to, conduct disorders, or mental illnesses, which require services from multiple services and multiple programs system, (i.e. prevention services.) These services are child-centered, family-focused, family-driven and youth-guided, community-based, culturally competent, and shall provide for human rights protection, advocacy, and nondiscrimination in access to services. This system is a comprehensive array of services supported by best practices and/or evidence-based practices. Individualized service planning uses a strength-based, wraparound process, with services in the least restrictive environment. Family participation is encouraged in all aspects of planning, service delivery, and evaluation. Integrated services are coordinated through planning across child-serving agencies. The services include, but are not limited to the following:

- comprehensive crisis and emergency response services
- intensive case management
- day treatment
- alcohol and drug abuse group services for youth
- individual, group and family therapy
- supported employment services for youth
- family education and support and family partners
- youth development and support and youth partners
- positive behavioral supports (PBIS) in schools
- transition-age supported and independent living services
- vocational/technical education services for youth

Foster and Adoptive Parent Licensing, Recruitment and Retention

- **Item 33: Standards Applied Equally:** How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

MDCPS applies all state standards to the licensing of all resource homes, non-relative and relative. Regional offices may request waivers for non-safety standards in the event a relative resource home does not meet a standard. Waivers are reviewed and approved/denied at the
State Office level. As a general practice, standards are not waived. Licensed resources homes are evaluated on an annual basis to ensure they continue to meet licensing standards.

In MDCPS's current restructuring, additional licensure supervisors and specialist will be added to each region. These additions are expected to lower workloads and improve the timeliness and quality of services provided in licensing all resource homes. At the end of SFY 2015, MDCPS had 1547 licensed resource homes. Of that number, 865 (55.91%) were non-relative and 682 were relative resource homes. At the end of the current SFY, MDCPS has 1840 licensed resource homes. Of resource homes licensed in Mississippi, 998 (54.24%) are non-relative and 842 (45.76%) are relative homes. MDCPS added 293 licensed resource homes in SFY 2016.

Strengths and concerns regarding this factor:

MDCPS's current restructuring will allow for better service delivery with the licensing of resource homes. It is expected that this will improve recruitment and retention rates.

- **Item 34: Requirements for Criminal Background Checks:** How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

MDCPS's policy states, all resource parents and household members 14 years of age and older must undergo a screening process that includes a fingerprint-based criminal history check. All applicants or persons residing in the home who have been convicted of a crime or who have a pending indictment of any crime are evaluated in accordance to the Adam Walsh Child Protection and Safety Act of 2006 (P.L. 109-248) and Section 43-15-6 of the Mississippi Code to determine their fitness to provide services as a Resource Parent, prior to being licensed.

A monthly report captures Licensure Status of Resource Family Homes (SZRESL). This report does not capture criminal background screening, but it does capture the number of Relative and Non-Relative Resource Homes, according to policy, which must be screened (including a fingerprint background check) prior to being licensed.

**Report SZRESL:** As of 4/30/2016 there were a total of 1642 Licensed Resource Homes. (Non-Relative Resource homes-737 and Relative Resource Homes-905)

- **Strengths and concerns regarding this factor:**
  - Strengths: Fingerprint-based checks are available and conducted statewide via Live Scan systems. The electronic fingerprint live scan systems are designed for ease of use and for capturing high quality fingerprint images, helping to ensure superior acceptance rates and accurate criminal history information which increase the timeliness of return.

- **Item 35: Diligent Recruitment of Foster and Adoptive Homes:** How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster an adoptive families who reflect
the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

MDCPS’s MEPA states, “Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child unless an individualized assessment reveals that such consideration is in the child’s best interest. Culture may not be used as a proxy for RCNO and placements may not be delayed or denied on the basis of RCNO of the child or the provider.”

MDCPS partners with Southern Christian Services for Children and Youth (SCSCY), a private adoption agency, to gather updated professional photos and profiles for MDCPS’s children/youth (specifically children who are free for adoption and harder to place). These photo and biographies are used for child-specific recruitment at recruitment events designed to engage communities throughout Mississippi. In addition, SCSCY will provide the updated photos and profiles to MDCPS for its website’s gallery and the Adopt US Kids website’s gallery.

Regional resource staff presents MDCPS’s children/youth at placement committee meetings where community partners are present. Regional, multi-regional, and state level placement committee meetings are held on a regularly recurring schedule.

- **Item 36: State Use of Cross-Jurisdictional Resources for Placement**: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

MDCPS recruits potential adoptive placement for youth cross-jurisdictionally by featuring them on the Adopt US Kids website. Photos and bios on the website are updated on an annual basis. Youth featured on the site receive numerous inquiries. Although this information is not currently tracked, MDCPS will provide data to support this effort in SFY 2017.

In addition, MDCPS utilizes the Lexus Nexus system to complete diligent searches for family members on youth in care. This database enables MDCPS to locate family members who may be in other states to inquire about permanent placements for the youth. During SFY 2016, a total of 493 diligent searches were conducted.
III. UPDATE TO THE PLAN FOR IMPROVEMENT AND PROGRESS MADE TO IMPROVE OUTCOMES

MDCPS uses the Continuous Quality Improvement (CQI), MDHS program support services, and MDCPS’s own internal and external stakeholders to make improvements to the 2015-2019 CFSP and 2016 APSR updates.

A. LISTED BELOW ARE THE OVER-ARCHING 2015-2019 CSFP/2016 APSR ORGANIZATIONAL GOALS:

1. Implement the Core Components of the Practice Model which focuses on family-centered practice and captures the requirements of the MSA, COA and the Child and Family Services Review (CFSR).
2. Recruit and retain staff by creating a healthy work environment and maintaining manageable workloads.
3. Develop and implement a compliant State Automated Child Welfare Information System (SACWIS.)
4. Obtain accreditation by improving organizational performance through the following: demonstrating accountability in management of resources, meeting standardized best practice thresholds for service and administration, and providing increased organizational capacity and accountability through a framework for ongoing continuous quality improvements.
5. Network and collaborate with stakeholders, clients and communities to improve the child welfare services delivery system in Mississippi.

B. UPDATES FOR THE GOALS, OBJECTIVES, AND INTERVENTIONS TO THE 2015-2019 CFSP/2016 APSR:

1. Over-Arching Goal 1: Implement the Core Components of the Practice Model which focuses on family-centered practice and captures the requirements of the MSA, COA and the Child and Family Services Review (CFSR).
   - Update: Per the roll out schedule that was identified in the 2016 APSR submission and section 2, Update on Assessment of Performance, as of February 2016, MDCPS has successfully implemented the practice model in all 13 regions of the state.

2. Over-Arching Goal 2: Recruit and retain staff by creating a healthy work environment and maintaining manageable workloads.
   - Professional Development Unit
     - Sub-Goal 1: “90% of newly hired frontline staff and supervisors will complete 270 hours of pre-service training” supports each of the above goals by ensuring the information trained in Pre-Service training fall into compliance with the implementation of the Practice Model. It also supports our staff by ensuring they receive adequate training and skills prior to beginning casework in the field.
       - Objective 1: Staff will attend 270 hours of training
       - Intervention 1: The training calendar will be published annually for directors to plan start dates for training for newly hired staff.
• **Benchmarks and Timeframes**: By July 1 of each calendar year the calendar will be published to the MDCPS connection
  
  o **Update**: June 15, 2015 the 2015-2016 training calendar was uploaded to the MDCPS connection for all staff to view.
  
  o **Update**: By June 30, 2016 the 2016-2017 training calendar will be uploaded to the MDCPS connection for all to view. The training dates were disseminated to staff in May 2016 to anticipate hiring dates and training completion dates.

• **Intervention 2**: Training hours will be tracked in a manual tracking system by the Professional Development Unit

• **Benchmarks and Timeframes**: Annual report will be provided to verify the 90% completion

• **Outcome**: Staff trained in compliance with the agency procedure
  
  o **Update**: For the 2015-2016 training year 100% of staff who were hired and began work as frontline staff or supervisors completed the 270 hours of pre-service training.

  ▪ **Sub-Goal 2**: “80% of staff will pass the test administered at the end of each classroom training session of pre-service training” supports the above goals in the same manner as Goal 1.

  • **Objective 1**: 80% of staff will take a pass (score of 70 or higher) the 4 test given at the end of each classroom training week

  • **Intervention 1**: Test will be administered weekly at the end of each classroom training week session

  • **Benchmarks and Timeframes**: A manual report will be used to track the test scores on an annual basis.

  • **Outcome**: Staff who are knowledgeable of the subject areas that have been taught in pre-service training
  
  o **Update**: For the 2015-2016 year 100% of staff who completed training and are working as frontline staff or supervisors achieved 70 or higher on each of the 4 tests given in Pre-Service training.

3. **Over-Arching Goal 3**: Develop and implement a compliant State Automated Child Welfare Information System (SACWIS.)

  ▪ **Sub-Goal 1**: Design/Develop/Implement a replacement SACWIS-compliant case management data system.

  • **Objective**: Design/Develop/Implement a replacement SACWIS-compliant case management data system to support MDCPS social work practice, MDCPS business rules, MDCPS policy, MSA requirements, COA standards.
  
  o **Update**: In June 2016, the MDCPS made the decision to adopt the Comprehensive Child Welfare Information System (CCWIS)
Final Regulations upon final release and follow an agile development methodology. CCWIS regulations became effective in August 2016 and require automated functions follow a modular design that includes the separation of business rules from core programming. This approach makes it easier for automated child welfare information systems to meet user needs, be continuously improved and deliver more reliable technology faster and cheaper. This decision required a major shift in project approach, providing the opportunity to re-assess and re-start the overall project. MDCPS, along with the Mississippi Department of Information Technology Services (ITS) Procurement Team, are working to competitively procure, via an RFP, qualified agile vendors to create an approved Agile Vendor Pool to assist with the modular design, development and implementation of each “service” module associated with the new CCWIS solution. Once this vendor pool is established, a procurement for each module will be released to the pool seeking proposals for design, development and implementation services. MDCPS will define a unique Statement of Work (SOW) for each “service” module, utilizing an abbreviated competitive procurement approach referred to as a “Letter of Configuration (LOC)”. The LOC procurement process will be limited to vendors included in the competitively procured Agile Vendor Pool, focusing specifically on vendor understanding, technical approach and cost. The approved vendors will be provided the opportunity to submit a technical and cost proposal for each LOC on a service-by-service module basis.

The first LOC to be released will be for the procurement of a qualified Application Program Interface (API) vendor to develop, implement and maintain an API layer that will encapsulate the existing legacy solution and enable the rapid and modern development of the new CCWIS solution. This vendor will assist the MDCPS with defining the routines, protocols and tools for building the new CCWIS solution, serving as the integration manager for all future services module development and implementation.

- **Intervention 1**: Engage a Quality Assurance/Independent Verification and Validation (QA/IV & V) vendor to perform quality assurance/control functions through the design, development and implementation of the replacement system and to assist with requirements refinement preparing the RFP for the selection of a Design, Development & Implementation (DDI) vendor for the system build.

- **Benchmarks and Timeframes**: The timeframe for QA/IV&V vendor to begin project is March 2014. This vendor will be engaged throughout the project which could continue through 2017 or 2018 depending on the
accomplishments of all teams in keeping with the project schedule.

- **Update:** The QA IV&V vendor began on February 18, 2014 and has assisted the project with the requirements definition, refinement and overall project QA. This vendor will shift its QA approach from the waterfall development methodology to agile in support of the CCWIS requirements and is expected to continue providing QA IV&V services through the end of the current contract period (February 28, 2018).

- **Intervention 2:** Engage a DDI vendor to design development and implement a SACWIS compliant case management data system for supporting all business processes for the MDCPS.

- **Benchmarks and Timeframes:** The timeframe for engagement of a DDI vendor is estimated to occur the latter part of 2015. This vendor will be engaged throughout the project which could continue through 2017 or 2018 depending on the accomplishments of all teams in keeping with the project schedule.

  - **Update:** Progress was made during FY2016. Field Operations was the lead on the Regional PIP efforts with CQI as a support to this state wide and via the Regional CQI sub team meetings.

- **Intervention 3:** Implement infrastructure changes (i.e. database platform, network, equipment) to support the SACWIS system implementation for the MDCPS.

- **Benchmarks and Timeframes:** The timeframe for infrastructure implementation will follow the project schedule with technical requirements gathering occurring during planned joint application design (JAD) sessions.

  - **Update:** MDCPS has begun the major task of planning for the creation of its own Information Technology (IT) Network infrastructure. This process will include the procurement of a qualified Network Architect (NA) to assess the MDCPS’ current and future needs in preparation for the development of a comprehensive plan. The NA will lead the effort, working ITS, to design a network to efficiently and effectively support the agency (internal and external staff; clients; IT solutions-including mobility, web-based solutions, client/resource portal(s); etc.) along with a detailed transition plan from the MDHS network to the new MDCPS network. The goal is to have the comprehensive plan developed and approved by June 30, 2017 with the transition completed by June 30, 2018 (i.e., per Mississippi Legislature, 2016 Regular Session, Senate Bill #2179). The NA will also oversee the execution of the approved comprehensive plan until the transition is successfully completed.
and has been deemed stable for 90 days post-transition.

- **Outcomes:** Increase capacity of the Department to use information management system to support casework practice and related functions. Increase ability to capture information needed for reporting and monitoring that is not currently available through the existing MACWIS system. Increase ease of use of the information management system by the field, ideally leading to more complete and accurate data produced by the system. Increase MDCPS federal funding for SACWIS-compliant system.

  - **Sub-Goal 2:** Develop a CQI process for Performance Improvement Plans (PIP) across all regions based on performance results of yearly Evaluation and Monitoring (EMU) regional reviews.

    - **Objective:** Create a detailed plan for organized performance improvement plans to guide the regions in improvements across data indicator areas in which performance is under the goal. This would be an assignment of the CQI sub team in working with the Regional Implementation sub teams across the state.

    - **Intervention 1:** Finalize plans that were begun with the development of CQI in MS directed toward regional PIP plans.

    - **Benchmarks and Timeframes:** The timeframe for developing this process is during State Fiscal Year 2015 which begins July 1, 2014 and ends June 30, 2015.

    - **Intervention 2:** Prepare CQI, field staff, and Regional Implementation Teams to implement program improvement strategies based on the outcomes of CQI review processes.

    - **Benchmarks and Timeframes:** Timeframes for preparation and implementation of the PIP strategies will be determined by a regional implementation schedule for this effort drafted by the CQI sub team along with the Regional Implementation sub team.

      - **Update:** Regions developed their PIPs based on the improvements needed in each area as reported by the EMU during annual regional reviews. Field Operations took the lead on the implementation of the PIPs with CQI supporting each region through this process.

    - **Intervention 3:** Use the State CQI Sub-Team to monitor implementation activities.

    - **Benchmarks and Timeframes:** Timeframes for monitoring this effort will continue throughout the implementation period (to be determined) and continue thereafter as a part of the CQI program efforts.
Regional Implementation teams along with Regional CQI sub teams worked together to begin implementation of the plans via their monthly or quarterly sub team meetings as the driving force to track progress. During 2016, the Evaluation and Monitoring Unit (EMU) focused even more in depth on the information contained in the Regional Improvement Plans. EMU continues to work with each region providing more detailed information for the data that they are actually working improvement efforts on. This seems to be giving the regions better information on how to address issues and increase positive outcomes. Tracking of these efforts continues as we move into FY17.

- **Outcomes:** Measureable improvements in the areas identified as weaknesses in the CQI review processes. Greater attention to areas needing improvement by Regional Implementation Teams.

- **Measure 1:** All Modified Settlement Agreement MACWIS reports will show measured progress and performance around each data indicator for all regions.

- **Measure 2:** All Modified Settlement Agreement PAD (Periodic Administrative Determination) Foster Care Review (FCR) reports will show measured progress and performance around each data indicator for all regions.
  - **Update:** Data from MACWIS and PAD reports continues to be validated by the division and verified by the court monitor’s office on a monthly basis for Olivia Y lawsuit reporting purposes. The department has multiple reports available upon request to show performance progress.

- **Sub-Goal 3:** Prepare the division for the upcoming Round 3 CFSR in 2018.
  - **Objective:** Improve CQI processes to ensure compliance and consistency in the review process state wide.

- **Intervention 1:** Develop consistent state wide review teams for regional EMU reviews to ensure a more consistent review process.

- **Benchmarks and Timeframes:** The timeframe for this initiative is set for State Fiscal Year 2015 which begins July 1 2014 and ends June 30, 2015.
  - **Update:** Evaluation and Monitoring has submitted a list of agency staff to act as peer reviewers in order to provide consistency with statewide review processes and to have an available, accessible, and knowledgeable pool of reviewers. With the recent transition and restructure of the division/agency,
the reviewer pool list has not yet been approved or finalized. It is expected that this will occur within the next 3 to 6 months.

- **Intervention 2:** Ensure that CQI review processes comply with Federal expectations for CQI systems, including instruments, sampling strategies, training, etc.

- **Benchmarks and Timeframes:** The timeframe for this initiative is to be determined across the next three years as the CQI unit continues to work with outside entities (Children’s Bureau, consultants).
  - **Update:** Evaluation and Monitoring has made comparisons of the current review instrument being used by the state to the federal OSRI and has conducted “mock” reviews using the OSRI to familiarize staff with the elements of that document. Discussions have been held as to if the state will revise its current review instrument for the CFSR or utilize the federal OSRI. A draft training has been developed to use with the review team for the upcoming CFSR. Efforts to improve the QA and debriefing process of the onsite reviews have been discussed and will be tested during the state onsite reviews in the regions.

- **Intervention 3:** Use CQI review processes to emphasize CFSR outcomes and performance indicators on an ongoing basis.

- **Benchmarks and Timeframes:** This initiative will continue across MDCPS prior to and after Round 3 CFSR as the CQI program continues internal improvements within its own unit and across all regions state wide. Available reports for CFSR indicators have been identified with the recent development of all MSA reports from MACWIS and PAD data along with available data from the EMU and SRU review processes.
  - **Update:** Data from onsite case reviews, MACWIS data reports, and the PAD (Periodic Administrative Determination) are being used in State and Regional CQI teams and Regional Improvement Teams to inform practice and used as a basis for measuring strengths and areas needing improvement in the individual regions.


- **Measure 1:** Identified Modified Settlement Agreement (MSA) MACWIS reports.
- **Measure 2:** Identified Modified Settlement Agreement (MSA) PAD reports.
- **Measure 3:** Identified Evaluation and Monitoring Unit (EMU) data reporting.
- **Measure 4**: Identified Safety Review Unit (SRU) data reporting.
  - **Update**: The division/agency is able to provide samples of a number of reports to satisfy measures 1 through 4 above upon request.

- **Sub-Goal 4**: Improve CQI Regional Sub Teams state wide.
  - **Objective**: Strengthen CQI Regional Sub Teams for a more structured monitoring approach of specific data indicators based on each region's needs.
  - **Intervention 1**: Use Regional CQI Sub-Teams as participants in developing PIPs resulting from CQI review processes.
  - **Benchmarks and Timeframes**: The timeframe for this will follow the timeframe for Goal #2, Intervention #1 which is State Fiscal Year 2015.
    - **Update**: Evaluation and Monitoring Unit (EMU), along with partners within the Center for the Support of Families (CSF), has been working in conjunction with the regions focusing on the elements of their individual Regional Improvement Plans in order to tailor improvement efforts to the needs of the region. These efforts are continuous across the state into FY17.
  - **Intervention 2**: Use Regional CQI Sub-Teams to monitor progress made by implementing PIP activities.
  - **Benchmarks and Timeframes**: The timeframe for this will follow the timeframe for Goal #2 to be determined by a state wide regional implementation schedule.
    - **Update**: Progress on the Regional Improvement Plans is monitored during the CQI Regional Team meetings. Utilization of targeted case reviews also provides a broader, case-specific, view of strengths and areas needing improvement on individual items that the Evaluation and Monitoring Unit is working on with the regions' management teams.
  - **Intervention 3**: Provide technical assistance from the State Office to Regional CQI Sub-Teams to assist them in carrying out these activities.
  - **Benchmarks and Timeframes**: The timeframe for this will follow the timeframe for Goal #2 to be determined by a state wide regional implementation schedule.
    - **Update**: Evaluation and Monitoring provides technical assistance to the regions with targeted case reviews, Data-to-Action meetings following onsite case reviews, review tools, and data presentations to provide information to them that will allow for them to utilize their data to inform their practice. Working with the CQI Unit's Data Review Unit, plans are in place to conduct...
data report training in a few regions that, if successful, will be carried out in the remaining regions; due to the increased number of new staff statewide in recent years, discussions have been initiated for a decision to reinstitute the CQI presentations across the state to orient staff to the CQI process, the units within CQI and their respective roles.

- **Outcomes**: Increased activity within and outside the local child welfare agencies with regard to monitoring and making needed improvements. Development of improvement strategies that reflect Region-specific strengths and needs. Measurable improvements in Region-specific areas needing improvement.

- **Measure 1**: All Modified Settlement Agreement MACWIS reports will show measured progress and performance around each data indicator for all regions.

- **Measure 2**: All Modified Settlement Agreement PAD (Periodic Administrative Determination) Foster Care Review (FCR) reports will show measured progress and performance around each data indicator for all regions.

- **Sub Goal 5**: Develop a more focused approach to 'In Home' cases.
  
  o **Update**: Evaluation and Monitoring Unit (EMU) continues to review at least one in home case per month per region. These reviews assist the regions with needed improvements for services and prevention of children entering custody. The initial statewide focus of this goal was postponed, pending lawsuit court order requirements. The appointment of a new commissioner, the organizational restructure, and transition of MDCPS to its own agency also impacted this state wide effort. CQI plans to move forward with this effort during FY17 with an update at the end of the fiscal year to document agency progress.

- **Objective**: Provide additional Evaluation and Monitoring Unit reviews on in-home cases for improvement of services and prevention of children coming into custody.

- **Intervention 1**: Re-evaluate the current CQI review sampling strategy to determine the proportion of in-home cases needed to satisfy Federal CQI expectations and the needs in MS.

- **Benchmarks and Timeframes**: Timeframes for this effort are planned for State Fiscal Year 2015 through SFY 2016, coordinating with federal guidance, MSA requirements, and COA requirements to determine this strategy.
• **Intervention 2**: Use increased data analysis to develop needed reports of outcomes and performance indicators with regard to in-home cases.

• **Benchmarks and Timeframes**: Timeframes for this effort are planned for State Fiscal Year 2015 through SFY 2016, coordinating with federal guidance, MSA requirements, and COA requirements to determine this strategy.

• **Intervention 3**: Use Regional Implementation Teams to promote improvements in in-home services based on areas of need identified in Region-specific reports/data analysis.

• **Benchmarks and Timeframes**: Timeframes for this effort are planned for State Fiscal Year 2015 through SFY 2016, coordinating with federal guidance, MSA requirements, and COA requirements to determine this strategy.

• **Outcomes**: Measurable improved outcomes and performance with regard to safety and the recurrence of maltreatment in-home cases. Increased capacity by MDHS to keep children safe in their own homes without needing to enter foster care.

• **Measure 1**: Identified Modified Settlement Agreement (MSA) MACWIS reports.

• **Measure 2**: Identified Safety Review Unit (SRU) data reporting.

• **Measure 3**: Identified SRU corrective action tracking reporting.

  o **Update**: An update has not been provided at this time.

- **Sub-Goal 6**: Improve validation of data reports.

  • **Objective**: Further strengthen MDCPS' capacity for ongoing validation of data reports and identification of reporting and user-related errors.

    o **Update**: The validation unit is fully staffed and all have been trained. During FY15 Center for Support of Families (CSF) staff worked with state staff to transition all validation tasks to the state team. The validation team has made substantial efforts to improve the quality of data entry by working more intensely with field staff specifically on AFCARS related data entry, understanding of report user guides. The unit began development of an online reports user training to be made available to all staff upon completion.

• **Intervention 1**: Gradually transfer all ongoing report validation activities to the MACWIS Validation Unit (MVU), with technical assistance from MDCPS contracted consultants.
• **Benchmarks and Timeframes:** The timeframe for this intervention is scheduled for completion end of calendar year 2014.

  o **Update:** This effort began in 2014. As of the end of 2015, all Validation Unit activities have been transitioned to the CQI Data Reporting Unit (DRU). The department has maintained ownership of validation activities since the transfer of knowledge was completed.

• **Intervention 2:** Transfer all responsibility for developing monthly Data Quality Reports to the MVU with technical assistance from MDCPS contracted consultants.

• **Benchmarks and Timeframes:** The timeframe for this intervention is scheduled for completion end of calendar year 2014.

  o **Update:** This effort began in 2014. As of the end of 2015, all Validation Unit activities have been transitioned to the CQI Data Reporting Unit (DRU). The department has maintained ownership of validation activities, including the monthly development of the Data Quality Reports, since the transfer of knowledge was completed.

• **Intervention 3:** Strengthen the enforcement of the corrective action process when errors are identified.

• **Benchmarks and Timeframes:** The timeframe for this intervention is scheduled to begin during calendar year 2014 and will be an ongoing initiative of the CQI Unit.

  o **Update:** The validation unit uses tracking software called ‘HEAT’ to enter tickets on a monthly basis for the field staff to respond to data entry issues found during monthly validation efforts. The Reports Development team sends weekly reports to the regions showing outstanding HEAT tickets needing resolution. The corrective action process for report errors is that issues are added to the relevant Troubleshoot Log, which goes through quality assurance by the validation unit supervisor with comments added. The Reports Development team researches, repairs, reruns the report. The Validation Unit then re-validates and repeats the process until no errors are reported. This process was intensified and improved during FY15 and FY16. It is a continued work in progress to improve this process.

• **Outcomes:** Increased awareness of common data report errors by field staff and State Office staff.
  Improvements in the quality/accuracy of data reports produced.
Improvement plans/strategies that are better informed through the availability of accurate data.

- **Measure 1**: Identified CQI corrective action tracking reporting.
- **Measure 2**: Data Quality Reports.
- **Measure 3**: Error log reports provided by consultants during co-validation efforts measuring error rate for MACWIS Data Validation Unit in comparison to consultants data validation.

**Sub-Goal 7**: Build internal capacity for reports development/maintenance.

- **Objective**: Develop the in-house capacity to produce the many data reports now produced by a contract provider.
- **Intervention 1**: Provide training and a transition process by contractor to Department staff to prepare them to take on the report-production activities.
- **Benchmarks and Timeframes**: The timeframe for this intervention is scheduled for completion end of calendar year 2014.
  - **Update**: State staff in the MACWIS unit began transitioning the reports development/maintenance from the contractor in March 2014 and completed this effort in September 2014. Upon completion, the reports development team along with the MACWIS development team and database administrator was able to jointly support, maintain and begin to create some ad hoc reports from the reports database upon request.
- **Intervention 2**: Examine and act on staffing needs to sustain the data reporting process.
- **Benchmarks and Timeframes**: The timeframe for this intervention is scheduled for completion end of calendar year 2014.
  - **Update**: During FY15 additional programmer/analyst positions were requested to fill the state position gaps needed to continue reports development and maintenance. By the end of FY16, a total of one Lead Programmer/Analyst, four Senior Programmer/Analysts and one Business Analyst I comprise the MACWIS Reporting Unit. All internal and lawsuit reports are now developed in house with no contractual assistance.
- **Intervention 3**: Ensure that current data reporting requirements are built into the new SACWIS system or data warehousing process in order that in-house staff can continue to produce needed reports.
- **Benchmarks and Timeframes**: The timeframe for this intervention will follow the SACWIS system project schedule.
Update: During FY15 and FY16 joint application development (JAD) requirements sessions were held to gather requirements for the new replacement MACWIS (SACWIS) system. As a part of the requirements sets, the current data reporting requirements and data warehouse/data mart requirements were included. The SACWIS (now CCWIS since the new CCWIS federal rules were released during June 2016) system project is currently in progress with a high level schedule of beginning efforts for development vendor procurement scheduled later in 2016. The reports development will most likely continue to remain in house during the CCWIS project build since internal capacity has now been built for this.

- **Outcomes:** Increased agency capacity to produce needed reports. Internal capacity to produce reports on more of an ad hoc basis than currently exists, in order to support improvement efforts. A sustainable process for producing needed reports that is not reliant on the availability of funds for contracts.

Update: The noted outcomes above have all been accomplished by the department in that the capacity has been built to support the development of needed reports, both standard and ad hoc. For lawsuit reporting, approximately 56 reports exist and are maintained internally. Continued new report requests and report modifications have been assigned to this unit during FY15 and FY16. This unit has accomplished all requests submitted and continues to work on modifications as requested. During FY16, a multitude of ad hoc reports were requested to support the ongoing efforts of Public Catalyst consultants assisting the department with meeting Olivia Y lawsuit court order requirements. Specifically, many variations of work load ad hoc reports were developed to support a state wide work load audit. The MACWIS Reporting unit has accomplished sustainability in development and maintenance of reports.

4. **Over-Arching Goal 4:** Obtain accreditation by improving organizational performance through the following: demonstrating accountability in management of resources, meeting standardized best practice thresholds for service and administration, and providing increased organizational capacity and accountability through a framework for ongoing continuous quality improvements.

- **Sub-Goal 1:** MDCPS will achieve accreditation through COA.

- **Objective:** Obtain accreditation by improving organizational performance through the following: demonstrating accountability in management of resources, meeting standardized best practice thresholds for service and administration, and providing increased organizational capacity and accountability through a framework for ongoing continuous quality improvements.
Interventions:
- Additional training to be delivered by COA staff in selected regions
- Remedial site visits to selected regions
- Recruit and retain qualified staff
- Revise policy as needed to comply with COA Standards
- Update the Self Study to reflect current policy and practice
- Regional responses to Pre Commission and Post Commission Reports
- Regional Maintenance of Compliance Reports every six months
- Correct facility issues in each region

Benchmarks and Timeframes:
- Remedial site visits to selected regions to be completed in 2015
- Regional Maintenance of Compliance Reports every six months
- Completion of the accreditation process of all 13 regions by the end of 2016
- MDCPS will achieve accreditation by 2017.

Outcomes:
- Staffing levels will increase to meet the supervisor to workers ratio standard
- Decreased caseloads as more staff comes on board
- Update: Did not meet COA goal for accreditation.

Sub-Goal 2: MDCPS will maintain accreditation.

Objective: MDCPS will continue to comply with COA Standards after achieving accreditation.

Interventions:
- Regional Maintenance of Accreditation Reports every six months
- Revise policy as needed
- Quarterly review of incidents, accidents and grievances in every region and at state office
- Maintenance of facilities at level of COA standards
- Reinforce compliance with COA standards through training, supervision and coaching

Outcome: Accreditation will continue to serve MDCPS as a fully integrated and ongoing journey aimed at structuring and focusing efforts on quality issues and meeting best practice standards along with the Practice Model.
- Update: Did not meet COA goal for accreditation.
- Permanency Unit
Sub-Goal 1: Protect and serve the best interest of children in the Mississippi child welfare system by strengthening and preserving families so children can live safely at home with their parents or relatives.

Objective 1: Provide a safe environment for the well-being of foster children.

Intervention 1: Monitor the expedited placement process to identify gaps in practice and assure the safety and well-being of children placed accordingly.

Benchmarks and Timeframes: Develop and implement a means to track and monitor required pre-screenings of expedited relative placements prior to a child being left in the home by December 2016.
  - Update: A MACWIS report is currently in development to capture and report out this information.

Benchmarks and Timeframes: Expedited relative placements will undergo the full licensure process within 90 days of the child being placed in the home. 80% of pending expedited placements will be licensed within 90 days.
  - Update: Previously, the SLS319 report showed 5.44% of expedited relative placements are beyond the 90 day licensure period. According to SLS319 as of May 31, 2016, 7.40% of expedited relative placements are beyond the 90 day licensure period. Barriers that may have contributed to this increase includes licensure standards that cannot be waived, new legislation, and staff limitations. MDCPS plans to address these barriers by the addition of staff.

Intervention 2: Increase the number of homes in each region that are qualified to and willing to accept foster children from the most difficult to place populations.

Benchmarks and Timeframes: Increase number of licensed resource homes statewide by 15% or from approximately 1400 licensed resource homes to 1600 by December 2016.
  - Update: This benchmark has been met. Currently, there are 1684 licensed resource homes in the State of Mississippi.

Benchmarks and Timeframes: Increase number of licensed resource homes statewide by 15% from approximately 1600 licensed resource homes to 1800 by September 2019.
  - Update: It is anticipated that MDCPS will met this benchmark with current progress and restructuring.

Objective 2: Achieve permanency for foster children in a timely manner.

Intervention 1: Children who have been in custody twelve (12) months or longer will be presented at Permanency Roundtables for the purpose of moving them to permanency in a timely manner.

Benchmarks and Timeframes: By December 2015, develop and implement a protocol for screening cases of twelve (12) months or longer to be presented at a Permanency Roundtable.
  - Update: This benchmark has been met.
- **Benchmarks and Timeframes:** Schedule and begin implementing Permanency Roundtables for children who have been in custody twelve (12) months or longer by February 2016.

- **Intervention 2:** Increase the use of the Permanency Pact with youth ages sixteen (16) years and older who are presented at a Permanency Roundtable.

- **Benchmarks and Timeframes:** Train Independent Living Specialists and Adoption Specialists to use Permanency Pacts with older teens presented at Permanency Roundtables by July 2016.
  - **Update:** This benchmark has been met. Round I and Round II of PRTs are complete as June 30, 2015.
  - **Update:** This benchmark has been met. Independent Living Specialists received training on how to use the Permanency Pacts as part of the Independent Living training for staff. Adoption Specialists received training on how to use the Permanency Pact as part of their adoption training with youth.

- **Sub-Goal 2:** Take care of and provide for the Mississippi foster children in a manner that ensures the safety, permanency, and well-being of each child in foster care for as long as it is necessary for the child to remain in foster care.
  
  - **Objective:** Maintain a statewide plan for the recruitment of foster and adoptive families for the state’s most difficult to place children in foster care.

  - **Intervention 1:** Dedicate a staff person in the MDCPS state office to coordinate and support foster/adoptive parent recruitment throughout the state at the conclusion of the Diligent Recruitment Grant which ends September 29, 2015.

  - **Intervention 2:** Maintain regional recruitment teams and a written plan for the recruitment of foster and adoptive families for the most difficult to place children in foster care in each of the thirteen (13) MDCPS regions on an ongoing basis.

  - **Benchmarks and Timeframes:** Receive, review, and monitor written recruitment plans from each region, coordinate the development of a state recruitment plan, and support recruitment activities throughout the state on an ongoing basis.

  - **Intervention 3:** Partner with licensed child-placing agencies to complete home studies for newly recruited resource families in order to expedite the licensure process for relative and non-relative resource applicants.

  - **Benchmarks and Timeframes:** Partner with private, licensed contractors to complete home studies in order to expedite the licensure process for relative and non-relative resource applicants through September 2019 and ongoing.
    
    - **Update:** The statewide plan for the recruitment of foster and adoptive families remains in effect. There is no longer a dedicated staff person assigned to the plan due to no additional
pins being allocated. However, collaboration and recruitment continues statewide.

- **Update:** Recruitment plans were not revised or submitted in fall of 2015 due to the Diligent Recruitment Grant ending as well as the Adoption Unit Director retiring May 2015 and the Permanency Unit Bureau Director resigned July 2015. The original state recruitment plan remains in effect.

- **Update:** A Request for Proposal (RFP) was issued in early 2016 to solicit the assistance of private agencies in completing home studies for resource. Six (6) vendors responded to the RFP, and two (2) were offered contracts: Mississippi Children’s Home Services and Southern Christian Services for Children and Youth. In addition, Catholic Charities was offered a contract to provide these services in late 2015. All agencies are currently active.

- **Comprehensive Family Support Services Program (CFSSP)**

  - **Sub-Goal 1:** Continue providing Family Preservation, Family Reunification and Family Support services to all 82 counties of the state.

    - **Objective 1:** Draft a Request for Proposal (RFP) beginning in 2015 to address the type of services needed in each county across the state;

    - **Intervention 1:** Draft an RFP to indicate the continued need for this service, and the expanded areas needing service prior to the FY 2016, and contract with a qualified subgrantee to provide the services outlined in the RFP.

    - **Benchmarks and Timeframe:**

      - **Outcome:** A new Request for Proposal was developed in June 2015 requesting services for all 82 counties within the state. Three providers responded to the request. Mississippi Children’s Home Services (MCHS) was awarded the subgrant with the highest score. Although this subgrant did not meet the increase of counties to 60 within the first year, an increase to 58 counties served was accomplished. Counties that had previously not received these services are now being served. Continued discussions are in process to serve additional counties.

      - **Intervention 2:** At the end of year three (3), if a qualified subgrantee has not performed according to the scopes of services in the contract, DCPS will make a determination of how best to utilize the Promoting Safe and Stable Families (PSSF) funding to preserve, reunify, and support families in our state.
• **Benchmarks and Timeframe**
  
  o Within year one (1), if the subgrantee has not performed according to the scopes of services in the contract, a Performance Improvement Plan will be initiated.
  
  o Within year two (2), if the subgrantee has not performed according to the RFP, an evaluation as to the best way to utilize the Promoting Safe and Stable Families (PSSF) funding to preserve, reunify, and support families in our state will be the focus.
  
  o **Update:** Due to vacancies in the Comprehensive Family Support Program staff at MDCPS, the MDCPS Coordinators and State Division Director have not had the ability to do onsite visits with the MCHS. However, the MCHS provides monthly reports to the State CFSSP Coordinator for review. Bi-weekly phone calls are conducted to staff more difficult cases. MCHS provides documentation of services provided including case notes, assessment, and work plans. CFSSP State Coordinators are in constant contact with MDCPS field staff and MCHS in order to provide support to the program. From reports provided on a monthly basis and information uploaded to the MACWIS system, MCHS is performing the scope of services as outlined and therefore no Performance Improvement Plan will be required at this stage of the contract.
  
  o **Update:** MDCPS and MCHS have met to discuss improvements to more accurately and swiftly provide the needed Family Preservation, Family Reunification, and Family Support Services needed by our families. During this meeting, it was proposed that the service referral form be updated to provide information needed by MCHS to provide services expediently but also make it easier on the DCPS workers who made referrals for these services. A draft form has been developed and being review by Field Operations and CFSSP staff. It is the plan to have the form complete and ready to be distributed by July 1, 2016. On May 3 and 4, 2016, the CFSSP Coordinators, Division Director of Prevention/Protection and other CFSSP staff attended a CFSSP Conference conducted by MCHS for their staff working under the CFSSP subgrant. 36 participants attended the conference. Topics included how referrals were made and how MCHS staff and DCPS staff could coordinate in providing excellent service.

• **Measure:** 92% of the 82 counties in the state will have Family Preservation/Family Reunification services by 2018.

• **Outcome:** 71% of 82 counties in the state have Family Preservation/Family Reunification Services at this time.

  ▪ **Sub-Goal 2:** Increase the number of families and children served.
- **Objective 1:** A Request for Proposal (RFP) will be drafted beginning in 2015 to address the type of services needed in each county across the state.

- **Intervention 1:** Draft an RFP to indicate the continued need for this service, and the expanded areas needing service due prior to fiscal year 2016. Contract with a qualified subgrantee to provide the services outlined in the RFP, with the projected number of families and children to be served each year.

- **Benchmarks and Timeframe:**
  - Within 2 years, the number of families served will increase from 495 families to 600 families.
  - Within 4 years, the number of families served will increase from 495 families to 800 families.

- **Outcome:** A new Request for Proposal was developed in June 2015 requesting services for all 82 counties within the state and detailing services needed. During the last year of the grant period of FY October 1, 2014 through September 30, 2015, MCHS served a total of 1134 families through CFSSP services. MDCPS has met the expected Benchmarks ahead of time. It is expected that these Benchmarks will continue to be met and exceeded.

- **Intervention 2:** At the end of year 5, if a qualified subgrantee has not performed according to the scopes of services in the contract, an evaluation will be conducted to determine how best to utilize the Promoting Safe and Stable Families (PSSF) funding to preserve, reunify, and support families in our state.

- **Benchmarks and Timeframe:**
  - Within year one (1), if the subgrantee has not performed according to the scopes of services in the contract, a Performance Improvement Plan will be initiated.
  - Within year two (2), if the subgrantee has not performed according to the RFP, an evaluation as to the best way to utilize the Promoting Safe and Stable Families (PSSF) funding to preserve, reunify, and support families in our state will be the focus.

- **Outcome:** From reports provided on a monthly basis and information uploaded to the MACWIS system, MCHS is performing the scope of services as outlined and therefore no Performance Improvement Plan will be required at this stage of the contract.

- **Measure 1:** 75% of the projected 800 families will be served through the Family Preservation/Family Reunification services by 2017.

- **Measure 2:** 100% of the projected 800 families will be served through the Family Preservation/Family Reunification services by 2019.

- **Outcome:** 100% of the projected 800 families are being served through the Family Preservation/Family Reunification services.
CIP Workgroup (CIP) Goals for 2015-2019 CFSP

5. **Over-Arching Goal 5**: Network and collaborate with stakeholders, clients and communities to improve the child welfare services delivery system in Mississippi.

   - **Objective 1**: Collaborate with the Mississippi Band of Choctaw Indians, the Choctaw Model Youth Court, Administrative Office of Courts, National Council of Juvenile and Family Court Judges, The Mississippi Judicial College, National Resource Centers and the Attorney General’s Office at Choctaw to produce Annual Indian Child Welfare Act Conferences

   - **Interventions**: Request technical assistance from the respective Centers for Capacity Building, National Council of Juvenile and Family Court Judges, Choctaw Model Youth Court and Mississippi Administrative Office of Courts to sponsor the Annual Indian Child Welfare Act Conference.

   - **Benchmarks and Timeframes**: August 2016, and annually thereafter, host the Annual ICWA Conference; develop goals for the next year, evaluate the conference and identify changes based on the evaluations, set date for initial collaboration on the next year’s conference.

   - **Measure 1**: Compare number attending with prior years to see if conference is reaching the target audience.

   - **Measure 2**: Compare type of attendees: (a) number from Tribe; (b) number of out-of-state tribes; (c) Number of MDCPS staff; (d) number of judges, referees and chancellors; (e) number of court personnel; (d) number of service providers; and (f) number of other agency personnel.

   **Update**: The fifth annual Indian Child Welfare Conference convened August 13, 2015, at Choctaw, Mississippi. The new guidelines for working with tribes from the Department of Justice were discussed. Tribal-State Collaboration was presented by Michael Petoskey, Chief Judge, The Tribal Court Judiciary Pokagon Band of Potawatomi and Timothy Connors, Judge, Washtenaw County Trial Court, Ann Arbor, Michigan. Withelma “T” Ortiz Walker Pettigrew shared her life story regarding the impact of human trafficking on a person’s life. There were 170 conference attendees, 35 Elders and approximately 10 vendors present. There were 55 MDCPS employees in attendance.

   - **Objective 2**: Include Choctaw Social Services in training opportunities available to MDCPS staff as appropriate, and have regular meetings with tribal staff and administration on all levels at least twice a year.

   - **Intervention 1**: Provide cross-training between the Tribe and MDCPS and establish regular communication on all levels at least twice a year.

   - **Benchmarks and Timeframes**: Notify the Tribe of training opportunities provided by MDCPS.

   - **Benchmarks and Timeframes**: In counties with tribal populations, between January-June, schedule one meeting; and between July-December, schedule second meeting.
**Update:** MDCPS Training Director notifies the Tribe of upcoming training opportunities provided by MDCPS. A quarterly meeting with the Tribe is held in the Region with the highest tribal population.

- **Objective 3:** Continue collaboration with the AOC to implement the MYCIDS program for MDCPS and court information systems interface.
- **Intervention 1:** Develop and Build a new Child Welfare Information System by 2019.
- **Objective 4:** Continue to work with the URYCP Task Force to revise and update rules as needed.
- **Intervention 1:** Make revisions, corrections or additions to the URYCP for more efficient movement of cases through the court system.
- **Benchmarks and Timeframes:** As the state or federal laws are revised or new laws implemented, or as conflicts between sections are challenged.
- **Objective 5:** Work with the courts on identified barriers to permanency for children and barriers for recruitment and retention of MDCPS staff.
- **Intervention 1:** Meet with individual judges regarding barriers in their court
  - **Update:** The Mississippi Supreme Court Jurist in Residence was hired in April 2015, and acts as a liaison between the courts and MDCPS. All other goals associated with CIP are no longer applicable, as they have been incorporated above.

- **Performance Based Contracting Unit**
  - **Sub-Goal:** Improve private provider accountability for permanency outcomes for children and youth.
  - **Objective:** Implement a data driven performance based contracting model and on-site review process with private placement providers that incentives providers to increase the number of children exiting to permanency and reduce the number who return to custody.
  - **Intervention 1:** Transition emergency shelter, group home, and comprehensive therapeutic care providers to performance based contracts by March 1, 2016, in compliance with the Olivia Y. v. Bryant Period 5 Implementation Plan.
  - **Benchmarks and Timeframes:** Emergency Shelter performance based contracts will be effective by December 1, 2015 and Group Home and Comprehensive Therapeutic Care performance based contracts will be effective by March 1, 2016.
  - **Update:** Intervention 1 was successfully completed when the emergency shelter contracts went into effect December 1, 2015 and the remaining contracts went into effect on March 1, 2016.
  - **Intervention 2:** Develop onsite program monitoring and CQI process for private providers.
• **Benchmarks and Timeframes:** The review instrument, rating guidelines, monitoring protocol, and staffing for the on-site reviews will be completed by December 31, 2106.

• **Intervention 3:** Secure funding for and establish new board rates for those providers who successfully improve outcomes.

• **Benchmarks and Timeframes:** MDCPS will work with the State Legislature and other stakeholders to secure funding for incentives prior to July 1, 2018.

• **Intervention 4:** Evaluate private provider improvement over baseline permanency and re-entry rates during the first performance period.

• **Benchmark and Timeframes:** MDCPS will evaluate all private providers on improvements they made in increasing permanency rates and reducing re-entries between January 1, 2018 and July, 2018.

• **Progress Measures:**
  - 10% increase in the number of children served by private provider network who exit to permanency.
  - 10% reduction in the number of children served by private provider network who exit to permanency and subsequently re-enter MDCPS custody.

• **Resource Development Unit**
  - **Sub-Goal 1:** Increase access to community and statewide services to improve safety, permanency and well-being outcomes of children.

  • **Objective 1:** Maintain a Resource Directory via the MDHS Website to provide not only our field workers but also to provide to the community needed resources.

  • **Intervention 1:** To update the MDHS/MDCPS Statewide Online Resource Directory.

  • **Benchmarks and Timeframes:** Resource Directory will be updated on a yearly basis to continue throughout the five year plan and beyond.

  • **Outcome:** Information for local community services in each county in the state will be available to the agency and the public.

  • **Update:** The online Resource Development Directory has not been updated. There are new directories on the MDCPS connection: The Acute and Long Term Psychiatric Treatment Facilities Directory, The Emergency Shelter Directory for Children, Youth and Adults, the most recent Department of Mental Health Drug and Alcohol Treatment Directory and Children and Youth Services Directory. All medical, dental, mental health services can be accessed by contacting Magnolia Case Managers. At this time it is undecided whether the online directory will be maintained, however the directories mentioned above will be kept updated on the MDCPS Connection.
Objective 2: To provide educational training to MDHS/MDCPS field staff on the three educational services that are required by the Modified Settlement Agreement i.e. 1) review educational record of each child that enters custody to identify the child’s general and, if applicable, special educational needs within 30 calendar days of his/her entry into foster care, 2) ensure that school-age foster children are registered for and attending accredited schools within three business days of initial placement, 3) all reasonable efforts to ensure the continuity of a child’s educational experience by keeping the child in a familiar or current school and neighborhood, when in the child’s best interests and feasible, and by limiting the number of school changes the child experiences.

Intervention 1: Provide workshops through the MDCPS training units.

Benchmarks and Timeframes: Training will begin via teleconference four times a year beginning July 2014 and to end June 2015.

Outcome: To provide training to all ASWS’s and other staff as assigned by the Regional Directors

Measure: Data for attendees will be captured via sign-in sheets.

Update: For pre-service training and supervisory training the sign-in sheets are kept by our contractor, University of Mississippi that provides this training. For all regional training sign-in sheets are kept by the CPS Training Unit. All scheduled trainings were provided by the educational unit in accordance with the pre-service and supervisory schedules. All regional trainings were held quarterly and completed in a timely manner. Training were not conducted via teleconference due to difficulty scheduling. These training were provided by the Educational Liaison staff.

Intervention 2: Provide assistance with educational concerns of our children in foster and adoptive care on the IDEA Law and MDE policies and procedures for regular education students as well as special education students.

Benchmarks and Timeframes: Assistance to our caseworkers for our children’s educational needs is provided on an as needed basis as concerns/issues present themselves for our foster children.

Outcome: Provide consistent and current educational information/assistance to MDCPS staff throughout the state to ensure the best educational outcome for foster children in the State of Mississippi.

Update: From July 1, 2015 through June 30, 2016 there have been 144 request for educational services such as IEP planning, concerns about MDE policies and procedures or other problems with foster children enrolling in school. These referrals are kept on the MDHS “P” drive under educational referrals. Prior to hiring additional education staff, there was no referral system but anatomically, with staff located around the state, we are working with four times the previous number of youth with
education concerns and we have prevented 7 youth in custody from being expelled. Prior to the dates listed above not referral system was in place.

- **Objective 3:** To provide services regardless of cultural or linguistic background to all LEP clients involved with MDHS/MDCPS.

- **Intervention 1:** Provide interpreters in all languages to serve the needs of our clients.

- **Benchmarks and Timeframes:** This service is available for LEP clients when they are involved in MDHS/MDCPS 24 hours a day, seven days a week.

- **Outcome:** All clients will be served that require LEP services. Data will be captured via Excel Spread Sheets for services rendered until our electronic data system is available to process this information.
  
  - **Update:** Total of 1,048 services were provided to LEP clients from July 1, 2015 - June 30, 2016. This number is approximately 50% more services provided from 2011 when the Interpreter Unit was formed. This data was captured on an Excel Spread Sheet maintained by the Interpreter Supervisor per monthly county activity reports from field interpreter staff. This process will continue until the new data system is completed for Department of Child Protective Services. The MDCPS electronic data system is not available as of this publication date.

- **Objective 4:** To increase the physical, dental and mental health services available to foster children throughout the state.

- **Intervention 1:** The Program Manager Nurse will facilitate/access services needed by children in the foster system.

- **Benchmarks and Timeframes:** Physical assessments should be completed within 72 hours of entering foster care, comprehensive physicals are to be completed within 30 days, mental health assessments are to be completed within 30 days and dental exams are to be completed within 90 days of entering care.

- **Outcome:** All children will receive physical, dental and mental health services timely.

- **Measure 1:** Data will be captured via MACWIS reports for physical assessment and comprehensive assessments. Mental and Dental assessments are captured via CQI, Foster Care Review and PAD Reports.
  
  - **Update:** Data was captured by EMU Reports for the period from July 1, 2015 – June 30, 2016. This information can be found under Child and Family Services Reviews (system issues) under Item 17 and 18.

- **Objective 5:** All foster children receiving psychotropic medications will be monitored to ensure safe and appropriate usage of the medications.
• **Intervention 2:** The Program Manager Nurse will provide oversight of psychotropic medications for foster children. A Mississippi Psychotropic Medication Monitoring Plan has been developed and can be seen at attachment C.

• **Outcome:** All foster children will receive safe and appropriate use of psychotropic medications.

  o **Mississippi Centralized Intake (MCI)**
    
    ▪ **Sub Goal 1:** Maintain and enhance the daily operations of Mississippi Centralized Intake.

    • **Objective 1:** MDCPS will maintain centralized intake services and support the operations with MDCPS state office staff. This unit will consist of three positions: Division Director II, Program Manager and a Program Specialist. These staff will provide support to the Hotline and facilitate communication with county and regional field staff as needed for MCI operations.

    • **Intervention 1:** Fill the two remaining positions in the MCI State Office Unit that provide administrative support to the Hotline with policy and protocol necessary to monitor performance.

    • **Benchmarks and Timeframes:** By October 2015.

    • **Outcome:** Communications related to the hotline performance and specified administrative services will be received by MCI State Office Unit.

    • **Intervention 2:** Train and provide continuous education to the MCI State office staff on the processes and policies instituted for maintaining and monitoring the contracted provider according to the agreed scope of services.

    • **Benchmarks and Timeframes:** October 2015 to September 2019

    • **Outcome:** MCI State office staff will have the capacity to educate the contracted provider and field staff on intake policies and procedures.

• **Measure 1:** Request for Certificate of Eligibles will be submitted to Division of Human Resources for vacant positions. Once approved by Human Resources and the announcement closes the Prevention/Protection Bureau Director will interview best qualified candidates.

  o **Update:** As of March 1, 2016 all three positions within the MCI State Office Unit have been filled. This has provided a more intensive monitoring approach and support to the contractual provider and the county staff on intake processes. Since the instatement of these three positions, all communications regarding the performance and handling of intakes by the contractual provider are directed to and handled timely through the MCI State Office Unit.
Measure 2: MCI State office support staff will acknowledge receipt and understanding of Section B: Intake/Assessment Policy. Staff will also provide proof of attendance at any trainings held interagency and externally.

  o Update: Continuous training is being provided to MCI State Office staff through weekly staff meetings, routine office visits with the Division Director II, webinars, and MDCPS agency wide trainings and conferences. Both the Program Manager and Program Specialist were required to complete a PowerPoint presentation on Section B: Intake/Assessment Policy before a group of MDCPS staff, to confirm their acknowledgment of its content. Being that the unit only consist of three individuals who are closely supervised, it was deemed no longer necessary to require proof of attendance to trainings.

Sub-Goal 2: To increase public awareness on mandatory reporting and the process for reporting child abuse, neglect, and exploitation.

  Objective 2: Enhance ongoing collaborations with MDCPS prevention unit, MDCPS frontline staff, parents, law enforcement, schools, and community organization to educate and disseminate information on policies and procedures related to reporting, assessing, and screening allegations of child/ vulnerable adult abuse, neglect and exploitation.

  Intervention 1: Provide mandatory reporter education to inner agency staff, interagency partners and community partnerships in compliance with CAPTA requirement.

  Benchmarks and Timeframes: October 2016 and ongoing.

  Outcome 1: Mandatory reporters will understand their role in reporting child abuse, neglect and exploitation and they will have a clear understanding of the reporting process.

  Intervention 2: Update policy and provide additional guidelines regarding intake handling to Hotline staff as needed to improve services delivered.

  Benchmarks and Timeframes: By October 2015 and ongoing.

  Outcome 2: There will be a decrease in intake reports that conflict with Section B of the intake policy.

Measure 1: A pre-test and post-test will be administered at each training to assess the participants understanding of the information provided. Trainings will include a sign-in sheet which will serve as proof of attendance and will be used to collect MCI training data.

  o Update: The training component of this goal is definitely an ongoing process that has proven to be a great need within the state of MS. In the last fiscal reporting period we’ve collaborated with several state agencies and local community partners to increase awareness of the Professional Mandatory Reporting law. The MCI State Office Unit partnered with the Mississippi Department of Education to develop pamphlets and brochures tailored
specifically to Mississippi educators. This brochure is titled “A Mississippi Educator’s Guide for Reporting Suspected Neglect & Abuse”. The unit also partnered with several local community organizations and non-profit organizations to provide guidance on the mandatory reporting law and how it affects them.

- **Measure 2**: Updates to policy and policy guidelines shall serve as documentation for the implementation of intervention 2.
  - **Update**: There were several major revisions to Section B: Intake/Assessment Policy, the latest update was implemented on June 1, 2016, these changes have greatly improved the efficiency and handling of intake reports as well as the investigation process. Some changes included: handling of child–on-child reports, maltreatment in care reports classification, and the addition of an intake report type that can only be used by MCI intake workers.

- **Sub-Goal 3**: To enhance the receipt, screening, and delivery process of intake reports handled by MCI.
  - **Objective 3**: Regular monitoring and review of call recordings, programmatic reports, and quality assurance data to identify trends and provide continuous quality improvement feedback to contracted provider and state office administrative staff to facilitate continual improvement of services.
  - **Intervention 1**: Collaborate with MDCPS Special Investigation Unit and county staff to identify and resolve inaccuracies in intake reports.
  - **Benchmarks and Timeframes**: October 2015 to September 2017.
  - **Outcome**: A baseline will be identified to determine at which stage of the intake process are most inaccuracies occurring.
  - **Intervention 2**: Work with contracted provider to establish a plan for identifying, tracking and eliminating barriers that prevent accurate report screenings and the delivery of quality customer service.
  - **Benchmarks and Timeframes**: October 2015 to September 2019.
  - **Outcome**: Reduction in the number of intake reports that contain inaccurate reporting types, screening levels, and assignment to county of service.
  - **Intervention 3**: Collaborate with SACWIS Development Team to ensure that the new MACWIS system contains critical updates needed to improve the functionality of MCI.
  - **Benchmarks and Timeframes**: October 2015 to September 2019.
  - **Outcome**: The new MACWIS system will encompass key requests made by the MCI State office staff. Intake workers will be able to add post allegations to exiting intake reports.
  - **Measure 1**: Document staffing’s held with Special Investigation Unit and/or county staff to resolve errors found in intake reports.
• **Measure 2:** Provide a sign-in sheet and minutes from the meetings held with contract provider.
  
  **Update:** The MCI State Office Unit has monthly meetings with the contracted provider to identify and strategize on methods to eliminate barriers that prevent accurate report entering and screening into MACWIS. These meetings have been extremely valuable in helping the provider to better understand and assess the needs of MDCPS. As a result of the monthly meetings the quality of the intake reports have enhanced (this is determined through the Quality Assurance process), their understanding of MDCPS policy has improved (this is determined through the Quality Assurance process) and the number of feedback forms from county workers to MCI State Office has significantly decreased.

• **Measure 3:** Collect agendas from SACWIS Development Team meetings and provide updates on changes related to MCI.
  
  **Update:** Intervention 1 and 3 are completed. A sign-in sheet was collected at each meeting held with the Special Investigations Unit and SACWIS Development Team. Through these meetings we identified several major factors that contributed to the inaccuracies in reports submitted in MACWIS. Factors such as: additional training needed for intake workers as well as county staff regarding intake policies/procedures, Section B: Intake/Assessment policy updates, and MACWIS updates were needed to support current agency practices. There has been major progress made with all involved parties to improve the services provided through this contract.

  o **Interstate Compact on the Placement of Children (ICPC)**
    
    • **Sub-Goal 1:** Designated ICPC liaison in each region
      
      **Objective:** The focus of the ICPC Unit was the designation of regional liaisons in each region in order to be more efficient in distributing and tracking referrals for better, timely processing.
      
      **Update:** The ICPC Unit was successful in identifying at least 2 liaisons for each region as a point of contact to receive and assign ICPC referrals by the projected timeframe. The ICPC Unit designated the acting foster and adoptive Area Social Work Supervisors (ASWS) as the main point of contact for ICPC cases. There is still some inconsistency in some regions, because all resource units do not complete parent home studies. In those regions, the ASWS for the county are designated to distribute an assign ICPC cases.
    
    • **Sub-Goal 2:** Improve ICPC training to include web-based options.
      
      **Objective:** The focus of the ICPC Unit is still to enhance understanding the ICPC process through education and training the child welfare workers, courts and child welfare stakeholders.
**Update**: The ICPC Unit has been unsuccessful in improving training to include web-based options. As a result, the ICPC Unit would like to change this particular goal to state Improve ICPC Training. The objective will remain the same.

**Intervention 1**: The ICPC Unit will continue to work with Court Improvement to educate judges on the ICPC process. Judges will be invited to attend AAICPC Conference for national training. The ICPC Unit will also develop a quick reference manual for judges to use throughout the state.

**Timeframe**: Ongoing, this will be a national training done yearly to address the continuous changes in child welfare. The projected date for completion of the manual is January 2017.

**Outcome**: Educating judges on the ICPC process will enhance their knowledge and limit the number of ICPC violations across state lines. By attending ICPC conferences, judges will receive training on policy, procedures, case management and proper wording of ICPC court Orders for timely processing of ICPC requests.

**Intervention 2**: The ICPC Unit will work with the Professional Development Unit to create an ICPC quick-reference guide for county staff. The ICPC Unit will also collaborate with the Professional Development Unit to designate individuals to provide ICPC training. The ICPC Unit will develop a Power Point presentation for these individuals to use as a training tool. The ICPC Unit will develop protocols for Private-Independent Adoptions for attorneys and child placing agencies.

**Timeframe**: Projected completion of 50% by January 2017

**Outcome**: The training information will be integrated into the Professional Development Curriculum for training. Training material will be made accessible to field staff, court personnel, private attorneys and stakeholders. This will allow for a more uniform approach to the ICPC process.

**Measure 1**: The ICPC Unit will maintain a list of judges attending annual training conferences and other trainings involving ICPC when invited.

**Measure 2**: The ICPC Unit will work jointly with the Professional Development Unit to maintain training logs of individuals that participate in ICPC trainings.

**Sub Goal 3**: Implement critical and procedural changes

**Update**: Although the ICPC Unit has continuous engagement with field operations, goal three cannot be implemented at this present time due to current staff shortages in the ICPC UNIT.

**Sub Goal 4**: Continued awareness and implementation of Public Law 109-239

**Update**: The Safe and Timely Interstate Placement of Foster children Act of 2006 (Federal legislation H.R. 5403, PL. 109-239) established new timelines for interstate home study
requirements to improve protection for children and to hold states accountable for the safe and timely placement of children across state lines. Each state is required to complete and report on the interstate home study within 60 calendar days, with an incentive payment awarded to the state for each home study completed within 30 calendar days. At present Mississippi’s MACWIS system does not provide a mechanism for adequate tracking of ICPC cases or a report on time it takes to complete home study requests. Recent data compiled by Excel and Access spreadsheets shows that during FY 2017, there were 959 ICPC cases handled either for placement of children from other states into Mississippi or placement of Mississippi children in other states with relatives. This number includes closures, approvals, Regulation 7 Priority Placements (expedited referrals that must be completed in 20 workdays), disruptions and residential treatment facility placements.

During FY 2017, 85 ICPC adoption cases were handled. As of January 1, 2013, MDCPS no longer processes requests for international adoptions. During FY 2017, ICPC processed an approximate total of 1,044 cases.

- **Update:** The ICPC Unit has been successful in meeting the goal of providing information to the SACWIS team to ensure that necessary requirements were met that would impact the capturing, functionality and analysis of ICPC data. The ICPC started collaboration with the American Public Human Services Association (APHSA) and the National Electronic Interstate Compact Enterprise (NEICE). The NEICE is a national database system used to automate the ICPC administrative process. This process was suspended due to administrative changes within the agency. The ICPC Unit will collaborate with the administrative and IT staff to determine programmatic capabilities and possible integration of the NEICE.

### C. REVISIONS TO GOALS, OBJECTIVES, AND INTERVENTIONS:

Due to the state being in the midst of an evaluation, we have revised the following organizational goal:

1. **Initial:** Obtain accreditation by improving organizational performance through the following: demonstrating accountability in management of resources, meeting standardized best practice thresholds for service and administration, and providing increased organizational capacity and accountability through a framework for ongoing continuous quality improvements.

2. **Revised:** The current organizational goal is listed: Improve organizational performance through the following: demonstrating accountability in management of resources, meeting standardized best practice thresholds for service and administration, and providing increased organizational capacity and accountability through a framework for ongoing continuous quality improvements.
IV. UPDATE ON SERVICE DESCRIPTION

A. DESCRIPTION OF STEPHANIE TUBBS JONES CHILD WELFARE SERVICES

Please see the update below the state has provided on the services provided through each of the programs/service areas identified below:

Services provided in the four areas under the Promoting Safe and Stable Families Program (title IV-B, subpart 2):

- Family Preservation;
- Family Support;
- Time-Limited Family Reunification; and

B. COMPREHENSIVE FAMILY SUPPORT SERVICES PROGRAM (CFSSP)

1. MCHS CFSSP Contract

A contractual agreement with Mississippi Children’s Home Services (MCHS) began October 1, 2010, and will end September 30, 2016, with the option to renew for federal fiscal year 2017. This contract provides Family Preservation, Family Reunification and Family Support Services through the Comprehensive Family Support Services Program utilizing Promoting Safe and Stable Families (PSSF) funding. Request from MCHS for continued funding of this program has been received with contracts due out later this year to correspond with the federal fiscal year 2017.

Beginning with the 2015-2019 Child and Family Services Plan, the CFSSP will deliver an array of comprehensive, intensive treatment and wrap-around services to children and families in the service caseload of DCPS. Service delivery will occur primarily in the family home setting or other locations based on the identified needs of the children and families. Examples may include, but are not limited to: relative home, foster home, and school setting. The Provider must meet the criteria, staff credentials, and agency requirements as outlined in their contract for CFSSP, and shall design a program to include intensive and prevention services.

Program Overview

CFSSP provides Family Preservation, Family Reunification, and Family Support services and sets forth conditions under which children may be safely maintained or safely returned to their homes. Safety for these children and youth is paramount.

The primary goals are: (1) provide services that will protect children and allow them to safely remain in their own homes, avoiding out-of-home placement, (2) provide services to safely and expeditiously reunite children, who are in out-of-home placement, back with their families, and (3) provide the family support needed to stabilize the families.

a) Summary of Services

Family Preservation Services provides short-term, four (4) to eight (8) weeks, intensive in-home Family Preservation Services to help children who are at risk of out of home placement remain safely with their families when possible. These services must be consistent with the description of Family Preservation Services by the Administration for Children and Families.

Family Reunification Services provides intensive in-home Family Reunification Services, twelve (12) to sixteen (16) weeks, that may include preparation, supervised visitation, transitional and reunification services to promote timely reunification for children who been removed from their home. These services may only be provided to children during the fifteen (15) month period that begins on the date that the child, pursuant to section 475(5) (F) of the Social Security Act, is considered to have entered
foster care. These services must be consistent with the description of Time-Limited Family Reunification Services by the Administration for Children and Families.

Family Support Services provides intensive, in-home Family Support Services to strengthen and stabilize families, increase parents’ confidence and competence in their parenting abilities to afford children safe, stable and supportive family environments, strengthen parental relationships, promote healthy marriages, and enhance child development. These services must be consistent with the description for Family Support by the Administration for Children and Families.

These services provide the composition and organizational structure through which the services will be delivered statewide, including: 1) staff qualifications with sufficient credentials to appropriately deliver required services; 2) sufficient caseload management to ensure optimal qualitative and quantitative services, 3) sufficient documentation; and 4) sufficient supervision.

All services provided must be consistent with requirements of Promoting Safe and Stable Families (PSSF) Grant, Olivia Y. vs. Bryant, et. al Modified Mississippi Settlement Agreement, Mississippi Practice Model, Department of Child Protection Services Policy and applicable state and federal laws.

Each team is made up of one masters trained therapist and one bachelor trained case manager. The care is regionally coordinated. Region Directors are responsible for the coordination and implementation of the services within each region. The Region Director is a master trained supervisor that supervises up to five teams. The number of cases served by CFSSP is dependent on the cases referred from DCPS.

- **Referral Criteria includes:**
  - All referrals must be submitted by MDCPS workers, approved by the MDCPS CFSSP Program Coordinator, and assigned to the CFSSP Supervisors.
  - The child or adolescent must be between the ages of birth to twenty-one (21) and served by MDCPS.
  - The child or adolescent must be at risk of removal from the home setting for a placement in a standard or more restrictive foster care placement (Family Preservation).
  - The child(ren) or adolescent(s) must have been recently removed from their home for a period not to exceed eight (8) months with the goal of timely reunification (Family Reunification).
  - Families must voluntarily agree to participate in the program. The family must commit to actively participate due to the intensity of the services and the services being provided primarily in the home setting.

- **Description of Services:**
  - The family is considered the client/case.
  - Once the referral is accepted, CFSSP staff will contact the family within twenty-four (24) hours. The admission date will be the date of the first face to face meeting with the family/client.
  - A Crisis and Safety Plan will be developed with the family and updated as needed and will include crisis intervention, crisis management and crisis debriefing. MCHS will present the Crisis and Safety Plan developed with the family to the MDCPS caseworker to collaboratively integrate with the MDCPS Safety Plan.
  - Teams will be available to the families 24/7 for crisis intervention services once admitted into program.
  - Intake assessment will be provided utilizing the North Carolina Family Assessment Scale G + R (NCFAS G+R) to determine family functioning and will be repeated at discharge to
determine outcomes. The results of the assessments will be included in the Quarterly and Annual Reports.

- Assessment tools will be available to the CFSSP therapist and will be completed with the family based on individualized needs.
- The services provided by the team include, but are not limited to:
  - The therapist will provide therapeutic services based on assessed needs (e.g. assessments, brief or targeted therapy, trauma informed care, trauma screening, Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), advocacy, behavior management and intervention, psycho-education, individualized parenting, skill building, etc.)
  - The case manager will provide case management services (e.g. referrals for basic needs including health and developmental services, access to formal and informal resources, linkages to community services and activities, transportation, parenting training and skill development, life skills).
- MCHS CFSSP staff will work with MDCPS county staff to ensure Family Team Meetings (FTM) are held, including the family and additional family supports to collaborate on the development and/or update of the Family Service Plan (FSP) building on the strengths and the individualized needs of the client and family. FTM are scheduled bi-weekly, or more frequently as needed. Development of Family Service Plans and Comprehensive Family Assessments will be coordinated with local MDPCS staff in efforts to help MDCPS staff meet the MDCPS policy timelines and Mississippi Practice Model requirements.
- Services provided will address the cause(s) for the child entering custody or reasons the child is at risk for an out of home placement. CFSSP services must be individualized and guided by the goals and activities of the CFSSP Case Plan and MDCPS FSP.
- Bi-weekly conference calls will occur to review cases with CFSSP State Coordinator, MDCPS County case workers, CFSSP therapist and case manager, and CFSSP Supervisors to determine progress toward the goals and objectives of the FSP and for ongoing case planning to address continuing priorities and needs. The cases to be reviewed will be determined by the MDCPS CFSSP State Coordinator.
- Flex funds will be available per family to assist with immediate and concrete needs when other funding sources are not available and to utilize non-traditional services as appropriate to the case.
- Services will be family-driven and youth-guided. Services will be provided around the availability and schedule of the family and will primarily be provided in the home.

All documentation is uploaded into the MACWIS system in order for review by the CFSSP Coordinators and MDCPS staff.

b) Evaluation

Evaluation of the CFSSP program by MCHS will be accomplished through development of performance outcome measures and through inclusion in monitoring and evaluation activities conducted under the MCHS Quality Management System (QMS). The goal of the QMS is to develop and implement a continuous measurement and evaluation system that meaningfully and accurately reflects the performance of the organization and promotes individual, programmatic and organizational improvement.

The QMS is designed to evaluate organizational processes and client outcomes by measuring and analyzing the effectiveness and efficiency of organization performance. Quality Management processes help to inform policy development and revision. The organization utilizes state and national licensure and accreditation standards and processes to reflect the quality and safety of its programs, to guide its quality management program and to develop its key quality indicators.
These assessments are conducted to provide quality assurance for the program and identify areas of improvement.

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<th>MCHS CFFSP FFY15 – Populations Served</th>
<th>October 1, 2014 -September 2015</th>
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<tbody>
<tr>
<td></td>
<td>Number Individuals served</td>
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<td>Family Preservation Services</td>
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<table>
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<tr>
<th>MCHS CFFSP FFY15 – Populations Served</th>
<th>October 1, 2015-May 31, 2016</th>
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<tbody>
<tr>
<td></td>
<td>Number Individuals served</td>
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<td>Family Preservation Services</td>
<td>374</td>
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<tr>
<td>Time-Limited Family Reunification Services</td>
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This FFY 2016, MCHS has added additional staff to assist in providing services to counties in need. As a result, the number of Family Preservation Service cases is 10% higher than this time period last year. It is expected that MDCPS will meet or exceed the same number of Family Preservation Services for the federal fiscal year. The number of cases a team from MCHS can see for Family Reunification Services has decreased to two per team in order to provide more intensive services to these cases. The number of Family Reunification cases should be close to the numbers from last federal fiscal year, but may be slightly decreased. All families and individuals receive Family Support Services.

c) Baptist Children’s Village-Dorcas In-Home Family Support Program

In collaboration with the Baptist Children’s Village, additional families are being provided Family Support Services. This service is not a contractual service, nor is Baptist Children’s Village being provided with funding to by MDCPS to provide this service. The purpose of the Dorcas In-Home Family Support Program is to provide family-driven, youth-guided interventions intended to improve the stability of enrolled families, to increase their access to, and utilization of community resources and assistance, and to improve their ability to provide adequate care for the children for whom they are responsible. The desire is to reduce the likelihood of removal or other disruption of their living arrangement.

The primary function of the Dorcas In-Home Family Support Program is to facilitate the ability of enrolled families to provide for the safety, permanence, and well-being of the children for whom they are responsible. Operating on the premise that the family is the expert regarding its own needs, a significant step toward this goal is accomplished by the integration of these families into the system of community-based resources available to them. Families enrolled in the Dorcas Program can benefit from assistance in accessing and utilizing these resources. The most practical strategy by which this can be accomplished is case management.

No fees are charged for the services provided by the Dorcas Program. However, fees may be charged by service providers from community agencies where families may obtain services. Families enrolled in the Dorcas Program shall be expected to pay the cost of such fees, either through household income, or through enrollment and participation in public assistance programs intended for such purposes.

Beginning January 1, 2016 the Baptist Children’s Village reported their expansion of the Dorcas In-Home Family Support Program. At the time of the announcement Regions I-North, Region III-North and Region III-South were being served by the Dorcas Program. The expansion allowed the Dorcas Program to begin offering services in Region II-East. This allowed for increased services to the following counties: Tate, Panola, Yalobusha, Grenada, Tunica, Quitman, Tallahatchie, Myles- Leflore, Carroll, and Montgomery. To date the Dorcas In-Home Family Support Program has served 39 families. It is expected that the Dorcas program should serve at least 50 families during this fiscal year.

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<tr>
<th>October 1, 2015-May 31, 2016</th>
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<tbody>
<tr>
<td><strong>Number Individuals served</strong></td>
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<td>--------------------------------</td>
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<tr>
<td>Family Support Services</td>
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A. MISSISSIPPI CENTRALIZED INTAKE

In September, 2015 the Mississippi Department of Family and Children’s Services entered into its seventh year contractual agreement with Social Work p.r.n., to maintain, manage, and provide services required for the operation of Mississippi Centralized Intake (MCI). Social Work p.r.n. is responsible for answering all calls made to the hotline, completing the initial assessment of information provided at intake, entering collected information into the Mississippi Automated Child Welfare System (MACWIS) and submitting the obtained information to the respective county workers. During fiscal year 2016, MCI received a total of 45,342 calls of abuse, neglect, and/or exploitation against a child or vulnerable adult. Of the total number of calls received 33,200 involved allegations of child abuse and 3,590 involved allegations of vulnerable adult abuse.

B. LICENSURE OF GROUP HOME AND THERAPEUTIC CARE

Out-of-home care in either a family foster home, relative placement or group home care must provide for the safety, permanency and well-being of the child. As of March 2016 there are 6 therapeutic group homes providers, 6 licensed emergency shelters, 6 private agencies that recruit and license therapeutic foster home and 5 regular group homes providers. Hancock County Human Resource Agency was awarded under the Performance Base Contract RFP and became licensed April 2016. There are a total of 38 licensed providers’ agencies/facilities and a total of 72 service programs. Therapeutic providers, however, are licensed by MDCPS and must also be certified by the Mississippi Department of Mental Health (DMH). Children with a diagnosis of a significant medical, developmental, emotional or behavioral problem often require a different level of care with special needs and considerations. Over the next five (5) years, the agency will work toward the accomplishment of several goals designed to improve the quality of therapeutic placements and to better provide for the individual and specific needs of each child while working toward a plan for permanency for that child.

C. ADOPTION SERVICES

Each of the thirteen MDCPS Regions in Mississippi has a Resource Unit made up of Licensure Specialists and Adoption Specialists who focus on the recruitment and retention of foster and adoptive parents at the county and regional levels. Each region has both a Licensure Supervisor and an Adoption Supervisor and at least five (5) Licensure Specialists and five (5) Adoption Specialists. All of Resource Unit staff (both Licensure and Adoption) work hand-in-hand to provide recruitment, pre-service training, in-service training and completion of home studies in order to license resource homes across the state. Adoption Specialists also work with all children/youth in care whose permanent plan includes adoption. During FY 2015, a total of 303 adoptions were finalized.

D. INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)

The ICPC Unit continues to maintain compliance with MDCPS policy and practice. The unit works with local offices and other states to adhere to and promote the standards set forth in the Safe and Timely Act of 2006 encouraging timely home studies. The ICPC Unit previously created data collection through Microsoft Excel spreadsheets. These spreadsheets are still used; however, a new data spreadsheet was created through Microsoft Access, October 1, 2015, to collect specific components of ICPC cases. This program has helped to expedite the tracking and data collection process. Recent data compiled by Excel and Access spreadsheets shows that during FY 2017, there were 959 ICPC cases handled either for placement of children from other states into Mississippi or placement of Mississippi children in other states with relatives. This number includes closures, approvals, Regulation 7 Priority Placements (expedited referrals that must be completed in 20 workdays), disruptions and residential treatment facility placements. During FY 2017, 85 ICPC adoption cases were handled. During FY 2017, ICPC processed an approximate total of 1,044 cases.
The ICPC Unit continues to encourage use of the MDCPS Connection, ICPC State Pages and the ICPC general email box. These forms of electronic technology have been used for more sufficient help to county staff. The ICPC Unit is successful in establishing an ICPC contact in the 14 state regions. This has helped with the tracking of incoming cases as they are dispersed to the county. ICPC continues its partnership with the Court Improvement Program for educational training as well as collaborating with judges to work through barriers to permanency. There have been no significant updates, to this partnership.

**E. POPULATIONS AT GREATEST RISK OF MALTREATMENT (SECTION 432(A) (10) OF THE ACT).**

MDCPS continues to rely on quantitative and qualitative data from previous fiscal years for all Abuse/Neglect/Exploitation (ANE) allegations involving children in foster care. MDCPS collected and analyzed data from MACWIS reports, ANE intake reports, ANE investigations and Serious Incident Reports involving child fatalities or near deaths.

Similar data was also gathered from incidents of severe maltreatment of non-custody children. The data has shown that child maltreatment occurs across socio-economic, religious, cultural, racial, and ethnic groups. Although no specific causes definitively have been identified that lead to abuse or neglect of a child, data collected by MDCPS has shown a number of risk factors commonly associated with maltreatment in Mississippi.

**These risk factors include:**

- Families with a history of substance abuse, untreated mental illness or domestic violence present a greater risk of maltreatment for children. In a targeted review of severe maltreatment cases, at least one of these factors was present in every single instance.
- Special needs children are at a greater risk of maltreatment. During the period of review, 61% of the substantiated allegations of ANE involved a child with a physical, cognitive or emotional disability.
- Children between the ages of 0 to 5 may be at a greater risk for maltreatment. One-third of all reported allegations of maltreatment reviewed involved children that have not yet reached their sixth birthday.
- Societal attitudes toward corporal punishment consistently appear in the data reviewed. The use of corporal punishment is strictly prohibited with any child placed in MDCPS custody; however, over one-third of all the reported ANE allegations involved corporal punishment. Although the use of corporal punishment does not automatically constitute maltreatment, families who employ this method are at a greater risk of pushing discipline into the realm of abuse.

Children within families and environments in which these factors exist have a higher incidence of reported maltreatment. MDCPS has developed specialized training addressing the three most common factors of maltreatment: substance abuse, untreated mental illness and domestic violence. Level 3 Supervisory training focuses on improving risk assessments for children under age 5, and whose families have a history of these factors. Practice Model Coaches have received the training, and are coaching staff in the field.
Unsafe sleep environments continue to be a common denominator in many of the deaths of infants under one year of age. The MDCPS Prevention/Protection Unit utilizes prevention resources to combat sleep-related risks to children with public awareness campaigns and by educating professionals serving families with children of this age. The prevention resources consisted of the following service efforts during the period of performance:

### Awareness

The Children’s Trust Fund of Mississippi funds were used to provide training for MDPCS staff, items for the Safe Sleep campaign and other prevention activities. The CTF has in the past provided billboards on Safe Sleep across the state as part of our media campaign. The PSAs, posters and educational information is provided at conferences and public events for the Safe Sleep Program, Hot Car, and general child abuse prevention.

<table>
<thead>
<tr>
<th>Schedule of Conferences</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>DMH Trauma Informed Conference</td>
<td>September 2015</td>
</tr>
<tr>
<td>Mississippi Counseling Association Conference</td>
<td>November 2015</td>
</tr>
<tr>
<td>MS NASW Conference</td>
<td>March 2016</td>
</tr>
<tr>
<td>One Loud Voice Conference</td>
<td>April 2016</td>
</tr>
<tr>
<td>MS Sexual Assault Symposium</td>
<td>April 2016</td>
</tr>
<tr>
<td>Stop the Hurt Conference</td>
<td>April 2016</td>
</tr>
<tr>
<td>Lookin to the Future Conference</td>
<td>June 2016</td>
</tr>
</tbody>
</table>

In September 2015, MDCPS purchased a vendor space that included an ad for the MS Department of Mental Health’s Trauma Informed Conference. This ad was specific to Safe Sleep issues and the deaths that can be prevented. The ad is attached at the end of this report. Collaborations are occurring between MDCPS and “Excel by 5” Program to determine practical ways of helping field staff to use existing resources in the state to improve outcomes for children in that age range. Excel by 5 has services in 40 communities throughout the state and can assist field staff in meeting the needs of this younger population.

### Education and Service

All child care providers receiving CCDF funds are receiving mandated training in September 2016 related to child safety, including Safe Sleep practices. This training is a requirement of the Child Care Development Plan and is being administered at community colleges throughout the state in collaboration with Mississippi Department of Human Services.

This is an example of state agencies collaborating together toward a common goal of increasing child safety with training to multiple disciplines on Safe Sleep practices. Since babies at risk of fatalities often spend many hours per day in child care facilities, this is believed to be a crucial avenue for education to improve outcomes.

In order to assist Healthy Homes of Mississippi’s needs, the Prevention Unit provided fifty (50) Pack N Play units to assist families in providing a safe sleep environment for their babies. Educational material on safe sleep was dispersed to Healthy Homes Mississippi to provide with the Pack N Plays. Healthy Homes provided MDCPS with documentation on who received the Pack N Plays. Healthy Homes will continue to provide education information on safe sleep including poster, pamphlets, and fact sheets to assist MDCPS with the Safe Sleep program. The Prevention/Protection Unit participated
in a training of Home-Visitors with the program regarding reporting child abuse/neglect, dangers of unsafe sleep and hot cars, and protective factors that can be utilized in home visiting programs to prevent child abuse and neglect.

In April 2016, Families First was provided with fifty (50) Pack-N-Plays from the MDCPS Safe Sleep Program. Some went to both Families First programs. These Pack-N-Plays are enhancing Families First ability to provide care to parents with babies that without these Pack-N-Plays would have their child sleeping in an unsafe sleeping environment. They continue to distribute these Pack-N-Plays to parents or caregivers as the need arises.

In April 2016, Vicksburg Family Development Center was provided with fifty (50) Pack-N-Plays from the MDCPS Safe Sleep Program. Millstones for Hope in Gulfport, MS received thirty (30) of these Pack N Plays. Magnolia Health Plan in Jackson, MS received ten (10) Pack-N-Plays.

Starkville Oktibbeha Consolidated School District, Starkville, MS received fifty (50) Pack N Plays. These were all distributed to the general community for individuals who if not receiving this assistance would have an infant in an unsafe sleep environment. A total of 425 Pack N Plays were bought and distributed either through prevention partners or county child welfare offices across the state to assist families in need and provide a safe sleeping environment for infants.

**MDCPS upcoming activities that target unsafe sleep environments consist of the following activities:**

- In July 2016, presentations were made at an Early Childhood Conference to educate child care providers and related partners in child abuse reporting, Safe Sleep practices, and Protective Factors.

- In September-October of 2016, scheduled for multiple MDCPS staff and community partners to present information to a CAST class at Belhaven College. Some of the presentations will include mandatory reporting of child abuse/neglect, Safe Sleep practices, Child Fatality Awareness/Prevention, and Protective Factors. Students will be a mixture of undergraduate Social Work students and students from other disciplines.

- In October 2016, a meeting of Teen Parents involved in a Home Visiting program will include a discussion of Safe Sleep practices and practical ways to keep their babies safe in all environments.

Further efforts consist of MDCPS and partnering agencies such as Mississippi SIDS Alliance using social media regularly to maintain community awareness of unsafe sleep dangers and to provide ideas on how to keep children safe. Posters and flyers promoting Safe Sleep practices are used regularly throughout the state by MDCPS and collaborative partners to educate the public.

Also, MDCPS collaborates with the Mississippi Child Death Review Team to assess fatalities related to unsafe sleep practices and explores ways to educate medical staff, law enforcement, and the general public. Additionally, MDCPS continues to utilize the Special Investigations Unit to investigate child fatalities in order to provide consistency and expertise. The investigators in this unit tailor their training opportunities to increase their knowledge and skill in specialized areas, including fatalities. The Unit collaborates with law enforcement and medical staff to improve these investigations and to inform ways the agency and the public can benefit from the sorrow of these deaths to prevent others from the same.
Moreover, the Individuals with Disabilities Education Act (IDEA) also seeks to ensure services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to eligible infants, toddlers, children and youth with disabilities. Lastly, infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B.

F. SERVICES FOR CHILDREN UNDER THE AGE OF FIVE (SECTION 422(B) (18) OF THE ACT).

During the July 1, 2015 through June 14, 2016 timeframe, 33.2% of children who entered foster care were under the age of five. MDCPS policy requires that the child's age and developmental stage must be considered when developing the visitation plan for the child and his or her family. Mississippi uses concurrent planning regardless of the age of the child to facilitate permanency for children in foster care. Mississippi’s family centered practice uses an approach to concurrent planning that involves the immediate and ongoing implementation of strategies designed to assure the healthy development of the child through a sense of continuity and connectedness. Services provided to young children in care include but are not limited to early intervention services, medical and dental services as well as immunizations.

According to MACWIS report SBRD05SS, 65.02% of Mississippi’s foster children exited care by reunification within twelve months. However, once adoption is added to a child’s permanent plan an adoption specialist is assigned to the case and regular adoption status meetings are held. Weekly adoption status meetings are required for infants up to twelve months of age until permanency is achieved. In 2008 Mississippi adopted a dual licensure process for foster and adoptive resource homes. Resource families are recruited and trained to work with MDCPS toward the goal of reunification and maintaining family connections. If reunification occurs, the resource family can act as a permanent support for the family. If the child is freed for adoption, the resource family often commits to adoption and is in a position to maintain some ties to the birth family. For children who are free for adoption but without an identified adoptive placement, Adoption Status meetings will be held monthly for children over twelve months of age and weekly for children twelve months of age and younger. Typically, by the time a child under the age of five is freed for adoption, the adoption finalization can take place within 60-90 days. Of the children adopted during July 1, 2015- June 30, 2016, 35% were under the age of 5.

1. Summary of Children Currently in Custody by Age, Race and Sex

MDCPS tracks children in custody and their demographics through the MWZCCCURS, Summary of Children Currently in Custody by Age, Race and Sex for the date range of 07/01/2015 – 06/14/2016 report. This is a standard monthly batch report. If requested, these data can be run for a specified time period. This report is designed to capture all children currently in custody from ages 0 and older. This report is also available by county with the same information. Below is the report for July 1, 2015 through June 14, 2016, which indicates the demographics of children currently in custody under the age of five years old for that period as follows:

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Unknown Race</th>
<th>Asian</th>
<th>American Indian</th>
<th>Black</th>
<th>Hawaiian</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>772</td>
<td>36</td>
<td>3</td>
<td>4</td>
<td>575</td>
<td>4</td>
<td>1394</td>
</tr>
<tr>
<td>Female</td>
<td>773</td>
<td>31</td>
<td>0</td>
<td>2</td>
<td>564</td>
<td>0</td>
<td>1370</td>
</tr>
</tbody>
</table>
The total number of children in custody for the period July 1, 2015 – June 14, 2016 was 8,319; 4,115 males and 4,204 females.

G. SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES (SECTION 422(B) (11) OF THE ACT).

MDCPS is in the process of developing a new SACWIS System that will be capable of tracking the information required. All policies and procedures pertaining to this system became effective September 30, 2015. Post-Adoption Services in Mississippi are currently available through a sub-contract with Southern Christian Services for Children and Youth (SCSCY), Partners in Permanency (PIP) program, and Catholic Charities. These services include Crisis Management, Information and Referral, Ongoing Training, Support Groups, Respite Care, Educational Advocacy, and Buddy Families. All services provided through this sub-grant are available for all adoptive families in Mississippi whether the adoption was a private adoption, out-of-state adoption, international adoption or domestic adoption from foster care. There is also a public awareness component of this sub-grant which requires that SCSCY raise awareness of the availability and accessibility of these services throughout the state. The state will continue to provide these services for the next five years through a private provider on contract with MDCPS.
V. PROGRAM SUPPORT

A. DESCRIPTION OF THE STATE’S TRAINING AND TECHNICAL ASSISTANCE PROVIDED TO COUNTIES AND OTHER LOCAL OR REGIONAL ENTITIES THAT OPERATE STATE PROGRAMS AND ITS IMPACT ON THE ACHIEVEMENT OF CFSP/APSR GOALS AND OBJECTIVES SINCE THE SUBMISSION OF THE 2016 APSR.

The Professional Development Unit (PDU) continues to provide all newly hired frontline staff and supervisory staff 270 hours of pre-service training. The structure of this training as well as the Clinical Supervisory Training has remained the same in the 2015-2016 year. The ongoing training program was successful in its first year and additional training classes were added during the 2015-2016 training year. Ninety-nine percent of DCPS staff successfully completed their ongoing training requirement for the year. The one percent who did not complete received documented counseling sessions with his/her supervisor. In addition, MDCPS continues to partner with the University of Mississippi for delivery of our ongoing training classes. The following classes were added to the list of available offerings in the 2015-2016 year:

- **A Scoop of Kindness Please! - Etiquette and Professionalism in the Workplace** – How important is professionalism and etiquette in the workplace? Do they even matter? This training will focus on workplace etiquette and important skills that will improve relationships with coworkers, clients and community partners.

- **Car Seat Safety 2015-2016** - This is an informative overview on different types of seat belts, retractors, and latch plates.

- **Childhood Trauma: What Do You Know About That?** – This training provides an in-depth look at childhood trauma and its impact on children in foster care.

- **Don’t Take My Baby** - An Introduction to Understanding Protective Capacities in Parents and the Impact of Adverse Childhood Experiences – This training provides participants an opportunity to explore the meaning of Protective Capacities (Cognitive, Behavioral, and Emotional) as outlined in current DHS/MDCPS Policy. This training will demonstrate how Protective Capacities is a critical element to understand when assessing for child safety. This training will offer the fundamentals of Protective Capacities as well as provide participants with an opportunity for practical application.

- **Engaging Incarcerated Parents** - This training will focus on the importance of incarcerated parents in their children's lives, research related to incarcerated parents, and how this information can be applied throughout the child welfare continuum of services. This training also includes ways the caseworker can identify, locate and engage incarcerated parents in the casework process.

- **Help! There are Teenagers on My Caseload** - Working with Adolescents in Child Welfare - This training will offer information and suggestions for working with adolescents in the child welfare system. With an emphasis on development, it will describe several adolescent specific issues including placement and resource home recruitment. Developing effective Independent Living plans will also be addressed. Workers who are struggling with youth and young adults in transition are encouraged to attend.
Keeping It Safe 2015-2016 - This training is designed to enhance our perception regarding safety in the workplace. Emphasis is placed on defining and formulating a personal safety plan. The training also focuses on what staff are to do if an event occurs.

Lasting Permanency: Preventing Maltreatment, Disruptions and Dissolutions - Adopted children SHOULD be with their families “forever” however because of abuse, neglect and/or the child’s unmanageable behaviors, this is not always the case. This training will focus on Healthy vs. Unhealthy Attachments and how this relates to abuse, neglect and maltreatment of these children in their resource homes. Also, the emphasis will be placed on offering support and services to families prior to disruption or dissolution of a child from his/her family.

Secret Slavery: A Child Welfare Response to Human Trafficking - This training session is the first in a series that will educate child welfare professionals on the basics of human trafficking. As professionals we need to know the definition of human trafficking as well as the signs and symptoms of the existence of trafficking behaviors. Once we have a better understanding of the definition and signs, we will discuss what makes children in the foster care system more vulnerable. Lastly, we will begin to assess the special needs of the victims as they relate to treatment.

Understanding Cultural Diversity in Child Welfare - The Child Welfare Professional is to be guided by the NASW Code of Ethics in Casework practice. This training will enhance the values that provide the framework for the ethical principles and will utilize the eight step ethical decision-making framework to analyze possible ethical dilemmas in child welfare case work.

Using Ethics to Guide Casework and Decision Making - The participant will be able to list the six values that provide the framework for the ethical principles in the National Association of Social worker’s Code of Ethics. He will also use the eight step ethical decision making framework to analyze an ethical dilemma in child welfare in a child welfare casework situation.

B. DESCRIPTION OF TRAINING AND TECHNICAL ASSISTANCE THAT WILL BE PROVIDED BY THE STATE IN THE UPCOMING FISCAL YEAR. (SEE 45 CFR 1357.16(A) (5).)

MDCPS will continue to offer the same training modules as stating above for the upcoming fiscal year. Significant changes have been made to those training modules since the 2016 APSR submission.

C. DESCRIBE THE TECHNICAL ASSISTANCE AND CAPACITY BUILDING NEEDS THAT THE STATE ANTICIPATES IN FY 2017 IN SUPPORT OF THE CFSP/APSR GOALS AND OBJECTIVES.

MDCPS has requested technical assistance from the Capacity Building Center’s to assist with streamlining the agency goals and integration of the CFSP, MS SB 2179, and the Olivia Y consent decree.
D. DESCRIBE HOW CAPACITY BUILDING SERVICES FROM PARTNERING ORGANIZATIONS OR CONSULTANTS WILL ASSIST IN ACHIEVING THE IDENTIFIED GOALS AND OBJECTIVES. (SEE 45 CFR 1357.16(A) (5).) STATES THAT HAVE ENGAGED WITH THE CAPACITY BUILDING CENTER FOR STATES ARE ENCOURAGED TO REFERENCE NEEDS AND PLANNED ACTIVITIES THAT WERE DOCUMENTED DURING ASSESSMENT AND WORK PLANNING.

During the July 1, 2015 through June 30, 2015, MDCPS has not engaged in any services from the capacity building services or its consultants.

E. DESCRIBE CHILD AND FAMILY SERVICES RELATED RESEARCH, EVALUATION, MANAGEMENT INFORMATION SYSTEMS, AND/OR QUALITY ASSURANCE SYSTEMS THAT HAVE BEEN IMPLEMENTED OR UPDATED SINCE THE SUBMISSION OF THE 2016 APSR OR WILL BE IMPLEMENTED OR UPDATED IN THE COMING YEAR.

Acknowledging the desire and need for broader progress by the Mississippi Department of Human Services ("MDHS") pursuant to the Modified Mississippi Settlement Agreement and Reform Plan ("Modified Settlement Agreement") in Olivia Y. v. Bryant, et al., the parties reached an agreement setting forth a requirement to complete an organizational analysis. Following an intensive period of inquiry, fact-finding, analysis, and discernment, Public Catalyst submitted the Final Organizational Analysis Report on November 24, 2015, setting out recommendations crafted to strengthen Mississippi's ability to achieve substantial and sustainable improvements in its child welfare system.

F. SPECIFY ANY ADDITIONS OR CHANGES IN SERVICES OR PROGRAM DESIGNS THAT HAVE BEEN FOUND TO BE PARTICULARLY EFFECTIVE OR INEFFECTIVE BASED ON THE STATE'S EVALUATION OF PROGRAMS. (SEE 45 CFR 1357.16(A) (5).)

At this time the state’s programs are still being evaluated for effectiveness by Public Catalyst. All evaluations are due to the courts by October 1, 2016.
VI. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

MDCPS and the Mississippi Band of Choctaw Indians (MBCI) have continued to achieve the cooperative goals during this reporting period. MDCPS maintained a collaborative relationship with the MBCI. MDCPS continues to offer assistance to the MBCI in such areas as joint training, Independent Living services, foster care and adoption services.

The tribes of affiliation, as well as Indian parents, are notified any time MDCPS is involved with a child or family that meets tribal membership requirements. The MBCI is available to assist MDCPS with tribal identification and notification as needed. MDCPS and Choctaw Social Services continue making cooperative efforts to identify potential Native American resource parents.

MBCI is notified of any state proceedings involving tribal children and given the opportunity to assume jurisdiction or authority at any point in the proceedings. ICWA posters are placed on the door or near the entrance to the Youth Court courtroom. The poster instructs persons with Native American heritage to let the court know so that their rights under ICWA can be protected. The posters were created by the MBCI to include clearly identifiable Native American designs.

Active case planning is pursued to maintain or reunite Native American families as soon as safely feasible when safety concerns are identified. Choctaw Social Service’s staff attended trainings on MDCPS Practice Model Implementation, Maltreatment Training, Conducting Family Team Meetings and Safety and Risks Assessment tools. MDCPS staff participated in tribal training on the Adam Walsh Act.

MDCPS Workers continue to ask any family the following questions to gain knowledge in deciding what is in the best interest of the child, and document the discussion in the narrative section of the Mississippi Automated Child Welfare Information System (MACWIS):

1. Is parent or child of Native American heritage?
2. Is parent eligible for tribal membership?
3. Is parent registered with Native American tribe?
4. Is child eligible for tribal membership?
5. Has child been registered with Native American tribe?
6. Does the family live on tribal land?

The Mississippi Band of Choctaw Indians or any other Native American tribe to which the child belongs, has the right to accept or deny jurisdiction of the child and to help with placement resources. A tribal court may assume jurisdiction over any Native American child whether the child is living on or off a reservation at any time.

The tribe is be notified of any court hearings involving an Indian child. Notification is provided immediately, by telephone and certified letter, to the tribe when a Choctaw child, or other Indian child, is taken into MDCPS custody. If services are being provided by MDCPS and the child holds membership in a tribe or is eligible for tribal membership the tribe may assume jurisdiction at any point in the service provision process, including the investigation process and foster care services.

The tribal lands of the Mississippi Band of Choctaw Indians are found in eight counties in Mississippi: Neshoba, Attala, Jones, Kemper, Leake, Newton, Scott and Winston. Information about children who are determined to be members of a tribe other than Choctaw is provided to the District Worker, Bureau of Indian Affairs, Eastern Area Office, and Washington, D.C. If the tribe is unknown, MDCPS shall contact the Mississippi Band of Choctaw Indians who is willing to help identify the child’s tribe and refer appropriately. (See http://www.neshoba.org/community/ms-band-choctaw-indians.php)

MBCI Chief Justice Kevin Briscoe (formerly Senior Youth Court Judge) is actively involved with MDCPS. MDCPS continues to have extensive Tribal participation to develop the annual Indian Child...
Welfare Act (ICWA) training on the MBCI Reservation. ICWA training is included in the Pre-Service Training curriculum.

In addition, the State of Mississippi continues to improve collaboration with the MBCI Social Services in coordinating protective service cases related to children of Choctaw families who are not covered or eligible for services through the Mississippi Band of Choctaws or their Social Services. MDCPS staff continues to attend quarterly meetings with MBCI Social Services staff to address any case planning necessary to maintain or reunite Native American families as soon as safely feasible when safety concerns are identified. The meetings are held in the region of the state with the largest Native American population. MDCPS regional director, Iris Joiner and MBCI Children and Family Services staff, Mae Bell and Albert Smith, are regular attendees.

A copy of Mississippi’s 2017 APSR will be available on the MDHS website at: [http://www.mdhs.state.ms.us/family-childrens-services/reports/](http://www.mdhs.state.ms.us/family-childrens-services/reports/). An electronic copy of the 2017 APSR will be delivered to MBCI Children and Family Services staff by MDCPS Director of Federal Reporting.

A. MEASUREMENT OF ICWA CONTACT

As of December 2012, documentation of the ICWA contact questions became a required step in completing the Family Service Plans located in MACWIS. The FSP is developed and submitted to the supervisor within thirty (30) calendar days of the custody date, unless the court determines otherwise. This process ensures ICWA contact is made in every case. For the current reporting period, the ICWA Compliance detailed report indicates: 105 contacts with the parent or child of Native American heritage; 46 contacts with the parent eligible for tribal membership; 38 contacts with the parent registered with Native American tribe; 43 contacts with child eligible for tribal membership; 20 contacts with child registered with Native American tribe; and 5 contacts with the family living on tribal land.

MDCPS will look to continue to improve its data collection within its Statewide Automated Child Welfare Information System in order to assess ongoing compliance with ICWA. Consultation with tribes will continue to address the following:

- Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene;
- Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes;
- Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption; and
- Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe.

MDCPS has and will continue to receive reports of abuse/neglect regarding Native American children whether they live on or off tribal lands. Should Mississippi Centralized Intake (MCI) receive such a report, a determination shall be made as to whether:

- The child is a member of a Native American Tribe and falls under the purview of ICWA;
- The child resides on designated tribal lands where an Indian tribe has jurisdiction.

If a child is identified at intake as a member of the Choctaw tribe or another Native American tribe and lives on tribal land, an MCI Worker sends the report to the county where the child resides. The County of Responsibility Intake Supervisor notifies the Mississippi Band of Choctaw Indians or any other tribal court and provides them with the allegations and all identifying information. If they do not wish to retain jurisdiction and request the county to investigate the allegations, the county will follow normal investigative procedures.
B. ICWA CONFERENCES

The fifth annual ICWA Conference convened on August 13, 2015 at Choctaw, Mississippi. The keynote speaker, Victoria Sweet, spoke about human trafficking, violence against Native women, ICWA compliance, protection orders, and intergenerational trauma. Withelma “T” Ortiz Walker Pettigrew spoke about ending domestic child trafficking and reforming the child welfare, juvenile justice and mental health social systems designed to protect children. Michael Petoskey, Chief Judge, the Tribal Court Judiciary Pokagon Band of Potawatomi, and Timothy Connors, Judge, Washtenaw County Trial Court, Ann Arbor, Michigan, spoke about Tribal-State collaborations. There were 170 conference attendees, 35 Elders and approximately 10 vendors. The Sixth Annual ICWA Conference is scheduled for August 10, 2016.

C. MOU BETWEEN THE MBCI AND MDCPS

MDCPS continues to operate under the Memorandum of Understanding drafted by representatives from the MBCI judiciary, Tribal Attorney General’s Office and MDCPS. The MOU was signed October 25, 2012. The objectives of the MBCI and MDCPS are to promote the safety and proper placement of Choctaw children.

D. APPLA (ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT)

The ASFA created Another Planned Permanent Living Arrangement (APPLA) as the least preferred permanency option for children. APPLA is not intended to be a catch all for whatever plan is needed, but is a “living arrangement that is truly planned and permanent in nature.”

“Planned” means the arrangement is intended, designed, considered, premeditated, or deliberate. “Permanent” means endearing, permanent, or stable.

“Living arrangement” includes not only the physical placement of the child, but also the quality of care, supervision, and nurturing the child will receive. While living arrangements might not be a specific residence or facility it does imply certain stabilizing features.

If MDCPS concludes, after considering reunification, adoption, durable legal custody, and permanent placement with a relative, that these permanency plans are inappropriate or unavailable for a child, MDCPS may assign a permanency goal of Another Permanent Planned Living Arrangement (APPLA) for the child. In such circumstances:

- The child must be at least 16 years old and
- MDCPS must document to the youth court a compelling reason, as of the date of the hearing, why this permanency goal is in the best interest of the child and more appropriate than reunification, adoption, durable legal custody, or permanent placement with a relative as subject to section 475A(a) of the Social Security Act.

APPLA will either involve a permanent adult caregiver of the child or at least adult parent figures playing permanent and important roles in the child’s life. The decision and development of an APPLA should include the following:

- Parent(s)
- Placement provider
- Youth
- MDCPS COR/COS Worker
- Guardian Ad Litem
- COR ASWS

Documenting at the permanency hearing and the 6 month periodic review the steps the agency is taking to ensure that the foster family or child care institution follows the “reasonable and prudent
parent standard” and whether the child has regular opportunities to engage in “age or developmentally-appropriate activities”4 (sections 475(5)(B) and 475A(a)(3) of the Act).

For youth, 16 and older and the permanency plan is APPLA, determine the steps the agency is taking to ensure the resource parent(s) or child placing agency is following the reasonable and prudent parent standard and ascertain the youth has opportunities to engage in age or developmentally appropriate activities.

MISS. CODE ANN. 43-15-13 (3) additionally mandates that the Foster Care Review will address:

- Extent of the care and support provided by the parents or parent while the child is in temporary custody;
- Extent of communication with the child by parents, parent or guardian.
- Degree of compliance by MDCPS and the parents with the social service plan established;
- Methods of achieving the goal and the plan establishing a permanent home for the child;
- Social services offered and/or utilized to facilitate plans for establishing a permanent home for the child; and
- Relevant testimony and recommendations from the Resource Parent of the child, the grandparents of the child, the GAL of the child, representatives of any private care MDCPS which has cared for the child, the social Worker assigned to the case, and any other relevant testimony pertaining to the case.
- Documenting at the permanency hearing and the 6 month periodic review the steps the agency is taking to ensure that the foster family or child care institution follows the “reasonable and prudent parent standard “ and whether the child has regular opportunities to engage in “age or developmentally-appropriate activities”4 (sections 475(5)(B) and 475A(a)(3) of the Act).

E. REASONABLE AND PRUDENT PARENT STANDARD

The Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183/H.R.4980) requires Title IV E state licensing authorities to permit the use of the “reasonable and prudent parenting standard”. The purpose of this standard is to promote “normalcy” for a child who comes into the care and custody of MDCPS.

Definitions when used in the context of the “reasonable and prudent parent standard” are as follows:

1. **Reasonable and prudent parent standard** is the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interest of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural and social activities.

2. **Caregiver** is a licensed Resource Parent(s), with whom a child in foster care has been placed or a designated official of a child-placing agency in which a child in foster care has been placed.

As a result of the FCR, mandated determinations are made based on the administrative review of the case, comments made during the County Conference, assessments and recommendations made by the COR.

3. **Age or Developmentally-Appropriate** is defined as activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child based on the development of cognitive, emotional, physical and behavioral capacities that are typical for an age or age group.
In the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.

Prospective and current Resource Parents shall be provided the necessary training in applying this standard.

A caregiver shall use a reasonable and prudent parent standard through the use of careful and thoughtful parental decision making. When a caretaker is determining whether to authorize a foster child who resides in their foster home to participate in normal childhood extracurricular, enrichment and social activities the following shall be consider:

- The child’s age, maturity, and developmental level to maintain the overall health and safety of the child.
- The potential risk factors and the appropriateness of the activity.
- The best interest of the child based on the caregiver’s knowledge of the child.
- The importance of encouraging the child’s emotional and developmental growth.
- The importance of providing the child with the most family-like living experience possible.
- The behavioral history of the child and the child’s ability to safely participate in the proposed activity.

MDCPS shall verify that private agencies providing out-of-home placement under contract with the division:

- Promote and protect the ability of a child to participate in age-appropriate activities; and
- Implement policies consistent with the “reasonable and prudent parent standard” in this section.

Caregivers shall ensure that the child has the safety equipment and any necessary permissions and training necessary to safely engage in each activity the child may participate in. A caregiver is not liable for harm caused to a child in an out-of-home placement if the child participates in an activity approved by the caregiver, provided that the caregiver has acted in accordance with the reasonable and prudent parent standard. Please see below:

- Document in the case plan the child’s education, health, visitation, and court participation rights, the right to receive a credit report annually, and a signed acknowledgement that the child was provided these rights and that they were explained in an age appropriate way (section 475A(b) of the Act);
- Develop the case plan in consultation with the child, and at the option of the child, two members of the case planning team, who are not the caseworker or foster parent (sections 475(1)(B) and (5)(C)(iv) of the Act); and Describe in the case plan and at the permanency hearing the services to help the youth transition to successful adulthood (formerly required at age 16) (sections 475(1)(D) and (5)(C)(i) of the Act).

A Family Team Meeting (FTM) is a planned, structured, facilitated decision making process to which members of the family both formal/informal, are invited along with required MDCPS staff and any other support system identified by the family and MDCPS. The key to a successful FTM is the engaging and bringing together of those individuals, both formal and informal, who are a part of the family’s support system. FTMs allow for the gathering of information critical to the assessment process, to the development of the case plan, monitoring of the case plan and involvement of the family and other pertinent individuals in key decision making.

At all times a FTM should be a family led, youth guided and agency supported process. The primary focus must always be the safety and well-being of the children and youth. As a philosophy, it reflects
the belief that families can solve their own problems most of the time if they are provided the opportunity and support. No one knows a family’s strengths, needs and challenges better than the family. The family team decision making approach is also a practice in that it describes the basic method by and through which MDCPS seeks to serve children/youth and families.

A child welfare supervisor’s participation in a FTM is an opportunity to assess the Worker’s use of Family Centered Practice principles. The Family Centered Practice Principal encompasses the following components:

- A clear but open-ended purpose;
- An opportunity for the family and child to be involved in decision-making and planning;
- Options for the family to consider and decisions for the family to make;
- The family’s involvement in the development of specific safety or permanency plans and in the development of services and supports;
- Engagement;
- Relationship building;
- Problem solving; and
- The outcome of the meeting will be reflected in the development of a case plan with tasks and goals.

Provide a copy of his/her credit report annually and assist in fixing any inaccuracies (formerly age 16) (section 475(l) of the Act

Credit/identity theft checks will be done on all youth in the Mississippi Department of Human Services (MDHS) / Division of Family and Children Services (MDCPS) custody beginning at age 14 to age 20. Credit/identity theft checks will be obtained annually. All youth at age 14 and over will be asked to sign a written acknowledgement form giving MDHS/MDCPS permission to submit their personal information to the credit bureau’s (Equifax, Experian and Transunion).

A copy of the signed acknowledgement form shall be maintained in the youth’s County of Responsibility (COR) case file. Upon receiving the acknowledgement form, the Division of Independent Living will proceed with contacting the three (3) major credit reporting bureaus to obtain a credit report. Once a credit report is received the COR worker will review the report with the youth and maintain a copy in the youth’s COR case file. If discrepancies are found on a youth’s credit report, the COR worker will follow the resolution protocol to resolve findings. All efforts made to resolve discrepancies will be documented in MACWIS under the Independent Living tab as a narrative.

Resolution Protocol:

If there are any inaccuracies found on the youth’s credit report, the COR worker will be responsible for the following:

- Assist the youth with filing a police report with the local law enforcement agency.
- Assist the youth with contacting the three major credit bureaus.
- Assist the youth with contacting creditors and financial institutions.
- Assist the youth with obtaining legal counsel if needed (The Mississippi Attorney General’s office will be contacted).
- Assist the youth with contacting Social Security Administration.
- Assist the your with filing a complaint with Federal Trade Commission.
- For technical assistance workers can contact the Independent Living office at (601) 359-4754.
- COR will ensure that resolution protocol has been started to resolve inaccuracies or discrepancies found in youth credit report prior to leaving care.
Roles and Responsibility of the Workers (State Office, Front Line and ASWS’S):

- An acknowledgement form must be signed by all youth at age 14 to acknowledge that they have been informed that their credit/identity check will be performed to ensure that their credit/identity has not been used.
- Upon receiving the consent form, the Division of Independent Living will proceed with contacting the three (3) major credit reporting bureaus to obtain a credit report.
- After the credit report is received it will be entered into MACWIS for the COR worker to review with the youth in family team meeting.
- For each credit report obtained the COR will have the youth sign an acknowledgement form stating their credit report has been reviewed with them. The original acknowledgement form will be filed in the COR file and a copy will be filed at State Office Independent Living file.
VII. MONTHLY CASEWORKER VISIT FORMULA GRANTS

The Monthly Caseworker Visit Grant is used to fund vendor support of implementation of the Mississippi practice model. Tenets of this model include the following, in part; Practice Model Coaching for Continued Practice Model Implementation and Intensive Supervisory Support. The Center for the Support of Families, (CSF) assists MDCPS in building capacity of county supervisors to manage the work, lead changes efforts in their counties, and help their staff to perform consistently high quality work with children and families.

The supervisor’s training is focused on improving the quality of supervision with the goal of improving upon the quality of work done in the field. The supervisors are presented with data regarding their areas to quality visits with children. Individual professional development plans are developed with supervisors regarding underlying conditions, barriers and needs that cause visits to be unsuccessful. Coaches will determine the skills that can be built by training and targeted specific coaching that will improve direct practice, including quality visits. Supervision is the link that needs to be enhanced in order to achieve quality visits. CSF’s technical assistance focuses on developing the capacity of supervisors and Regional Directors to coach their staff, including using practice model fidelity measure reviews as coaching activities. In this way, we hope to support an integrated internal coaching structure within MDCPS that will help sustain the practice model beyond the department’s use of external contractors.

Moving forward, CSF will support three champion regions as they fully implement the practice model and attain the performance goals that are established for the Regions. This will be in the form of preparation activities, coaching of supervisors and leadership, application of learning, training delivery, and consultation in the champion regions. CSF will support identified regions that have had particular difficulties, as in the last few years, with intense coaching and training support to help stabilize the regions and lay the foundation for moving forward with practice improvements later.

Also, the state continues to assess their performance on monthly caseworker visits. Mississippi is aware that compared to FFY14 (MCV-87.17% and VIH-92.78%) there was a decrease in performance for FFY15 (MCV-86.61% or <.56% and VIH-90.83% or <1.95%). Mississippi has identified some practice correlates relative the decrease of performance of caseworker visits.

It is evident through CQI case reviews and monthly reporting analysis that there are deficits in caseworkers correctly documenting all the data fields in MACWIS to ensure that records of visits are properly accounted for. A second practice correlate related to a decrease in this performance is the untimeliness of entering custody end dates into MACWIS. This impacts performance outcomes on this measure whereas during reporting cycles, children who are no longer in custody have active custody records which increases the denominator for performance (children in care and visit months) however the numerator does not include the service provision (monthly visits and visits in home).

Previous submissions of the states AFCARS element 57 (timeliness of discharge) performance support this practice correlate. However, the CQI/DRU has undertaken, with support from field operations, measures to ensure timeliness of caseworkers entering custody end dates. For example, through a CQI process, staff within the data reporting unit has begun tracking custody events since October 1, 2015 to present (entries/exits) for four identified counties (Harrison, Hancock, Hinds, and Jackson).

Staff within the identified counties is required to send reports to the DRU weekly and DRU staff holds bi-weekly calls with the staff in each of the counties to ensure follow up of entry of the custody start and end dates as well as to discuss any barriers to entry of either data point. Since this tracking process has been implemented, there has been a significant decrease in the states performance on element 57 and compared to performance for the period ending May 31, 2015 (relative to May 31,2016.
– as this is the most readily available data) there is marked improvement in performance; respectively MCV – 86.48%/90.16% and VIH – 91.07%/91.22%.
VIII. ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

The Adoption Incentive Payments Program allows MDCPS to enhance the state’s adoption program in a number of ways. These funds have already been used for the following:

- **Provide Structured Analysis Family Evaluation (SAFE) Home Study training, materials, and support for all Adoption staff within MDCPS and private child placing agencies in Mississippi.** Within the period of performance, SAFE Home Study trainings were held on a continual basis since the implementation of the model in Mississippi. A total of five (5) trainings were held during the current fiscal year. These trainings continue to be open to MDCPS licensure and adoption staff, private contractors and child placing agencies, and others in Mississippi. SAFE Home Study trainings will continue throughout the upcoming fiscal year.

- **Provide Life Book kits in each MDCPS county office for use with all children entering foster care.** Life Book kits were provided on a continual basis to county offices during the 2017 APSR reporting period.

- **Fund recruitment activities and adoption matching events across the state.** MDCPS awarded the Adoption Recruitment and Retention grant for targeted recruitment throughout Mississippi. Southern Christian Services for Children and Youth (SCSCY) was awarded the grant. Through this partnership, updated professional photos and bios of MDCPS’s children are gathered and used for recruitment activities in Mississippi. Recruitment efforts include information sessions for potential foster/adoptive parents, matching events where children free for adoption are presented, and through various websites.

- **Purchase Resource Parent Pre-Service Curriculum to enhance the training being provided to Foster and Adoptive parents across the state of Mississippi.** During this fiscal period, the PATH (Parents As Tender Healers) curriculum was purchased. MDCPS staff and private contractors utilize the curriculum throughout Mississippi to ensure foster/adoptive parents are prepared to foster and/or adopt. PATH trainings are held throughout the state on a continual basis. Also, Funds were used to improve the timeliness of licensing resource homes and to increase the number of resource homes available in Mississippi by contracting with private providers to provide SAFE Home Study and pre-service training services.

The changes listed below identify how the state will use the Adoptive funds and over the next five years the agency plans to use these funds in the following ways:

- **Continue all of the above as needed;**
- **Use of the 3-5-7 Model and Family Finding Model was discontinued in Mississippi and the services are now being offered internally through the state.** MDCPS has designated a position in the Permanency Unit to conduct diligent searches and family findings. The individual in the position supports the field workers by conducting these searches to locate family members when children come into the custody and achieve permanency for children who are free for adoption and in need of permanent placement/connections. Funds will be used to secure a search engine that better supports the needs of this position.
- **MDCPS will discontinue its annual adoption conference due to restructuring.** The department has reevaluated its training needs for the Adoption Specialist and the Independent Living Specialist, and these training needs will be addressed by the Professional Development Unit.
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- Enhance the state’s post-adoption services by identifying and developing foster and adoptive parents as leaders to build stronger support groups linked by a statewide association in conjunction with identifying and developing leadership for a state foster care alumni association;
- Develop a foster and adoptive parent mentoring program where newly licensed foster and adoptive parents are connected to more experienced parents;
- Provide more training opportunities and easier access to training for both resource parents and MDCPS staff through online training programs such as fosterparentcollege.com; MDCPS will discontinue its use of fosterparents.com/mdhs.
- Provide MDCPS staff and resource parents from across the state with opportunities to attend adoption-related, permanency focused training both in-state and out-of-state;
- Expand child-specific recruitment activities such as printing and distributing materials, hosting Heart Gallery-like events, and working with private adoption agencies to recruit adoptive families for children lingering in foster care. MDCPS will continue its targeted recruitment activities by working with private partners to recruit families for children who are harder to place. MDCPS will expand these efforts to recruit and thoroughly train foster/adoptive parents who open their homes to children/youth who identify as LGTBQ.
- Expand pre-service certification process to include Partnering for Safety and Permanence-Model Approach to Partnerships in Parenting (PS-MAPP) curriculum. The pre-service certification process will not be expanded to include the PS-MAPP curriculum. MDCPS will continue to use the PATH curriculum and identify ways PATH trainings can be made more accessible to potential foster/adoptive parents such as making an online version available. In addition, MDCPS will use funds to develop support resources for children/youth that identify as LGTBQ. These resources include support groups for the children/youth, training specific to LGTBQ related issues for foster/adoptive parents, and other resources that support the unique needs of the LGTBQ community.

Lastly, MDCPS has not encountered any challenges in expending funds in a timely matter.
IX. CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES (Applicable states only)

The Child Welfare Waiver Demonstration Activities are not applicable for Mississippi.
X. QUALITY ASSURANCE SYSTEM

A. ASSESSMENT OF THE STATE’S CURRENT QA/CQI SYSTEM.

In connection with the *Olivia Y* Modified Settlement Agreement and Federal standards to support the implementation of the Mississippi Child Welfare Practice Model, Mississippi’s Department of Child Protection Services (MDCPS) has embarked on developing a Continuous Quality Improvement (CQI) System which includes the Division of Evaluation and Monitoring (EMU), the Foster Care Review Program (FCR), Safety Review Unit, Data Validation, and the Mississippi Automated Child Welfare Information System (MACWIS).

The CQI System utilizes both quantitative and qualitative information to determine how counties, regions and the state are assuring the safety, permanency and well-being of children and families served by the State. This will be accomplished by monitoring key child welfare indicators associated with the components and systemic factors associated with the Practice Model. Therefore, the CQI system is organized around the six components and seven systemic factors of the Practice Model and includes elements of the Child and Family Services Review (CFSR) and components of the *Olivia Y* settlement agreement. In order to monitor county, regional and state performance, the CQI system is intended to measure both quantitative information (data indicators) which will establish how counties and the region are doing in comparison to standards (both Agency practice and case outcomes) that have been set or in comparison to statewide / federal performance standards. The qualitative information gathered is intended to provide context and a deeper insight to better understand counties' and regions' performance to measure the quality of practice and efforts made to work with the Agency’s clientele.

B. METHODOLOGY, FUNCTIONS, AND SOURCES:

1. Over the State Fiscal Year (SFY), the Evaluation and Monitoring Unit (EMU) conducts on site case reviews with in each of the State’s 13 Regions.

The purpose behind such reviews is to obtain a qualitative insight of the Agency’s practice including efforts made in practice excluding the case outcomes as well as factoring in any systemic barriers that may be affecting best practices. The following results are from SFY 2016 excluding Region 2W due to the submission deadline of the APSR. On-site case record reviews and case member interviews: To support and add insight on professional practice regions also conducted a qualitative case review to provide deeper context to the data results. After requesting and receiving a universe of cases from each of the Regions, a random sample of 14 foster care and 10 in-home services cases from all 2 of Regions statewide (excluding 2W). Twelve teams made up of two people conducted the case reviews, and were supported by one team leader and two quality assurance reviewers. The case characteristics of the selected cases can be found in the appendix. The information considered in the onsite follow-up review which occurred each month, each regional review covering a 12 month period ending the date of the review and came from the electronic case management system (MACWIS), paper files, and interviews with the various case members who included the parents, the children, and the caseworkers.
2. In addition to the Annual Follow-Up Reviews, the EMU Liaisons also conduct Monthly case reviews.

A random sample is pulled for one county selected within each of the regions. One Foster Care case and one In-home Case is reviewed. Following the Quality Assurance process and scheduling with the county of responsibility, the EMU Liaison returns back to the county for a debriefing process. The debriefing form is filled out by the EMU Liaison based in the results of the monthly case review. The debriefing is broken down by Practice Model Component then Item number from the EMU tool. After each of the Practice Model Components, the EMU Liaison identifies both strengths and areas needing improvement in practice approaches in each of the components. The EMU Liaison then makes a recommendation to possible improvements in the quality of practice or approaches that could be chosen by the County of Responsibility. The County, which is typically the Area Social Work Supervisor and the assigned caseworker, offer a response to corrective actions or steps towards the improvement of practice. Case specifics are discussed as well as any applicable systemic barriers that could be affecting practice or case outcomes.

3. The EMU Liaison typically also facilitates the Regional CQI Subteam.

Each individual Region is charged with whom they want to include in that Regional CQI Subteam. Depending on the needs or areas of focus within the Regions, certain areas are monitored or ideas agreed upon by team members are executed. The CQI Subteam setting also allows for stakeholder participation.

4. The EMU Liaison can complete targeted reviews.

Depending in the needs of the Region or the identified areas needing improvement, a specific EMU item can be used to evaluation practice in a particular aspect of practice. The targeted review allows for a more representative sample of cases to be reviewed (for that item) to look for any strengths or areas lacking in practice. The results of the targeted reviews could offer clarification to leadership in the Region as to the issues that may be barriers to achieving goals guide approaches for improvement. Targeted reviews are completed upon the request of the Regional Leadership and/or a Regional Team or Plan requesting a more in depth look at a particular practice component.

5. Heat Tickets:

The Heat System is an automated way to track either practice or safety concerns. The Heat system is also utilized by other units within the Agency such as Foster Care Review, Data Validation, and Complaints received by the Agency. For EMU, Heat tickets that are generated are either considered a level 2 (practice concern) or a level 1 (Safety Concern). Each Regional Director (or designated assignee) in Field Operations is assigned the ticket according to the County of Responsibility. Level 1 (Safety Concerns) are to be resolved and responded to within 5 days of the Heat Ticket Entry. Level 2 (Practice Concerns) are to be responded to within 20 days of entry. A bi-weekly report is run on open Heat Tickets and is sent to Leadership within CQI and Field Operations.

6. Stakeholder Surveys:

Stakeholder involvement is critical to the success of the Practice Model. In particular, service providers, as well as the courts, resource parents, the Regional Implementation Team, and Caseworkers and Supervisors need to be fully engaged in the child welfare process. Throughout the year, Stakeholders Statewide was provided with surveys to determine how they believe the agency is performing with regard to the following systemic factors:
Training of Staff and Providers, Service Array, Placement Resources, Caseloads, Oversight and Monitoring, Court Processes, and Data Quality and Usage. Stakeholders were identified by local Regional leadership as participants and partners in servicing MDCPS clients. Stakeholders were surveyed through email addresses provided by the Area Social Work Supervisors (ASWS) in each county as well as by personal delivery of hard copy surveys which were then collected later. The stakeholders were identified by the ASWS and forwarded to the Regional Director who then compiled a condensed list of stakeholders who were solicited for participation.

7. Describe any specific practices or system improvements the state has made based on QA/CQI;

Mississippi has improved its performance on AFCARS Element #57. As of June 7, 2016, Foster care data element #57, timeliness (Date of Discharge Transaction Date) is currently at 3.54% for the 2016B AFCARS reporting period (April 1, 2016 – September 30, 2016). In June 2015, the state was at 18.10% on this element. Also, Mississippi has implemented Regional Management teams in its 13 regions that identify areas of practice that the regions will work toward to make improvements related to safety, permanency, and well-being. Progress on these measures are tracked by the regions. The Evaluation and Monitoring Unit has begun efforts to incorporate these efforts and the progress made into the annual regional reports;

The state will need technical assistance or consultation with training the federal on-site review instrument for the upcoming Child and Family Services Review.

8. Provide an update on QA/CQI results and data that have been used to update goals, objectives, and interventions or use of funds in the 2017 APSR;

Since July 1, 2015 through June 30, 2016, the Evaluation and Monitoring Unit (EMU), which is a department within CQI, has been conducting on site case reviews with in each of the State’s 13 Regions. The data results come from this year’s most on-site reviews, excluding Region 2W due to the submission deadline of the APSR.

For states that will undergo a CFSR in FYs 2016 – 2018, describe the state’s current case review instrument and whether the state is using or plans to begin using the federal Onsite Review Instrument (OSRI) as part of the state’s ongoing QA/CQI process. Describe how many and the type of cases that are reviewed annually as part of the state’s ongoing case review process and any plans to increase or decrease the number of cases reviewed.

For annual (and monthly) regional CQI on-site case reviews, Mississippi reviews 24 cases at the time of each region’s annual on-site case review (14 foster care cases and 10 in-home cases). The state also reviews 2 cases per region per month. Mississippi uses an automated case review instrument that is based on the state’s practice model as well as the Child and Family Services On-Site Review Instrument elements, and Council on Accreditation elements. The instrument automatically rates the elements of the instrument as a Strength or Area Needing Improvement based on the responses to the questions within each element. There is a reporting feature within the instrument that allows for the agency to run data resulting from the on-site case reviews. This data can be by county, by region, or statewide. It can also report based on case type as well as by review type.

There are 24 items on the instrument that are categorized by the six components of the agency’s practice model:

- Assuring Safety and Managing Risk: Timeliness of Initiating Reports of Child Maltreatment, Repeat Maltreatment, Services to Families to Protect Children in the Home and Prevent Removal/Re-Entry into Foster Care, Risk Assessment and Safety Management;
• Assessing Strengths and Needs: Needs of Services of the Child, Parents, and Foster Parents, and Educational Needs of the Child

• Involving Children and Families in Case Planning and Decision Making: Child and Family Involvement in Case Planning, Caseworker Visits with Child, Caseworker Visits with Parents;

• Individualizing Case Planning: Permanency Goal for Child, Case Planning, Foster Care Re-Entries;

• Mobilizing Appropriate Services Timely: Reunification/Guardianship/Permanent Placement with Relatives, Stability of Foster Care Placement, Adoption, Another Planned Permanent Living Arrangement (APPLA), Physical Health of the Child, Mental/Behavioral Health of the Child;

• Preserving and Maintaining Connections: Proximity of Foster Care Placement, Placement with Siblings, Visiting with Parents and Siblings in Foster Care, Preserving Connections, and Relative Placement.

At this time, Mississippi is not using the federal On-Site Review Instrument for on-going CQI case reviews. However, there are plans to use it in August 2016 on a small number of cases for Evaluation and Monitoring staff to begin to become accustomed to using it in the event that the state makes the decision to use the federal instrument for the upcoming Child and Family Services Review or if the states chooses to revise its current on-site case review instrument to match the federal instrument.

9. Describe child and family services related management information systems, and/or quality assurance systems that have been implemented or updated since the submission of the 2016 APSR or will be implemented or updated in the coming year.

The agency continues to utilize the case management MACWIS system, the evaluation review instrument automated tool and the foster care review instrument (within MACWIS) that were in place at the time of the 2016 APSR. The MACWIS system has been enhanced to support business changes, state and federal mandates and Olivia Y requirements. The agency is now working on its MACWIS replacement system project following the Comprehensive Child Welfare Information System (CCWIS) approach based on the new ruling released in June 2016 by ACF. As we proceed with this project, the upcoming year should bring about modular implementations to replace parts of the current system in phases which will result in more timely system solutions for our case workers. The agency has recently issued Dell tablets to all case workers state wide to aide them in their daily work. The tablets are compatible with the current MACWIS system and will also be compatible with all newly implemented system modules.
XI. CHILD ABUSE AND PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE

The CAPTA updates are included under attachment E.
XII. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

A. BACKGROUND

The Independent Living Program (ILP) helps adolescents acquire basic life skills in their progress from dependency toward self-sufficiency. Youth are eligible for Independent Living Services based on the following criteria:

- Youth in care, ages 14 until their 21st birthday, are eligible for all Independent Living Services except for criteria placed on the Educational and Training Voucher program;
- Youth who leave custody, ages 18 to their 21st birthday, are eligible for after-care services until their 21st birthday;
- Youth who enroll in post-secondary educational and vocational programs may be eligible based on the criteria detailed in the Educational and Training Voucher (ETV) Program section.

All youth must have the opportunity to participate in independent living preparations, without regard to the youth's permanent plan. Refusal by the youth to participate is not a valid reason for non-participation. Independent Living Services are mandatory and not optional for all youth in care who are at least 14 years old or less than 21 years old. All youth in care are eligible and appropriate to receive Independent Living Services, based on the child’s best interest. Some services are provided through a contractual agreement to include life skills training, retreats, youth conferences, and other services deemed appropriate. In addition, the Mississippi Band of Choctaw Indian Tribe youth are eligible for Independent Living Services based on the same criteria for MDCPS youth in care.

MDCPS goal for ILP is to provide youth in-care and transitioning out of care with an array of services and resources to assist them in making a successful transition to become independent adults.

1. Action Steps

- Independent Living will provide community awareness of the needs of stakeholders in and out of care by participating in available local forums and focus groups to openly express and advocate for services/resource to benefit stakeholders.
- Provide Independent Living Training to MDCPS staff and MDCPS licensed Resource Parent Training through quarterly Independent Living trainings, conferences, foster/resource parent trainings and/or other venues.
- Provide youth age 14 to 21 with life skills education through Life Skill Module training.
- Provide Aftercare services to youth age eighteen (18) to age twenty-three (23) through to assist in helping youth make a successful transition to adulthood.
- Develop Community based partnership boards to assist MDCPS in connecting youth to needed resources in their community. The Community Partnership Board consist of community stakeholders in the areas of education, employment, health, mental health and other community based resources specific to the region.

2. The Independent Living Objectives

- The subgrantee will employ Program Director who will coordinate all facets of the Independent Living Program state wide from a central office, preferably in the Jackson area where coordination with State Office can be maintained, two (2) senior Transition Care Coaches (TCC) s, seven (7) Transition Care Coaches (TCC) s and one (1) After-Care Specialist;
- Assist stakeholders ages 14 to 21 in preparing for adulthood and self-sufficiency to ensure safety, permanency and wellbeing;
- Form working collaborations with community partners to assist stakeholders while in foster care and after emancipation;
- Educate youth in the areas financial management, housing, community resources, employment, communication, social development, abstinence, decision making and healthy decisions;
- Recommend possible alternatives for stakeholder’s in-care transitioning to adulthood that might increase the effectiveness of self-sufficiency;
- Implement the National Youth in Transition Database (NYTD) to track stakeholders at the age of seventeen (17), nineteen (19), and twenty-one (21).

3. **Independent Living Support Services/Stipends:**

   a) **Pre-Assessment Stipend (Initial)**
   
   A $25.00 stipend is available to all youth who complete a Life Skills Pre-Assessment form. This stipend is only given upon initial enrollment in the Independent Living Services. The Transition Care Coaches (TCC) will document the completion of the pre-assessment and will notify the COR Worker that it has been completed by the youth. The Worker will submit the stipend request to the Independent Living Coordinator through MACWIS under State Funds.

   b) **Post-Assessment Stipend (Final)**
   
   A $25.00 stipend is available to all youth who participate in the Independent Living Program and complete a Post-Assessment. This stipend is given after completion of the Post-Assessment upon being released from custody. The Transition Care Coaches (TCC) will document the completion of the post-assessment and will notify the COR Worker that it has been completed by the youth. The Worker will submit the request to the Independent Living Coordinator through MACWIS under State Funds.

   c) **Life Skills Training group Stipend**
   
   A $20.00 stipend can be earned for the completion of six (6) Skills Hours. These skills groups are available through the Transition Care Coaches (TCC). The Specialist will document earned skills hours and will notify the COR Worker that the youth has accumulated the required hours. The Worker will submit the request to the Independent Living Coordinator through MACWIS under State Funds. Youth will receive hour for hour credit for skills group participation. This stipend will be issued directly to the youth. Teen parents shall receive six (6) hours for completion of parenting classes.

   d) **Youth Opportunity Training Stipend**
   
   A $20.00 stipend can be earned for attending a Youth Opportunity Training. These trainings are planned through the Transition Care Coaches (TCC). The Specialist will document satisfactory participation in the training and will notify the COR Worker. The Worker will submit the request through MACWIS under State Funds. This stipend will be issued directly to the youth.

   e) **Youth Conference Stipend:**
   
   A youth will receive a $30.00 cash stipend for successful completion of participation in the annual conference. The Independent Living Program’s private contractor will pay this
stipend to the youth at the completion of the conference. (Youth are eligible to receive a $30.00 Youth Conference Allowance prior to attending the Youth Conference. The stipends will be requested in MACWIS by the COR Worker.)

f) Newsletter Stipend
A $15.00 stipend is available to youth who submit an article, poem or other creative writing, as well as a letter to the editor, or an editorial to the State Independent Living Coordinator for consideration for publication in any MDHS publication. The youth may send the submission directly to the State Independent Living Coordinator, MDHS Placement Unit, the COR Worker or the COS Worker who may submit the writing for the youth. The COR Worker will request the stipend in MACWIS and, upon approval, will issue the check directly to the youth.

g) Senior Year Stipend
A $350.00 stipend is available to help defray senior/final year expenses for youth receiving a diploma, GED or a Certificate of Attendance at the close of the school(program) year in which the stipend is requested. The youth shall also be a participant in Independent Living Program activities. This stipend should be requested during the youth’s senior year, in MACWIS, by the COR Worker under State Funds. This stipend must be issued to the vendor(s). A re-imbursement payment may be issued to an individual/party, including the youth, in the event a purchase was made, and proof of payment was rendered. An itemized receipt must be presented to the COR bookkeeper before a check can be issued. A statement from the youth’s school verifying enrollment, as a senior/final year with anticipated graduation/completion being that same academic/program year, must be filed in the paper case record in the county. Typical senior/final year expenses include, but not limited to, pictures, invitations, cap and gown, prom attire, senior trip expenses. All purchases must be receipted and all receipts kept in the COR office.

h) High School Graduation Stipend
A $100.00 Graduation Stipend is available to all youth in custody who receive a high school diploma. A copy of the diploma must be filed in the paper case record in the COR office. This stipend can be accessed from the appropriate MACWIS screen. This one-time should be issued to the youth as a graduation gift to spend as the youth wishes. A signed receipt from the youth must be sent to the bookkeeper in the COR.

i) GED (General Equivalency Development)/Certificate of Attendance Stipend
A $100.00 Stipend is available to all youth in custody who receive a Certificate of Attendance, or pass the GED. A copy of the certificate or diploma must be filed in the paper case record in the COR office. This stipend can be accessed from the appropriate MACWIS screen. This one time stipend should be issued to the youth as a gift to spend as the youth wishes. A signed receipt from the youth must be sent to the bookkeeper in the COR.

j) College Bound Stipend
A $300.00 College Bound Stipend is available to youth in care who plan to attend a post-secondary education program. This stipend is requested through the appropriate MACWIS screens after the COR Worker receives verification that the youth has been accepted in a post-educational program. This stipend must be issued to the vendor(s). A reimbursement payment may be issued to an individual/party, including the youth, in the
event a purchase was made, and proof of payment was rendered. An itemized receipt must be presented to the COR bookkeeper before a check can be issued. All purchases must be receipted and all receipts kept in the COR office. Allowable purchases are items needed to furnish a residence (on or off campus) such as, but not limited to: bedspread, curtains, rugs, refrigerator, microwave, trunk, bookcase, small appliances, computer, furniture items, and books/resource materials.

k) **College Graduation Stipend**

A $100.00 stipend is available for youth until their 21st birthday who complete a two-year community college, four-year college/university or full completion of a vocational program. Upon proof of graduation, this one-time stipend should be requested in MACWIS by the COR Worker and must be given to the bookkeeper in the COR.

l) **Start-Up Stipend**

A $300.00 Start-Up Stipend is available to youth who leave care after turning age sixteen (16) and who have participated in the available Independent Living Program activities. The youth must have been in care for a minimum of six (6) months. This stipend may be requested during the six months prior to release from custody and up to the six months following release from custody. Youth who have been approved for the Independent Living Placement, shall have the option to utilize this one-time stipend upon approval. This stipend must be issued directly to the vendor(s). A reimbursement payment may be issued to an individual/party including the youth in the event a purchase was made and proof of payment was rendered. An itemized receipt must be given to the COR bookkeeper before a check can be issued. All purchases must be receipted and all receipts kept in the COR office. Acceptable purchases may include any items associated with the establishment of a home such as, but not limited to: dishes, cooking utensils, appliances, linens, furniture, cleaning supplies, curtains, and rugs. The COR Worker should request this one-time stipend through the appropriate MACWIS screens. A youth released from custody at age 17 or older and already has a job may use a portion of this stipend to assist in the purchase or repair of a vehicle, if the vehicle is needed in the youth’s job and as long as the youth already has the minimal essential items needed to live independently. This youth must show proof of having a driver’s license and State required liability insurance.

Listed below are the Independent Living support service/stipends disbursed to eligible youth for FFY 16.

<table>
<thead>
<tr>
<th>Support Service/Stipend</th>
<th>Number of Youth</th>
<th>Amount Disbursed</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.L. Aftercare</td>
<td>160</td>
<td>169,822.38</td>
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<tr>
<td>I.L. College Bond Stipend</td>
<td>25</td>
<td>$7,474.61</td>
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<tr>
<td>I.L. College Graduation Stipend</td>
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<td>$100.00</td>
</tr>
<tr>
<td>I.L. Contract Services</td>
<td>499</td>
<td>$000.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----</td>
<td>----------</td>
</tr>
<tr>
<td>I.L. Educational Training Voucher (ETV)</td>
<td>132</td>
<td>$250,676.04</td>
</tr>
<tr>
<td>I.L. Post Assessment Stipend</td>
<td>7</td>
<td>$175.00</td>
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<tr>
<td>I.L. GED/Certificate of Attendance Stipend</td>
<td>14</td>
<td>$1,209.20</td>
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<tr>
<td>I.L. High School Graduation Stipend</td>
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</tr>
<tr>
<td>Initial Pre-Assessment Stipend</td>
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<tr>
<td>I.L. Personal Enhancement Stipend</td>
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<td>$2,242.76</td>
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<td>I.L. Senior Year Stipend</td>
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<tr>
<td>I.L. Skill Stipend</td>
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<td>I.L. Start-up Stipend</td>
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<td>I.L. Youth Conference Allowance</td>
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<td>Youth Conference Clothing allowance</td>
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<tr>
<td>I.L. Youth Trainer Stipend</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,731</td>
<td>518,145.77</td>
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</table>

**B. EDUCATIONAL AND TRAINING VOUCHER PROGRAM (ETV)**

The ETV Program, enacted in 2001, provides Mississippi with supplemental resources to meet the educational and training needs of youth aging out of foster care including post-secondary educational and vocational programs. This program makes vouchers of up to $5,000 per year available to eligible youth attending institutions of higher education. This includes youth who have left foster care because they attained 18 years of age but have not yet attained 21 years of age; youth likely to remain in foster care until 18 years of age, commensurate with the State criteria used to determine eligibility for the program; and former foster care recipients, age 21 and younger. Students participating in the voucher program at age 21 and making satisfactory progress toward completing their course of study or training may continue up to age 23.

Mississippi will provide vouchers to youth who are adopted from foster care after age 16 but have not yet reached 21 years of age. MDCPS will comply with the Program Instructions that explains the CFCIP and ETV Programs by the implementation of the plan. Various methods have been
described to ensure that the total amount of educational assistance to a youth under this program and any other Federal assistance program does not exceed the total cost of attendance. MDCPS will strive to ensure and avoid any duplication of benefits under this and any other Federal assistance program.

The State Independent Living Director attended various meetings to market the ETV Program in which youth were present and had the opportunity to discuss the ETV procedures and application process. The board meeting with the Court Appointed Special Advocate (CASA) included representatives from the courts, Attorney General's Office, and other helping professions. Various questions were asked and responded to of the possibilities of using ETV funds.

Mississippi's plan is to continue to use the assistance of SCSCY, along with agency staff to assist in identifying youth who are eligible for the ETV funds. The Scopes of Services details the services that will be provided by the Providing Resources, Education and Preparation to Adolescents Reaching Emancipation (PREPARE) Transition Care Coaches (TCC) who assist eligible youth with the ETV application process. The plan for the new ETV approval process was shared with the MDCPS Director, the thirteen Regional Directors, and all State Office Unit Directors. The State Independent Living Director provided an in-service training, question and answer session on the revised ETV process with the PREPARE Program Director, the two Senior Transition Care Coaches (TCC), the seven Transition Care Coaches (TCC), and the two Independent Living Coordinators. The revised ETV Process has been well received by all.

The revised ETV approval process is as follows:

- Transition Care Coaches (TCC) will assist in identifying eligible youth;
- The Transition Care Coaches (TCC) coordinate financial aid application/packet with youth including the Free Application for Federal Student Aid (FASFA), Mississippi Tuition Assistance Grant (MTAG) and Institutional;
- The youth must first apply for, and have received confirmation and/or disapproval notices from applications made for the Pell Grant, MTAG, scholarships, or other grants for which the youth may have applied. The Transition Care Coaches (TCC) must also factor in the sources and amounts of any other funds that may be available to the youth.
- The Transition Care Coaches (TCC) coordinate ETV application with youth; and sends application to the County of Responsibility (COR) Social Worker and ASWS for signature; upon obtaining signatures;
- The Transition Care Coaches (TCC) send ETV application to State Independent Living Coordinator for review;
- The State Independent Living Coordinator sends the ETV notification to the MDCPS Administration Unit Director to ensure the county of responsibility has ample State Funds in the Mississippi Automated Child Welfare Information System (MACWIS) for the county to select an Education and Training Voucher Support Service;
- The State Independent Living Coordinator notifies (by phone or e-mail) the County of Responsibility (COR) Social Worker to expedite notice to enter the ETV support service request in MACWIS by selecting the Education and Training Voucher Support Service;
- County of Responsibility social worker enters the ETV request in MACWIS;

- A tickler (electronic notification) is received by the Area Social Work Supervisor to review/approve the ETV request in MACWIS;
- A tickler (electronic notification) is sent to the State Independent Living Coordinator;
The State Independent Living Director reviews/approves the ETV request in MACWIS;

The ETV tickler (electronic notification) goes to the County of Responsibility Bookkeeper to be expedited;

The County of Responsibility Bookkeeper prepares payment for the approved ETV Support Service provider (vendor or youth).

While the ETV application approval process has been revised, additional assessments of the process are still needed to improve timely approval. The State Independent Living director is collaborating with MDCPS field staff to identify steps that can be taken to further reduce barriers for timely application approval. Strategies already in place to accomplish this task include:

- The SCSCY contract renewal was modified to include a revised scope of services based on the assistance with the application process;
- Continuous technical assistance provided to MDCPS field staff by the ETV coordinator; and
- The creation of ETV flow charts that outline processed and needed documentation.

ETV funds are used to assist foster youth and former foster youth with funds to successfully transition toward self-sufficiency. The availability of the funds will empower MDCPS staff with the bargaining tools to encourage youth to attend college or vocational training schools. The expected outcomes of maximizing the ETV funds are:

- Youth will be able to enroll and complete post-secondary and vocational programs;
- Youth will be more marketable and able to broaden the spectrum of job opportunities;
- Youth will be able to afford better housing and transportation;
- Youth will be able to be more self-sufficient; and
- Youth will have an opportunity to break the cycle of dependency on the State.

MDCPS plans to offer the following through ETV funds:

- Assisting with room and board for youth attending college;
- Assisting with enrolling eligible youth into a computer camp to train them on computer skills;
- Purchasing computers for youth participating in the ETV Program;
- Assisting with child care vouchers;
- Assisting with travel expenses to included insurance payments;
- Assisting with car insurance (liability);
- Assisting with membership to school related organizations;
- Assisting with preparatory test and study materials; and
- Providing payments for travel expenses incurred when going home for holidays or vacations, or payments for other housing when the college dormitories are closed.

C. CFCIP PROGRAM PURPOSES

The eight CFCIP program purposes, applicable to FY 2017 are to:

1. Help youth likely to remain in foster care until age 18 transition to self-sufficiency by providing services

   Special financial assistance shall be provided for youth ages 18 until their 23rd birthday who left custody on or after attaining age 18. These services are available to youth in crisis who need additional temporary assistance to continue in the process of transitioning towards self-sufficiency.

   Youth may enroll in the after Aftercare Program through Southern Christian Services for Children and Youth (contract provider). Aftercare Services may include rent deposits, rent, utility deposits, utility
payments, food and household supplies, and child care. Payment must be made to the vendor(s) and receipts kept in Southern Christian Services case file. These services are available to the youth in the county where the youth currently resides by contacting the Transitional Care Coach. He/she will have to provide documentation or a statement from the court that the youth has been released from MDHS custody.

2. **Help youth likely to remain in foster care until age 18 receive the education, training, and services necessary to obtain employment**

Regional Community Partnership Boards have been organized in thirteen (13) regions to engage community partners in assisting older foster youth in the areas of education, employment, transportation and housing. The mission, goal and objective of the Community Partnership Board are listed below:

- The mission of the Community Partnership Board is to strengthen and build resources needed to assist foster youth and former foster youth to make successful transitions to adulthood.
- The goal is to effectively engage Community Stakeholders through the development of Regional Partnership Board to connect youth to resources and services in their community.
- The Regional Community Partnership Board’s objectives are to: Leverage Community Resources; Connect youth to potential employers; Connect youth to community education program; and Advocate for policy reform and system change.

3. **Help youth likely to remain in foster care until age 18 prepare for and enter post-secondary training and educational institutions;**

Aftercare services are provided to youth who elect to participate in the aftercare program. Continuing services include the following: Additional Financial Assistance for Post-Secondary Education, Assistance Obtaining Responsible financing toward the purchase of a vehicle (financial counseling/referral service only), Assistance with the purchase of medication, Money Management Budgeting Assistance and Rental and Utility Deposit assistance. Additional Aftercare Services shall include: Help enrolling in Medicaid/Health Insurance, Financial Assistance, GED Referrals/Assistance, Assistance obtaining ID cards/Vital Records, Post-Adoption Supervision, Childcare Assistance and Job Training/ Career Counseling.

4. **Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults;**

Mentoring and individualized support is provided to youth aging out of foster care through the contacting agency. At age 14 a youth’s County of Responsibility worker can refer a youth to the contacting agency for individualized services. A detail service plan is developed based on the youth's self-identified needs. Additional connections to supportive relationships are made through the Community Partnership Boards (CPB). CPB’s have been formed to connect youth to resources around education, employment, housing and supportive adults in their community.

5. **Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood;**

MDCPS offers the Independent Living Placement program to all eligible youth. Youth can be placed in an apartment house, or rooming house with supervision from a licensed placement agency up to his/her 21st birthday. Individualized services are provided for each youth in placement based on his/her needs. Weekly visits are done to ensure safety and progression to independence. A youth who has
attained age 18, meets the requirements listed in the "Responsibilities of the Youth" and is in the custody of MDCPS will be considered for placement. A youth, who has attained age 17, in addition to the above requirements, must obtain a high school diploma, certificate of attendance or GED.

- To maximize these funds for youth, MDCPS the following strategies were implemented:
  - Enlisted Southern Christian Services for Children and Youth (SCSCY) to assist youth with the application process to decrease the time required of MDCPS social workers;
  - Eliminated unnecessary steps in the ETV application approval and award allocation process; and
  - Provided information on the ETV program to all interested parties including youth in care, foster and adoptive parents, group homes, residential facilities, mentors, stakeholders, secondary and post-secondary educational institutions.

Responsibilities of the Youth:

- Be capable of creating a budget based on income and living within the created budget;
- Be employed and/or attending school with a plan to meet the needs of his/her budget;
- Be an active participant and maintain involvement in the ILP;
- Have a plan to cover the initial expenses;
- Be willing to sign and comply with a contract from the licensed placing agency, delineating specific rules and requirements. If the contract is not satisfactorily met, the youth must leave the Independent Living Placement Program;
- Teen parents shall provide verification of completing parenting classes; and
- Be willing to allow planned and unplanned visits to the residence by the Worker, the Specialist, the Placement Agency, and other MDCPS staff.
- Provide assistance to MDCPS Worker to secure necessary documentation.
- If the youth wishes to live with a roommate(s), the roommate(s) shall be a biological sibling who is also in MDCPS custody.

6. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care;

Education Training Vouchers (ETV) are offered to all eligible youth based on Chafee ETV guidelines. Youth who enroll before his/her twenty-first birthday is eligible to receive ETV until their 23rd birthday. The ETV Process is as follows:

- Transition Care Coaches (TCC) will assist in identifying eligible youth;
- The Transition Care Coaches (TCC) coordinate financial aid application/packet with youth including the Free Application for Federal Student Aid (FASFA), Mississippi Tuition Assistance Grant (MTAG) and Institutional;

- The youth must first apply for, and have received confirmation and/or disapproval notices from applications made for the Pell Grant, MTAG, scholarships, or other grants for which the youth may have applied. The Transition Care Coaches (TCC) must also factor in the sources and amounts of any other funds that may be available to the youth.
- The Transition Care Coaches (TCC) coordinate ETV application with youth; and sends application to the County of Responsibility (COR) Social Worker and ASWS for signature; upon obtaining signatures;
- The Transition Care Coaches (TCC) send ETV application to State Independent Living Coordinator for review;
The State Independent Living Coordinator sends the ETV notification to the MDCPS Administration Unit Director to ensure the county of responsibility has ample State Funds in the Mississippi Automated Child Welfare Information System (MACWIS) for the county to select an Education and Training Voucher Support Service;

The State Independent Living Coordinator notifies (by phone or e-mail) the County of Responsibility (COR) Social Worker to expedite notice to enter the ETV support service request in MACWIS by selecting the Education and Training Voucher Support Service;

County of Responsibility social worker enters the ETV request in MACWIS;

A tickler (electronic notification) is received by the Area Social Work Supervisor to review/approve the ETV request in MACWIS;

A tickler (electronic notification) is sent to the State Independent Living Coordinator;

The State Independent Living Director reviews/approves the ETV request in MACWIS;

The ETV tickler (electronic notification) goes to the County of Responsibility Bookkeeper to be expedited;

The County of Responsibility Bookkeeper prepares payment for the approved ETV Support Service provider (vendor or youth).

7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption; and

MDCPS only provided Education Training Voucher services to youth who after attaining 16 years have left care due to being adopted. However, youth transitioning out of care at age 16 to kinship guardianship or adoption are eligible to participate in aftercare services provided by the contacting agency.

8. Ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate activities as defined in section 475(11) of the Act.

Core concepts of the Casey Life Skills curriculum were used to develop the ILS curriculum. Additional resources from the Jim Casey Foundation were used to create a more robust curriculum. The topics covered are: Standing Strong, Living Life on Purpose, Make a fresh Start, Thinking Ahead, Social Awareness, and The Power of Independence. Independent Living Skills are taught in Module Training Workshops in the thirteen MDCPS Regions. Youth are notified about the workshops in their region by the county of responsibility worker, Transitional Care Coach, through e-mail and traditional mail delivery.

In addition to the information described in Section C above (Collaboration, Program Service Description, and Program Support), states must address in the 2017 APSR the following information specific to the CFCIP:


MDCPS Independent Living goals are closely aligned with the MDCPS organizational goal(s). 2015-2019 CFSP, Goal# 5: Network and collaborate with stakeholders, clients and communities to improve the child welfare service delivery system in Mississippi.

The Independent Living Unit fulfills this organization through its partnerships with Southern Christian Services; Rural LISC; Rise Above Youth; MI-Best; Youth Build; Teen Advisory Board (TAB); and Regional Community Partnership Boards.

1. Goal: Independent Living will provide community awareness of the needs of stakeholders in and out of care.
1. Intervention: Form region specific Community Partnership Boards.

Update: Community Partnership Boards have been form in all the MDCPS 13 regions to build grass roots resources for youth in and transitioning out of care.

2. Goal: Provide Independent Living training to for MDCPS county workers, foster/resource parents and community stakeholders through conferences, pre-service trainings, foster/resource parent trainings, community forums and other venues.

Intervention: Independent Living training is offered to MDCPS county workers every 90 days in an in 1 ½ day session. Independent Living Training covers I.L. eligibility, benefits, programs and services. This session also includes information on educational services and how to interpret Individualized Education Plans (IEP’s). An overview of I.L. services in communicated in all regional Community Partnership Board meetings and other community events. I.L. Contracted staff attends a minimum of three (3) foster/resource parent trainings to discuss the I.L. program and services.

Update: Youth, county workers, foster/resource parents and community stakeholders are aware of I.L. programs and services and its gaps in service. Grassroots supports have become aware of the unique issues youth face and have been willing to develop special programs and streamline processes to assist out youth.

3. Goal: Develop a functioning Aftercare program based on the NYTD collected to assist youth in transitioning out of care.

Intervention: Expanded the Independent Living Contractual services to include a robust aftercare program.

Update: The Aftercare services were available to youth age 18 starting October 1, 2014. Services address youths individual needs based on an intake assessment.

4. Goal: Recruit a minimum of 10 youth per sub-grantee period for I.L. apartment placement.

Intervention: Promote the independent living apartment placement program to youth through the Teen Advisory Board (TAB) and county workers.

Update: I.L. apartment placement and/or rental assistance has been provided to youth who have enrolled in the Aftercare services program. During the first year of implementation over 60 youth who were transitioning out of care or who had transitioned out of care participated in the program.

5. Goal: Provide Independent Living skills training through weekend training events.

Intervention: Weekend training events were implemented October 1, 2014 through September 30, 2015. During this time a minimum number of youth were served due to capacity limit issues. October 1, 2015 through September 30, 2016 Module training workshops were implemented to ensure all eligible youth were served in his/her region. Module training workshops are offered two times each month in an interactive class room setting where the 6 modules Living Life on purpose, Standing Strong, The Power of Independence, Social Awareness, Thinking Ahead, and Making a Fresh Start are covered.
Update: The module training workshops has given the program the opportunity to engage more youth in the I.L. skill attainment.

6. Goal: Develop and implement a process to conduct credit checks on Stakeholders in care starting at age 14.

Intervention: Credit/identity theft checks will be obtained annually. All youth will be asked to sign a written acknowledgement form giving MDHS/MDCPS permission to submit their personal information to the credit bureau’s (Equifax, Experian and Transunion). A copy of the signed acknowledgement form shall be maintained in the youth’s County of responsibility (COR) case file. Upon receiving the acknowledgement form, the Division of Independent Living will proceed with contacting the three (3) major credit reporting bureaus to obtain a credit report.

Update: At this time 5 youth are being assisted but one has actually filed a police report and is going through the entire process of resolving credit discrepancies. Challenges/barriers with this process are that many youth have been reluctant to file police report due to those that are using their credit are parents or relatives. Policy has been developed to include resolution protocols as well as changes to roles and responsibilities of workers.

E. PROVIDE INFORMATION ON THE PLANNED ACTIVITIES FOR FY 2017, INCLUDING ANY PLANNED USE OF FUNDS IN SUPPORT OF THE NEW PURPOSE, CITED ABOVE, TO ENSURE THAT SERVED YOUTH “HAVE REGULAR, ONGOING OPPORTUNITIES TO ENGAGE IN AGE OR DEVELOPMENTALLY-APPROPRIATE ACTIVITIES.” SUCH ACTIVITIES MAY INCLUDE BOTH GENERALLY APPROPRIATE ACTIVITIES AND ACTIVITIES SPECIFIC TO THE NEEDS OF INDIVIDUAL YOUTH IN CARE, SUCH AS LGBTQ YOUTH.

Planned Activities for FY 2017 are as follows:

1. Module Training Workshops: Module Training workshops will occur throughout the state. All six identified curriculum areas will be covered twice (2) in each region.

2. Independent Living Weekend Retreats: A variety of skills training will be offered, in addition to recreational and social activities designed to improve interpersonal skills at the Life Skills retreats. Retreats will be based on the Independent Living curriculum, which will teach both hard and soft life skills.

3. Aftercare Services: Aftercare services shall be offered to youth age eighteen (18) to twenty-one (21).

4. Additional Transitional Living Services: Provide additional transitional services to youth age seventeen (17) to twenty-one (21) years old as they leave the Mississippi Department of Child Protection Services (MDCPS). Services rendered will assist youth in making a successful transition to adulthood. A successful transition includes the following: Maintaining stable and suitable housing; remaining free from legal involvement; Participation in an educational/vocational program; developing life skills; build social and financial capital; build community connections; and connect youth to needed community based resources necessary to pave the path to self-sufficiency.

5. Individual Development Accounts (IDA): Encourage youth enrolled in the Aftercare program to obtain an IDA. Leveraged funding from the Jim Casey initiative will be used to start accounts and match IDA fund for an identified asset.

6. Teen Advisory Boards (TAB): Continue to engage youth in I.L. program and policy changes/updates through monthly regional meetings and quarterly state level meetings.
7. **Youth Conference:** A Youth Leadership Conference will be held during the summer of 2017 for one-hundred (100) youth ages fifteen (15) to eighteen (18). Youth will be selected to attend the conference based on criteria set by the MDCPS Director of Independent Living.

8. This three (3) day conference will provide direct independent living skills training, as well as empowerment, leadership, positive youth development, and recreational activities.

9. **Independent Living Computer Camp:** A computer camp will be held for 50 eligible youth. Youth will receive a laptop computer, color printer, caring case/bag, Micro Soft Office software and classroom instruction that covers how to operate the device and software training.

F. **CONSISTENT WITH THIS PURPOSE, PLEASE DESCRIBE POLICIES OR PRACTICES IN PLACE TO SUPPORT OR AFFIRM THE SEXUAL ORIENTATION AND GENDER IDENTITIES OF YOUTH SERVED BY THE PROGRAM. THIS INCLUDES ENSURING THAT VENUES HOSTING ACTIVITIES OR EVENTS, PROVIDERS AND OTHER INDIVIDUALS WORKING WITH YOUTH ARE AFFIRMING OF THEIR SEXUAL ORIENTATION AND GENDER IDENTITY.**

The Independent Living unit is in the process of developing specific policy, programs and activities for youth in care that self-identify as LGBTQ. All independent living programs and services provided ensure participating youth are accommodated based on his/her identified needs. Youth are not discriminated against based on race, gender, age and sexual orientation. Module training workshops Standing Strong and Social Awareness focusses on cultural competence with an emphasis on the LGBTQ population.

G. **NATIONAL YOUTH IN TRANSITION DATABASE (NYTD)**

1. **Describe how the state, since the 2015-2019 CFSP and 2016 APSR submission, has informed partners, tribes, courts and other stakeholders about NYTD data and involved them in the analysis of the results of the NYTD data collection or NYTD Assessment Review.**

   The NYTD data is shared with partners, courts, and other stakeholders through a compilation of each reporting period’s outcomes. These outcomes are made available online, via monthly reports and yearly updates through the Independent Living Program. The NYTD outcomes drive policy changes, identify needed training, and dictate the contractual based services for youth. The NYTD outcomes are also reflected through the Community Partnership Board’s resources available to youth. Based on the NYTD outcomes, the Mississippi Independent Living Program began offering more extensive services for youth ages 18 and older aging out of care such as: financial assistance for rent, utility deposits, food, medical needs and childcare; employment search assistance; housing search assistance; education assistance; mentoring and other needs based on the youth’s individualized assessment.

2. **Description of how the state has used these data and any other available data in consultation with youth and other stakeholders to improve service delivery in the last year.**

   Mississippi’s Independent Living Program involves youth and young adults though the Teen Advisory Board by sharing NYTD data outcomes with the youth to develop youth driven plans to offer services identified by youth. Youth are also an integral part of the field staff training as youth trainers to promote accurate documentation. Youth who attend retreats, conferences and module training events give feedback and suggestions about the Independent Living Services offered and how we can better serve their identified needs.
3. Provide information on how the state has improved NYTD data collection, based on the plan outlined in the 2015-2019 CFSP and 2016 APSR submission or NYTD Assessment Review.

Mississippi’s Independent Living Program developed a section of training solely for NYTD data collection. Training for new MDCPS staff as well as ongoing training is provided on a quarterly basis to ensure proper documentation of provided Independent Living Services. The Independent Living Program in conjunction with MACWIS Data Analysts have created a plan to remap the following NYTD data elements in an effort to correctly capture Independent Living Services entered by field staff:

After recommendations from the Administration for Families and Youth, we are requesting to remap the following data elements to where the information is currently located:

**Data Element 31:** Room and board financial assistance is a payment that is paid for or provided by the state agency for room and board, including rent deposits, utilities and other household start-up expenses. Room and board financial assistance is provided by the state through the youth’s title IV-E board payment.

**Data Element 31** is currently mapped to Supervised Independent Living placement, but after further review and ACF clarification, this data element should be mapped to the youth’s Board payment.

**The policy division at ACF states the following:**

States may report title IV-E foster care payments and non-title IV-E foster care payments as financial assistance “room and board” in element 31 for youth of any age that are in the served reporting population. As we’ve said, we’ve provided states with flexibility to establish its own definition of room and board assistance.

**Data Element 32:** Education Financial Assistance is a payment that is paid for or provided by the State agency for education or training, including allowances to purchase text books, uniforms, computers, and other educational supplies; tuition assistance; payments for educational preparation and support services. This financial assistance also includes vouchers for tuition or vocational education or tuition waiver program paid for or provided by the state agency.

Education Financial Assistance is provided by the state though the Educational Training Voucher Program (ETV). Data Element 32 is currently mapped to GED, but after further review and ACF clarification, this data element should be mapped to the youth’s ETV payments. Based on the Federal requirements and Miguel Vieyra at ACF, the state should be reporting all youth receiving ETV for this element.

4. Report activities performed since the 2016 APSR submission and planned for FY 2017 to:

   a) **Involve youth/ young adults in the CFCIP, CFSR, NYTD, and other related agency efforts.**

      Youth selected to represent their peers in foster care as members of the Teen advisory Board (TAB) will be engaged in the CFCIP, CFSR, NYTD and other related agency efforts through monthly meetings and quarterly state level meetings.

   b) **Involve the public and private sectors in helping adolescents in foster care achieve independence (section 477(b)(2)(D) of the Act).**
Community Partnership Boards have been formed in the identified 13 MDCPS regions to promote awareness of foster youth’s needs and challenges; advocate for additional grassroots supports around education, employment and housing.

c) Coordinate services with “other federal and state programs for youth (especially transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974,) abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies” in accordance with section 477(b)(3)(F) of the Act. In particular, states are asked to address the activities they are undertaking in collaboration with grantees funded by ACF’s Family and Youth Services Bureau and other programs to prevent homelessness and adolescent pregnancy.

Currently the Independent Living program has a working collaboration with the Mississippi Department of Rehabilitation Services, Jim Casey Youth Opportunities Initiative, Methodist Children’s Home (Transitional Living Placement for youth with special needs) and The Mississippi Integrated Basic Education and Skills (MI-best) program (GED/High School diploma attainment with progression into post-secondary school opportunities).

H. HOMELESSNESS PREVENTION

Youth homelessness continues to be a critical issue at the state and local level and many communities are engaged in efforts to meet the goal of ending youth homelessness in 2020. The link between child welfare involvement and youth homelessness is well documented. Transitional Living services have been identified as a service gap in the Independent Living program. To address this service gap in service a Request for Proposal to enhance transitional living services will be advertised in 2016. The scope of services has been developed to focus on youth’s needs specific to housing, employment, and financial competency to assist in preventing homelessness.

The Family Unification Vouchers (FUP) has not been used. Moving forward, the state will collaborate with the Mississippi Department of Human Services (MDHS) Division of Community Services to utilize the Community Services Block Grant (CSBG) funds to assist youth transitioning out of foster care with rent and home utility expenses based on their income. Policy and streamlined procedures are being developed specifically for youth in foster care. In addition, the need for youth in college who reside in dormitories and will need placement during the holiday and summer break is also being address through seeking temporary placement for those individuals.

As previously stated, this is an area of growth for the Independent Living Program. Currently our strength is in community collaborations with The Mississippi Department of Human Services and through a contractual agreement with Southern Christian Services for Children and Youth (SCSCY). SCSCY is contracted to administer Aftercare Services for Youth age 18 to 21. By utilizing our contract with Southern Christian Services, we are able to offer additional financial and educational assistance to youth in need, so long as the youth was in custody on or after their 18th birthday. Some examples of services include: financial assistance for housing, bill payment assistance, and education; mentoring; financial planning; social skills; social support; etc.
I. PREGNANCY PREVENTION

The ACF’s Family and Youth Services Bureau Adolescent Pregnancy Prevention Program funds several state grant programs as well as other innovative programs to prevent pregnancy and the spread of sexually transmitted infections among adolescents. Programs goals include reducing the pregnancy rates and birth rates for youth populations, especially youth populations that are the most high-risk or vulnerable for pregnancies or otherwise have special circumstances. These populations include youth in foster care, homeless youth, youth with HIV/AIDS, pregnant youth who are under 21 years of age, mothers who are under 21 years of age, and youth residing in areas with high birth rates for youth. Programs must provide medically accurate information that is both culturally relevant and age-appropriate.

In the 2017 APSR, provide information on how the child welfare agency is partnering with FYSB-funded grantees or others to educate youth in foster care about pregnancy prevention.

MDCPS will collaborate with governmental or other community entities to promote a safe transition to independence by reducing the risk that youth and young adults in the child welfare system will be victims of human trafficking. The agency had a representative on the Governor’s Human trafficking Taskforce. The taskforce includes the MSCPS Therapeutic Placement Director, Law Enforcement, Youth Court Judges, Attorney General’s Office, Mental Health Services and Community Service Providers. The agency’s contractual agreement with community service provider Southern Christian Services for Children and Youth to address transitional living needs minimizes the risk of youth becoming a victim of human trafficking. Currently through the Aftercare Service contractual agreement with Southern Christian Services we are providing 101 youth with rental assistance and connecting them to education and employment resources in their community. The agency’s efforts to reduce the risk of youth becoming victims of human trafficking extend beyond the Independent Living Unit to the MDCPS Special Investigations Unit. Both Units will be collaborating to continue efforts to mitigate human trafficking.

Furthermore, safe sexual behavior is discussed as a part of the Independent Living curriculum in Module training Standing Strong and Social Awareness. Both module trainings Standing Strong and Social Awareness cover the benefits of abstinence, information on how and why contraceptives should be used, sexual transmitted infections, HIV/AIDS, how to access your local health department, and how to building healthy relationships. Module trainings are offered to all youth starting at age 14 until he/she is released from custody.

Provide specific training in support of the goals and objectives of the states’ CFCIP and to help foster parents, relative guardians, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, consistent with section 477(b)(3)(D) of the Act. In particular, describe any policies or practices in place to train foster parents, adoptive parents, workers in group homes and case managers to support and affirm lesbian, gay, bisexual, transgender or questioning (LGBTQ) youth and/or address the unique issues confronting LGBTQ youth. Please note that such training should be incorporated into the title IV-E/IV-B training plan, but identified as pertaining to CFCIP, with costs allocated appropriately.

Currently the Independent Living program addresses the specific needs of youth who self-identify as LGBTQ through the skills training curriculum Standing Strong and Social Awareness. Minimum information is provided through Independent living training around LGBTQ issues to MDCPS county.
staff under cultural competency. The cultural competence section defines what the acronym LGBTQ; Issues LGBTQ youth face in custody; discusses differences among the youth we serve; and appropriate placements for youth who self-identify as LGBTQ. Providing specific services LGBTQ youth in custody is an area of growth for the Independent Living Program. Progressing forward, we plan to offer a more detailed training for MDCPS Direct Service staff and contracted staff; focus on developing programs that specifically address LGBTQ needs and concerns; and develop a method to identify youth who identify as LGBTQ.

J. CONSULTATION WITH TRIBES (SECTION 477(B)(3)(G) OF THE ACT)

1. Description of how each Indian tribe in the state has been consulted about the programs to be carried out under the CFCIP.

Consistent written communication is shared with the Mississippi Band of Choctaw Indians about the Independent Living program and services. We strongly encourage participation for eligible youth. It has been communicated that the Mississippi Band of Choctaw Indians does not have any youth that meet Independent Living Services eligibility criteria.

2. Description of efforts to coordinate the programs with such tribes.

The Mississippi Band of Choctaw Indians are strongly encouraged to participate in the States I.L. program and activities. Consistent phone calls, e-mails, and traditional forms of written communication is done to encourage participation.

3. Discuss how the state ensures that benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state.

Consistent phone calls, e-mails, and traditional forms of written communication is done to encourage participation. More tactile efforts for FY 2017 will take place to encourage tribe participation. Tactile efforts to re-engage the Mississippi Band of Choctaw Indians will include: An initial face to face meeting to discuss the Independent Living Program and its benefits; The development of a Community Partnership Board to specifically address their needs and concerns for youth age 14 and older in custody; Scheduling monthly conference calls to provide updates and important information; and Encouraged inclusion of the Tribe’s Child Welfare staff in all Independent Living training.

4. Report the CFCIP benefits and services currently available and provided for Indian children and youth in fulfillment of this section and the purposes of the law.

All CFCIP benefits and Services are available to Indian children however; the local tribe does not participate in benefits and services due to youth not meeting Independent Living Service eligibility criteria.

5. Description of whether and how the state has negotiated, in good faith, with any tribe that requested to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state’s allotment for such administration or supervision.
CFCIP and ETV funds are available to eligible Indian children. Consistent communication and encouragement is offered to Indian Child Welfare Independent Living Coordinators to participate in the States ETV program and I.L. activities. The State has an active Memorandum of Agreement that eligible Indian youth will be referred to receive Independent Living Services.

6. Description of the outcome of that negotiation.

The Band of Choctaw Indians has not referred any youth to participate in the State’s Independent Living Program for services.

7. Description of any concerns raised by the tribes during consultation on accessing Chafee services and how the state plans to address these concerns.

The Band of Choctaw Indians has not raised any concerns; however the State is concerned because no youth have been referred for Independent Living Service. The State Independent Living Director is planning to have monthly meeting or conference calls with the Tribes foster care director to see if there are eligible youth. Supporting documentation will be requested monthly as well for supporting documentation.

K. EDUCATION AND TRAINING VOUCHER PROGRAM

1. Describe the specific accomplishments and progress to establish, expand, or strengthen the state’s postsecondary educational assistance program to achieve the purpose of the ETV program based on the plan outlined in the 2015-2019 CFSP and 2017 APSR.

MDHS/MDCPS Independent Living unit continues to encourage all eligible stakeholders attending college or vocational training schools to enroll in the Education Training Voucher program (ETV) by disseminating brochures to stakeholders outlining the benefits and requirements of the program.

2. If applicable, address any change in how the ETV program is administered, whether by the state child welfare agency in collaboration with another state agency or another contracted ETV provider.

The state has not made any changes in how the ETV program is administered.

3. Provide to CB as an unduplicated number of ETVs awarded each school year (July 1st to June 30th).

MDCPS had 132 (unduplicated) youth to be awarded ETV for the year 2016.
XIII. UPDATES TO TARGETED PLANS WITHIN THE 2015-2019 CFSP/2016 APSR

MDCPS has provided the following three plans as discreet sections of their 2015-2019 CFSP:

- Foster and Adoptive Parent Diligent Recruitment Plan
- Health Care Oversight and Coordination Plan
- Training Plan

MDCPS will not submit the Disaster Plan due to no changes or revisions. In addition, the state has provided updates to the plans listed above. Updated descriptions to those plans are listed below and plans are attached with the inclusive changes.

A. FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

The recruitment and licensure of resource families in Mississippi is done at the regional level. Currently, each of the 13 regions in Mississippi has a Resource Unit that includes a licensure supervisor, licensure specialists, an adoption supervisor, and adoption specialists. The Resource Unit staff work hand-in-hand to provide recruitment, pre-service training, in-service training, and the completion of home studies in order to license resource homes across the state. It is anticipated that this structure will change in the restructuring that MDCPS is currently undergoing. MDCPS’s restructuring includes the addition of licensure and adoption supervisory staff and specialist in each region. The additions are expected to lower workloads and improve the timeliness and quality of services provided in licensing all resource homes. In addition, it is anticipated that these changes will allow more time for diligent recruitment regionally.

MDCPS policy requires that all placements, including relatives, be licensed. Policy allows for children to be placed with relatives prior to licensure. This type of placement can only occur after a walk-through of the home, completion of a safety checklist, completion of local background checks, and a MACWIS check. If a child is placed with a relative prior to licensure, the home must be fully licensed within 90 days.

Previously, Mississippi had 1,539 licensed resource homes. Of that number 43.73% were relative homes and 56.27% were non-relatives. As of May 31, 2016, Mississippi has 1,684 licensed resource homes. Of that number, 44.77% are relative resource homes and 55.23% are non-relatives.

In addition, The MS Grits Project did not meet its objective but there were some key successes and lessoned learned that came as a result of the project. Customer service training was developed and it has been adopted as one of MDCPS’s standard ongoing trainings. The change in the way MDCPS approaches recruitment is a lesson learned. Requiring all regions to have a written and thoughtful plan made recruitment events more successful.

Our evaluation was another success even though our outcome was not what we had hoped for. Mississippi learned so much from the data and how to make better practice choices. Our data also showed that we needed help so it helped us to reach out to providers in new ways to ask for their assistance. Now we have private agencies helping out with training so that the resource specialists have more time to license more homes.

The previous Adoption Recruitment and Retention contract awarded to 200 Million Flowers ended in September 2015. Although there were some positive achievements during the contract period, MDCPS’s desired outcomes were not met based on information reported.
A new Adoption Recruitment and Retention RFP was issued in March 2016, and two (2) providers responded to the RFP. The contract was awarded to Southern Christian Services for Children and Youth, and services will begin on July 1, 2016. During the new contract period, the MDCPS Adoption Director will provide direct oversight of the grant to ensure expected outcomes are met. These outcomes include the following: gather updated photos and profiles for all MDCPS’s children/youth who are free for adoption in need of permanent placements, provide updated photos and profiles to MDCPS for its website’s gallery and the Adopt US Kids website’s gallery, and recruit adoptive families for the children/youth through information sessions and child-specific recruitment events in communities statewide.

1. Community Outreach:
Regional Recruitment teams and plans no longer exist for MDCPS’s thirteen (13) regions due to the Diligent Recruitment grant ending in September 2015. A new approach will be adapted as of July 1, 2016 under MDCPS’s current plan for restructuring the organization. This plan includes providing direct oversight to regional Resource Units from Licensure/Adoption Bureau Directors at the State Office. In addition, an adequate number of licensure/adoption supervisors and specialist will be hired in each region. These additions are expected to lower workloads and improve the quality and timeliness of services provided in licensing all resource homes and services provided to children and youth. It is anticipated that the decreases in workloads will allow for more active recruitment for children and youth who are harder to place on the regional level.

2. Child Specific Recruitment:
MDCPS will no longer have a teen-focused recruiter at the State Office. However, regional staff will continue to recruit families for these youth at placement committee meetings throughout the state. Regional staff will continue to ensure MDCPS’s youth form permanent connections and are connected with independent living services when appropriate. A new Adoption Recruitment and Retention RFP was issued in March 2016, and two (2) providers responded to the RFP. The contract was awarded to Southern Christian Services for Children and Youth, and services will begin on July 1, 2016. During the new contract period, the MDCPS Adoption Director will provide direct oversight of the grant to ensure expected outcomes are met. These outcomes include the following: gathering updated pictures and profiles for all MDCPS’s children and youth who are free for adoption in need of permanent placement, provide these updated pictures and profiles to MDCPS for its website gallery and the Adopt US Kids website gathering, and recruit adoptive families for the children and youth through information sessions and events.

3. Access to Agencies:
MDCPS will continue to partner with private child-placing agencies in order to better serve its children, youth and resource families. Several private agencies across the state provide pre-service training, home study services, and placement services, and regularly participate in placement committee meetings.

4. Diversity Training:
MDCPS has no plans to develop a separate training unit for Resource Unit staff (Licensure/Adoption). Lastly, MDCPS does not have any policies in place that limit its ability to recruit foster and adoptive families that reflect the diversity of children in care.

You will find the attached amended Adoptive Parent Diligent Recruitment Plan under attachment B.
B. HEALTH CARE OVERSIGHT AND COORDINATION PLAN

In April 2016, the MDCPS, Resource Development Unit collaborated with the Magnolia Health’s Director of Foster Care Services and the Division of Medicaid’s Bureau Director for Managed Care to update the Health Care Oversight and Coordination Plan. This plan was finalized by all in May 2016. MDCPS has made significant progress and accomplishments with the current state Health Care Oversight and Coordination Plan. Since the implementation in January 2013, enrollment in the numbers of foster children have risen steadily to approximately 90% of all children in foster care. As of May 5, 2016, Magnolia Health Plan has reported that they have 4,454 children enrolled in their program. Numbers stated above fluctuate on a daily basis depending on entry and exit levels of foster children.

Magnolia Health Plan coverage for behavioral health is provided by their parent company, Centene. They have provided services specifically for foster children in the past year. As of May 2016 1,325 foster children taking psychotropic medications. 199 foster children are on 3 or more psychotropic medications. This information was identified by Centene. This is a reduction from last year. Centene is working together with MDCPS to identify sensory developmental delays often misdiagnosed as psychiatric problems. This could result in a substantial reduction in psychotropic medications prescribed, especially in the under 10 years of age population.

Magnolia Health Plan is generating monthly reports that are entitled Magnolia HP Foster Care members taking psychotropic medications. This report provides the names of children, their date of birth and their Member ID numbers for identification. The purpose of this report is to monitor the number of children receiving psychotropic medications. When a prescription is filled in which the child receives a drug outside the parameters of FDA regulations, i.e. only recommended for adults, a red is generated to our nurse supervisor for approval and documentation. There were no changes to the procedures, however; the Health Care Oversight and Coordination plan was edited to clarify the procedures. You will find that attached plan Psychotropic Medication under attachment C.

C. DISASTER PLAN

At this time, MDCPS is currently operating under MDHS’s disaster plan for emergency preparedness. MDCPS has identified that this is an additional area of improvement for the newly created agency. As a result MDCPS will be contacting the Emergency Preparedness Coordinator for assistance with the development of its own disaster plan. Currently, there has not been any changes or additions to the MDHS’s disaster plan. However, within the 2017 APSR reporting timeframe, the state did experience two major weather related disasters. The first disaster declaration was on January 4, 2016, covering the incident period of December 23-28, 2015, where the state was affected by severe storms, tornadoes, straight-line winds and flooding for the following counties: Benton, Coahoma, Marshall, Quitman, and Tippah Counties. The second disaster declaration was March 25, 2016, covering the incident period of March 9-29, 2016, which also was due to severe storms and flooding.

During those times, the state did employ its’ disaster plan as referenced in the 2015-2015 CFSP and 2016 APSR report. The plan was very effective in that it guided the identification and assessment of all storm related damages and fatalities, availability of state and local resources, roles and responsibilities for aid notification and allocation, and finally the evaluation of response time for the delivery of needed resources.
D. TRAINING PLAN

The Professional Development Unit (PDU) continues to provide all newly hired frontline staff and supervisory staff 270 hours of pre-service training. The structure of this training as well as the Clinical Supervisory Training has remained the same in the 2015-2016 year. The on-going training program was successful in its first year and additional training classes were added during the 2015-2016 training year. Ninety-nine percent of DCPS staff successfully completed their ongoing training requirement for the year. The one percent who did not complete received documented counseling sessions with his/her supervisor.

During the 2013-2014 reporting period, MDCPS had 48 staff statewide who were non-compliant in their ongoing training hours. This number was reduced to 8 non-compliant staff in the 2014-2015 reporting year which was a significant improvement. Presently, the data for 2015-2016 will not be available for a few months. Staff is working very diligent to have that data readily available and MDCPS will report this data in the upcoming 2018 APSR reporting timeframe. Ongoing training hours are being tracked through a manual tracking system. Currently, this data system we have access to does not produce reports. We do not have plans to change this at this time. This was agreed to in the court order as “ok” so we do not have other plans right now.

Furthermore, each regional director assigns a staff member to receive copies of training hours from staff and they enter the training certificates into a spreadsheet. These hours are then sent to the Professional Development Unit where they are sorted and reviewed for accuracy. Once the data has been verified, an annual report is completed and produced to the federal court monitor as well as the field division. Our current course of action for those who are found to be non-compliant face disciplinary action.

Please see attachment D for the updates that were identified to the training plan.
XIV. STATISTICAL AND SUPPORTING INFORMATION

Please see the following CAPTA Annual State Data Report Items listed below:

**A. INFORMATION ON CHILD PROTECTIVE SERVICE WORKFORCE:**

Information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions:

<table>
<thead>
<tr>
<th>Position</th>
<th>Function</th>
<th>Minimum Qualifications</th>
<th>Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS Family Protection Worker I</td>
<td>Frontline worker</td>
<td>BS/BA in related field</td>
<td>Pre-service Training – 270 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ongoing Training – 40 hours annually</td>
</tr>
<tr>
<td>DHS Family Protection Worker II</td>
<td>Frontline worker, Regional Independent Living worker, Fingerprint Coordinator, etc.</td>
<td>BS/BA in related field year + 1 year of experience</td>
<td>Pre-service Training – 270 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ongoing Training – 40 hours annually</td>
</tr>
<tr>
<td>DHS Family Protection Specialist</td>
<td>Frontline worker</td>
<td>BSW</td>
<td>Pre-service Training – 270 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ongoing Training – 40 hours annually</td>
</tr>
<tr>
<td>DHS Family Protection Specialist</td>
<td>Licensure</td>
<td>BSW +2 years of experience</td>
<td>Pre-service Training – 270 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ongoing Training – 40 hours annually</td>
</tr>
<tr>
<td>DHS Family Protection Specialist Senior</td>
<td>Senior level frontline practice, required for adoption specialist position</td>
<td>LSW +2 years of experience or LSW and MSW</td>
<td>Pre-service Training – 270 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ongoing Training – 40 hours annually</td>
</tr>
<tr>
<td>DHS Family Protection Specialist Advanced</td>
<td>Advanced level frontline practice</td>
<td>LSW +4 years of experience or LSW and MSW +2 years of experience</td>
<td>Pre-Service Training – 270 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ongoing Training – 40 hours annually</td>
</tr>
<tr>
<td>Position</td>
<td>Function</td>
<td>Minimum Qualifications</td>
<td>Training Requirements</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>DHS Area Social Work Supervisor</td>
<td>County or unit level supervisor/manager</td>
<td>LSW +4 years of experience or LSW and in school + 3 years of experience or LSW and MSW +2 years of experience</td>
<td>Pre-Service Training – 270 hours Clinical Supervisory Training – 40 hours Ongoing Training – 24 hours annually</td>
</tr>
<tr>
<td>DHS Regional Social Work Supervisors</td>
<td>Regional level supervisor</td>
<td>LSW + 6 years of experience OR LSW and MSW + 3 years of experience</td>
<td>Pre-Service Training – 270 hours Clinical Supervisory Training – 40 hours Ongoing Training – 24 hours annually</td>
</tr>
</tbody>
</table>

1. **Data on the education, qualifications, and training of such personnel**

Data is not currently maintained on the education and qualifications of agency personnel outside of the requirement that staff meet the above minimum qualifications in order to hold that specific job title. Pre-Service, Clinical Supervisory and Ongoing training data are currently maintained in a cumbersome manual entry database. In the 2016-2017 year DCPS plans to explore options for automating this training data.

2. **Demographic information of the child protective service personnel**

At this time we are exploring options for implementing a new system and are unable to provide this information.

3. **Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisors**

During the 2015-2016 year DCPS worked with Public Catalyst Group to complete an analysis of the current workload data and implement new weighted caseload standards. The new standards will no longer use a minutes-based methodology but a clear weighted formula for caseload carrying staff, including those that carry more than one type of case. Going forward, a workload value of 1.0 will signify a full caseload. These numbers will be used to place positions in areas where they are needed. This process also helped identify the number of staff needed in each area to bring the workloads to normal range. The supervisory ratios will remain 5 workers to 1 ASWS.
The caseload standards that were used are described in the chart below:

**DCPS New Caseload Standards:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Standards</th>
<th>Weight Per Case - 100% Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection Workers (Investigations Level 2 and 3)</td>
<td>14 Investigations</td>
<td>0.0714</td>
</tr>
<tr>
<td>Ongoing Foster Care Workers (Placement Responsibility &amp; Service)</td>
<td>14 children</td>
<td>0.0714</td>
</tr>
<tr>
<td>Ongoing Foster Care Workers (Placement County of Responsibility)</td>
<td></td>
<td>0.0357</td>
</tr>
<tr>
<td>Ongoing Foster Care Workers (Placement County of Service)</td>
<td></td>
<td>0.0357</td>
</tr>
<tr>
<td>In-Home Protection Workers (Protection Responsibility &amp; Service and ICPC Incoming)</td>
<td>17 families</td>
<td>0.0588</td>
</tr>
<tr>
<td>In –Home Protection Workers (Protection County of Responsibility)</td>
<td></td>
<td>0.0294</td>
</tr>
<tr>
<td>In-Home Protection Workers (Protection County of Service)</td>
<td></td>
<td>0.0294</td>
</tr>
<tr>
<td>In-Home Dependency/Prevention Workers (Prevention Responsibility &amp; Service)</td>
<td>25 families</td>
<td>0.04</td>
</tr>
<tr>
<td>In-Home Dependency/Prevention Workers (Prevention County of Responsibility)</td>
<td></td>
<td>0.02</td>
</tr>
<tr>
<td>In-Home Dependency/Prevention Workers (Prevention County of Service)</td>
<td></td>
<td>0.02</td>
</tr>
</tbody>
</table>
Intake Workers responsibilities consist of collecting initial receipts of child abuse and neglect reports and use of standardized screening tool for initial screening. Since 2009 Intake workers have been employed through a contractor which provides centralized intake services for MDCPS. The requirements for the intake workers for FFY 2016 are described below from the state’s current Scope of Services:

**Social Work p.r.n.:** will ensure that all crisis line social workers for the MDHS Centralized Intake and 24-Hour Hotline and Disaster Preparedness Plan have a Master’s Degree in Social Work or a Bachelor’s Degree in Social Work with two years of related experience. To satisfy Social Work p.r.n.’s hiring requirements, all degrees in social work must be from a social work program accredited by the Council on Social Work Education (CSWE). Social Work p.r.n. will retain the responsibility of recruitment, interviewing, and extending offers to candidates for hire through Social Work p.r.n./MCI Program. Social Work p.r.n. will agree that applicants must be approved by MDHS before reporting to duty. Social Work p.r.n. will retain the control and direction of the Social Work p.r.n./MCI workforce in regards to operational and personnel issues with the exception that Social Work p.r.n. will comply fully with any inquiries, orders, or directives from the court. Responses to DHS feedback forms will include details from growth and development with worker along with any corporate corrective action. At the request of MDHS/MDCPS, Social Work p.r.n. will agree to replacement of an employee.

**Social Work p.r.n.** will require MDHS Centralized Intake social workers to complete the following training/education requirements: 40 hours/year for all new employees; 20 hours/year for experienced (over 1 year) employees. Supervisors will receive a minimum of twenty-four (24) hours of training per year. Training/education will be coordinated with MDHS/MDCPS administrative staff.

**B. JUVENILE JUSTICE TRANSFERS:**

The state has identified a total number of 13 children that were transferred into the custody of the state juvenile justice system in FY 2015.

**C. SOURCES OF DATA ON CHILD MALTREATMENT DEATHS:**

Legislation establishing a Mississippi Child Death Review Panel went into effect on July 1, 2006. The statute remains in effect with updates made to the membership requirements. The Department of Health is charged with facilitation of the Panel. The primary purpose of the Panel is to foster the reduction of infant and child mortality and morbidity in Mississippi, and to improve the health status of infants and children. A listing of all child deaths for that quarter in the previous year is provided to the Panel Coordinator by the Dept. of Vital Statistics and disseminated to team members who can gather information from their prospective agencies and bring to the Review.
Serious Incident Reports are utilized by MDCPS to record and communicate among county, regional, and state levels regarding child deaths reported to the agency from any source. This information may come from medical staff, from law enforcement, coroners, or from any other source and brought to the attention of the agency. All reports of child deaths are to be processed through Mississippi Centralized Intake. The intake worker is responsible for indicating (via checkbox) in MACWIS whether a child died as a result of maltreatment. This indication is verified at the closing of the investigation to ensure accuracy.

One way Mississippi can improve in reporting all child fatalities is to compare the data at those reviews to the deaths already known to MDPS to determine if there are any children who died as a result of maltreatment but were not brought to MDPS’s attention at the time of death. That information on the deaths of those children can then be included in the final, validated NCANDS report of child deaths for that time period if the information is provided in the current fiscal year. If the information is provided for a child death in a prior fiscal year, that information will be included in the NCANDs agency file. In this way, Mississippi can make sure that information provided through NCANDS is from all sources of information. Each year, the MDCPS representative on the panel works with the facilitator of the panel to strategize ways to make the information as accurate as possible and to make every attempt possible to gather the data needed.

The Panel did not meet for part of the year and the structure of facilitation has changed twice. When the Panel met, the challenge was identified that some child fatalities were not reported to MDCPS because those who had knowledge of the death did not suspect abuse or neglect, or may have not wanted to presume blame on a parent who had just lost a child. However, some of those deaths included potentially preventable circumstances, such as unsafe sleep practices. Efforts will be made to assist medical staff and others to contact Mississippi Centralized Intake on all child deaths.

D. EDUCATION AND TRAINING VOUCHERS:

Please see the format below that identifies the number of unduplicated youth who received ETV awards from July 1, 2014 through June 30, 2015 (the 2014-2015 school year) and July 1, 2015 through June 30, 2016 (the 2015-2016 school year).

<table>
<thead>
<tr>
<th></th>
<th>Total ETVs Awarded</th>
<th>Number of New ETVs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Number: 2014-2015 School Year (July 1, 2014 to June 30, 2015)</td>
<td>106</td>
<td>34</td>
</tr>
<tr>
<td>2015-2016 School Year* (July 1, 2015 to June 30, 2016)</td>
<td>97</td>
<td>59</td>
</tr>
</tbody>
</table>

In addition, MDCPS had 132 (unduplicated) youth to be awarded ETV for the year 2016.

E. INTER-COUNTRY ADOPTIONS:

There were no disrupted adoptions and three dissolved adoptions reported July 1, 2015- June 30 2016. None were international adoptions. MDCPS is in the process of developing a new SACWIS System that will be capable of tracking the information required. As of February 1, 2015, MDCPS
implemented the tracking system for disrupted and dissolved adoptions. An excel spreadsheet for tracking purposes was developed. All policies and procedures pertaining to this system became effective September 30, 2015.

F. MONTHLY CASEWORKER VISIT DATA:

MDCPS will be reporting the monthly caseworker data to the Children’s Bureau by December 15, 2016 in a separate document from the 2017 APSR.
XV. FINANCIAL INFORMATION

A. PAYMENT LIMITATION-TITLE IV-B, SUBPART 1

The Mississippi Department of Human Services, Division of Family and Children’s Services utilized FY2005 Child Welfare Services (CWS) funds to assist the State in providing the following:

1. Adoption Assistance Payments: $1,589,638 (FFP)/ $529,879 (State Match)

2. Foster Care Maintenance Payments: $2,179,983 (FFP) / $726,661 (State Match)

The total expenditures for FY 2005 Title IV-B, subpart 1 was $3,769,621.

B. PAYMENT LIMITATION- TITLE IV-B, SUBPART 2

The FY2014 state and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 was $3,241,117 (FFP)/$1,389,050 (State Match). In addition, the FY 1992 base year amount for the Title IV-B, Subpart 2, Promoting Safe and Stable Families grant required to meet the non-supplantation requirements in Section 432(a)(7)(A) of the act for the State of Mississippi was $900,347.

Title IV-B, Subpart 2, funds will be allocated as follows: 30% Family Preservation, 20% Family Support, 20% Time Limited Reunification, and 20% Adoption Promotion and Support.

MDCPS will make every effort to ensure a minimum of 20% will be allocated to Family Support Services and Time-Limited Reunification; however, the number of clients served for each category is dependent upon the number of referrals received from the local field offices which are based on the needs of the children and families within their local communities. As a result of the referral based system, client needs tend to fluctuate from year to year and MDCPS cannot determine what those needs will be in advance. Based upon prior year trends, MDCPS anticipates an increased demand for Family Preservation Services which could reduce the demand for clients in need of Family Support Services and Time-Limited Reunification Services.
XVI. APSR State Contact:

**Contact Person:** Cerissa Eubanks, CFSP/APSR Coordinator  
**Department:** Federal Reporting, Administration Unit  
**Agency:** Mississippi Department of Child Protection Services  
**Email Address:** cerissa.eubanks@mdhs.ms.gov  
**Telephone Number:** 1-601-359-4974  
**CFSP and APSR**  
**Link to reports** [http://www.mdhs.state.ms.us/family-childrens-services/reports/](http://www.mdhs.state.ms.us/family-childrens-services/reports/)
XVII. Attachments:

A. FINANCIAL INFORMATION REQUIRED FORMS
B. FOSTER AND ADOPTIVE DILIGENT PARENT RECRUITMENT PLAN
C. HEALTH CARE OVERSIGHT AND COORDINATION PLAN
D. TRAINING PLANS
E. CAPTA STATE PLAN UPDATE