"Protecting Children and Nurturing Mississippi Families"
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I. Organizational Overview

A. OVERVIEW

During the 2016 regular legislative session, Governor Phil Bryant signed Senate Bill 2179 into law on May 13, 2016 and created the Mississippi Department of Child Protection Services (MDCPS). MDCPS is now 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 is the state-administered child welfare system which provides service through 84 county offices located in fourteen (14) regions. 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 functioned on a temporary basis as a division of the MDHS, which could 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 developed and implemented orderly plans for the establishment of the MDCPS and its transition from the Division of Family and Children's Services of MDHS.

Plans included during the 2nd APSR reporting period:

- Description for the transferring 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.

Recommendation of any legislation changes to be sent to the Governor and the Legislature before the 2017 Regular Legislative Session.

For the 3rd APSR reporting timeframe, MDCPS and MDHS were executing all established plans mentioned above for the continued successful transition from MDHS. The agency also revised its vision, mission and values to reflect the transition and to build upon the history of the good efforts provided on behalf of agency staff, children and families across the state. It was also during the 2017 legislative session that much was accomplished for MDCPS. The legislature began the process of granting MDCPS statutory authority during the 2016 session through SB 2179. This year, MDCPS was granted statutory authority to take children into custody through HB 652. Further, during an emergency placement situation when a child must be placed in home care due to the absence of parents or custodians, MDCPS can request that a criminal justice agency perform a federal name-based criminal history records check of each adult residing in the home. The results may be provided to the Mississippi Criminal Information Center (MCIC) which will then provide a complete set of each adult resident’s fingerprints to the MCIC central repository for immediate submission to the FBI within 14 days from the date the name search was conducted. The central repository shall either positively identify the fingerprint subject or forward the fingerprints to the FBI within 14 days from the date the name search was conducted. The child shall be removed from the home immediately if any adult resident fails to provide fingerprints and written permission to perform a federal criminal history records check when requested. This bill also prohibits youth courts from establishing probable cause to remove a child from a home based solely on a parent’s use of marijuana.

Many statutory references in the Mississippi Code were corrected from MDHS to MDCPS in SB 2342 and SB 2680. SB 2342 clarifies the procedure for terminating parental rights. A court may now also terminate parental rights if a parent has committed, against the other parent, a sexual act that is unlawful, and the child was conceived as a result of the unlawful sexual act. Human
trafficking of a child is another ground for terminating parental rights that was established through this bill. SB 2680 changed the time frame for a custodian to petition the court for durable legal custody from one year in the proposed custodian’s care, to six months.

Other bills that affected MDCPS include HB 1109 and HB 1213. HB 1109 created the Public Procurement Review Board and abolishes the Personal Service Contract Review Board. The Public Procurement Review Board will monitor personal services contracts, as well as contracts for IT services. The board is not authorized to disapprove any of MDCPS’ proposed personal or professional services contracts. MDCPS must give notice of proposed personal or professional service contracts to the Public Procurement Review Board for any recommendations by the board. Upon receipt of the notice, the board shall post the notice on its website and on the procurement portal website. If the board does not respond within seven calendar days after receiving the notice, MDCPS may enter the proposed personal or professional service contract. If the board responds within seven calendar days, then the board has seven calendar days from the date of its initial response to provide any additional recommendations. After the end of the second seven-day period, MDCPS may enter the proposed personal or professional service contract. HB 1213 authorizes the Youth Court to utilize a trained court-appointed special advocate (CASA) volunteer, with authority equal to a guardian ad litem, in abuse and neglect cases.

B. VISION

Our vision is that Mississippi’s children grow up in strong families, safe from harm and supported through partnerships to promote family stability and permanency.

C. MISSION

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

- Strengthening families
- Preventing child abuse, neglect, and exploitation, and
- Promoting child and family well-being and permanent family connections.

D. VALUES

MDCPS has identified seven (7) values that will be honored in working with clients, community partners, and each other:

- Competence: We have technical skills and knowledge, we use critical thinking skills, we make informed decisions, and we follow through to achieve successful outcomes.
Integrity: We are honest in our interactions, we are accountable for our actions, and we do the right thing.

Responsibility: We do what we say we are going to do, and we take initiative.

Respect: We treat others with kindness, compassion, dignity, and honor differences of those we serve and each other.

Personal Courage: We are loyal to the mission of MDCPS, we advocate for those we serve, and we lead by example even when doing so carries risk.

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.

Family-centered: We believe that families are not defined one way, we value all families and their input in decision-making, and we support a family’s ability to grow and change.

E. ORGANIZATIONAL GOALS

MDCPS has identified five (5) primary organizational goals:

1. 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).
2. Recruit and retain staff by creating a healthy work environment and maintaining manageable workloads.
3. Develop and implement a compliant Comprehensive Child Welfare Information System (CCWIS.)
4. 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.
5. Network and collaborate with stakeholders, clients, and communities to improve the child welfare services delivery system in Mississippi.
F. ORGANIZATIONAL STRUCTURE

Dr. David Chandler is the Commissioner of the Department of Child Protection Services. Seth Shannon is the Chief of Staff and there are four (4) Deputy Commissioners as follows:

- Deputy Commissioner of Administration
- Deputy Commissioner of Child Welfare
- Deputy Commissioner of Finance
- Deputy Commissioner of Information Technology

During the period under review, MDCPS continued its progressive efforts to build capacity and improve organizational efficiency by restructuring the newly created agency, increasing and improving its recruitment and retention efforts, and meeting the requirements of the state’s 2nd MSA and Stipulated Third Remedial Order (STRO). A chart of the agency’s current organizational structure is located under attachment F. The current structure of the agency consists of the following predominant areas:

- **Administration**
  - Eligibility
  - Protection and Prevention
  - Human Resources
  - Contracts, Procurement, and Federal Reporting
  - Policy
- **Child Welfare**
  - Therapeutic Services
  - Field Operations East & West
  - Field Operations
  - Field Programs
  - Communications
  - Data Analysis
- **Finance**
  - State Funds Management
  - County Funds Management
  - Accounting & Payroll
- **Information Technology**
  - IT Customer Support/MACWIS Project
  - CCWIS Project
  - Continuous Quality Improvement
  - Network/Hardware/Auxiliary Support
G. REGIONAL RESTRUCTURING

The Division of Field Operations also restructured its regions during this period of review. The first regional restructuring was effective September 2016 and it was during this time the agency had identified that there was disproportionality to the number of children in custody in each Region. As a result, Marion County was moved from Region VI and placed in Region V-East. Additionally, Pearl River County was moved from Region VI and placed in Region VII-W. These were seen as critical need areas that needed additional support immediately.

Also, the state decided to restructure the (9) nine remaining regions. In general, some regions gained counties while others lost counties. The purpose again was to attempt to balance the number of children in care for each region. An additional goal of the restructuring was to have more support to staff which should lead to better results for children and families. Coastal regions were split to have a Region VII-E, VII-C and VII-W. As a result of this, the state’s regional structure increased from (13) thirteen regions to (14) fourteen regions. Each region has a Regional Director and at a minimum (2) two Regional Social Work Supervisors to assist in leading the Region.

The regional restructure also ensured that each region would have a leadership team to support each county and staff. Importantly, the restructuring was compliant with the state’s 2nd MSA and STRO which was signed on December 19, 2016. The provisions of the STRO stated that MDCPS shall continue to maintain and staff a second Deputy Director for Field Operations with a position, or equivalent title/position, within MDCPS to ensure adequate management. The state has successfully implemented this provision by having two Deputy Directors for Field Operations with one Deputy residing over the West and the other residing over the East.
MDCPS Field Operations’ fourteen (14) regions consists of two (2) operating divisions: East and West as designated below:

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<th>Eastern Field Operations Division</th>
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<td><strong>Region 2 East:</strong> Desoto, Tate, Tunica, Panola, Quitman, Tallahatchie, Yalobusha, Grenada</td>
<td><strong>Region 1 North:</strong> Marshall, Benton, Tippah, Alcorn, Prentiss, Tishomingo</td>
</tr>
<tr>
<td><strong>Region 2 West:</strong> Coahoma, West and East Bolivar, Sunflower, Washington, Humphries, Issaquena, Sharkey, Leflore, Carroll, Holmes, Montgomery</td>
<td><strong>Region 1 South:</strong> Lafayette, Union, Pontotoc, Lee, Itawamba, Monroe</td>
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<td><strong>Region 3 North:</strong> Yazoo, Madison, Rankin</td>
<td><strong>Region 4 North:</strong> Calhoun, East and West Chickasaw, Webster, Clay, Choctaw, Oktibbeha, Lowndes, Attala, Winston, Noxubee</td>
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<tr>
<td><strong>Region 3 South:</strong> Hinds</td>
<td><strong>Region 4 South:</strong> Leake, Neshoba, Kemper, Scott, Newton, Lauderdale, Jasper, Clarke, Jones, Wayne</td>
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<td><strong>Region 5 East:</strong> Copiah, Lincoln, Lawrence, Simpson, Jeff Davis, Covington, Smith, Marion</td>
<td><strong>Region 7 East:</strong> Greene, George, Jackson</td>
</tr>
<tr>
<td><strong>Region 5 West:</strong> Warren, Claiborne, Jefferson, Adams, Franklin, Wilkinson, Amite, Pike, Walthall</td>
<td><strong>Region 7-Central:</strong> Harrison</td>
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<tr>
<td><strong>Region 6:</strong> Lamar, Forrest, Perry, Stone</td>
<td><strong>Region 7-West:</strong> Pearl River, Hancock</td>
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I. CURRENT REGIONAL MAP
II. OLIVIA Y. PROGRESS

MDCPS worked diligently with Public Catalyst during the second half of 2016 to negotiate a Stipulated Third Remedial Order (STRO) and a Second Modified Settlement Agreement (MSA). On December 19th, 2016, the court approved the STRO and the MSA. The STRO acknowledged a period of capacity building with the assistance of Public Catalyst for the 2017 calendar year. The agency has complied with the STRO to the satisfaction of Public Catalyst throughout the 2017 calendar year. MDCPS has continued to work with Public Catalyst to improve overall agency function and expects to fulfill all other requirements due by December 31, 2017.

MDCPS and Public Catalyst are using an agile development process in order to best meet the conditions outlined in the STRO and the upcoming implementation of the MSA, which will go into effect January 1, 2018, during FY2018. At the time the MSA takes effect, Public Catalyst will become the Court Monitor for Olivia Y. The process of working with Public Catalyst in this capacity building year has resulted in a data-driven approach that allows MDCPS to adjust policy and procedure implementation in a more responsive manner than previously achievable.

The agency has engaged in significant capacity building during FY2017, expanding staffing statewide and streamlining policies and procedures. In consultation with Public Catalyst, the agency has implemented a new procedure for Maltreatment in Care investigations and will begin implementing a new Foster Home Licensure process beginning July 1, 2017. Additionally, MDCPS eliminated a backlog of homes awaiting licensure. MDCPS will continue to work with Public Catalyst throughout the remainder of 2017 on case reviewing and assessing the quality of hotline screenings. The agency has already begun preparing for the Second Modified Mississippi Settlement Agreement to take effect.
III. COLLABORATION

A. PARTNERSHIPS

Although MDCPS is in its final phase of transition from under the MDHS umbrella, the newly established agency still engages in ongoing collaborative efforts with MDHS, various multidisciplinary community partners, and stakeholders. The department continues to meet regularly through monthly, bi-monthly, and as needed meetings with its stakeholders including the Administrative Office of the Courts, Children Advocacy Centers of Mississippi, 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 annual progress and service report, MDCPS contacted its stakeholders to provide the status of projects and service delivery information, successes, any perceived barriers, and strategies for improvement. These collaborative efforts are integrated throughout the APSR narrative.

Mississippi Band of Choctaw Indians (MBCI)

MDCPS and the Mississippi Band of Choctaw Indians (MBCI) continue to collaborate to promote cultural awareness, understanding, and implementation of the Indian Child Welfare Act (ICWA). The Annual ICWA Conference was convened in August 2016 and attended by Tribal and State Judiciary, Tribal Social Services, Mississippi Department of Child Protection Services, out-of-state Tribal representatives and speakers, as well as service providers. The focus of the conference was an introduction to the new ICWA regulations, ICWA Basics and Ethics, Perspective on Raising Native American Children, Child Endangerment, and How ICWA Cases Proceed in Court. An estimated 240 persons attended, presented or participated in cultural awareness activities. Additionally, MDCPS's Prevention/Protection Unit had an information exhibit table which consisted of child abuse and neglect prevention Information.

Quarterly meetings were also held between the Administrative Office of Courts, MDCPS and Tribal Social Services on August 3, 2016, November 16, 2016, February 15, 2017, and May 17, 2017 to discuss cases where collaboration between the Tribe and MDCPS were necessary. During the month of April 2017, Child Abuse Prevention Month, MDCPS provided the MBCI, Department of Family and Community Services with awareness items to give out at the annual Prevention Parade held on the Reservation. Discussions were also ongoing about producing a joint Child Abuse and Neglect Reporting poster with MDCPS and MBCI with information for both child welfare agencies.
Also, during the month of April, MDCPS and MBCI met at the Tribe’s Department of Family and Community Services building for planning and developing of the state’s 2018 APSR. Discussions were also held about past events associated with 2017 APSR reporting period. In addition, MDCPS and MBCI also agreed to work together to identify and confirm all collaborative projects and services for the 2018 APSR. As a result, MDCPS provided a rough draft of the state’s 2018 APSR for tribal review and feedback. Lastly, MDCPS also continued its yearly efforts of extending invitations to MBCI for the state’s annual joint planning meeting which was held on April 25th at the State’s Capitol.

**Administrative Office of Courts (AOC)**

During the 2nd APSR reporting timeframe, Mississippi Youth Court Information Delivery System (MYCIDS) was initiated statewide. MYCIDS is the statewide system for the real time management of the activities of the Mississippi Youth Court System. Currently, all 82 counties and one municipal youth court are in some stage of entering data into the Mississippi Youth Court Information Delivery System. Also, from July 1, 2015-June 30, 2016, AOC provided 26 MYCIDS training sessions to CPS workers at every site which lasted 1.5 hours. These sessions were provided in 47 counties across the state. During the current reporting timeframe, AOC provided 32 training sessions in 39 counties. The courts are currently requesting training sessions for new court intake personnel or a refresher training on using MYCIDS for full benefit.

Each County Youth Court Judge or Youth Court Referee is required to sign a Certificate of MYCIDS Compliance annually, which includes any limitations on data entry and plan for full implementation. In 2016, certificates were received for all 83 jurisdictions. A percentage of compliance with MYCIDS report is provided to Judges and Referees periodically. The Juris in Residence and the Senior Analyst for MYCIDS works with individual counties where the compliance percentage is low to determine the cause and to correct the issue(s) or make significant progress toward compliance in specific areas.

**MS Attorney General’s Office**

The MS Attorney General’s Office and MDCPS had collaborated through numerous projects from June 1, 2016 through June 30, 2017. The MS Attorney General’s Office has participated in Rapid Permanency Supports (RPS). RPS is a process focused on addressing barriers to permanency for children and youth in foster care. The AG’s Office participated in RPS by serving on different committees in preparation for the Rapid Permanency Supports including, but not limited to, the communications committee. Also, several attorneys from the MS Attorney General's Office participated in the day long training in preparation for the Rapid Permanency Supports. At the Rapid Permanency Supports, an attorney was assigned to and participated in each support
session to assist with reviewing a child’s case. Additionally, the MS Attorney General’s office has facilitated training sessions in each Child Protection Services region in the state focused on the new MS Termination of Parental Rights Statute. The MS Attorney General’s office has attended conferences with the agency including One Loud Voice and With Teamwork Our Kids Win. Our attorneys have also participated in the monthly Court Improvement Program meetings.

MS Department of Mental Health
MDCPS and DMH continue to collaborate on the licensure and certification of nine (9) state-wide providers of therapeutic foster care and group homes for children/youth with serious emotional/behavioral disorders (SED). MDCPS and DMH continue to meet monthly for state level Multidisciplinary Assessment & Planning Teams (MAP) team meetings to develop plans for appropriate treatment and placements for the most difficult to serve children/youth in both systems. Local MDCPS social workers continue to be members of local MAP 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. There are currently 58 MAP Teams serving 69 counties across the state. The MAP teams serve approximately 1,500 children and youth annually.

Additionally, 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 such as; 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, Commission on Children’s Justice, and the State Early Childhood Advisory Council. Lastly, 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, annual MAP Team training, Suicide Prevention Initiative, and Children’s Mental Health Awareness events.

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/APSR/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 MDHS State office staff from the Division of Youth Services (DYS).
Family Resource Center (FRC)
The Family Resource Center (FRC) is currently in a contract with MDCPS to facilitate MS PATH to potential resource parents. This provider is contracted for 6 MDCPS regions for two session per quarter per region. Family life skills classes are provided with parenting education, healthy relationship educations, life skills, soft skills, and conflict resolution in addition to a co-parent education class. FRC also provides these classes for resource parents to receive recertification hours for their license.

Safe Home Study Program
The SAFE Supervisor Training is targeted at front line supervisors who are responsible for the on-going supervision of home studies. The one day training provides a road map for the supervision of SAFE as well as tips, supports and suggestions to make the process easier. There were three (3) trainings held during the July 1, 2016 and June 30, 2017 timeframe. All courses were held in Jackson, MS. The class offered during October 25-28th had 33 in attendance for the 2-day training, 31 attended for the interview training, and 29 were in attendance for the supervisor training. The expected attendance numbers were 35 for the 2-day and interview courses and 30 for the supervisor course. The class held throughout November 8-10th had 34 in attendance for both the 2-day and the interview courses. The expected attendance numbers were 35 for both trainings. The class held for the period of on April 4-7th had a total of 34 for the 2-day course, 33 for the interview course, and 17 for the supervisor course. The expected attendance numbers were 35 for both the 2-day and interview courses and 20 for the supervisor course. Since January 1, 2017, MDCPS has been working to develop new home study models to be used for its expedited relative and non-relative licensure processes. The department will discontinue the use of the SAFE model and will launch the new models on July 1, 2017.

Starkville Oktibbeha School District
Starkville Oktibbeha School District Family Centered Programs has two (2) contractual agreements with MDCPS. They are Project Care which is funded by the state’s CBCAP Grant and Families Strengthening Families which is funded by the Children’s Trust Fund. Project care provides child abuse and neglect prevention services to increase protective factors that include parental resilience, knowledge of parenting, social connections, concrete supports, and social and emotional competence in children for Oktibbeha County families through a two-tiered program focusing parental educational and support services. Universal services include alerting the public about child abuse and prevention to include identifying and reporting child abuse and neglect.
Targeted intervention services were provided to 40 families and 15 expectant parents or parents of newborns. These targeted interventions focused on high-risk families that include those affected by homelessness, adults who were victims of child abuse and neglect or domestic violence, substance abuse, poverty, and single-parenthood. Respite services are provided Monday through Thursday for children eight weeks through five years old to allow parents time for doctor’s appointments, grocery shopping, adult education, job interviews, training, etc. Through the Nurturing Parenting (Respite Services), Project Care provided services to 129 children and 61 parents. There was a total of 89 parents completing the active parenting classes.

There was a total of 392 to participate in the active parenting classes were and 311 to participate in the support groups. The Family Resource Center offered year-round nine hours per day of services to families including library resources and support materials that address areas of family education needs such as financial management, marriage education, childbirth, special needs, family games, music free books, resource guides, family interactive activities, dye cuts, etc. Since October 1, 2016, there was a total of 1,635 served patrons and more than 1,300 children that visited the Family Resource Center. Lastly, 3,074 items were circulated to those patrons.

Families Strengthening Families (FSF) provides the Parent Café model in Oktibbeha, Winston, Lowndes, Clay, and Noxubee Counties. Participants that attend Parent Cafés get ideas for managing the challenges of parenting. Parent Cafés consist of five sessions that focus on the discovery and utilization of the scientific, research-based protective factors of resilience, relationships, support, knowledge, and communication. Our program approach is to strengthen families from the inside out to achieve positive outcomes for children, families, and society.

The program goal is to prevent child abuse and improve wellbeing among children and families at risk through the provision of supportive family services. Since July 2016, Families Strengthening Families has conducted 182 Parent Café sessions. There were 15 Parent Café locations that completed 5 or more sessions. From the general population, FSFS has served a cumulative total of 220 participants. From the at-risk population, FSF has served a cumulative total of 166. Since July 2016, the cumulative total was 386 participants. Of those participants that attended five or more sessions, at least 80.3% completed with increased competencies in the discovery and utilization of protective factors in the home. In addition, FSF has provided 12 parenting enrichment programs serving 356 participants, 7 active parenting classes/workshops serving 22 participants, and 44 awareness events/displays that served the community-at-large.

In November 2016, FSF was one of the organizations presenting at the Mississippi Counselor’s Association.
Canopy Children’s Solution
Canopy Children’s Solutions helps children thrive and families overcome extraordinary challenges by providing a continuum of behavioral health, educational, and social service solutions. Canopy provides intensive in-home solutions which include: therapeutic foster care, family preservation and family reunification solutions, as well as adoption solutions for special needs children. Canopy is also a provider of SAFE home studies. All of the previous mentioned programs are done in collaboration with MDCPS. Children and families being served across these programs receive mental health screenings, family focused and culturally sensitive strengths based planning as it relates to their needs, as well as opportunities to have a voice in the development of their plans of care. All of this is done while ensuring the family unit is preserved and that safety needs are met. Canopy’s staff provides intensive in-home solutions to children and families throughout the state of Mississippi.

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 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 from the service to which they are referred. 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. BCV’s Dorcas Program serves Region I-North, Region III-North, Region III-South, and Region II-East. To date the Dorcas In-Home Family Support Program has served 36 families. There were 101 children served through this program. The Dorcas program are expected to serve at least 40 families during this fiscal year.
University of Southern Mississippi (USM)
This has been a productive year for the partnership between the MDCPS and the Southern Miss School of Social Work. Most notable has been the MSW educational partnership. In 2016-2017 there were 4 cohorts of MSW students employed by MDCPS matriculated in our academic MSW program. The total number of students employed by MDCPS was 42. At the end of May 10, 2017, there should be 17 students to graduate as a result 17 will be new MSWs employed by MDCPS. These students began their graduate studies in the fall of 2015. The School of Social Work was also instrumental in conceptualizing the ReNew MS initiative. This was launched by Justice Dawn Beam and the First Lady. The focus of this initiative was on pregnant women that were also struggling with drug addictions. ReNew MS was launched in the spring and is being implemented now. The actual implementation is not part of the School of Social Work at this point. The School of Social Work’s Family Network Partnership was significantly involved in providing advanced clinical recommendations to the Forrest County family court system. We had 3 clinicians all of which were requested by Judge McPhail to evaluate and make recommendations to his court. The school has supported recruitment efforts by MDCPS of our students (BSW and MSW) throughout the year. This spring, Dr. Chandler and his executive administrators were on campus to meet with student groups. The interest of the School of Social Work is to help create an educational “pipeline” that would provide quality graduates for open positions in MDCPS. Our vision is to integrate the academic education with hands-on internships so that educational content and expanded service delivery in order to strengthen the practice model and support the supervisory structure within counties through county based field units.

Mississippi Children’s Trust Fund Advisory Council
The Children’s Trust Fund (CTF) of Mississippi provides financial assistance in the provision of direct services, such as educational programs, community awareness, program development, and advocacy, to prevent child abuse and neglect. During the 2018 period under review, the council met four (4) times and generally meets four (4) times in a calendar year. The eleven (11) member advisory council which authorizes the disbursement of money from the fund, makes recommendations for changes in the state’s statutes, policies and standards, improves coordination among state agencies that provide prevention services, and provides for the expansion of programs statewide that deliver preventive services. MDCPS is also the lead agency and is responsible to the Mississippi Legislature for the CTF Advisory Council. MDCPS 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.
Child Advocacy Center (CAC)
Child Advocacy Center (CAC) partnered with MDCPS on several ongoing collaborative efforts such as piloting the Multidisciplinary Team (MDT) Enhancement Project and Desoto County School Project, managing the Children’s Justice Act and Task Force, offering trainings through Chaplains for Children and Protection of the Forensic Interview. Lastly, hosting the One Loud Voice Conference and initiating the Child Advocacy Studies within institutions of higher learning. Service descriptions for all collaborative efforts are listed as followed:

Multidisciplinary Team (MDT) Enhancement Project: This pilot project was developed between CACM and MDCPS. In recognition that the Child Advocacy Center (CAC) model was born out of a need to facilitate a coordinated approach to child abuse investigations, CACM and member CACs began a discussion on possible solutions which would enable the model to fully accomplish this goal and address the aforementioned challenges. Through ongoing conversations with MDCPS, it was determined that CACs could more successfully meet their mission if provided greater visibility into the universe of cases that might require a joint investigation. As a result, the Mississippi MDCPS agreed to model a pilot project between the CACs and MDCPS that was established- and since rolled out statewide- in Texas wherein the CAC would receive access to all of the centralized intake hotline reports in their assigned service area. The goal of the pilot is to assist MDCPS and law enforcement with initiating a joint investigation, which would enable CACs to engage children and families with critical services at an earlier point in the investigation timeline.

Goals of the MDT Enhancement Program with pilot counties:

- Proactively strengthen and sustain CAC Multidisciplinary Teams
- Fortify overall MDT component within CACs to ensure effective communication, coordination and collaboration at all stages of child abuse cases
- Ensure timely access to full array of MDT/CAC services for all children within a CAC’s official service area and existing protocol case criteria

By sharing intake notifications with the CAC, the local center can assist in identifying cases within the MDT's defined working protocol (cases fitting a specific criterion wherein the MDT has already determined a CAC/MDT-style joint investigation is necessary). The ultimate beneficiary are Mississippi’s children as this system will allow CACs to engage with children and families at a much earlier point in time, providing critical intervention, family advocacy and therapeutic services more efficiently.
In July 2016, MDCPS and CACM held a joint training in preparation for this project. In August 2016, the three pilot county CACs began receiving access to MACWIS (the computer system for MDCPS) for their respective county and began the process of observing the reports that were coming into the Mississippi Centralized Intake. The CAC logged all of the reports for their county, observed the number of reports that seemed to meet their MDT's protocol for a collaborative investigation, and observed and logged the responses of their partner agencies regarding these reports. Also in August, each of the CACs met with their respective MDTs to discuss the pilot project and cross-train regarding the MDT process, protocol, and methods of collaboration. From August 1-current, the CAC continued to log all reports coming into their county, engage their MDT members regarding reports that seem to meet the MDTs protocol (in most counties, the team will review all sexual abuse cases, child sex trafficking cases, felony physical abuse cases, child fatalities, and witness to homicides or violence crime cases), and document the results of each case. Of the 38 cases that met the criteria for a collaborative investigation, only 18.4% followed the protocol.

During the months of October, November, and December, the child advocacy centers reviewed the cases in MACWIS and then began following up to ensure that those children that met the protocol for a collaborative investigation were sent to the Multidisciplinary Team for collaborative investigations and case review. Additionally, if the child met the county protocol to receive a forensic interview, the CAC initiated a call to MDCPS and LE to have the interview set up. The CAC engaged their county Multidisciplinary Team members in discussions around process issues, cases that were unclear if they met the protocol, and general case concerns. Of the 111 cases that met the criteria for a collaborative investigation, 75.6% of those cases followed the protocol. 100% of those cases that followed the protocol were referred by the child advocacy center to the multidisciplinary team. From September 2016 to March 2017, 34% of the cases that were reported to the Centralized Intake meet the criteria for a collaborative investigation and a MDT response. Of those that met the criteria, 100% are now being referred to the MDT. The results of this pilot project have been staggering. MDCPS and CACM are in support of a continued roll-out of the project.

**Children’s Justice Act:** Since October 2016, CACM became the designee to manage the CJA grant and task force. MDCPS and CACM have been collaborated on the transition of the Children’s Justice Act Task Force from MDCPS to CACM. In August 2016, representatives from the task force, MDCPS and CACM attended the national conference in Washington DC. CACM became the designee to receive the CJA funds in October 2016. MDCPS is serving on the task force in an advisory role pending approval from the Governor’s Office to fill a voting seat on the task force.
CACM and MDCPS worked closely together on the CJA report and application which was submitted to ACF. Additionally, the CJA grant funds have been used to pay for one Chaplains for Children Training. This was an important initiative for MDCPS who approached CACM about supporting the implementation throughout Mississippi. The CJA funds also supported the attendance of the 40 MDCPS workers to attend the conference.

**Chaplains for Children:** The Children’s Advocacy Centers of Mississippi, Families First of North Mississippi and MDCPS have partnered to offer three (3) Chaplains for Children Trainings in three (3) regions of the state. The first training prepared attendees to recognize and respond to cases of sexual abuse, physical abuse, emotional abuse and neglect. Discussions were about the prevalence of child abuse, the impact of abuse on spirituality the interest offenders have in churches and faith-based camps and schools, and will offer suggestions for working to assist a child in coping with maltreatment. The training also discussed ideal child protection policies for a faith-based institution, including handling a situation in which a convicted sex offender seeks to join a congregation. The training was scheduled in May 2017 and there will be a training held in July 2017. Topics for the May 2017 training included:

- The impact of child abuse on a victim’s sense of spirituality and concrete suggestions for working with medical and mental health professionals to assist a child in coping with maltreatment.
- Ideal child protection policies for a faith-based institution, including handling a situation in which a convicted sex offender seeks to join a congregation.
- Review of various child abuse case scenarios and appropriate and inappropriate responses.

**Desoto Schools Pilot Project:** MDCPS, CACM, Dept. of Education, Attorney General’s Office and the Desoto County School System partnered on developing a mandated reporter training for the schools. This training rolled out in November 2016. The hope is that this training can be expanded for schools across Mississippi.

**Protection of the Forensic Interview:** For many years, Children’s Advocacy Centers have experienced challenges with attorneys in criminal, civil, and juvenile court matters who served informal and formal demands in attempts to obtain forensic interview materials in video or documentary form. These are all possibly improper methods to obtain these confidential materials. Children’s Advocacy Centers pulled together a committee of statewide stakeholders to assist with addressing these issues. MDCPS was a part of this committee and assisted with the development of proposed legislation to protect sensitive forensic interview material. The committee presented public policy this past legislative session in an attempt to do the following:
• Clearly define forensic interview materials (DVDs and reports of the forensic interview) as confidential by law.

• To provide clear procedures in the many courts that must be followed by individuals and/or their legal representatives who seek access to forensic records through the Court, and not directly from a CAC.

• To provide clear notice procedures to the State that must be followed by individuals and/or their legal representatives who must seek access to forensic records through the Court, and not directly from a CAC. This ensures that the State of Mississippi, through the District Attorney’s Office or MDCPS and their respective resources and expertise, and provided notice and an opportunity to be heard their interests in the work product as well as an opportunity to raise any confidentiality concern. This allows that the CAC does not shoulder the entire responsibility of raising the State’s interest.

• To provide clear procedures, including notice procedures, in instances where multiple demands for forensic records are made upon CACs in simultaneous court actions.

• To ensure that Mississippi CACs follow proper notice procedures to the State when forensic records are demanded directly from them by individuals and/or their legal representatives.

• To ensure that the Court’s gatekeeping functions are not circumvented by the improper and/or unauthorized release of forensic records prior to the Court’s involvement.

• To prevent, through clear protective orders, the improper release of forensic records to individuals who are denied “reasonable access” to confidential records of child abuse.

• To allow victims access to their records, either individually when they reach 18 or through their legal representatives when minors, in order to file a civil claim for damages for the harm caused to them for being abused.

Although the legislation did not successfully make it out of this legislative session, it has started the conversation about this need and it is the intent to reintroduce this legislation again next year.

**One Loud Voice Conference Planning Committee:** Children's Advocacy Centers of Mississippi hosted the 4th Annual One Loud Voice: A Multidisciplinary Team Approach to Child Abuse Conference on April 5-6, 2017 in Biloxi, Mississippi. The conference brought together disciplines charged with the responsibility of assessing, investigating, treating, and prosecuting child abuse cases in Mississippi. MDCPS was also a part of the planning committee for this conference and
has provided valued input into the quality of the conference itself. Tracy Malone, Deputy Director of Field Operations for MDCPS, spoke at the conference regarding the new Department.

**Child Advocacy Studies:** The MS Child Advocacy Studies is an initiative to engage all of the Mississippi colleges, universities and institutions of higher learning to improve the skills of our future workforce. It will allow for professionals who will work in various fields of child advocacy and various community members to join forces by learning together about child maltreatment and needed community responses. Students are not prepared to identify or report child abuse and neglect and they are not prepared in respective disciplines to fulfill their roles and responsibilities to protect children who are being harmed. Faculty members are not equally prepared to teach the students the knowledge and skills they need to be engaged in child advocacy. Students, faculty and stakeholders have not traditionally valued multidisciplinary work to create a safety net for children in our Mississippi communities. Students and professors are realizing how important it is for the protection of our children to learn to work as a team and to be better prepared to respond to the complexities of maltreating families and crimes against children.

**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 MDCPS. We are currently in the fifth year of this collaboration. The CWTA continues to provide 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. We are currently working to revise the Level II and Level III Clinical Supervisory curriculum which will be used as continued training for supervisors who have completed the Clinical Supervisory Training and Level I mentoring sessions provided by CWTA. All evidenced-informed curriculum used in training is approved by MDCPS and is updated annually.

**ReNewMS**

ReNewMS is co-chaired by First Lady Deborah Bryant and Mississippi Supreme Court Justice Dawn Beam. ReNewMS is a nonjudgmental approach that has made significant strides in effectively addressing the needs of these mothers. Through convening state leadership for
strategies, RenewMS has identified mothers through attendance of court hearings and referrals from the Guardian Ad Litems. ReNewMS also pushed for priority beds at treatment facilities, case management of MDCPS social workers, explored some of the underlying causes of substance abuse, and completed referrals for mental health assessments/intensive therapeutic services with Pine Belt Mental Health Resources. Additionally, RenewMS has engaged Canopy Solutions, Mississippi Health Access Initiative and the Division of Medicaid to assist in expediting applications for Medicaid eligibility. This was a pivotal avenue of support in accessing treatment.

On October 14, 2016, ReNewMS emerged as a pilot program focused on a renewed approach to address the rise in women with addictions who faced a significant risk of losing one or more children. Given the interest of the state as it relates to safety, well-being, and child custody cases, this pilot program evolved with the focus on Marion County in Region V and Hancock and Pearl River Counties within Region VII East. These regions were selected due to the high incidences of child abuse and neglect associated with drug addicted parents. Hancock County had approximately 327 children in custody with 214 due to parental drug abuse. Pearl River County had 226 in state custody with 148 for parental abuse, and Marion County had 254 with 129 due to parental drug abuse. It was also identified that a multi-disciplinary approach was needed to address this national epidemic which is evidenced in our state.

As an internal stakeholder in the lives of families and children, ReNewMS and the MDCPS Prevention and Protection Unit worked collaboratively to develop the message and preventive support for the rehabilitation of families and reunification of children, where necessary. By assessing to explore the needs and strengths of the families, families can have a more tailored approach for services. Services such as family preservation and Mississippi Youth Programs Around the Clock (MYPAC) which equip families with the tools for an all-encompassing environment. These services also help families meet the daily tasks of time management needs, extra-curricular activities, and parenting skills.

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; 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. In addition, MDCPS has partnered with 200 Million Flowers on its Rescue 100 Initiative to recruit and retain foster and adoptive parents.

Teen Advisory Board
The Mississippi Teen Advisory Board (TAB) meetings are held monthly and guided by a Transitional Care Coach. A TAB has been established in all the MDCPC regions. Each regional
board held an initial meeting where they identified their overall initiative and each subsequent meeting has been centered around a youth led development of goals and tasks necessary to support and drive their initiatives using MDCPS Foster Care Policy and current practice. Each regional board is preparing to present their initiatives to the state level Teen Advisory Board for inclusion in the TAB Management Team presentation. The current initiatives in development are improving access to services, creating and implementing leadership skills among foster youth based on individual strengths, and creating a more "normalization" of youth in care.

**Casey Family Programs-Permanency Roundtables (PRTs)/ Rapid Permanency Supports (RPS)**

As of January 2017, the Permanency Roundtables have been postponed indefinitely. MDCPS is in the process of implementing Rapid Permanency Supports. Rapid Permanency Support (RPS) is one tool designed by Casey Family Programs (Casey) to assist child welfare and the court system to move quickly to achieve timely permanency for children in out-of-home care. RPS is designed to simultaneously identify and mitigate case level and system level bottlenecks and barriers. The court system is crucial to moving children to permanency and Rapid Permanency Supports utilizes the support of court administrator, judges, attorneys, and other pertinent legal personnel to aid in the process.

RPS focuses on children deemed close to permanency, many who have been in care for two years or longer and are stable in their placements with families willing to provide them with legal permanency. The initial target population focuses on children in care ages 0-9. The reviews are quick-30 minutes or less per child - and are forward-looking in nature. Support teams comprised of MDCPS staff, and partners from Casey complete a review tool by entering dates for milestones. A representative for the Office of the Attorney General will also sit on each team to provide additional support as needed.

The initial implementation of the Rapid Permanency Supports is March 31, 2017, for Region III South and April 10-11, 2017 for Region VII Central. The following regions will be scheduled thereafter to assist in helping children in care achieve permanency at a faster pace:

- 7 West - Hancock County
- 7 East – Jackson County
- 2 East- Desoto County

**Solomon Counseling Center (SCC)**
Solomon Counseling Center is the outpatient counseling program of Catholic Charities, Inc. in Jackson, MS. The counseling services are offered through a continuum of evidenced based
interventions: Cognitive Behavioral Therapy, Trauma Focused CBT, Cognitive Processing Therapy, Eye Movement Desensitization Reprocessing, Gottman Institute Marriage Counseling, and SPARCS, a group intervention for adolescents responding and living in chronic stress. The Solomon Center has been collaborating with the Department of Human Services, Division of Family and Children Services for 5 years through the Community Based Child Abuse Prevention Grant to provide:

- evidence-based marriage therapy to parents with children under 18 years of age in the home
- evidence-based trauma therapy to 1) uninsured/under insured adult survivors of abuse, 2) adult survivors of child trauma, 3) domestic violence survivors, 4) underserved African American/English as second language/undocumented populations/former unaccompanied refugee minors

Through the CBCAP grant, the Solomon Center has been able to provide trauma therapy to approximately 380 adults and 57 couples for almost 4000 hours of evidenced based therapy. This therapy has enriched the lives of over 400 children at the time therapy was provided for these families. As wrap around care, we were also able to provide transportation support, psychiatric and translation services, as needed.

**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.

**Collaboration with Mississippi’s Comprehensive Emergency Management Plan**

The Mississippi Emergency Management Agency (MEMA) is designated by the governor with the responsibility of the ongoing development and implementation of the Mississippi Comprehensive Emergency Management Plan (CEMP). The CEMP is broken down into four components one of them being the Emergency Support Function (ESF) Annexes. MDCPS and MDHS have joint responsibility for ESF#6 which includes mass care, emergency assistance, housing and human services. The State Emergency Repatriation Plan (SERP) was last approved on March 27, 2009 by the Administration for Children and Families Office of Refugees Resettlement (ACFORR). It was attached to the CEMP as a part of ESF#6. The last update to the CEMP was September 2015. MDCPS in collaboration with ACFORR and MEMA are in the process of updating the SERP and to reflect the updates in the CEMP. The updates will have to go through the approval process and the target date for final approval is September 30, 2017.
Collaboration between MDCPS and the Mexican Consulate
Collaboration through a Memorandum of Understanding was entered into on August 13, 2009 and remains between MDCPS and the Mexican Consulate for cooperation in providing services to children in the United States who are Mexican citizens.

Collaboration between MDHS and the Division of Medicaid (DOM)
Collaboration through a fully executed open ended Interagency Agreement between MDHS and DOM, dated January 24, 2011 for Provision of Medical Assistance for Refugees in Mississippi. MDCPS and DOM are in the process of collaborating on a revised Interagency Agreement to include MDCPS in the agreement.

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.

MDCPS has continued the practice of involving both agency staff and stakeholders in discussions regarding the delivery of services to children, youth, and families. Some of the recent examples during the reporting period consisted of MDCPS’ annual joint planning meeting and collaborative progress reporting from external stakeholders. During the month of November 2016, MDCPS began contacting and requesting the support from its stakeholders to provide collaborative input with the state’s 2018 APSR. This request consisted of stakeholders providing brief written progress narratives about their involvement with any new or current joint initiatives. Also, on April 25, 2017, the state hosted its annual joint planning meeting with its external partners to meet with the Children's Bureau to describe their partnerships and collaborative efforts. Lastly, as a result of restructuring and transitioning to be a stand-alone agency, changes have also occurred with the collaborative efforts made by various stakeholders.
IV. UPDATE ON ASSESSMENT OF PERFORMANCE

A. MISSISSIPPI CHILD WELFARE PRACTICE MODEL

Currently, there have been no updates to the state’s child welfare practice model. Although there have been no updates to the practice model, the state has been strengthening its implementation efforts and shifting its cultural framework from being foster care driven to providing more resources toward in-home preventive services. This cultural shift places more resources into lives of the children and families throughout the state of Mississippi. Some of the agency’s most recent initiative to support the In-Home services paradigm consisted of: (1) restructuring the Bureau of Preventive and Protective services, (2) releasing a RFP in May for potential vendors to provide intensive, home and community-based family preservation, reunification, and support services, (3) hosting a conference in the month of June that focused on strengthening the state’s implementation of its child welfare practice model and (4) our state’s Governor signing the first Family Reunification Month Proclamation for the month of June.

As stated above, MDCPS did release an RFP that requested services intended for families with children who are at risk of out-of-home placement by MDCPS. This RFP was designed to help break the cycle of family dysfunction by strengthening families, keeping children safe, and reducing foster care and other forms of out-of-home placements. This primary goal of this service is to remove the risk of harm to the child rather than removing the child by (1) reducing unnecessary out-of-home placements, (2) preventing and/or reducing child abuse and neglect, (3) improving family functioning, (4) enhancing parenting skills, (5) increasing access to social and formal and informal concrete supports, (6) addressing mental health and substance use issues, (7) reducing child behavior problems, and (8) safely reunifying families.

To further expound on the state’s conference initiative, MDCPS collaborated with Center for the Support of Families (CSF) to host the “Leading Through Change” conference. This conference was held on June 21st–23rd, in Jackson, MS and was comprised of 250 social work superiors. MDCPS’s Commissioner and executive leadership, and the Governor for the State of Mississippi was also in attendance to provide support and enlightenment about the agency’s transition to a stand-alone agency. Additionally, the conference consisted of speakers from MDCPS leadership, Cheryl Blanchett of Capacity Building Center (CBC) for states, former Director of Indiana’s Child Protective Services, Judge James Payne and Sam Cobb, Chief Executive Officer, of First Place for Youth in California.

In general, the conference focused on MDCPS’s child welfare practice model and how it continues to guide all interventions with children and families. MDCPS’s practice model
includes six (6) inter-connected categories of activities, all aimed at ensuring the safety, permanency, and well-being of children and families. The implementation of the practice model will be reinforced through the state’s Continuous Quality Improvement (CQI) unit that will permit the Department to monitor and support staff and providers in serving children and families in ways that reflect the components of the practice model.

B. PRACTICE MODEL COMPONENTS

1. **Safety Assurance and Risk Management:** Activities in this component will help children remain safely at home when possible and appropriate and ensure safety of children in foster care. This requires thorough initial and ongoing safety and risk assessments throughout the life of the case, and providing services commensurate with the level of risk or harm present for a child.

2. **Strengths and Needs Assessments:** Comprehensive assessment of the strengths and needs of all family members is an ongoing process of gathering, organizing, and analyzing information for the purpose of informed decision-making and service-planning. It incorporates, but goes beyond safety and risk assessment, and identifies underlying conditions affecting the family’s circumstances.

3. **Involving Children and Families in Case Planning and Decision Making:** This component requires the participation of age-appropriate children and youth and all relevant family members in identifying their unique strengths, needs, and service requests, and in developing plans that address their needs, establish goals, and support appropriate relationships with children in foster care.

4. **Individualizing Case Planning:** Individualized case planning starts with information from the comprehensive family assessment and continues to be informed by ongoing assessment throughout the life of the case. Case plans are developed with the family not for the family, occurring early in the casework process, addressing underlying issues that contribute to the presenting needs and are flexible to change as the family’s needs and progress toward achieving the identified goals change.

5. **Mobilizing Appropriate Services Timely:** This component of the practice model requires that services be designed and delivered pursuant to an assessment of children’s and parents’ needs, and includes an adequate array of appropriate placement resources, therapeutic, safety and supportive services. Services should be specifically matched to the family members’ strengths and needs.

6. **Preserving and Maintaining Connections:** This component promotes the normalizing of relationships for children in foster care whenever safe and appropriate. Activities focus on
keeping children safe and stable within placement settings that permit them to retain important relationships, cultural traditions and connections, and social institutions that, such as school, religion, and communities.

C. ILLUSTRATION OF PRACTICE MODEL COMPONENTS
D. ASSESSMENT OF THE SEVEN (7) CHILD AND FAMILY SERVICE REVIEW (CFSR) OUTCOMES

Due to the demands of the Olivia Y Lawsuit’s Modified Settlement Agreement (MSA) and Stipulated Third Remedial Order (STRO), the Evaluation and Monitoring Unit, which was one of the primary sources of information for the items below, was temporarily deferred from completing the annual regional on-site case reviews in order to provide continuous quality improvement services in other areas of child welfare practice. As a result of this, the data that will be provided from the Evaluation and Monitoring Unit (EMU) items will be indicative of cases reviewed between July 1, 2016 and March 31, 2017.

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

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

   **Response:** Evaluation and Monitoring Unit (EMU) Item 1: Timeliness of initiating investigations of reports of child maltreatment: July 1, 2016 through March 31, 2017: 64.94% of 271 applicable cases rated a strength. 75.65% of 115 applicable cases rated a strength during the previous fiscal year July 1, 2015 through June 30 2016. Strength indicates that the investigations into the reports of maltreatment were initiated in accordance with MDCPS 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. The number of applicable cases in all Evaluation and Monitoring items is significantly higher this reporting period, as monthly case reviews are included in this total as well as the numbers derived from annual follow up reviews, which were what was reported in the previous year’s report.

   **Report MWZ128SS: Child Investigation Timeliness Report:** For the month of May 2017, 71.1% of intakes were initiated timely. **Report SZ1271: Timeliness of Investigations for Custody Children:** 4/01/2017-4/30/2017: 95.45% of investigations of maltreatment were initiated timely statewide. Currently, the state shows an increase 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. DRU cannot comment on reasons for increase.

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

a) Item 2: Did the agency make concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after reunification?

Response: EMU Item 2: Repeat maltreatment: July 1, 2016 through March 31, 2017: 93.43% of 198 applicable cases rated a strength. 94.83% of 58 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, 2016 through March 31, 2017: 79.29% of 338 applicable cases rated a strength. 72.97% of 185 applicable cases rated a strength for federal fiscal year 2016. 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 an increase in overall performance in this measure over the past year, in comparison to the previous year’s performance. This increase in performance can be attributed to the timeliness with which services are provided, and in the provision of services overall, as improvement in both scenarios has 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, 2016 through March 31, 2017: 96.97% of 132 applicable cases rated a strength while 92.86% of 56 applicable cases rated a strength for federal fiscal year 2016. 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. This measure indicates that fewer children are re-entering foster care following a discharge than re-entered in the previous fiscal year.

**Report MWLS311S: Children Who Have Re-Entered Foster Care within One Year of Reunification:** Rolling 12 month period from May 1, 2016 through April 30, 2017: 8.34% 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.

**b) Item 3:** Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child (ren) in their own homes or while in foster care?

**Response: EMU Item 4: Risk assessment and safety management:** July 1, 2016 through March 31, 2017: 66.45% of 462 applicable cases rated a strength. This is a higher percentage with a higher number of cases reviewed in comparison to previous reporting of July 1, 2015-June 30, 2016: 66.35% of 312 applicable cases. A strength rating indicates that safety and risk were assessed timely initially and on an on-going basis throughout the review period. The agency has shown a very slight increase 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, as was the case in prior years, but the rate formal ongoing assessments has improved. 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 5/01/2016 through 4/30/2017: 0.31% 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.

**3. Permanency Outcome 1:** Children have permanency and stability in their living situations.
a) Item 4: Is the child in foster care in a stable placement and were any changes in the child’s placement in the best interests of the child and consistent with achieving the child’s permanency goal(s)?

Response: EMU Item 14: Stability of Foster Care Placement: July 1, 2016 through March 31, 2017: 89.24% of 251 applicable cases rated a strength. This percentage was higher in comparison to the previous reporting period of July 1, 2015 – June 30, 2016: 88.46% of 182 applicable cases. 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 May 1, 2016 through April 30, 2017 80.10% of children who were in custody for less than 12 months during this time frame had 2 or fewer placements statewide.

b) Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?

Response: EMU Item 10: Permanency goal for child: July 1, 2016 through March 31, 2017: 36.65% of 251 applicable cases rated a strength. This was also an increase in the number of cases reviewed and percentage from the July 1, 2015-June 30, 2016: 31.32% of 182 applicable cases which rated a strength as well. 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. It further indicates 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 May 1, 2016 through April 30, 2017:
54.06% of children entering foster care during this time frame had a permanency plan developed within 30 days.

c) Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

Response: EMU Item 13: Reunification, Guardianship or Permanent Placement with Relatives: July 1, 2016 through March 31, 2017: 30.16% of 189 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 34.17% of 120 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 MDCPS Focus initially. The agency continues to work to develop adequate resources statewide to provide all needed services to families to address their identified needs.

EMU Item 15: Adoption: July 1, 2016 through March 31, 2017: 25.93% of 81 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 33.73% of 83 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 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. The Evaluation and Monitoring Unit (EMU) has also stressed the importance of timely assignment of Adoption Workers to cases where Adoption is adopted as a permanency goal for children in custody.

**EMU Item 16: Other planned permanent living arrangement:** July 1, 2016 through March 31, 2017: 47.06% of 51 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 60.78% of 51 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 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 May 1, 2016 through April 30, 2017: 66.74% percent of children exited to reunification within 12 months statewide. **Report SBRD10: Length of Time to Adoption Finalization:** Rolling 12 month period from May 1, 2016 through April 30, 2017: 0.90% of children were adopted within 12 months, 12.20% of children were adopted within 24 months and 40.60% of children were adopted within 36 months.

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

   a) Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?
Response: EMU Item 20: Placement with Siblings: July 1, 2016 through March 31, 2017: 98.77% of 162 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 98.36% of 122 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 increase in performance as compared to the data reported in the previous year’s reporting. 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 May 1, 2016 through April 30, 2017: 76.27% of siblings were placed together or had exceptions noted during this time frame.

b) Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members?

Response: EMU Item 21: Visiting with parents and siblings in foster care: July 1, 2016 through March 31, 2017: 21.49% of 228 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 25.81% of 155 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.

This particular item has shown a slight decrease in performance from the data reported in the previous year, and the current performance does not yet meet the established performance standard. EMU reviews reveal that if visitation 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 April 1, 2017-April 30, 2017, 6.61% of children met with their mother, 5.387% of
children met with their father, 19.77% of children met with their siblings and 5.30% met all visitation requirements.

c) Item 9: Did the agency make concerted efforts to preserve the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

Response: EMU Item 19: Proximity of Foster Care Placement: July 1, 2016 through March 31, 2017: 97.18% of 248 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 98.24% of 170 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, 2016 through March 31, 2017: 84.86% of 251 applicable cases rated a strength and a higher strength in comparison to the July 1, 2015 through June 30, 2016: 80.22% 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 May 1, 2016 through April 30, 2017, 99.92% of children with one placement in PUR were placed in COR, within 50 miles, or outside 50 miles with approved an exception.

d) Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?

Response: EMU Item 24: Relative placement: July 1, 2016 through March 31, 2017: 66.39% of 238 applicable cases rated a strength and a higher strength in comparison to the July 1, 2015 through June 30, 2016: 60.12% of 166 applicable cases rated a strength. This was due to the increase in the agency efforts to place children with relatives. 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. Report SZ0510: Number of Children in Foster Care by Placement Type: As of
4/30/2017, 34.01% of all children in foster care were placed in relative placements which increased slightly from previous year reporting of 33.85% of children in foster care.

e) Item 11: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

Response: EMU Item 23: Relationship of Child in Care with Parents: July 1, 2016 through March 31, 2017: 38.13% of 139 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 27.52% of 109 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. This year’s performance in this area seems to indicate that staff has been receptive to this encouragement, as evidenced by this significant increase in overall performance.

Report SXTACR: Timeliness of County Conference Frequency: Rolling 12 month period from May 1, 2016 through April 30, 2017: 68.00% 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 November 1, 2016 through April 30, 2017: 52.73% of children had an initial FSP/ISP developed within 30 days in a Family Team Meeting. 60.97% of children had a permanency plan detailing goal, timeframes and activities to support the goal. Report SPAD4: County Conference Participation Report: Report Period November 1, 2016 through April 30, 2017: 0.40% of county conferences had the required participation with the exception of a guardian ad litem being present.

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

a) Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to
achieve case goals and adequately address the issues relevant to the agency’s involvement with the family?

Response: EMU Item 5 (Section A): Needs and Services of Child, Parents, and Foster Parents: July 1, 2016 through March 31, 2017: 51.08% of 462 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 56.09% of 312 applicable cases rated a strength.

EMU Item 5 (Section B): Needs and Services of Child, Parents, and Foster Parents: July 1, 2016 through March 31, 2017: 18.79% of 431 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 19.25% of 265 applicable cases rated a strength.

EMU Item 5 (Section C): Needs and Services of Child, Parents, and Foster Parents: July 1, 2016 through March 31, 2017: 81.78% of 214 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 83.75% of 160 applicable cases rated a strength. EMU Item 5 (Overall): Needs and Services of Child, Parents, and Foster Parents: July 1, 2016 through March 31, 2017: 19.70% of 462 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 25.96% 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 November 1, 2016 through April 30, 2017: 57.30% 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 May 1, 2016 through April 30, 2017: 34.18% of children were in custody for at least 72 hours had an initial screening, and 36.74% 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 November 1, 2016 through April 30, 2017: 86.53% 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 November 1, 2016 through April 30, 2017: 9.13% of children had a service plan updated quarterly as a result of a Family Team Meeting. 32.88% of children with a placement change during this period had a service plan updated timely after the placement changed. 8.24% of children had service plans updated quarterly and after a placement change.
b) Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Response: EMU Item 7: Child and family involvement in case planning: July 1, 2016 through March 31, 2017: 9.98% of 461 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 14.42% of 312 applicable cases rated a strength.

EMU Item 11: Case Planning: July 1, 2016 through March 31, 2017: 24.03% of 462 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 19.87% 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 an increase 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 November 1, 2016 through April 30, 2017: 9.13% of children had a service plan updated quarterly as a result of a Family Team Meeting. 32.88% of children with a placement change during this period had a service plan updated timely after the placement changed. 8.24% of children had service plans updated quarterly and after a placement change. Report SPAD4: County Conference Participation Report: Report Period November 1, 2016 through April 30, 2017: 0.40% of county conferences had the required participation with the exception of a guardian ad litem being present.

c) Item 14: Were the frequency and quality of visits between caseworkers and child (ren) sufficient to ensure the safety, permanency, and well-being of the child (ren) and promote achievement of case goals?

Response: EMU Item 8: Caseworker visits with child: July 1, 2016 through March 31, 2017: 56.49% of 462 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 56.73% 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 ongoing emphasis on the importance of giving Prevention and Protection Cases the same level of attention as that given to children in foster care cases. Another potential cause for this is the requirement that only the assigned caseworker was allowed to see the child for the contact to “count”. This requirement is no longer in place, and it is believed that there should be a sizable increase in performance of this measure as a result.

**Report MWZWCMS5S: Annual Worker/Child Face to Face Visit Contact Report:** Rolling 12 month period from May 1, 2016 through April 30, 2017: 91.47% of monthly required child visits occurred within this 12 month period statewide.

d) Item 15: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

**Response: EMU Item 9: Caseworker visits with parents:** July 1, 2016 through March 31, 2017: 17.67% of 430 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 20.5% of 278 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. The decrease in performance is due, in large part, to the failure to make contact with absent parents, or those parents who were not the subject of the investigation which led to case opening. Evaluation and Monitoring continues to stress the importance of making regular contact with all parents whose parental rights are intact, and involving them in ongoing case planning activities. **Report SZCR3: Frequency of Caseworker Visits with Parents/Caregivers with whom Children are to be Reunified:** For the month of April 1, 2017 through April 30, 2017, 28.23% of cases met the frequency of parent/caregiver contact requirement when there was a goal of reunification in the FSP.

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

a) Item 16: Did the agency make concerted efforts to assess children’s educational needs, and appropriately address identified needs in case planning and case management activities?
Response: EMU Item 6: Educational Needs of the Child: July 1, 2016 through March 31, 2017: 65.77% of 260 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 68.42% of 171 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 for the second consecutive year.

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 November 1, 2016 through April 30, 2017: 64.05% of children received timely general and special education screening during this report period. Report SPAD16: Timely Registration for School: Report Period November 1, 2016 through April 30, 2017: 65.44% of the children who entered custody during the period in review were registered for school timely. 59.68% of children with a placement change were registered for school timely.

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

a) Item 17: Did the agency address the physical health needs of children, including dental health needs?

Response: EMU Item 17: Physical Health of the Child: July 1, 2016 through March 31, 2017: 53.07% of 309 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 53.92% of 217 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 Data Response:
• **Report SLS315: Children Who Had an Initial Screening and Comprehensive Health Assessment upon Entering Custody**: Rolling one year period from May 1, 2016 through April 30, 2017: 34.18% of children were in custody for at least 72 hours received an initial screening timely, and 36.74% 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 November 1, 2016 through April 30, 2017: 43.66% 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 November 1, 2016 through April 30, 2017: 45.77% of children turning 3 had a timely dental examination, and 41.07% of children received a timely routine dental examination.

b) Item 18: Did the agency address the mental/behavioral health needs of children?

**Response: EMU Item 18: Mental/Behavioral Health of the Child**: July 1, 2016 through March 31, 2017: 45.61% of 239 applicable cases rated a strength. July 1, 2015 through June 30, 2016: 51.15% of 174 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. No current SPAD25 data available

E. STATE’S ASSESSMENT OF THE SEVEN (7) SYSTEMIC FACTORS

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

   **Response**: MACWIS is still the statewide information system that is available for staff to input the status, demographic characteristics, location, and goals for the placement of every child
who is in foster care. Information is required to be entered into MACWIS within 5-7 days, depending on what the information is. Data Entry timeframes vary based on the policy surrounding the item in question. During the period under review, updates have been completed that contained application updates to the following:

- Eligibility: To ensure placement and resource remuneration in a timely manner.
- Court: Modified Periodic Assessment Determination (PAD) tool to allow a more accurate review of the foster child.
- Resource: Extended licensing period from one to two years.
- Intake: Identifying children suspected of Human Trafficking; Allow inquiries identified as erred to be closed earlier in the process. These changes were completed to meet the requirements established with Olivia Y.

The state also utilizes MYCIDS as an additional statewide information system. As stated, MYCIDS is the statewide system for the real time management of the activities of the Mississippi Youth Court System. Currently, all 82 counties and one municipal youth court are in some stage of entering data into the Mississippi Youth Court Information Delivery System. During the current reporting timeframe, AOC provided 32 training sessions in 39 counties. The courts are currently requesting training sessions for new court intake personnel or a refresher training on using MYCIDS for full benefit. Each County Youth Court Judge or Youth Court Referee is required to sign a Certificate of MYCIDS Compliance annually, which includes any limitations on data entry and plan for full implementation. In 2016, certificates were received for all 83 jurisdictions. A percentage of compliance with MYCIDS report is provided to Judges and Referees periodically. The Juris in Residence and the Senior Analyst for MYCIDS works with individual counties where the compliance percentage is low to determine the cause and to correct the issue(s) or make significant progress toward compliance in specific areas.

Data input for MYCIDs consists of the following staff:

- For delinquency cases, information is input by the DYS worker or Intake Officer.
- For truancy and educational neglect, information is input by the School Attendance Officer or Intake Officer.
- For abuse and neglect cases, the MDCPS social worker begins inputting data within 24 hours of the initial investigation and has to submit a completed report within 30 days to the court and the court designee.
2. Case Review System
   a) 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?

   MACWIS is still available statewide for staff to input the status, demographic characteristics,
location, and goals for the placement of every child who is in foster care. All Case Plans are to
be developed as a collaborative effort between the case worker and both parents, though
regularly, that does not occur. Often, the parent from whom we remove is engaged in this effort,
but the absent parent is not. This seems to be a consistent trend statewide.

   Report Data Response:

   Report SPAD 19: Children who have a Permanency Plan Detailing Goal, Timeframes and
   Activities to Support Goal: Report Period November 1, 2016 through April 30, 2017: 52.73%
of children had an initial FSP/ISP developed within 30 days in a Family Team Meeting. 60.97% of
children had a permanency plan detailing goal, timeframes and activities to support the goal.
   FSP is Family Service Plan, which is all that we have at this time. Previously, an ISP was an
   Individual Service Plan. We no longer have those. This is data gathered through what we
   referred to as the PAD, or periodic administrative determination. Our previous court monitor
required the utilization of this tool; we no longer complete the PAD document, so these reports
are now defunct. 60.97% of children had a permanency plan detailing goal, timeframes and
activities to support the goal.

   Report SPAD20: Service Plans Updated quarterly and for Placement Changes: Reporting
   Period November 1, 2016 through April 30, 2017: 9.13% of children had a service plan updated
   quarterly as a result of a Family Team Meeting. This low percentage is indicative of the number
of cases that had an update where it was clear that the updates were informed by a family team
meeting. A family team meeting is supposed to occur every 90 days at minimum, and any time
there is a significant change in the child’s case. 32.88% of children with a placement change
during this period had a service plan updated timely after the placement changed. 8.24% of
children had service plans updated quarterly and after a placement change.

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

   Response: Report SZTACR: Timeliness of County Conference Frequency: Rolling 12
   month period from May 1, 2016 through April 30, 2017: 68.00% of the most recent county
conferences were held timely. This report was generated from data entered into MACWIS. County Conferences are a component of the federally and state mandated six month administrative review known as the Foster Care Review. The county conference is facilitated by Foster Care Reviewers who hold no direct service or case management responsibilities. Mississippi conducts County Conferences/Foster Care Reviews every five months on a rolling basis. Prior to the county conference, the foster care reviewer conducts a thorough review of all MACWIS case components. The paper file is reviewed the day of the county conference. The county conference is held in the county office, and is a discussion held between a foster care reviewer, the county social worker responsible for that case, the worker's supervisor, any ancillary staff, such as adoption workers, the child in custody, parents and grandparents of the child in custody, other family members, the resource parent for the child, the guardian ad litem, any therapist, or other parties having interest in the case. It serves to determine what has occurred to achieve permanency for a child, what else needs to be done to achieve permanency, what services have been received, what services are still needed that have not been provided, and who the child has positive relationships with. The results of the county conference are compiled into a report submitted to the court by the county DCPS staff. The results of the overall administrative review are submitted to the county ASWS for follow up of any noted areas requiring corrective action. Some of the issues which can and have affected the timeliness of County Conferences is the timeliness with which children are entered and removed from the State’s Custody and Oversight, the availability of Staff within the Foster Care Review Unit, and the number of children in custody for this state. The majority of the 82 counties in Mississippi have a timely Foster Care Review/County Conference. The Foster Care Review Unit maintains a data spreadsheet of all children in custody. This spreadsheet is updated monthly to capture all children who enter and leave custody to ensure all children are accounted for and to attempt to cover as many county conferences as possible while addressing the backlog of cases in areas that have fallen behind the six month schedule due to the reasons cited above. The Foster Care Reviewer does report cases to the county ASWS that are in need of (overdue) a permanency or other court hearing as part of the overall administrative findings.

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

Response: Report SZTPHR: Timeliness of Permanency Hearing: Rolling 12 month report from 5/1/2016-4/30/2017: 56.55% of children statewide who were in custody 12 months or
more had a timely permanency hearing. This data is collected and tracked in MACWIS. It is reliant upon the County of Responsibility Worker entering the court hearings information into MACWIS when the hearings are conducted. The Data Validation Specialists, who are part of the Data Reporting Unit, review each report for validity, consistency, and accuracy prior to any report being published. This assures the agency that the information provided is of good quality and that it is reliable.

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

Report Data Response:

- **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. This information comes from MACWIS. The data on time to finalized adoption can be found in Report SBRD10, located on page 34 of this report. As far as the identification and tracking of whether or not compelling reasons not to pursue TPR exist, both the Evaluation and Monitoring Unit and Foster Care Review Unit had questions directly related to this and both units are able to provide statistics related to compelling reasons.

- **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 4/1/2017-4/30/2017: 81.67% of children had a TPR petition filed/exceptions noted within 17 of 22 months (7.9% had a petition filed, and 73.77% had an ASFA exception noted.)

The case review system is functioning well. However, the TPR statue changes in Mississippi drastically affected the processing of terminations in Mississippi. These changes included the requirement to work with biological and putative fathers with family service plan (fsp), grounds for terminations, and procedures in which biological parents could surrender their rights. Many cases were also delayed due to this statue change.

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

Response: Report SPAD4: County Conference Participation Report: Report Period November 1, 2016 through April 30, 2017: 0.40% 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. This data gathered through what we referred to as the PAD, or periodic administrative determination. Our previous court monitor required the utilization of this tool; we no longer complete the PAD document, so these reports are now defunct.

MDCPS policy directs staff (county of responsibility worker) 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.

3. 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 Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?
Response: 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. The QA System functioned statewide in that the Evaluation and Monitoring Unit (EMU) would review a random sampling of cases each month for a specific regional population. For this fiscal year, this occurred between the months of July 2016-March 2017 as data in this report will reflect. Beginning in March, the Evaluation and Monitoring Unit began providing more focused review and feedback of the licensing of expedited pending relative foster homes, of caseload statistics to inform staffing, and of the quality and thoroughness of completion of case studies for purposes of licensing foster homes. In September 2017, the Evaluation and Monitoring Unit will resume its process of reviewing cases regionally. This will increase the number of in-home type cases significantly (from 10 per regional review to 28 per regional review), as the agency evolves into a preventative and assistive agency, rather than a foster care heavy agency. The Evaluation and Monitoring Unit will adopt the Federal On-Site Review Instrument (OSRI) as its method of monitoring, and the Director of the Data Reporting Unit will be responsible for extracting data from the Online Management System (OMS) to be shared regionally at the conclusion of each regional review. Those reports will be shared with Regional Staff, Regional Leadership, and Agency Administrators for purposes of informing practice and receiving additional feedback related to needs from CQI to better serve and support field practice. Additionally, the Foster Care Review Unit conducts administrative reviews on every child in foster care to assure that all children have a written case plan, developed in concert between the worker, child, and child’s parents, and that they have a permanency plan that is both realistic, achievable, and has specific milestones to be met in order for the children to achieve permanency. The Safety Review Unit assures that the Quality Assurance System is functioning well by reviewing all completed investigations of maltreatment that were reported and investigated on children who are in the custody of the state and insures that the investigations were exhaustive, thorough, and timely. The Safety Review Unit further reviews any decision to not investigate a report of maltreatment of a child in the agency’s custody to assure that all decisions of this nature are well made and appropriate. If they find that a screen out decision was not appropriate, they can refer the investigation back to the Special Investigations Unit for full follow up and investigation.
As stated previously, the state is also improving its quality assurance system by creating relevant reports through collaborating with AOC and MDHS/DYS. These reports are being created to identify, monitor, and evaluate the state’s ability to improve timeliness of CPS investigations to the courts and juvenile justice transfers from MDCPS to the state’s juvenile institution and from the state’s institution back to the community. The resulting outcomes would be shared with all relevant departments within CPS, the courts, and MDHS/DYS. Additionally, this would also help to identify and resolve county level barriers that affect the timeliness of investigations and transfer of custody between two state agencies.

Secondly, the state also restructured the focus of its CIP workgroup. The focus has changed to include more strategic planning discussions on staff training and CFSP/APS R updates from CPS stakeholders and internal departments. The CIP workgroup continues to discuss the Termination of Parental Rights (TPR) legislation, MSA requirements, and current policy and field practice. Lastly, CIP has changed the membership of its workgroup by including Deputy level representation for the Field Divisions. Members of the workgroup still include MDCPS State and Regional Staff, the Attorney General’s Office, staff from the AOC, and MDHS State office staff from the Division of Youth Services (DYS) and the TPR Unit Director.

**Strengths and concerns regarding this factor:** MDCPS Quality Assurance System has implemented a CQI process for Performance Improvement Plans (PIP) across all regions based on performance results of yearly Evaluation and Monitoring (EMU) regional reviews. The regions took ownership of developing and answering their Performance Improvement Plans with Evaluation and Monitoring (EMU) providing technical assistance and follow up as requested by the regional staff. All Continuous Quality Improvement Staff recently underwent training on the use of the federal Onsite Review Instrument (OSRI) and is preparing to move to its usage as part of the ongoing CQI processes within the state for monitoring purposes.

The ability of the Data Reporting Unit (DRU) to develop ad-hoc reports which makes data more understandable and actionable has increased tremendously throughout the current fiscal year, and the DRU has plans to develop a more user friendly dashboard for data that will provide data that is within minutes of being “real time” status. Continuous Quality Improvement Units are expanding the scope of CQI so that more areas of the agency are informed by Data and CQI Reporting, so that improvement efforts can be identified and implemented. A few examples of this is the current tracking of workloads and staffing gap analysis as well as the oversight of quality in the process of completing home studies for the purpose of licensing foster homes. Additionally, a new CQI Unit, Consumer Solutions, has been developed to monitor and track client concerns to ensure that our greatest stakeholder, our
clients, are taken care of and their concerns are addressed in a timely manner. Annually, the Evaluation and Monitoring Unit reviews approximately 640 cases, and of that number 348 cases are of Foster Care Placement Cases, and the remaining 292 are of in-home services cases. There has been discussion of possibly increasing the number of in-home services cases, as this typically is the area where most of the improvement is needed. This will begin in September of 2017, when the overall number of in home cases reviewed regionally will move from 10 per review to 28 per review.

4. **Staff and Provider Training**

**Item 26: Initial Staff Training—How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?**

**Response: Staff Training:** The MDCPS 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 and has added some additional support in the line of supervision. In an effort to further support the needs of the trainers, a Division Director has been hired for the northern half of the state as well as the southern half of the state. These directors roll up to the Training Director and ultimately the Office Director of Professional Development. In addition to this change, Professional Development now reports to the Human Resources Deputy Administrator to further align hiring and training needs. In the 2015-2016 training year the partnership with the University of Mississippi, MDCPS has continued its partnership with the university to provide Pre-Service training in conjunction with the PDU training coordinators around the state. The Professional Development team is in weekly communication with the Human Resources team to ensure all newly hired staff are filtered into the appropriate Pre-Service training class. HR sends weekly reports of agency transactions and newly hired staff are placed in a class based on their hire date. This ensures all staff who need to attend Pre-Service training are enrolled. The SmartSheet software is utilized to track the matriculation of staff through training and completion. Completion of OJT and test scores are maintained in this database and certificates of completion are not issued until all tests are successfully passed, and OJT is complete. At this time, all of the training is conducted via on the job training or classroom training. We are in the process of exploring the option to deliver certain modules of training in an online format. There are no barriers currently, and we do not foresee any in the future. The ability to shift to online training for certain modules would be a great asset to the training. MDCPS has recently procured a new method to report on training and completion of training. At this time, all data is kept manually,
and production of an annual report is extremely cumbersome. We track training class completion on a class by class basis and, in the future, anticipate having the ability to produce annual reports. All trainees did complete all requirements of Pre-Servce training prior to receiving a caseload. A piece of this requirement is passing four competency based tests by a score of 70% or greater. In addition to Pre-Service training, Clinical Supervisory Training is delivered 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 implementing a new court training. MDCPS has continued to work with the Court Improvement Project and delivered training in the fall with AOC. Court training was also revised and delivered across the state as an ongoing training topic. Each of these court trainings worked to further develop skills and collaboration with the court. The Attorney General's office also developed and delivered training specifically related to the new TPR law in Mississippi and this training was also delivered across the state.

**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. Previously, MDCPS included private agency staff in SAFE home study trainings which was sponsored by the Department. During the 2018 period under review, MDCPS decided to no longer offer this training to private providers. As stated, the agency is preparing to implement its own home study model.

**Strengths and concerns regarding this factor:**

a) **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.

b) **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?

Response: 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 2016-2017 year. The on-going training program was successful in its first year and additional training classes were added during the 2016-2017 training year. In addition, MDCPS continues to partner with the University of Mississippi for delivery of our ongoing training classes. Ongoing training hours are being tracked through a manual tracking system. Currently, this data system we have access to does not produce reports. In an effort to remedy this problem MDCPS has procured a learning management system called Cornerstone that is currently in the process of implementation. The anticipated launch of the system is July 1, 2017.

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

Response: The Family Resource Centers handle training our prospective foster parents in the north half of the state and the Mississippi Community Education Centers service the lower half of the state. During the reporting period, the Family Resource Center of (FRC) Northeast Mississippi continued to offer MS PATH training in North Mississippi. This provider taught several P.A.T.H. (Parents As Tender Healers) classes during July-October. The educators taught 2 classes per quarter, per region (6 regions), for a total of 12 classes during that time. FRC staff also graduated 800 clients in Path from July 1- December 2016. In addition the FRC staff has conducted Bullying Training for MDCPS Staff in Columbus and Jackson, state office for Regional Directors. Furthermore, there are two (2) Wendy’s Wonderful Kids providers that work with MDCPS to recruit adoptive placements.

Family Resource Centers and the Mississippi Community Education Centers both contract with our agency to provide the initial Path training in each region, twice a quarter. The two resource centers also offer ongoing training as requested by the agency. Their agency also offers parenting classes to biological families. These two resource centers also assist in the training being provided through Rescue 100. Rescue 100 is a weekend long training event that
is provided four times a year. MDCPS also acquires between 50-75 non-related homes each time we have a Rescue 100 event.

Also, all prospective foster/adoptive parents are required to complete up to twenty-five (25) hours of pre-service training initially and ten (10) hours of ongoing training per year. Pre-service training covers the following topics:

- Characteristics of Children Served
- Separation and Attachment
- Developmental Stages
- Behavior Management
- Adoption Issues
- Blood Borne Pathogens
- Child Safety Course
- First Aid/CPR
- Travel and Finance

Prospective foster/adoptive parents receive certificates of completion after pre-service training. Additionally, they are required to submit certificates for the ten (10) hours of ongoing training on an annual basis, during the home environment check. Parents may obtain five (5) hours of the ten (10) required hours online through the agency's prepaid service at www.fosterparentcollege.com. Foster/Adoptive parents may also attend trainings offered through partner agencies, or in the community that are pre-approved by the agency. MDCPS has discontinued use of fosterparents.com and continues to utilize fosterparentcollege.com as stated above. Fosterparentcollege.com is available at no cost to the resource parent. MDCPS staff can also obtain continuing education credits toward their license at no cost at fosterparentcollege.com. Lastly, MDCPS evaluates its pre-service training by having prospective foster/adoptive parents complete surveys at the end of each training. The feedback is also reviewed on a regular basis to ensure training needs are being met. Trends in maltreatment investigations and foster/adoptive parent feedback guide the state in assessing training needs.

There are also support groups that meet in most regions which are conducted through a contract with Southern Christian Services. At those support group meetings, they offer one hour of ongoing training a month to any foster parents who participate. These are not all being held each month but are options in most regions when there is an active support group in that area. MDCPS is also creating a newsletter for the website to identify the availability of
educational training for foster parents, so they can get their ongoing 10 hours of training each year. Foster parents are also able to attend conferences or workshops in their community. This should be pre-approved by their Licensure ASWS, and this should be a topic that is relative to foster parenting or the children they have placed in their home. MDPCS is also in the process of putting some of the initial Path training and ongoing training on the website for staff and foster parents to have access to training opportunities through Cornerstone.

Independent Living staff also provides state wide training to both resource and adoptive parents about the Independent Living program/service and Educational Training Voucher program eligibility requirements. Additional training is given to discuss program policy and activities which are held as needed by the request to MDCPS Regional Directors. There are currently three (3) Independent Living Program Administrators placed strategically throughout the state to address technical assistance needs of MDCPS staff and training needs of MDCPS resource and adoptive parents.

5. 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 Child and Family Services Plan (CFSP)?

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

Response: Effective Jan. 1st, children entering foster care shall receive an EPSDT or other comprehensive medical exam within 30 days of entering foster care. EPSDT is Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

EPSDT is:
FY: 2018-ANNUAL PROGRESS AND SERVICE REPORT (APSР)

- Early: Assessing and identifying problems early
- Periodic: Checking children's health at periodic, age-appropriate intervals
- Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and
- Treatment: Control, correct or reduce health problems found.

Magnolia Health Plan is still the managed care organization providing services to the state’s foster children under Mississippi Coordinated (MSCAN). They assist our case workers in locating medical, dental and mental health services. Magnolia has approximately 15,000 providers in Mississippi and the surrounding states that are available to provide physical, mental health and dental services. Magnolia has providers in all 82 counties in Mississippi. This is a vast improvement in services for our foster care children. Where there were gaps in the state, mainly in the northern part of the state, gaps have closed. Magnolia Health Plan has greatly enhanced the state’s service array for foster children. They are afforded continuity of having a medical home, opportunities for more specialized services, case management services and follow up care. Because of the number of Magnolia providers our children will be able to be serviced within their communities. Currently, Magnolia Health Plan provides approximately 4,500 foster care children with medical, dental and mental health services.

Magnolia Foster Care Case Managers have a team of 4 members (2 social workers and 2 registered nurses) with MDHS/DFCS nurse and 2 members from Division of Medicaid that train MDCPS field workers about Magnolia Health Plan and the benefits/services that are available for the foster children in Mississippi under this program. This training is provided on a regional basis covering all MDCPS Regions each year. This process began in January 2013 and is ongoing to educate all staff concerning benefits/services available as well as how to access their services.

Additionally, 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 was 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.
As stated, IL services are available statewide to both resource and adoptive parents statewide. Currently, three (3) IL staff are strategically placed across the state to address technical assistance needs of MDCPS staff and training needs of MDCPS resource and adoptive parents. The only barrier to Independent Living services is the need for more staff to address the needs of Mississippi's growing foster care population. The IL Staff is currently working with Human Resources department to access the staff needs based on population. Additional staff will be provided for regions with an increased number of youth age fourteen (14) to twenty-one (21).

**Item 30: Individualizing Services-How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?**

**Response: Report SPAD 12: CFA in 30 Calendar Days: Report Period 11/1/2016-4/30/2017: 57.30% of children had a comprehensive family assessment 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, and 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. Strengths and concerns regarding this factor: Mississippi currently lacks substance abuse services to match the needs of MDCPS clients.

MDCPS Interpreter Unit provides interpreter services to all MDCPS staff and clients statewide. This unit consists of 5 interpreter staff across the state of Mississippi: (3) interpreters, (1) LEP monitor and (1) Division Director. The interpreter unit has staff assigned to each region within the state. Anytime a worker is in need of interpreter services, they call the interpreter assigned to their region. The assigned interpreter and FPS worker coordinate together to ensure each LEP client receives services in a timely manner. The interpreter unit also provides any and all interpretation/translation needs for the MDCPS client/worker and assist for the life of the MDCPS case. Additionally, all interpreter staff rotate being on call with MCI on a monthly basis.
Currently, MACWIS does not track interpreter services for the agency. Although MACWIS does not track this data, all information recorded for this reporting period is tracked manually by each MDCPS interpreter. For the upcoming fiscal year the MDCPS interpreter unit will continue to manually track all known interpreter usage until MACWIS system allows for recording of required information. Currently, interpreters submit a monthly county activity records and the LEP Monitor ensures that each interpreting need is recorded in MACWIS. Staff records all data and updates the spreadsheet with monthly list of interpreting needs/sessions to include total usage each month.

Also, on April 30, 2017, the state did an assessment for determining the linguistic need to MDCPS clients. The state determined that Spanish is the language most likely to be encountered in the delivery of services to its clients. The state gathered information from the following data sources: U.S. Census Bureau, current limited English proficient (LEP) files, and MS Dept. of Education, school system reports. Lastly, contract staff provide interpreter services for the following languages: Spanish, American Sign Language (ASL), Arabic, Chinese, and Vietnamese.

6. **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 Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

**Response:** MDCPS consistently interacts with the MBCI through quarterly meetings and on an as needed basis to discuss any issues that may arise. MDCPS also uses these meetings to address specific child/family circumstances and to consult with MBCI Social Services. These quarterly meetings with Tribal representatives provide the opportunity for ongoing dialogue, as well as opportunities for collaboration and participation in community events held by each agency. 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, MDCPS Staff and MDHS,DYS Community Services Director. Attending from MDCPS are Directors of Contracts and Legal, Permanency and Placement, Federal Reporting, and Training, as well as the Tribal and Legislative liaison for the agency. 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).

As stated under Collaboration, MYCIDS is the statewide system for the real time management of the activities of the Mississippi Youth Court System. All 82 counties and 1 municipal youth court are in some stage of entering data into the Mississippi Youth Court Information Delivery System and in 2016, certificates were received for all 83 jurisdictions. MDCPS is also continued its collaboration with AOC to develop Basic Courtroom training for regional and county staff. This training involved a multidisciplinary approach to courtroom practice. The goals were to improve courtroom practice for MDCPS staff, and to enhance regional collaboration between the agency and the Youth Courts. The regional groups were composed of regional directors and staff from local departments of MDCPS, MDHS, MDE, 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. Those training dates and regional locations for the month of January consisted of:

- January 11-Northern Location- Oxford, MS
- January 18-Central -Jackson, MS
- January 25-Southern Location -Gulfport, MS

For the 2018 APSR, the state continued with the quarterly and periodic reporting framework by planning and meeting with the agency’s diverse program areas and joint stakeholders to discuss and track agency goals that were previously identified in the CFSP/APSR. This continual process also furthered the improvement of communication internally and externally. This process continued to reduce information gaps between MDCPS and its
stakeholders when reporting their progress or barriers to progress in a timely matter. Another outcome of collaborating more with its partners is that MDCPS strengthen its ability to track and monitor performance measures throughout the year by having its partners and internal departments assist with verifying and reporting on those collaborative measures. Lastly, the state contacted the Tribe to also verify the collaborative efforts for the APSR.

**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 Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?**

**Response:** 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. The system 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, youth-guided, community-based, and culturally competent, and also provide 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

7. **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?**

**Response:** MDCPS has created a recruitment and retention plan for field operations where each region/county has specific duties they need to complete each month toward this end. MDCPS is also requiring certain number of homes to be licensed in their regions/counties each month. Also, a quarterly report is being run to identify how each region/county is doing toward meeting that goal. Our licensing packet for expedited relative and non-placements has been revised and is being entered into our DocuSign system. This process will make these forms readily available to front line workers who complete the packets. Due to this process, forms can be signed more timely and printed to provide copies for the foster parents/licensure staff. This automated system notifies the worker when a home is coming due for re-licensure. Recently, licensing standards have changed as it relates to relatives and we are using the automated home study to complete our relative home studies. We still use the SAFE home study template when licensing non relative families. Once the home is assigned and submitted by the worker, the ASWS reviews all documents for the file as well as what is in the automated system to make sure that the same process is completed on all homes. We have changed our re-licensure requirement to every two years now so this has been changed for all new homes in our automated system. Next, the licensure worker will receive notification that at the one year mark, the home is to receive a walk thru where a home environment checklist will be completed as well as checking for half of their online and in classroom training (10 hours
total). Once that reevaluation is complete, the home will remain licensed for another year. Lastly, staff will then complete the entire relicensing process at the 2 year anniversary of their last license. This should give the family and the agency time to get this family prepared for the 2 year re-licensure, which will keep homes from lapsing or receiving board payments when not licensed. MDCPS also created a visual licensing process to address time frames that are in line with our policy to help the families see progress on their home study/relicensing process. The state will also begin running reports that show how each worker is doing on these time frames and will begin sending the workers an accounting of their monthly progress so we can see who is achieving their goals each month.

Previously, Mississippi had 1684 licensed resource homes. Of that number 44.7% are relative resource homes and 55.23% were non-relatives. As of April 30, 2017, Mississippi has 2390 licensed resource homes. Of that number 48.74% are relative homes and 51.26% are non-relatives. As it relates to community outreach, MDPCS implemented a statewide plan to ensure robust support to the field staff in their recruitment and retention efforts for resource parents. Each region has developed its own recruitment events throughout the community that are being supported by the Permanency Support Services Unit at State Office. The state also printed and distributed recruitment brochures statewide. The brochures contain basic information about becoming resource parents and direct potential resource families to the foster/adoption information hotline, email address, and website. Currently, brochures are undergoing revisions, and posters and business cards are in development for recruiting potential resource parents.

Executive management and Permanency Support Services directors have been interviewed by several media outlets and will engage in more media outlets as opportunities become available to appeal to resource parents. Southern Christian Services for Children in Youth began recruitment services for the agency on July 1, 2016. They launched the Mississippi Heart Gallery by gathering updated pictures and profiles for all MDCPS's children and youth who are free for adoption in need of permanent placement. The Mississippi Heart Gallery was unveiled at the Mississippi Children's Museum in October and continues to be presented throughout the state. Beginning July 1, 2017, MDCPS will continue the Mississippi Heart Gallery without the assistance of Southern Christian Services for Children in Youth. The Mississippi Heart Gallery will be maintained and managed by the Recruitment Manager in the Permanency Support Services/ Foster Licensure Unit. Recruitment methods such as increased exposure to media, social media, community events, and articles will be posted in the local circulars to maximize recruitment opportunities.
Strengths and concerns regarding this factor: MDCPS’ 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?

Response: Response: MDCPS’ 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.

The assessment process for foster care and adoptive placement applicants begin with local licensing staff collecting information on the applicant’s identity. This includes the applicant's social security card, driver’s license, and written consent for a background check. This process also includes fingerprinting, submitting and identifying information through the Mississippi Criminal Information Center and the National Criminal Information Center. Once this submission has occurred, the local staff notify state office of the submission and the results of these requests for criminal history information are then available for State Office staff to review. Additionally, information on applicants without arrests are sent to the local licensing staff for use in licensure decisions. Information on applicants with arrests includes: collection of information from courts, arresting agencies, due process for the applicant to know the criminal history received and the opportunity to provide input in regards to the background results. This also includes guidance to the licensure staff on compliance with Adam Walsh Act, state statute, and MDCPS Policy. The Congregate Unit is also included in this process. The main
goal of the background check provided by state office staff is to process the criminal history information accurately and timely as possible to provide licensure staff the best and most expedient information to make the best licensure decisions for the safety and well-being of children. Barriers may often occur due to the availability of applicants to schedule the fingerprinting, applicant has multiple arrests, court or arresting agency doesn't respond timely to request for dispositions, or additional information is needed from an applicant and the applicant hasn't responded.

**Strengths and concerns regarding this factor:** 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. A new process utilizing digital signatures has been implemented to speed up the process of getting criminal history information to those who make the resource home licensure decisions. One struggle is the delay that can occur when scheduling applicants for fingerprinting. Even though live-scan laptops are available for a CPS employee to use remotely, the scanned fingerprints and related information has to be submitted from a live-scan fingerprint base station strategically located in the region.

**Report SZRESL:** As of 4/30/2017 there were a total of 2389 Licensed Resource Homes. (Non-Relative Resource homes-1224 and Relative Resource Homes-1165)

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

**Response:** MDCPS’ 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 recruits prospective foster and adoptive families from various ethnic and cultural backgrounds. Any prospective families interested may apply. Race, color, and national origin
are not considered in licensure determinations. MDCPS’ current pool of foster and adoptive families represent a wide range of cultural and ethnic backgrounds.

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

**Response:** Cross-Jurisdictional resources for placement operates through the Adopt US Kids website and Inquires. Families who have an interest in a child in the custody of MDCPS send an inquiry showing their interests in the child. In addition to the inquiry, the family profile is also available for viewing for further consideration of the child.”

Additionally, the Mississippi Heart Gallery (MHG) was redeveloped. Approximately fifty-three (53) of the Department’s children who are free for adoption/in need of permanent placements were photographed, had bios updated, and are featured on MHG. MHG is featured on MDCPS’ website, Adopt US Kids’ website, SCSCY’s website, American Heart Gallery’s website, and the MHG’s Facebook page. Since the redevelopment of the gallery, many potential and new resource parents have contacted the Department regarding children featured on MHG. Also, the Department discontinued use of the Family Findings/3-5-7 Model due to cost and underutilization. Currently, these services are offered in-house through Permanency Support Services. 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 recruiters that partner with MDCPS to identify permanent connections for children in MDCPS’ care. The recruiters are housed at Mississippi Families for Kids and Southern Christian Services for Children and Youth (SCSCY).

- SCSCY is a private adoption agency that partners with MDCPS on child-specific recruitment, including for youth who identify as LGTBQ.

- MDCPS’ youth are featured on the Mississippi Heart Gallery (MHG). The MHG is found on the MDCPS website, Facebook, and the American Heart Gallery website. In addition, MDCPS’ youth are featured on Adopt US Kids.

- The local news station discontinued Wednesday’s Child tapings, and MDCPS is currently seeking another means of recruitment.
• 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.

F. SOURCES OF DATA

Data denoted by the designation ‘Report’ are collected, as entered by MDCPS staff, from the MACWIS database application.

G. METHODS OF DATA COLLECTION

Data denoted by the designation ‘Report’ are collected, as entered by MDCPS staff, from the MACWIS database application. This data is entered into the system through the course of MDCPS casework. The CQI Review Teams, Foster Care Review, Evaluation and Monitoring Unit, and Safety Review Unit, all collect qualitative data by means of reviewing Case Records, Electronic MACWIS Narratives, and through interviews and conferences with staff, families, children, and other relevant parties. Some of the reviews are held to measure compliance, while others are used to measure quality of service. Data which is collected is shared with field staff for purposes of improving practice overall within the agency.

H. DATA QUALITY/LIMITATIONS

The quality of data denoted by the designation ‘Report’ is dependent upon correct entry by MDCPS staff. Samples of reports are manually validated for consistency on a rotating six-month schedule. Identified data entry discrepancies are reported to responsible MDCPS staff for correction.

I. CFSR PREPARATION FOR STATEWIDE ASSESSMENT

The CQI Unit has begun the process of preparing for the third round of the Child and Families Services Review (CFSR) by identifying the state’s CFSR Team and undergoing training on the use of the Federal Onsite Review Instrument (OSRI). The CQI Review Units will also comprise the bulk of the CFSR Review Team. Additionally, the state administrators for the CFSR, in collaboration and consultation with the agency’s Deputy Commissioners, are beginning the process of developing the Statewide Assessment for submission prior to the CFSR Review Period. The State CQI Director has recently sent invitations to key agency staff to begin a CFSR Planning Team, and the first meeting took place during the month of May. Review sites have been proposed, and the finalization of sites as well as the number of cases to be reviewed at each site should be finalized in the near future. There is a meeting of the CFSR Planning
Committee scheduled for September 5, 2017 where the final site proposal will be developed for submission to the Children’s Bureau. Furthermore, the state has finalized its decision to participate in the collaborative federal-state led traditional review for Round three (3) and will be submitting a formal letter to the Children’s Bureau in the coming days. Additionally, the Department of Child Protection Services has elected to adopt the Federal Onsite Review Instrument (OSRI) as its measurement tool for the purpose of on-going case reviews and will resume the review process in September of 2017.
V. UPDATE TO THE PLAN FOR IMPROVEMENT AND PROGRESS MADE TO IMPROVE OUTCOMES

MDCPS uses Continuous Quality Improvement (CQI), program support services, and its’ stakeholders to make improvements to the 2015-2019 CFSP / APSR updates.

**A. LISTED BELOW ARE THE REVISED ORGANIZATIONAL GOALS TO THE 2015-2019 CSFP:**

1. 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).
2. Recruit and retain staff by creating a healthy work environment and maintaining manageable workloads.
3. Develop and implement a compliant Comprehensive Child Welfare Information System (CCWIS)
4. 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.
5. Network and collaborate with stakeholders, clients and communities to improve the child welfare services delivery system in Mississippi.

**B. UPDATES TO THE GOALS, OBJECTIVES, AND INTERVENTIONS FOR THE 2015 -2019 CFSP/2018 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, and the Child and Family Services Review (CFSR)
   
   - **Update:** Implementation of the core components of the state’s practice model was successfully implemented during the 2017 APSR reporting timeframe. For the 2018 reporting period, the state has been strengthening its implementation efforts and shifting its cultural framework from being foster care driven to providing more resources toward in-home preventive services.

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
      
      - **Update:** During year 2 and year 3 of the 2015-2019 CFSP/APSReport, the Office of Professional Development has continued to publish the training calendar through the MDCPS connection site for all directors and staff to view. The training dates were disseminated prior to the upcoming fiscal. For the 2016-2017 year the number of staff who had to be trained greatly increased therefore creating a little difficulty in publishing a completely calendar by July 1. We did launch the 1st quarter calendar in July 2016 with the remainder of the year published in September 2016 to give time for staff to plan for hires. This goal has begun to shift a little as we now have coordinated hire dates. All staff report to work on either the 1st or the 16th of the month to allow for a targeted group of hires to feed into a specific class. This takes the planning off of the field as to when to hire staff and into the hands of HR and the Training team to coordinate who filters into each class. This shift was very positive and helped streamline the hire to training process.
    
    - **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
      
      - **Update:** For the 2016-2017 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
    - **Update:** For the 2016-2017 year 100% of staff who completed training and are working as frontline staff or supervisor 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 Comprehensive Child Welfare Information System (CCWIS)
   - **Sub-Goal 1:** Develop and implement a compliant Comprehensive Child Welfare Information System (CCWIS)
     - **Objective:** Design/Develop/Implement a replacement case management data system to support MDCPS social work practice, MDCPS business rules, MDCPS policy, and MSA requirements.
       - **Update:** RFP No. 3717, for the establishment of a qualified vendor pool for agile development services for MDCPS was awarded December 16, 2016. The following 7 vendors were awarded: Cambria Solutions, Inc., Civic Actions, Inc., Engage PoiNg, Inc, FEi Systems, Geocent, Portland Webworks, and Unisys Corporation. The Advance Planning Document was submitted February 1, 2017 and received conditional approval March 6, 2017. MDCPS is currently working on requested updates to the APD due June 6, 2017. MDCPS issued RFP No. 17-001 for the acquisition of nine professional service positions to fill the following key roles for the CCWIS project: Technical Architect, Network Architect, Database Architect, Sr. Project Manager, Agile Coach, Agile Development Project Manager, Team Assessment/Collaboration Project Manager, Content Management Project Manager, and Product Development Strategist.
       - ACF provided consulting services from Leading Agile to assist MDCPS with planning the transition from a waterfall approach to an agile approach. Leading Agile has conducted onsite assessment meetings, provided Certified Scrum Master training for state staff, and provided guidance regarding contract and vendor management for agile projects. MDCPS has initiated a
pilot project to create a reporting dashboard to provide up to date status reports for Field staff. In addition, MDCPS is working with ITS to finalize plans for defining Statements of Work for each service module.

- **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.

- **Benchmarks and Timeframes:** The timeframe for QA/IV&V vendor to begin project is estimated to September 2017. This vendor will be engaged throughout the project which could continue through 2021 depending on the accomplishments of all teams in keeping with the project schedule.
  - **Update:** Since MDCPS is moving from a waterfall to an Agile approach for implementation of the CCWIS solution, MDCPS will be issuing an RFP for the acquisition of QA IV&V services specific to an agile environment.

- **Intervention 2:** MDCPS will issue Letters of Configuration (LOCs) for development of the CCWIS modules to the agile vendor pool awarded via RFP No. 3717.

- **Benchmarks and Timeframes:** The timeframe for engagement of the agile vendor pool is estimated to begin August 2017. This vendor will be engaged throughout the project which could continue through 2021 depending on the accomplishments of all teams in keeping with the project schedule.
  - **Update:** MDCPS changed direction from a waterfall to an agile approach. RFP No. 3717 established a pool of 7 vendors that will be used to provide development services in an agile environment. MDCPS is currently working on plans for an agile vendor conference to communicate MDCPS’s expectations for project deliverables and vendor management.

- **Intervention 3:** Implement infrastructure changes (i.e. database platform, network, equipment) to support the CCWIS 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 is continuing its efforts and progress with creating its own Information Technology (IT) Network infrastructure. The state is currently evaluating proposals received for the Network Architect position and plans to have the Network Architect on board by August 2017. The state has also moved infrastructure from MDHS to MDCPS by moving all user files and
folders from MDHS servers to MDCPS servers. Additionally, the state has moved email from the MDHS exchange to 365 in the cloud along with Microsoft Office products. Presently, the state is currently working on establishing communication lines separate from MDHS for all MDCPS county offices. Furthermore, the state is testing a new Citrix farm and will begin rollout in June 2017. Lastly, the project to provide new iPhones to all frontline workers will be complete by the end of June 2017.

- **Outcomes:** Increase capacity of the Department to use information management system to support casework practice and related functions. Improving the reporting timeframe process from monthly to current (within 10 minutes) for all case management reporting. Initiate project development by engaging technical consultants and agile vendors in the development of the CCWIS modules. MDCPS projects the completion of the User Dashboard and Assessment modules by April 2018. The API, Entity Management, and Intake module development will be initiated during the 2017-18 fiscal year. Increase MDCPS federal funding for CCWIS-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 have 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. Evaluation and Monitoring provided each region with a report of findings following their annual follow-up reviews which focused primarily on the items listed in the regional Performance Improvement Plans. Regional field staff managed their PIP Activities and determined where they would place their focus. The Evaluation and Monitoring Liaisons were active participants in those regional meetings and provided feedback and direction to the Regional Staff as needed. PIP Monitoring was done by the Regional Directors and their staff as they worked through identified issues.

- **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.
  - **Update:** 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 and 2017, the Evaluation and Monitoring Unit (EMU) focused the Regional Data Reports that followed the Onsite Care Reviews on the items that were included on the Regional Performance Improvement Plans. Evaluation and Monitoring Unit Liaisons then reported information to the State CQI Team in the month following their assigned region’s review so that modifications to the plan could be discussed and communicated back to the region. Currently, the State CQI Team is not meeting, and instead, weekly stand-up conference calls are taking place with CQI Staff to communicate findings and progress of CQI activities back to the Field Operations Leadership Structure.
- **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.
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- **Update:** Data from MACWIS and PAD reports were validated by the division and verified by the court monitor’s office on a monthly basis for *Olivia Y* lawsuit reporting purposes. Since the issuance of the Second *Olivia Y* Modified Settlement Agreement, some of the reports which were applicable to the previous agreement are no longer applicable, and the Data Reporting Unit is instead developing an online reporting dashboard which provides up to date information on regional performance of various practice measures. Additionally, 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:** Due to the increasing demands of staff and the need for more capacity within the field, it was decided in FY 2017 that the CQI Review Teams (Foster Care Review, Evaluation and Monitoring Unit, and Safety Review Unit), as well as other CQI Staff from the Data Reporting Unit, would make up the State CFSR Team. This group of CQI Staff has recently been trained on the Federal Onsite Review Instrument (OSRI) and is being given assignments to enter mock cases into the OSRI and to complete all training modules associated with the OMS Site. CQI Supervisors have been instructed to continue working with the review teams to improve the quality of reviews and increase the quality of data collection.
    - **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 by the end of May 2017. By that time, all final decisions on how the CQI Team, acting as the State’s CFSR Team, will measure and collect data, what tools will be used for ongoing CQI efforts, and which counties will be included in the CFSR will be made.
      - **Update:** Evaluation and Monitoring has completed the comparisons of the state’s current review instrument with the federal OSRI to assess how the state will move forward in collecting data in its review processes. Further,
the identified CFSR Team has conducted “mock” reviews using the OSRI to familiarize themselves 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 final decision is expected in May 2017. A draft training curriculum is being 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 units and across all regions state wide. Available reports for CFSR indicators have been identified and will be developed to ensure that all CFSR indicators are met.
  
  o **Update:** Data from onsite case reviews, MACWIS data reports, and the PAD (Periodic Administrative Determination) are still being used in the 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. Additionally, the information is being used by agency consultants, The Center for the Support of Families, to drive focused practice coaching activities based on the findings of the EMU Reviews for each individual region.

- **Outcomes:** A robust CQI process that meets Federal expectations for State CQI systems. Ongoing Self-monitoring capacity for MDCPS of child welfare outcomes and practices. Improvements in CFSR outcomes and performance indicators prior to Round 3 CFSR in 2018. Adoption of, and ongoing use of the Federal Onsite Review Instrument is being considered so that data collection in ongoing reviews mirrors that of the data that is collected in the CFSR Reviews.

  - **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.
    
    o **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), have 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 were continuous across the state into FY17. Currently, the Regional CQI Teams are not meeting, due to other priorities within CQI, but the CQI Unit continues to provide quality data information to the regional structure via weekly stand-up conference calls where Bureau Directors receive a weekly update of performance to share within the regions. Additionally, regional teams, apart from the CQI Unit are encouraged to continue to meet and discuss regional issues that need attention so that the team structure of identifying solutions is maintained.

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 was 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. Regional CQI Teams are currently on hold as CQI Staff collects information in other areas of practice, however teams can continue to meet and discuss issues within the regions, and this is encouraged.

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 continue to provide 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. PAD Reports will be phased out in the coming year, as the Periodic Administrative Determination has recently been discontinued from the CQI Process.

- **Sub Goal 5:** Develop a more focused approach to 'In Home' cases.
  - **Update:** Evaluation and Monitoring Unit (EMU) continued in the previous Fiscal Year to review at least one in home case per month per region. These reviews assisted 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. CQI Review Structure is to be reconsidered and updated to meet the needs of the agency, and once it is determined what changes are needed, either in sampling methodology, measurement tools, or the number of cases, by type, which will be reviewed as the agency moves forward.

- **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 methodology 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 were for State Fiscal Year 2015 through SFY 2016, coordinating with federal guidance, and MSA 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.
  
  - **Update:** An update has not been provided at this time.

- **Sub-Goal 6:** Provide timely, accurate, and relevant data to all field staff.

  - **Objective:** Prepare web-accessible reporting that meets the needs of all field staff, providing up-to-date information concerning performance on key indicators.

  - **Intervention 1:** Develop a stable platform for deployment of web-based reports that will provide the basis for rapid deployment of newly developed reports.

  - **Benchmarks and Timeframes:** The timeframe for this intervention is scheduled for completion end of calendar year 2017.

  - **Update:** This effort began in April, 2017. As of submission, multiple rounds of work have been conducted which have resulting in the preparation of a server and a deployment of this system to a pilot group of MDCPS Field Staff. Feedback on the current system is being collected while continued improvements are being made to the platform.

- **Intervention 2:** Provide reports that represent timely information regarding
performance on all MSA and STRO measures, allowing field staff to assess themselves and adjust activities to meet performance benchmarks.

- **Benchmarks and Timeframes:** The timeframe for this intervention is scheduled for completion end May 2018.
  - **Update:** This effort is currently underway, with a report detailing performance on Face-to-Face Child Contacts currently available on the beta version of the reporting dashboard that mirrors the methodology used to generate the related STRO report. Additional reports will be added as resources are freed up from development of the reporting platform.

- **Intervention 3:** Provide reports that identify data entry exceptions and instruct staff on proper data entry to ensure that all reporting accurately reflects the reality of ongoing practice.

- **Benchmarks and Timeframes:** The timeframe for this intervention is scheduled to begin during calendar year 2018 and will be an ongoing initiative for the Data Reporting Unit (DRU)

- **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.
  Improvements in practice performance as case data is made more transparent to supervision.

- **Measure 1:** All STRO and MSA performance benchmarks.
- **Measure 2:** Data Quality Reports.
- **Measure 3:** Staff response surveys regarding the usefulness of available reporting.
- **Measure 4:** Web report utilization logs.

- **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:** This has been accomplished.
    - **Intervention 2:** Examine and act on staffing needs to sustain the data reporting
• **Benchmarks and Timeframes**: The timeframe for this intervention is scheduled for completion end of calendar year 2014.

• **Update**: This has been accomplished.

• **Intervention 3**: Ensure that current data reporting requirements are built into the new CCWIS 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 CCWIS project schedule.
  
  o **Update**: MDCPS has initiated a pilot project to create a reporting dashboard to provide up to date status reports for Field staff. The reporting dashboard will improve the reporting timeframe process from monthly to current (within 10 minutes) for all case management reporting. MDCPS anticipates the agile vendor pool will be engaged August 2017 to begin development of the CCWIS modules.

• **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
  
  o **Update**: This has been met.

4. **Over-Arching Goal 4**: 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.

**Permanency Support Services**

- **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: Prior to a child being placed in an expedited relative placement, a checklist is completed to ensure that home meets minimum safety requirements.

- **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 7.40% of expedited relative placements are beyond the 90 day licensure period. According to SLS319 as of May 31, 2017, 2.23% 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 2193 licensed resource homes in the state as of December 31, 2016.

- **Benchmarks and Timeframes:** Increase number of licensed resource homes statewide by 15% from approximately 1600 licensed resource homes to 1800 by September 2019.
  - **Update:** This benchmark has been met. Currently, there are 2481 licensed resource homes in the state as of May 31, 2017.

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

  - **Intervention 1:** Conduct Rapid Permanency Supports (RPS) to review children in custody who have been in care for two years or longer and are stable in their placements with families willing to provide them with legal permanency.

  - **Benchmarks and Timeframes:** Develop and implement a tool for RPS to review cases for at least two (2) regions by May 2017.
  - **Update:** As of January 2017, the Permanency Roundtables have been postponed indefinitely. The Pilot for the Rapid Permanency Supports (RPSs) has been completed for Region 3 South and Region 7 Central by the projected date of May 2017. The agency will move forward with scheduling additional RPSs. The focus will be on children who have been in custody for at least two
years or more with a permanent plan of adoption or custody with a relative. This population will also have been a family based placement for at least 1 year who are legally free for adoption and who are in the process of becoming legally free for adoption. Our main focus will include children ages 0-9, but will include siblings outside of this age range if they meet the same criteria.

- **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:** A recruitment manager has been identified in Permanency Support Services/Foster Care-Licensure Unit to coordinate and support foster/adoptive parent recruitment and retention throughout the state.
    - **Intervention 2:** Maintains statewide and regional recruitment and retention plans.
    - **Benchmarks and Timeframes:** Coordinate the development of statewide and regional recruitment and retention plans; Review and monitor recruitment and retention plans from each region, 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:** Canopy Children’s Solutions (CCS) and Southern Christian Services for Children and Youth (SCSCY) were awarded the Home Study contracts for the FFY 2016. CCS has currently completed 96 home studies statewide and their contract has been extended to December 31, 2017. SCSCY has also completed 50 home studies and this provider’s contractual agreement has also been extended to December 31, 2017.

**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;
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- **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:**
  1. Within 1 year, the number of counties served will increase from 52 counties to 60 counties.
  2. Within 3 years, the number of counties served will increase from 52 counties to 76 counties.
  3. Within 5 years, the number of counties served will increase from 52 counties to 82 counties.

- **Update:**
  - The CFSSP subgrant was renewed for October 1, 2016, through September 30, 2017. Mississippi Children’s Home Society Inc. continued to provide all CFSSP services within the state. As of October 1, 2016, sixty (60) counties had access to CFSSP services. In addition, the provider changed its name from Mississippi Children’s Home Society Inc. to Canopy Children’s Solutions in November 2016. As of January 2017, a new service team was added in the Region IV-S to cover an additional eight (8) counties bringing the total to 68 out of 82 counties during that timeframe. As of May 15, 2017, there was a total 71 of the 76 counties to have CFSSP services. As stated in the 2015-2019 CFSP plan for year 3, 76 counties is the Year 3 benchmark. As of September 1, 2017, Canopy Children’s Solution provides coverage in all 82 counties. As a result, the state has met the Year 5 benchmark and exceeded the projected Year 5 timeframe for statewide coverage for the 2020 APSR reporting timeframe. Additionally, the state issued a Request for Proposal in May of 2017 for the provision of in-home services throughout the entire state. As a result, two proposers were selected to offer the continuation of services: (1) Youth Villages and (2) MS Children Home Society currently known as Canopy Children’s Solutions.

- **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, MDCPS 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:**
  1. 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.
  2. 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.

- **Update:** Due to prior vacancies in the Comprehensive Family Support Program staff at MDCPS, the MDCPS Coordinators and State Division Director were unable to perform onsite monitoring visits with Canopy Children’s Solutions. As of April 10, 2017, all vacancies were filled within the Comprehensive Family Support Program staff at MDCPS.

- A monitoring visit is schedule on June 27, 2017, for a comprehensive review of all CFSSP services provided by Canopy Children’s Solutions. Currently, Canopy Children’s Solutions provides quarterly reports to the State CFSSP Coordinators for review. Bi-weekly phone calls are conducted to review more difficult cases. Canopy provides documentation of services provided including case notes, assessment, and work plans. CFSSP State Coordinators are in constant contact with MDCPS field staff and Canopy in order to provide support to the program. From reports provided on a quarterly basis and information uploaded to the MACWIS system, Canopy is performing the scope of services as outlined. Therefore, no Performance Improvement Plan (PIP) will be required at this stage of the contract.

- **Update:** MDCPS began an electronic referral process February 1, 2017, using a web-based form for referrals. The form can be accessed securely from any internet connected electronic device at the following url: [https://app.smartsheet.com/b/form?EQBCT=0d359c4ebf514529b3c8ca527b4bd34d](https://app.smartsheet.com/b/form?EQBCT=0d359c4ebf514529b3c8ca527b4bd34d). This allows MDCPS staff in the field the ability to make referrals without the need to come into the office to fax or email a referral. Referrals automatically come into a centralize database where these can be processed more rapidly. As of May 26, 2017, 195 referrals have been received and processed resulting in 137 referrals to Canopy Children’s Solutions. Canopy and MDCPS have met on two occasions since the last report to discuss continued improvements to more accurately and swiftly provide the needed Family Preservation, Family Reunification, and Family Support Services needed for our families. Twice a month conference calls are expected to evaluate the referral process, services, and other needs of the program.

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

- **Update:** All 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: (1) Within 2 years, the number of families served will increase from 495 families to 600 families. (2) Within 4 years, the number of families served will increase from 495 families to 800 families.
    - Update: As of year three (3), a total of 924 of the projected families were served. MDCPS has met the targeted service goal of 800 families. Also, in February 2017, a modified contract was initiated between Canopy Children’s Solutions and MDCPS that does not have the restriction of a case breakdown. This allowed for more individualized caseloads which depended upon the needs of the families referred in each area.

- 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: (1) 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. (2) 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.
    - Update: While under the umbrella of MDHS, the Office of Program Integrity was the division that monitored the over contracted providers for fiscal and programmatic contract compliance. This monitoring oversight was continued through the state fiscal year ending in June 2017. MDCPS has requested the audited information from MDHS, Office of Program Integrity on the Comprehensive Family Support Services Program (CFSSP) subgrant for a more comprehensive review. Currently, MDCPS is using the quarterly reports and information uploaded to the MACWIS system to evaluate services. The quarterly reporting consists of satisfaction surveys regarding rendered services. Overall satisfaction of services at discharge for families showed that
93.455% were very satisfied with the services they received. Of MDCPS staff, 94.444% were very satisfied with the services their families received.

In addition each family receives a North Carolina Family Assessment Scale/Reunification (NCFAS-R) Report at admission and discharge. This cumulative data provided in quarterly reports reflects the total average differences from intake to closure per category per region. In both Preservation and Reunification cases, yearly average totals showed a consistent increase in family functioning as a result of services provided.

Furthermore, all provider services will be evaluated for quality by an independent contractor starting with the new contracts for Family Preservation and Family Reunification Services which begin October 1, 2017. Evaluation areas are safety, family functioning, and program satisfaction. Based upon the review of information, Canopy is meeting the requirements of 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.
  - **Update:** During Federal Fiscal Year Oct 1, 2014 - September 30, 2015, 355 families were served through Family Preservation and Time-Limited Reunification Services. From October 1, 2015, through the end of the State Fiscal Year of June 30, 2016, 268 additional families were served by this program. In the last State Fiscal Year, 301 families were served by the program. The total number of families served by Family Preservation and Family Reunification Services since the CFSP was implemented is 924 families. The state has exceeded the goal of servicing 800 families by serving 924 families through the Family Preservation/Family Reunification services. With the removal of the caseload restrictions, this has increased the number of total cases that are being served. In addition, two additional teams have been added to areas not previously served.

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

**CIP Workgroup (CIP) Goals for 2015-2019 CFSP**
Sub-Goal 1: To help strengthen court processes with collaboration and/or cross-training between Mississippi Supreme Court, Administrative Office of the Courts’ CIP, 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.

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 sixth annual Indian Child Welfare Conference convened August 10, 2016, at Choctaw, Mississippi. Conference attendance grew by 50 attendees this year due to the inclusion of additional court staff, law enforcement professionals and educators who are involved in the child welfare system. This year there were 220 conference attendees; 40 were Tribe elders and children. Of the 220 attendees, 170 included judges, attorneys, Guardians Ad Litem, educators, law enforcement, and tribal social workers. There were approximately 10 vendors present, and 40 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 Uniform Rules of Youth Court Practice (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:** This objective has been met during the prior reporting period.

**Performance Based Contracting Unit**

- **Sub-Goal 1:** Improve private provider accountability for permanency outcomes for children and youth.
- **Objective 1:** Implement a data driven performance based contracting model and on-site review process with private placement providers that incentivizes providers to increase the number of children exiting to permanency and reduce the number who return to custody.
  - **Intervention 1:** Develop on-site program monitoring process for private providers.
  - **Benchmarks and Timeframes:** The review instrument, rating guidelines, monitoring protocol, and staffing for the onsite reviews will be completed by December 31, 2016.
  - **Update (July – October 2016):** During the quarter, MDCPS has hired one full-time staff person who will be responsible for conducting on-site case
reviews and has allocated 3 additional pins for the performance based contracting unit and the on-site case review process. A working draft of the review instrument, rating guide for reviewers, and electronic database were developed and tested internally.

o **Update (November 2016 – June 2017):** The performance based contracting unit finalized the case review instrument and ratings guide in January of 2017. The review instrument evaluates basic service delivery and quality in eight broad categories. The eight categories are: Strengths and Needs Assessments, Preserving Connections, Teaming and Permanency Planning, Service Provision, Preparing Youth for Adulthood, Placement Stability and Discharge Planning, Caseworker Contact with Child, and Child Safety.

o The Unit currently has three full-time staff conducting on-site reviews for all licensed emergency shelters, group homes, therapeutic foster homes, and therapeutic group homes. The actual on-site reviews began in March of 2017. Each agency that contracts with MDCPS for placement services will be evaluated bi-annually. MDCPS will use the first round of reviews to ensure all providers are clear on service expectations and give them an opportunity to receive feedback on their implementation efforts. Beginning in 2018, providers will be expected to develop and comply with a corrective action plan for any service deficiencies.

- **Intervention 2:** Evaluate private provider improvement over baseline permanency and re-entry rates during the first performance period

- **Benchmarks and Timeframes:** MDCPS will evaluate all providers on improvements they made in increasing permanency rates and reducing re-entries between January 1, 2016 and June 30, 2018.

- **Progress Measures:** (1) 10% increase in the number of children served by the private network who exit to permanency. (2) 10% reduction in the number of children served by the private provider network that exit to permanency and subsequently re-enter MDCPS custody.

o **Update (July – October 2016):** Baseline, Target, Actual (BTA) workbooks for emergency shelter agencies were produced for the period from January 1, 2016 – June 30, 2016. MDCPS leadership met individually with each agency to discuss progress observed during the period and get feedback from the agencies with how things were working. BTA Workbooks for group home and comprehensive therapeutic care agencies were produced which reflect each agencies baseline for the performance period beginning on July 1, 2016.
FY: 2018-ANNUAL PROGRESS AND SERVICE REPORT (APSР)

- **Update (November 2016 – June 2017):** All BTA workbooks were updated to reflect activity observed through December 31, 2016. MDCPS leadership again met with individual providers to discuss performance to date and get feedback on our new way of working with providers. Due to length of time of child stays, it is too soon to evaluate individual provider performance.
  - **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

- **Update (July – October 2016):** MDCPS will begin working on securing funding in the early part of 2017.

**Field Operations Unit formerly known as Resource Development Unit**

- **Sub-Goal 1:** Increase knowledge of support services for staff in the field and stakeholders who provide direct services to families and children.
  - **Objective 1:** Develop a Resource Guide for frontline staff and stakeholders that describes the support services provided by MDCPS.
    - **Intervention 1:** Develop and distribute a comprehensive Resource Guide with a description of services and a listing of contact names, numbers, and instructions on how to access the services.
    - **Benchmarks and Timeframes:** The Resource Guide for Field Support Programs will be completed by June of 2017, and distribution will begin in August after printing. The Guide will be updated annually to reflect changes in programs and/or staff.
  - **Outcome:** Frontline staff will be made aware of MDCPS support services and how to access them; therefore more families and children will be referred and receive the available support services.

- **Objective 2:** To partner with the Mississippi Department of Education (MDE) to provide training to MDCPS leadership on the newly implemented Every Student Succeeds Act (ESSA).
  - **Intervention 1:** Collaborate with MDE to develop a joint training regarding ESSA’s new federal requirements.
    - **Benchmarks and Timeframes:** Trainings in strategically identified locations around the state will commence prior to the end of March and end prior to the end of May 2017. In addition, the training materials and power points have been put on the Education link on the MDCPS connection for staff to access as needed.
• **Outcome**: The six trainings occurred on the following dates in the following locations:
  - March 28, 2017, Jackson, MS
  - April 4, 2017, Greenwood, MS
  - April 18, Meridian, MS
  - March 25, Hattiesburg, MS
  - March 28, Oxford, MS
  - May 1, 2017, Gulfport, MS

• **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, as well as special education students.

• **Benchmarks and Timeframes**: Assistance to our caseworkers for our children’s education needs is provided on an as needed basis as concerns or issues arise.

• **Outcome**: Provide consistent and current educational information and assistance to MDCPS staff throughout the state to ensure educational stability, and the best possible educational outcomes for Mississippi’s foster children.

• **Objective 3**: To provide services regardless of cultural or linguistic background to all LEP clients involved with MDCPS.
  - **Intervention 1**: Provide interpreter services in all languages to serve the needs of our clients.
  - **Intervention 2**: Increase awareness of LEP services provided by MDCPS by providing pamphlets to county offices and providers/stakeholders.
  - **Benchmarks and Timeframes**: This service is available for LEP clients when they are involved with MDCPS 24 hours a day, seven days a week.
  - **Outcome**: All clients will be served that require LEP services. Data will continue to be captured via Excel/Word documents for interpreting services rendered until our electronic data system is available to process this information.

  o **Update**: Total of 1,587 interpreter services were provided to LEP clients from July 1, 2016 – April 30, 2017. The LEP Monitor maintains and updates the data spreadsheet that captures monthly all MDCPS interpreter service request/use. This information is obtained from the monthly county activity records submitted by each MDCPS field interpreter. The interpreter unit will continue to document via Word/Excel until the new data system is completed for MDCPS. The MDCPS electronic data system is not available as of this publication date.
**Objective 4:** To improve the physical, dental and mental health services available to foster children throughout the state.

- **Intervention 1:** Nurse Supervisor to facilitate/access services needed by children in the foster system by coordinating local clinics with MDCPS Offices that are in need of medical facilities to see the foster children in their care.
- **Intervention 2:** Collaborate with agencies coordinating placement of medically fragile children to allow each child to be seen by a MDCPS Nurse, have their needs assessed, and confirm to the best of their capabilities that these children are getting the optimum Care.

**Benchmarks and timelines:** Initial 72 hour assessments, comprehensive physical assessments (within 30 days), mental health (within 30 days) and dental assessments (within 90 days) should not be incomplete due to lack of access to appropriate care and care facilities.

- Medically fragile children should be seen by a MDCPS nurse in their home setting and their needs assessed. Referrals should be made for additional services as needed.
- **Outcome:** All children in foster care should have adequate access to medical, psychological and dental treatments to meet their needs.

- **Measure 1:** Data will be captured via MACWIS reports for physical and comprehensive assessments. Mental and Dental assessments are captured via CQI, Foster Care Review and PAD reports.

- **Measure 2:** Data to be maintained by Nurse Manager of medically fragile children placed through coordinating agencies that are seen by MDCPS nurses, treatments observed, and any referral needed. Data to be shared with Congregate Care Division.

**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:** 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:** On going.
**Outcome 1:** MCI State office staff will have the capacity to educate the contracted provider and field staff on intake policies and procedures.

**Outcome 2:** Communications related to the hotline performance and specified administrative services will be received by MCI State Office Unit.

**Measure 1:** MCI State Office staff will also provide proof of attendance at any trainings held interagency and externally.

- **Update:** The Division Director continues to have weekly staff meetings and provide interoffice trainings. Training is still needed in the areas of child abuse prevention, monitoring state contracts for compliance, call center management (specifically for child abuse intake), human trafficking and MDCPS’s intake policy. The implementation supports needed to meet this goal includes: funding and adequate staffing. During the next fiscal year, MCI State Office staff plans to attend at least three (3) external training events. These trainings will help them to better apply skills learned in the areas of child abuse prevention, human trafficking, and program evaluation. Also, MCI State office staff is working with NICE Solutions the developer for the new call recording system purchased for the Hotline. This software will help to improve webinar trainings, live monitoring, and the evaluation process. We plan to have this system completely operable by April 1, 2017 to start remote trainings for intake staff by July 2017.

**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:** In the last fiscal reporting period we’ve collaborated with several state agencies and local community partners to increase awareness on the Professional Mandatory Reporting (PMR) law. This year we were fortunate to collaborate with many stakeholders, medical personnel as well as state wide law enforcement agency, particularly those in carve-out counties such as Hancock and Harrison. We’ve also continued to collaborate heavily with the MS Department of Education and plan to direct more collaborative efforts to the MS Department of Mental Health during the upcoming SFY. We were not successful in achieving a 100% rating for disseminating and maintaining pre/post-test questionnaires for each training held. However, to combat this issue the MCI State Office, Program Manager has been tasked with ensuring the delivery, collection, and tracking of pre/post-test questionnaires for future trainings.

• **Measure 2:** Updates to policy and policy guidelines shall serve as documentation for the implementation of intervention 2.
  
  o **Update:** There were several major revisions to Section B: Intake/Assessment Policy, the latest update was implemented in November of 2016, these changes have greatly improved the efficiency and handling of intake reports as well as the investigation process. Key changes included: handling of child-on-child reports, handling near fatality reports, and the addition of an intake report type that can only be used by MCI intake workers. This added feature is labeled in MACWIS as “MCI Post Screening Narrative”.

• **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:** On going.
• **Outcome 1:** 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 (SIU) and/or county staff to resolve errors found in intake reports.

  o **Update:** Currently, the monitoring process is daily as the Quality Assurance Department is responsible for randomly evaluating 7% of all calls received and entered into MACWIS daily by the MCI Intake Workers. This data is used to provide professional development to intake staff and to determine the performance of the provider in relationship to the Scope of Services. In addition, staffings with SIU and county staff are no longer being held. This was largely due to scheduling conflict and the inability to provide real-time corrective action to MCI. These meetings presented a barrier to the MCI State Office, Division Director addressing concerns in real-time. As a result, all parties deemed it best to discontinue the meetings and to address issues as they occur via email, phone, or by submitting a feedback form. This real-time approach has proven to be more effective for MCI and county staff when resolving intake concerns.

• **Measure 2:** Provide a sign-in sheet and minutes from the meetings held with contract provider.

  o **Update:** Monthly meetings with the contracted provider have been valuable in helping the provider to better understand and assess the needs of MDCPS and the capacity of its company. As a result of the monthly meetings, the overall quality of intake reports entered in MACWIS has improved (this is determined through the Quality Assurance process). Their understanding
of MDCPS policy has improved (this is determined through the Quality Assurance process and emails received from SIU) and the number of feedback forms received from county workers to MCI State Office has significantly decreased.

- During the week of February 6-10th, the MCI State Office-Division Director conducted a week long observation with each member of the Quality Assurance Department within the MCI contract. Currently, the Quality Assurance Department is comprised of 5 staff: two QA supervisors—day shift and night shift, and three QA specialists. This observation highlighted the QA Department’s keen understanding and application of policy, their effectiveness in providing quantitative data, and their structured approach to reporting data accurately. However, there were also gaps identified within the QA Department such as lack of one-on-one support to intake workers regarding unsatisfactory evaluations, inability to provide real-time monitoring to resolve MACWIS entry issues, and lack of a leadership role in growth and development trainings. Due to the issues identified, a more thorough analysis is needed to develop a robust action plan.

- **Measure 3:** Collect agendas from SACWIS Development Team meetings and provide updates on changes related to MCI.
  
  - **Update:** This collaboration continues to serve as a viable asset to the operation of MCI. Sign-in sheets were 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 and county staff on intake policies/procedures, Section B: Intake/Assessment policy updates, and MACWIS updates are needed to support current agency policies and legislative changes. Although, these meeting were productive, they were never meant to serve as a permanent strategy for change. They were successful in identifying desired long-term goals for MCI and were discontinued in August of 2016. Since these meetings concluded, we’ve made strides in updating areas of policy and MACWIS to better assist in the entry of reports. This includes the addition of the MCI Post Screening Narrative to the policy section. These narratives serve as a mechanism for reducing the entry of duplicate reports. We also made revisions to the categorization of resource and child-on-child reports. Other updates include changes to the general tab in MACWIS to assist in differentiating between report time,
received by MCI time, and MACWIS data entry time. Prior to this change the
general tab caused much confusion in report entry times. Updates to
policy are still ongoing. There has been no regular communication between
MCI State Office and the SACWIS Development Team. However, we have been
working closely with MACWIS to improve Mississippi’s current child welfare
reporting system.

Interstate Compact on the Placement of Children (ICPC)

- **Sub-Goal 1:** Designated ICPC liaison in each region
  - **Objective 1:** 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 has identified individuals within each region as points
of contact for receiving ICPC referrals. With the new designation of counties
within each region, incoming ICPC referrals are now sent to specific
supervisors in the Licensure & Adoption Units. This has made it easier for
ICPC consultants to track cases and receive status updates for incoming cases.
For outgoing cases, the contact will continue to be the worker submitting the
home study request. We are anticipating improved tracking with the
implementation of the National Electronic Interstate Compact Enterprise
(NEICE). This is a national database system to help keep up with ICPC cases
nationwide.

- **Sub-Goal 2:** Improve ICPC training to include web-based options.
  - **Objective 1:** 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.
    - **Update:** Due to a reduction in the ICPC staff, a quick reference manual for use
by judges has not been implemented within the state. However, the ICPC
Division Director and Program Manager has collaborated with the Court
Improvement Program and participated in the 2017 Spring Prosecutors
Conference. The ICPC team was invited to lead a break out session to provide training on the ICPC program to the state’s prosecuting attorneys. The session was very informative for the participants as well as the ICPC staff. It allowed the ICPC team to hear of problems that workers experience concerning the ICPC process and how it pertains to the courts. The training pointed out specific federal articles and regulations that affect the ICPC process and daily functions. We will continue to work toward developing a quick ICPC reference manual for the courts and attorneys.

- **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.
  - **Update:** The timeframe will continue to be ongoing for this goal. ICPC will work each year for ICPC consultants as well as judges and attorneys to attend the ICPC National Training, Business Meeting and Child Welfare Conference which is held yearly. The ICPC Division Director and Program Manager currently serve as trainers for the national conference which will be held in Portland, Maine for 2017. The ICPC Unit will set a new goal of working to complete a reference manual for judges with a projected completion for October 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.
  - **Update:** Due to staffing shortages, the ICPC Unit has not been successful in creating a quick-reference guide for the county staff or collaborating with the Professional Development Unit to designate individuals to provide ICPC Training. Currently, the ICPC Unit has requested for the following positions: One (1) Administrative Assistant IV, two (2) additional Program Specialists, and one (1) Program Administrator Sr. Once trained, the additional staff will greatly increase our ability to implement the goal of completing the
reference guides. The timeframe to complete the quick reference will be by the end of March 2018.

- However, the ICPC Unit participated in the State wide meeting of the Resource & Adoption workers to train them on the ICPC process. This meeting consisted of all Resource and Adoption workers and supervisors. It was designated for an hour to provide pertinent information to the county staff on processing ICPC cases, Federal Articles and regulations, operating procedures and expectations. The ICPC PowerPoint document used in the training was provided to the Adoption and Resource Bureau Directors for distribution to county staff. The ICPC Director and Director for Professional Development have collaborated together concerning ICPC training for County Staff. As stated, the state has selected Cornerstone software to track and capture staff training outcomes by region and county. The state’s projected date of installment is July 1, 2017. Once it is installed, the ICPC Unit will submit a Power Point presentation to add to the Cornerstone to be accessed by county staff. This will serve as a direct link to how the ICPC works, what is needed in an ICPC request to the receiving state and links to the National ICPC website, providing access to the Articles and Regulations of the ICPC program.

- **Timeframe:** Projected completion of 50% by January 2017
  - **Update:** Time fame currently pending due to the completion of the Cornerstone training software which is projected for installment on July 1, 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. With the request to hire additional staff, this directly affects ICPC Unit fulfilling Sub goal 3. This will allow for the
planning and designing of daily work procedures, as well as making sure that policy is adhered to throughout the processing of ICPC cases at the Central Office and in the field. It will also help in the implementation of the NEICE system with field staff in order to process ICPC cases quicker, and aid in the tracking and statistical reports.

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

  - **Update:** Presently, MACWIS does not provide a mechanism for adequate tracking of ICPC cases or a report on time it takes to complete home study requests. The ICPC Unit is currently in the process of developing an inter-office tickler system to provide more efficient case management. This will help make cases easier to locate depending on their current status as well as increase notification of the need for action to be taken on the case such as the need for progress reports or a status on the completion of a home study. This will aid in more timeliness processing of cases and moving children to permanency. The ICPC Unit is still working on this process in getting it set up and functioning properly. Cases have been separated into specific categories, we now will need to set up the filing according to the time allotted for completion of home studies and progress reports. Recent data compiled through Microsoft Access spreadsheet shows that during FY 2018, there were 2,407 ICPC cases handled either for placement of children from other states into Mississippi or placement of Mississippi children in other states for parental or foster care. This number includes denials, approvals, Regulation 7 Priority Placements (expedited referrals that must be completed in 20 workdays), disruptions, terminations, status updates and residential treatment facility placements. Also during FY 2018, 106 ICPC adoption cases were handled. This includes public and private adoptions. ICPC processed an approximate total of 2,513 cases.

  - **Update:** The ICPC Unit is in the process of using the NEICE system within the office daily work flow. The Unit is currently working in the test module. The system will “go live” from the state office on May 30, 2017. Once the central office staff is efficient at managing the system, we will begin rolling it out to the county offices by regions. The system will help with faster movement of ICPC cases across state lines. The MDCPS team collaborated with the American Public Humans Services Association (APHSA) and the Tetrus Corporation to develop three areas before going “live” with the system. These areas include The MOU, the IT development and the training of the ICPC Central office and field staff. A training webinar was held with Tom Livoti.
from Tetrus the Central ICPC office, 56 designated county staff and the ICPC Central office staff on how the NEICE system will operate. The system will currently be a stand-alone system. Once the new data system is completed for MDCPS, the two systems will integrate so that there will not be double entry of cases by the Central ICPC office.

C. REVISIONS TO THE 2015-2019 CFSP/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, 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 Comprehensive Child Welfare Information System (CCWIS)
4. 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.
5. Network and collaborate with stakeholders, clients and communities to improve the child welfare services delivery system in Mississippi.

The 2nd APSR submission consisted of MDCPS no longer pursing accreditation by the Council on Accreditation. For the state’s 3rd submission, MDCPS decided to replace the initial goal of developing and implementing a compliant State Automated Child Welfare Information System (SACWIS) with a new federally funded project named Comprehensive Child Welfare Information System (CCWIS) PROJECT. The CCWIS proposed project was finalized on August 1, 2016. The state had already begun the MACWIS replacement efforts back in 2010. During that time, MDCPS was under the umbrella of the Mississippi Department of Human Services (MDHS). With the decision to adopt the CCWIS requirements, the procurement approach changed from a monolithic Request for Proposal (RFP) approach to that of agile modular approach. MDCPS in conjunction with the Mississippi Department of Information Technology (ITS) procurement team created a qualified agile development vendor pool for procuring the various modular services. This task is currently underway and this portion of the project is being accomplished by an open and competitive bid process in response to a more clearly define RFP. The project team is also working on finalizing the service modules for the new CCWIS solution and creating the Statement of Work (SOW) for each which will be included in the agile modular procurements.
D. IMPLEMENTATION SUPPORTS

With the restructuring of the Bureau of Permanency and Resource Development, the newly created Office of Eligibility is now focusing on efforts to provide more immediate access to medical assistance for youth in custody and financial support to the foster parents/resource homes to ensure the wellbeing of our children. These efforts are to provide greater support to field operation’s staffs and frontline workers. The goals for the Office of Eligibility consist of:

- To decrease time for eligibility determinations
- To streamline processes through automation
- To better define processes through clearly developed policies and procedures
- To track eligibility specific data through reports
- To create an automated process for data exchange between MDCPS and Medicaid or any other agency pertinent in eligibility determinations
- To establish ongoing joint training between the frontline staff and eligibility staff

To promote the successful implementation of the newly identified goals above the state requests support with the following:

- Data systems change to support automation of processes
- Training opportunities both within the state and any national training focused on IV-E foster care eligibility
- State Plan for presumptive Medicaid eligibility for foster care children
- Policy review, revision, and implementation
- Memorandums of understanding with agencies to facilitate automated data exchange

F. FEEDBACK LOOPS

For the 2018 APSR reporting timeframe, MDCPS had several planning discussions with the MDHS/Division of Youth Services (DYS) and the Administrative Office of the Courts (AOC) on building and increasing its data collection methods. The planning discussions eventually led to both entities agreeing to develop a joint process for monitoring and quarterly report the progress of court related efforts and issues. The first initiative consisted of developing a statewide report to target and monitor the state’s ability to improve timeliness of CPS investigations to the courts. The second joint effort consisted of MDHS/(DYS), MDCPS, and AOC identifying and tracking juvenile justice transfers from MDCPS to the state’s juvenile institution and from the institution back to the community. The resulting outcomes would be shared with all relevant departments within MCPS to improve overall agency performance. This would also...
help to identify and resolve county level barriers that affect the timeliness of investigations and transfer of custody between to state agencies.

Secondly, the state also restructured the focus of its Court Improvement Workgroup from Termination of Parental Rights (TPR) legislation, policy, and practice to include more strategic planning discussions on staff training, CFSP/APSIR updates from internal departments, and more representation from the field divisions.
VI. UPDATE ON SERVICE DESCRIPTION

LISTED BELOW ARE THE UPDATES TO THE PROGRAMS AND SERVICES PROVIDED IN THE AREAS IDENTIFIED BELOW:

- The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1);
- 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
  - Adoption Promotion and Support Services;
- CFCIP and ETV
- Office of Refugee Resettlement (ORR), Repatriation and Unaccompanied Refugee Minors (URM)

Through the Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1), and the Promoting Safe and Stable Families Program (title IV-B, subpart 2), the state has administered services/programs intended to help families by offering assistance in the following areas:

- Improve the quality of care so that families can stay together
- Ensure permanency through reunification,
- Ensure permanency through adoption or by another permanent living arrangement

A. FAMILY PRESERVATION, FAMILY SUPPORT, AND TIMELY FAMILY REUNIFICATION SERVICES

Through the contractual agreement with Canopy Children’s Solutions, MDCPS is able to offer the Comprehensive Family Support Program CFSSP. 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. The CFSSP delivers an array of comprehensive, intensive treatment and wrap-around services to children and families of MDCPS. Service delivery occurs 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 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. The summary of services consist of:
• Family preservation services which 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 which offers intensive in-home 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 which delivers intensive, in-home 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 provided the composition and organizational structure through which the services were 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 and/or Site Managers are responsible for the coordination and implementation of the services within each region. The Region Director and/or Site Manager are master trained supervisors who supervise CFSSP Supervisors. These CFSSP Supervisors are responsible for providing clinical and administrative supervision and support to the CFSSP team members delivering services to the families who participate in the CFSSP Program. The Supervisor coordinates caseloads and ensures that the team members provide all required services to families in a timely, compassionate, and competent fashion. The CFSSP supervisor monitors team members to ensure program compliance with licensing and
accreditation standards. The number of cases served by CFSSP is dependent on the cases referred from MDCPS and the caseload restriction of no more than six (6) open cases per team at a time. This restriction allows intensive service to be provided.

- **Referral Criteria includes:**
  - All referrals must be submitted by MDCPS workers, reviewed and deemed appropriate by the MDCPS CFSSP Program Coordinator(s), and assigned to the Canopy Children's Solutions Regional Directors or Site Managers.
  - 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 (Time-Limited 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. Canopy 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).

  - Canopy 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 Coordinators, 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 on-going case planning to address continuing priorities and needs. The cases to be reviewed will be determined by the MDCPS CFSSP State Coordinator with input from Canopy CFSSP staff and MDCPS caseworkers. The cases to be reviewed are in need of more intensive review/staffing due to issues that may have arisen, cases needing an extension of the service, or case scheduled for closure.

  - 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. The majority of services will take place in the family home, but, services might also be provided in the community at the school, shelters, group homes, MDCPS office, juvenile detention centers, shelters, or any other community areas.

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

Evaluation of the CFSSP program by Canopy will be accomplished through development of performance outcome measures and through inclusion in monitoring and evaluation activities conducted under the Canopy 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.
## Canopy CFFSP (July 1, 2016-May 22, 2017)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Number Individuals served</th>
<th>Number Families served</th>
<th>Population served **</th>
<th>Geographic area served **</th>
</tr>
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<tbody>
<tr>
<td><strong>Family Preservation Services</strong></td>
<td>614</td>
<td>236</td>
<td>Statewide</td>
<td>Region I-N, I-S, Region II-W, Region III-N, Region III-S, Region IV-N, Region IV-S, Region V-E, Region VI, Region VII-E and Region VII-W, Region V-E, Region VI, Region VII-E and Region VII-W</td>
</tr>
<tr>
<td><strong>Time-Limited Family Reunification Services</strong></td>
<td>175</td>
<td>70</td>
<td>Statewide</td>
<td>Region I-N, I-S, Region II-W, Region III-N, Region III-S, Region IV-N, Region IV-S, Region V-E, Region VI, Region VII-E and Region VII-W, Region V-E, Region VI, Region VII-E and Region VII-W</td>
</tr>
</tbody>
</table>

During FY 2017, Canopy has added additional staff to assist in providing services to counties in need. It is expected that MDCPS will meet or exceed the same number of Family Preservation Services for the federal fiscal year as last year. A new revision of the contract with Canopy Children's Solutions allows for no specific breakdown of the caseload of six (6), like previously. Any number of combined Family Preservation and Family Reunification cases can make up the six (6) total CFSSP case per team. All families and individuals receive Family Support Services.
### FY: 2018-ANNUAL PROGRESS AND SERVICE REPORT (APSР)

<table>
<thead>
<tr>
<th>Number Individuals served</th>
<th>Number Families served</th>
<th>Geographic area served **</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Support Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>158</td>
<td>62</td>
<td>Region I-N, Region II-W, Region III-N, Region III-S,</td>
</tr>
</tbody>
</table>

**B. ADOPTION PROMOTION AND SUPPORT SERVICES**

Each of MDCPS’ fourteen (14) regions in Mississippi have Resource Units composed of Licensure Specialists/Area Social Work Supervisors and Adoption Specialists/Area Social Work Supervisors who focus on the recruitment and retention of foster and adoptive parents at the county and level. All of the Resource Unit staff (both Licensure and Adoption) work hand-in-hand to provide recruitment, pre-service training, in-service training, and home studies in order to license foster/adoptive homes across the state. Adoption Specialists also work with all children/youth in care whose permanent plan includes adoption. For the FY 2016 a total of 276 adoptions were finalized, this decrease was due to the change in Termination of Parental Rights (TPR) statute within the State of Mississippi. The change in statute delayed hearings due to the additional requirements added for TPR.

**C. LICENSURE OF GROUP HOME AND THERAPEUTIC CARE**

As of July 1, 2016, the Bureau of Permanency was reorganized. This Bureau previously consisted of the Congregate Care Unit, Adoption, Foster Care and Eligibility. Those divisions excluding the Bureau of Eligibility are now administered under the Office of Field Operation Support Services. Currently the state does have 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. As stated in the 2017 APSR, Hancock County Human Resource Agency was awarded under the Performance Base Contract RFP, and licensed April 2016. This provider is licensed to serve 10 youth and is currently at capacity. During the month of October, another group home located in Washington County, MS was licensed and opened during the month of November to receive up to 10 male clients. Presently, there are a total of 39 licensed providers’ agencies/facilities and 74 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. MDCPS is still willing 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. Additionally, an action plan was develop to revise the Licensing Requirements Manual for Residential Child Care and Child Placing Agencies. All revisions and implementation will be completed by September 30, 2017. The plan to achieve that goal is as follows:

- Develop a workgroup
- Meet with workgroup regarding assigning of different sections of the standards
- Compile and Review all workgroup revisions
- Meet with DMH Licensure Director to discuss draft

Currently, the Congregate Care Unit will be focusing on conducting two (2) Licensure Standards In-Service Trainings with its providers and partners in the areas of Congregate Care by the end of this performance period. These trainings are designed to offer technical assistance in the areas of licensing requirements and Congregate Care. Lastly, Congregate Care Unit will also be going paperless in the 2017, especially with the issuance of computer tablets. These procedures of going paperless also include working with DocuSign group to convert all forms electronically.

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 continues to tracked data collected through Microsoft Excel spreadsheets. Recent data compiled identified that there were 2,407 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 the period under review, 106 ICPC adoption cases were handled and ICPC processed an approximate total of 2,513 cases.

ICPC continues its partnership with the MDHS, Division of Youth Services (DYS), Interstate Compact on Juveniles (ICJ), private adoption agencies, and attorneys for processing of private adoptions. ICPC also collaborates with A.O.C. for court improvement program for educational training as well as collaborating with judges to work through barriers to permanency. ICPC also has been working with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) Training Committee on how to introduce the “New Interstate Compact for the Placement of Children” to the legislative body within the state. This process was also discussed during the AAICP Annual Training and Child Welfare Conference which was
held on May 19-22, in Portland, Maine. Three (3) staff members from the ICPC unit attended this conference. As of March 2017, the ICPC border agreement between region 7 East and the state of Alabama was in its final draft. This effort is still headed by the Casey Foundation.

E. MISSISSIPPI CENTRALIZED INTAKE SERVICES (MCI)

In September 2016, the MDCPS entered into its eighth year contractual agreement with Social Work p.r.n. to 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 2017, MCI received a total of 48,011 calls of abuse, neglect, and/or exploitation against a child or vulnerable adult. Of the total number of calls received 44,161 involved allegations of child abuse/neglect and 3,850 involved allegations of vulnerable adult abuse/neglect. In accordance with the transition plan developed by MDCPS and MDHS, Social Work p.r.n ceased from managing reports containing allegations of vulnerable adult abuse/neglect on October 14, 2016. These responsibilities were assumed by MDHS, Division of Aging and Adult Services.

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

MDCPS continues to see the following underlying conditions contributing to abuse or neglect:
- Substance abuse by caregiver
- Untreated mental illness
- Domestic Violence
- Unrelated caregivers in the home
- Unsafe sleep environments
- Lack of a good, personal support system, including single caregivers, caregivers estranged from extended families, or living in environments not conducive to safe care of children, lack of informal, positive role models

Also, the Mississippi Child Death Review Panel 2015 Annual Report was released in December of 2016. The following findings were cited as the leading cause of death for children aged 0-17 years in 2014:
- Of the cases reviewed, motor vehicle accidents were the leading cause of death (31%)
- Asphyxia, which is usually associated with infant deaths due to an unsafe sleep environment and practices, was the second leading cause of death (28%)
• Firearm injuries (12%) was third leading cause of death
• Drowning (8%) was the fourth leading cause of death

Unsafe sleep environments continue to be a common denominator in many of the deaths of infants under one year of age. The infant mortality rate in Mississippi is at its highest since 2011. In 2015, 80 infants died as a result of Sudden Unexplained Infant Death (SUID). Of that number, 33 deaths were as a result of accidental suffocation or strangulation in beds or other surfaces where an infant was laid to sleep. There were an additional 30 infant deaths that were categorized as unexplained or unspecified. These numbers comprise 78.75% of infant deaths out of the SUID category. (Data made available by Mississippi State Department of Health, Office of Vital Records and Office of Health Data and Research.) This equates to the death of at least one child each week. An unsafe sleep environment can be a contributing factor (i.e. items in sleeping area, adult beds, and couches). The MDCPS Prevention 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:

• **Awareness:** The Community-Based Child Abuse Prevention (CBCAP) and 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 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>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looking to the Future Conference</td>
<td>June 2016</td>
</tr>
<tr>
<td>MS Association of Addiction Professionals Conference</td>
<td>July 2016</td>
</tr>
<tr>
<td>ICWA Annual Conference</td>
<td>August 2016</td>
</tr>
<tr>
<td>DMH Trauma Informed Conference</td>
<td>September 2016</td>
</tr>
<tr>
<td>Mississippi Counseling Association Conference</td>
<td>November 2016</td>
</tr>
<tr>
<td>MS Educational Computing Conference</td>
<td>January 2017</td>
</tr>
<tr>
<td>Mississippi Child Welfare Conference</td>
<td>February 2017</td>
</tr>
<tr>
<td>MS School Counselors Spring Workshop</td>
<td>February 2017</td>
</tr>
<tr>
<td>MS NASW Conference</td>
<td>March 2017</td>
</tr>
<tr>
<td>One Loud Voice Conference</td>
<td>April 2017</td>
</tr>
<tr>
<td>MS School For Addiction Professionals</td>
<td>April 2017</td>
</tr>
<tr>
<td>Children’s Mental Health Summit</td>
<td>May 2017</td>
</tr>
</tbody>
</table>
For March 2017, MDCPS purchased a vendor space that included an ad for the annual MS National Association of Social Workers Conference. This ad was specific to Safe Sleep issues and the deaths that can be prevented.

- **Education and Service:** All child care providers receiving CCDF funds received 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.

Further efforts consisted of posters and flyers promoting Safe Sleep practices were 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.

In addition to the aforementioned efforts; on October 1, 2016, MDCPS rolled out a new “Safe Sleep Acknowledgement Form” that is being used to educate every existing foster family with children under 18 months of age placed in their home. The form has also been incorporated into child abuse/neglect investigations on homes with children under 18 months of age, and has been added to the packet of information that is reviewed with all newly licensed resource parents. The form identifies the risk of SIDS/SUID and death from unsafe sleeping situations and provides tips on prevention. The form also has a signature line for the responsible party to sign that they have received the form and have been educated on Safe Sleep practices.

In addition to the children 18 months and under being especially vulnerable, all children five years old and younger are at higher risk due to their lack of visibility in communities. Once children start school, they are safer due to having access to ‘safe’ adults. The other population at elevated risk are any children with developmental delays that interfere with their ability for...
self-protection or communication.

As stated from last year's APSR submission, MDCPS activities for unsafe sleep environments did consist of the following activities:

- 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, MDCPS staff and community partners presented information to a CAST class at Belhaven College. Some of the presentations did include mandatory reporting of child abuse/neglect, Safe Sleep practices, Child Fatality Awareness/Prevention, and Protective Factors. Student body consisted of undergraduate Social Work students and students from other disciplines.
- In October 2016, a meeting of Teen Parents involved in a Home Visiting program included a discussion of Safe Sleep practices and practical ways to keep their babies safe in all environments.

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

- In May 2017, the Children's Trust Fund announced the request for proposal for the Infant Safe Sleep Initiative. This is a two year subgrant for $200,000 each year available for one proposer to provide a comprehensive state-wide Infant Safe Sleep Program. Successful proposals should include plans for raising awareness and providing support around the issue of infant safe sleep with infant caregivers and communities. The creation and distribution of infant safe sleep messages that are supported by research and provide useful information to families, community agencies and health/human service providers across our state should be a main component. Messages should be consistent with nationally recognized evidenced-based infant safe sleep messages. The intent of the subgrant is to provide infant safe sleep training and educational materials to parents, health educators, healthcare and social service practitioners and facilities. The educational focus of the project should include information on evidenced-based infant safe sleep practices to new parents, grandparents and caregivers using effective strategies including media, social media, and one-on-one discussion.

- In October 2017, the MDCPS Prevention Unit will have a vendor booth at the Mississippi State Fair. During the two and a half weeklong event, the Unit will concentrate on the Infant
Safe Sleep issue. The intent is to have infant related items and Safe Sleep Materials to provide to the public.

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

During the July 1, 2016 through June 15, 2017 timeframe, 38.5% 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, for the rolling 12 month period from May 1, 2016 through April 30, 2017, 66.74% percent of children exited to reunification within 12 months statewide. 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. MDCPS continue to have Adoption status meeting for children who are free for adoption, but without an identified adoptive placement. These meetings are held monthly for children over twelve months of age 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. Currently, the data for the number of adopted children under the age of five (5) for July 1, 2016- June 30, 2017 is unavailable. However, data will be available for the next reporting period.

Summary of children Currently in Custody by Age, Race and Sex

MDCPS tracks children in custody and their demographics through the MWZCCURS, Summary of Children Currently in Custody by Age, Race and Sex 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 May 5, 2017, 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>Race</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Unknown Race</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
</tr>
<tr>
<td>Hawaiian</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>
The total number of children in custody as of May 5, 2017 was 6,076; 3,021 males and 3,055 females.

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

Post-Adoption Services in Mississippi remain available through a sub-contract with Southern Christian Services for Children and Youth (SCSCY), Partners in Permanency (PIP) program, and Catholic Charities. These services still 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 through a private provider on contract with MDCPS.

I. OFFICE OF REFUGEE RESETTLEMENT (ORR) – REPATRIATION AND UNACCOMPANIED REFUGEE MINORS (URM)

MDCPS currently has three (3) programs funded by the Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR) under the Office of Eligibility. The Office of Eligibility during the 2017 APSR was a part of the Bureau of Permanency which provided oversight to the divisions of Licensure, Adoption, Foster Care, and Title IV-E Eligibility. Presently, the Office of Eligibility provides oversight to the Division of Eligibility and the state’s refugee resettlement programs. These programs consist of Repatriation, Unaccompanied Refugee Minor (URM) Program, and the Cash and Medical Assistance (CMA) Program. MDCPS in collaboration with the ACFORR and the Mississippi Emergency Management Agency (MEMA) are in the process of updating the State Emergency Repatriation Plan (SERP) and to reflect the updates in the State Comprehensive Emergency Management Plan (CEMP). These updates will have to go through the approval process with ORR. The target date for final approval is September 30, 2017. During this period under review, the state’s refugee plan for URM and CMA
was signed and went into effect on December 2016. MDCPS was also identified as the state agency authorized to administer assistance to adult refugees and unaccompanied refugee minors. Previously, MDHS was the lead agency authorized to administer those services.

1. REPATRIATION PROGRAM

Repatriation provides temporary assistance in the form of a service loan to eligible repatriates referred from the U.S. Department of State. Repatriates are considered to be individuals who have returned or been brought from a foreign country to the U.S. due to poverty, illness, war or the threat of war. Additionally, they are individuals who do not have immediate access to available resources to meet their needs.

The Repatriation Program offers temporary assistance by the following:

- Cash payments
- Medical care
- Temporary shelter
- Guidance, counseling, and other welfare services
- Transportation

Presently, MDCPS does not have any clients in the Repatriation program. The state served its last repatriate client from Moctezuma, Mexico in April 2015 and the case closed in May 2015. Also, there were no services to be reimbursed to the state by ORR due to client reunification services. Prior to 2015, the state served an additional client in 2013 and that case was closed shortly thereafter as well with no services to be reimbursed to the state by ORR.

2. URM PROGRAM

Upon arrival in the U.S., ORR identifies and places the refugee children into the URM program and offers the refugee children foster care services and benefits. The majority of these minors identified by ORR within the U.S. originate as unaccompanied alien children (UACs) and are referred to the URM program once they meet all of the eligibility requirements. The goals of the program for unaccompanied minor refugees and entrants are:

- To reunify unaccompanied refugee children with their parents or, within the context of State child welfare practice, with non-parental adult relatives.
To help unaccompanied minors develop appropriate skills to enter adulthood and to achieve economic and social self-sufficiency, through delivery of child welfare services in a culturally sensitive manner.

**Children eligible for the URM Program are under age 18, are unaccompanied, and are:**

- Refugees
- Entrants
- Asylees
- Victims of Trafficking
- Certain Minors with Special Immigrant Juvenile Status
- U visa holders

URM services are provided by Catholic Charities of Jackson through a contractual agreement. Services provided are 100% federally funded by ORR. Upon arrival within the state, the unaccompanied youth are placed in the legal custody of the state and the physical custody of Catholic Charities. Catholic Charities devotes their efforts to ensuring that unaccompanied refugee minors are receiving ongoing family tracing and family reunification assistance where applicable. These efforts are spearheaded by the program’s Cultural Specialist. Once a youth connects with family in the U.S., the Cultural Specialist is responsible for following up to obtain details of the relationship. This process is usually conducted via emails, phone or social media. A series of questions pertaining to the youth’s family are asked in an effort to ensure that the relationship is genuine. Copies of the individual’s identification and current address are also requested. Once the information is collected, the Cultural Specialist forwards his/her findings to the Family Preservation Specialist who coordinates a background check with the state in question (if applicable). After all findings have been reviewed, reunification efforts are implemented (if applicable).

Additionally, MDCPS ensures that all unaccompanied refugee minors involved in the state’s child welfare system have the same positive outcomes as domestic children and families. Mississippi is also one (1) of fifteen (15) states around the United States which resettles URM youths. URM services also require and demand for interagency, local agency, state to state, and federal to state cooperation and coordination. As a result, MDCPS continues to work with the other 14 states listed below to resettle URM youth:

Phoenix, AZ; Fullerton, CA; San Jose, CA; Denver, CO; Washington, DC; Miami, FL; Boston, MA; Lansing, MI; Grand Rapids, MI; Fargo, ND; Rochester, NY; Syracuse, NY; Philadelphia, PA; Fort Worth, TX; Houston, TX; Salt Lake City, UT; Richmond, VA; Tacoma, WA; Seattle, WA.
Table 1: Unaccompanied Refugee Minors (URM) for June 1, 2016 through September 30, 2016

<table>
<thead>
<tr>
<th></th>
<th>1. Youth in URM funded placement and/or services at end of previous reporting period</th>
<th>2. Entered URM program</th>
<th>3. Left URM program</th>
<th>4. Youth in URM funded placement and/or services at end of this reporting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Youth in URM funded placement and/or services at end of previous reporting period</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Entered URM program</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Left URM program</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Youth in URM funded placement and/or services at end of this reporting period</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Placement of Unaccompanied Refugee Minors (URM) for June 1, 2016 thru September 30, 2016

<table>
<thead>
<tr>
<th></th>
<th>Foster Homes</th>
<th>Therapeutic Foster Homes</th>
<th>Group Homes</th>
<th>Semi-ILS</th>
<th>ILS</th>
<th>Residential Treatment Centers</th>
<th>Reunification</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>URM</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>36</td>
</tr>
<tr>
<td>Available placements</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Placements development</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>New Placement Capacity</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>
### Unaccompanied Refugee Minors (URM) for October 1, 2016 thru January 31, 2017

1. Youth in URM funded placement and/or services at end of previous reporting period | 36
2. Entered URM program | 4
3. Left URM program | 2
4. Youth in URM funded placement and/or services at end of this reporting period | 38

### Placement for Unaccompanied Refugee Minors (URM) for October 1, 2016 thru January 31, 2017

<table>
<thead>
<tr>
<th>Placement</th>
<th>Foster Homes</th>
<th>Therapeutic Foster Homes</th>
<th>Group Homes</th>
<th>Semi-ILS</th>
<th>ILS</th>
<th>Residential Treatment Centers</th>
<th>Reunification</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Currently in URM</td>
<td>0</td>
<td>22</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>38</td>
</tr>
<tr>
<td>Available Placements</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Placements in development</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>New Placement Capacity</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 3: Unaccompanied Refugee Minors Active List by Federal Fiscal Years (FFY)

<table>
<thead>
<tr>
<th>PERIOD OF PERFORMANCE</th>
<th>TIMEFRAME</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 18</td>
<td>July 1, 2016- June 30, 2017</td>
<td>40</td>
</tr>
<tr>
<td>FFY 17</td>
<td>July 1, 2015 - June 30, 2016</td>
<td>32</td>
</tr>
</tbody>
</table>

**Justification for increase/decrease**

During the FFY15 period of performance the state received a monitoring visit from the Administration for Children and Families’ (ACF) Office of Refugee Resettlement (ORR) in December 2013. As a result of this visit the state was notified that the program was required to have a minimum of thirty (30) youth participating in URM for compliance with ACF/ORR federal regulations. The state’s capacity at that time of the visit was 24 and by the end of the period of performance the state received three (3) additional youth who were eligible for URM services which was a total of twenty seven (27). With the onset of FFY 16, the state’s capacity to provide URM services decreased due to the Governor’s directive to temporarily cease the intake of URM referrals. The state’s total URM clients served decreased from 27 youth to 23 youth by the end of FFY16. For the FFY 17 period of performance, the state was compliant with URM federal regulations. The state exceeded the minimum requirement due to the Governor changing his directive from temporarily suspending referrals to giving the state the authority to accept URM referrals once again. As of today, the state has two group homes to accommodate the increase in URM referrals. It is the goal of the URM program to receive 36 youths by the end of FFY 18 which will be full capacity. Currently, the state is operating at full capacity by having a total of 40 youths. Additionally, the state received an on-site monitoring visit from ACFORR on May 15th -19th and is presently awaiting the findings and recommendations resulting from this review.
3. CMA PROGRAM

The Cash and Medical Assistance (CMA) Program is part of the Division of Refugee Assistance of the ORR. CMA reimburses states for 100 percent of services provided to refugees and other eligible persons, as well as associated administrative costs. Mississippi provides Refugee Cash Assistance and Refugee Medical Assistance. CMA services are provided by Catholic Social and Community Services, Inc. (CSCSI) located in Biloxi, MS through a contractual agreement. CSCSI devotes their efforts to resettle refugees in a timely manner and reunite families by familiarizing them with their new surroundings. CSCSI offers case management, intake, Education in English language and other adult education, acculturation workshops, employment assistance, immigration assistance, and information and referral.

For individuals determined not eligible for federal cash assistance such as TANF or SSI, Refugee Cash Assistance (RCA) is available for up to 8 months from date of admission to the U.S. in qualifying status, date of final grant of asylum, or date of certification by ORR as Victim of Trafficking. Also, for individuals determined not eligible for Medicaid, there is Refugee Medical Assistance (RMA) for up to 8 months from date of admission to the U.S. in qualifying status, date of grant of asylum, or date of certification by ORR as Victim of Trafficking. RCA is tied to the TANF payment standard by family size, and RMA reflects the same services as the State’s approved Title XIX State Plan. There is no difference between Medicaid coverage and RMA coverage except that ORR pays 100 percent of the RMA costs.

| Table 4: Cash and Medical Assistance and Medical Screening for October 1, 2016 thru January 31, 2017 |
|-------------------------------------------------|---------------------------------|-------------------|
| I. Refugee Cash Assistance                      | Cases                          | Persons           |
| A. Total number of RCA recipients during this reporting period | 1                              | 3                 |
| II. Refugee Medical Assistance                  |                                | Persons           |
| A. Total number of RMA recipients during this reporting period |                                 | 0                 |
| III. Refugee Medical Screening                  |                                | Persons           |
| A. Total number of medical screenings funded by RMA |                                 | 0                 |
VII. 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 2017 APSR.

The Professional Development Unit (PDU) continued to provide all newly hired frontline staff and supervisory staff 270 hours of pre-service training. In addition, PDU continues its efforts of collaborating with the Mississippi Band of Choctaw Indians, MBCI, by sharing its training schedule for tribal participation. The structure of these trainings as well as the Clinical Supervisory Training has remained the same as the 2015-2016 year. During the 1st quarter of the 2018 APSR timeframe, court room training was developed by the University of Mississippi for January-March 2017 timeframe. Also, MDCPS staff participated in the annual Youth Court Judges and Referees seminar which was held on September 22nd and 23rd. Those agenda topics consisted of the following:

- Child abuse detention,
- Legislative updates,
- Termination of parental rights
- MS juvenile Detention Facilities Act (SB 2364)
- Parental Presentation Standards
- Ethical Considerations for Youth Court Judges and Referees
- MYCIDS
- Future Training efforts and Importance of Timeframes
- Child Welfare Academy
- Round table discussions that addressed hypothetical youth court situations
- Practical issues and case law discussions

While at the conference, a survey was presented to the Judges and Referees regarding the training needs of the courts and MDCPS. The survey results informed the topics that were outlined in the court training manual. The tracking of professional development during the 2017 APSR timeframe consisted of MDCPS exporting some of its staff development information from the state’s integrated procurement system called MAGIC (Mississippi’s Accountability System for Government Information and Collaboration). The dilemma with this system is that it does not sufficiently track all needed data elements which effects the Professional Development Unit (PDU) ability to track missing information and then sort remaining
-performance development information manually. Some of the limitations of this system consisted of the following:

- Functionality modules did not allow MDCPS to export and sort employee training hours by county and region.
- System was not user friendly and did not track employees who did not register for required trainings. This system only recorded those employees who did register for staff development trainings.

Since the month of August, Dell Latitude 7350 tablets and smartphones devices have been readily available for newly hired staff. In the month of October, PDU enhanced its unit and services by hiring an additional staff member, procuring software to track professional development and continuing to work with MIS so that frontline workers and newly hired supervisors could receive a Dell Latitude 7350 tablets and smartphones with staff having access to a SharePoint site to all training manuals. Field staff was also given IPhone. The additional PDU staff was responsible for collaborating with MDCPS Human Resources to ensure newly hired staff was processed and enrolled in the appropriate training class and with additional work being done to track new hires across the state. Additionally, the Dell Latitude 7350 tablets and smartphones enhanced the field workers’ ability to communicate and contact clients and one another quickly, efficiently, and submit required client caseload data more timely. The state’s previous professional development data for the 2015-2016 timeframe was not available for the 2018 APSR submission deadline. With the procurement of new software to track professional development, the PDU unit will have the ability to be more proficient at tracking and delivering professional development outcomes.

Furthermore, in order to meet the requirement of the Recruitment, Hiring and Retention (RHR) Plan, which was written as a result of the Interim Remedial Order. MDCPS had requirements to hire a certain number of staff each quarter as defined in the table below. In order to be compliant with the order, any hire over there requirement may be carried over to the next quarter and counted in that requirement. Therefore, based upon the end of the July – September 2016 quarter MDCPS was only 27 hires away from meeting this goal with one complete quarter remaining.
Recruitment, Hiring, and Retention Schedule:

<table>
<thead>
<tr>
<th>Identified Quarter</th>
<th>RHR Plan Requirement</th>
<th>Actual Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>April – June 2016</td>
<td>75</td>
<td>124</td>
</tr>
<tr>
<td>July – September 2016</td>
<td>120</td>
<td>134</td>
</tr>
<tr>
<td>October – December 2016</td>
<td>90</td>
<td>65 (October only)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>285</strong></td>
<td><strong>323 (as of October 31st)</strong></td>
</tr>
</tbody>
</table>

It is important to note that the number of hires reflected during each month may not necessarily reflect the actual start date. The hires are tracked by the date they enter a training class, therefore hiring data sorted by actual start date would be depicted in a different manner. Beginning July 2016, MDCPS began working with standardized start dates of the 1st and 16th of the month. This also allowed for streamlining of hire dates and training start dates. As a result some months have more training classes that begin than others. This explains some of the sudden increase and/or decrease in the number of hires per month. Lastly, MDCPS also planned and provided training with Supreme Court Justice Dawn Beam during the month of January. The agenda topics for those topics consisted of teamwork and collaboration among the court and MDCPS. Training dates and locations for the month of January consisted of:
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 stated 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 2018 IN SUPPORT OF THE CFSP/APSR GOALS AND OBJECTIVES.
While much of the guidance on how MDCPS should operate functionally was outlined in the legislation and the Public Catalyst report, figuring out and prioritizing the more practical activities through a strategic lens is something that the agency is still trying to achieve. Although the agency in its current formation is new, MDCPS still has to be responsive to existing state and federal reporting requirements and program mandates. Additionally, MDCPS has to navigate through the space of ensuring we have role clarity and common understanding of responsibilities among staff and all partner agencies and organizations. MDCPS has engaged in a strategic planning process with the goal of setting some clear priorities and role definition, developing a single set of organizational outcomes, and establishing alignment among all of the various entities that influence how we operate.

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 THE STATES ARE ENCOURAGED TO REFERENCE NEEDS AND PLANNED ACTIVITIES THAT WERE DOCUMENTED DURING THE ASSESSMENT AND WORK PLANNING.
As a result of the organizational restructuring, MDCPS is developing and will implement a strategic vision and plan. This process will help identify and order the agency’s priorities, review resources, and take into consideration all of the state, federal and legislative requirements that MDCPS is subject to. It should also result in the development of overarching organizational practice and programmatic outcomes, and be inclusive of strategies that will help support the implementation of the plan and manage the ongoing organizational change. MDCPS desires to strengthen the internal capacity to facilitate such a strategic planning process, and has engaged the Capacity Building Center for States for support as we move to accomplish this critical task in a timely manner over the remainder of this calendar year.
MDCPS is experiencing a significant influx of new workers into its workforce as a result of an organizational restructuring that mandated the hiring of over 300 employees. There is also a need to ensure that there is a strong supervisory and coaching system in place to support these new workers. Building the capacity in this area may influence workforce stability as worker support and engagement are factors that contribute to retention. MDCPS will engage in peer to peer consultation with other jurisdictions that have strong coaching and supervisory systems.

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 2018 APSR OR WILL BE IMPLEMENTED OR UPDATED IN THE COMING YEAR.

Although the agency continues to utilize the MACWIS system, the evaluation review instrument automated tool and the foster care review instrument, the MIS department has made significant contributions to the state’s overall child welfare system since the 2017 APSR submission. MIS has initiated the development of a CCWIS compliant replacement for the existing MACWIS case management system. An Agile vendor pool consisting of 7 vendors has been established and technical consultants are being evaluated to assist the agency with the implementation of the CCWIS solution. Development is also anticipated to being in August 2017. In addition, MDCPS has moved infrastructure from MDHS to MDCPS. MDCPS has moved all user files and folders from MDHS servers to MDCPS servers. MDCPS has move email from the MDHS exchange to 365 in the cloud along with Microsoft Office products. MDCPS is working on establishing communication lines separate from MDHS for all MDCPS county offices. MDCPS is testing a new Citrix farm and will begin rollout in June 2017. The project to provide new iPhones to all frontline workers will be complete by the end of June.

Also, the MACWIS application has been updated to coincide with policy changes as they relate to Olivia Y. Updates are completed upon request and include both the business rules to ensure the policy is addressed within the application and MACWIS processes to ensure the end users are able to facilitate those updates with the least amount of downtime. Updated application modules include Intake, Resource, Eligibility and Court. Descriptions to the updates are:

- Eligibility: To ensure placement and resource remuneration in a timely manner.
- Court: Modified Periodic Assessment Determination (PAD) tool to allow a more accurate review of the foster child.
- Resource: Extended licensing period from one to two years.
- Intake: Identifying children suspected of Human Trafficking; Allow inquiries identified as erred to be closed earlier in the process.
F. SPECIFY ANY CONDITIONS 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 1357.14(A) (5).)

Currently, MDPCS has been working with Public Catalyst to build capacity and improve overall agency functionality. Furthermore, the state’s 2nd MSA will go into effect January 1, 2018 and Public Catalyst will become the Court Monitor for Olivia Y. During this period of capacity building, program evaluation is ongoing.
VIII. 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, Jackie Odom and MBCI Children and Family Services staff, Mae Bell and Albert Smith, are regular attendees.

A copy of Mississippi’s 2018 APSR will be available on both the MDHS and MDCPS websites. The MDHS website is: http://www.mdhs.state.ms.us/family-childrens-services/reports/ and the MDCPS website is: https://www.mdcps.ms.gov/reports/. Additionally, an electronic copy of the 2018 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 sixth annual Indian Child Welfare Conference convened August 10, 2016, at Choctaw, Mississippi. The new guidelines for working with tribes from the Department of Justice were discussed. The topic of ICWA Basics and Ethics was presented by Judge William A. Thorne, Jr. Doc Comby, Deputy Director of Law Enforcement for MBCI, and Drew Taylor, MBCI Attorney General’s Office, spoke about the differences in the generational prospective on raising Native American children. MBCI staff and MDCPS staff collaborated to discuss child endangerment and how ICWA cases proceed in court. There were 220 conference attendees; 40 were Tribe elders and children. Of the 220 attendees, 170 included judges, attorneys, Guardians Ad Litem, educators, law enforcement, and tribal social workers. There were approximately 10 vendors present, and 40 MDCPS employees in attendance.

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(I) of the Act Credit/identity theft checks will be done on all youth in MDCPS custody beginning at age14 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 (Mississippi Attorney General’s office will be contacted).
- Assist the youth with contacting Social Security Administration.
- Assist the youth 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.
IX. MONTHLY CASEWORKER VISIT FORMULA GRANTS

The Monthly Caseworker Visit Grant was used to fund vendor services for the Center for the Support of Families (CSF) contractual agreement that supported the implementation of the Mississippi practice model and the provisions of the *Olivia Y* Settlement. The current period of performance for this vendor agreement is November 16, 2016 through November 15, 2017. During the July 1, 2016 through November 15, 2016, CSF and participated in regular leadership calls with MDCPS centered on training and coaching needs, as well as how CSF could support MDCPS meet their goals. CSF staff also offered and participated in more specific state office support efforts such as meeting with state legislators and the MDCPS Commissioner to hear concerns about child welfare services on the coast of Mississippi, and assisted in preparing information to be shared with the legislators on current practice and plans moving forward. CSF also provided limited support to the data reporting unit, assisting them on routine data report validation efforts and reporting back discrepancies when observed.

In addition, CSF also provided further support in the following:

- Supported the newly developed Performance Base Contracting (PBC) Unit in their efforts to get PBC contracts off the ground and in establishing monitoring practices for the unit. These efforts consisted of assisting the unit in developing a monitoring tool, rating guidance and provider review protocol for MDCPS PBC staff, as well as piloting some case reviews using the newly developed monitoring tool.

- Provided leadership development in conjunction with MDCPS centered around four leadership behaviors to be developed among supervisors and leadership at the regional level. The four leadership behaviors were monitoring performance, clarity of expectations, providing feedback, and building a team. As part of this effort, CSF developed materials, worked with coaches to prepare them on how to present the leadership behaviors to supervisors and how to reinforce the behaviors in practice. Also as part of this effort, CSF helped develop relevant job aides.

- Provided coaching support in 10 of the 14 regions throughout the state during this timeframe, as well as coaching to state office leadership. In addition to having an onsite presence in the regions each month, CSF also provided the regions off site support including routine communication as well as providing data analysis and other materials as requested to support improvement efforts.
During November 16, 2016 through June 30, 2017, CSF also provided further support in the following areas:

- **Practice Model (PM) Learning Cycle**: During this timeframe, CSF has been developing and initiating implementation of the Mississippi Practice Model (PM) Learning Cycle which is a learning model that includes preparation activities, virtual learning modules, and structured practice application opportunities. The PM Learning Cycle includes content on trauma-focused child welfare practice within the context of the six Practice Model competencies. For each Practice Model competency, MDCPS and CSF utilized EMU findings from Calendar Year 2016, MACWIS reports, PAD reports, and CSF Coaches input to identify selected key behaviors, practice areas, and fidelity measures to be focused upon during the virtual learning modules and structured practice application sessions. CSF is working with MDCPS to implement the PM Learning Cycle in Regions I-N, I-S, II-W, III-N, III-S, IV-N, and V-W and during this timeframe the overview and trauma cycle and involving children and families cycle implementation efforts were completed and the assuring safety cycle implementation efforts began.

- **Capacity Assessments and Strategic Planning**: CSF coaches have conducted capacity assessments in Regions II-E, IV-S, V-E, VI, VII-W, VII-C, and VII-E to inform CSF’s coaching support for the remainder of 2017 with the goal of these regions being prepared to participate in the PM Learning Cycle during a future time period. The capacity assessments contain information on capacity concerns such as shortage of caseworkers, shortage of supervisors, overdue investigations, backlogs of pending resource family applications without home studies, and need for a regional leadership structure prepared to oversee implementation of the PM Learning Cycle. All seven of these regions are now taking part in a planning process based on a Theory of Change approach to prioritize problems to be addressed, identify root causes, and develop strategies to make improvements.

- **Supporting an Annual Statewide Supervisor’s Meeting**: CSF is supporting the “Leading Through Change” statewide supervisor’s meeting focused on topics relevant to MDCPS’s continued implementation of the Practice Model and the state’s movement to a prevention focused and trauma informed child welfare system. This meeting was held in Jackson, MS on June 21st – 23rd.

- **State Office Support**: Starting in February 2017 CSF staff have participated in regular monthly face-to-face status update meetings with MDCPS leadership to coordinate our work with the Department and to identify needs and monitor progress on project activities. CSF staff also participated in more specific state office support efforts, including: working with the new MDCPS Continuous Quality Improvement Director to prioritize areas of focus; working with MDCPS leadership to hear concerns about child welfare services from the
Judiciary; and assisting with preparation of information to be shared with the Judiciary on current practice and plans moving forward.

- **Performance Based Contracting (PBC):** CSF has continued its support efforts with the new PBC Unit as they have begun gathering data and information to monitor provider’s performance.

Furthermore, MDCPS did not meet the statutory performance standard for the required monthly visits for FFY2016; however, the agency did meet and the standard for the requirement of at least 50 percent of the total number of monthly visits made by caseworkers to children in foster care must occur in the child’s residence. Based on the data provided for FFY2016, performance for the required monthly visits was at 91.03% which was a 3.97% difference from the statutory standard (95%). For the required monthly visits in home, the states’ performance was 91.47% (50% standard). Mississippi is aware that compared to FFY15 (MCV-86.61% and VIH-90.83%) there was an increase in performance for FFY16 (MCV-91.03% or 4.42% and VIH-91.47% or .64%). The state continues to assess its performance on monthly caseworker visits and has identified some policy and practice correlates that directly impact this measure. In light of those (with modifications), we anticipate to continue to see progress on this performance outcome.

As an overall strategy to address caseworker visits, MDCPS has developed new online reporting features that will now allow supervisors (and staff) access to data (sooner than scheduled monthly reporting) to allow better management of staff with respect to verification of visits made to children in foster care. In addition, MDCPS is currently drafting policy that will no longer require that only monthly visits made by the assigned worker can be counted as an eligible contact. Contacts made by any worker (FPW, FPS, and ASWS) to a child in foster care will now count towards an eligible contact. The report, MWZF2FYS (Annual Worker/Child Face to Face Visit Contact Report) – Summary (Report to CB) is being modified to align with this practice. Lastly, since the implementation of tracking process by DRU, there has been a significant decrease in the states performance on AFCARS element 57 and overall caseworker visits performance.
The Adoption Incentive Payments Program continues to allow 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 (3) 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 end on June 30, 2017 due to the state creating its own home study model. This will be implemented as a pilot model during the July 1, 2017 through June 30, 2018 timeframe. As a result of the pilot model implementation, the state would review all feedback and address those concerns prior to implementing the final model for the subsequent 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 2018 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 were gathered and used for recruitment activities in Mississippi. Recruitment efforts included information sessions for potential foster/adoptive parents, matching events where children free for adoption were presented, and through various websites. As of July 1, 2017, Southern Christian Services for Children and Youth will no longer be providing these services. MDCPS’s Bureau of Permanency Support services will be managing these services.

- **Maintain the Resource Parent Pre-Service Curriculum that enhances the training provided to Foster and Adoptive parents across the state of Mississippi.** MDCPS staff and private contractors still utilize this curriculum throughout Mississippi to ensure foster/adoptive parents are prepared to foster and/or adopt. PATH trainings were 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. MDCPS is exploring options to have online and more face to face trainings while using the PATH training curriculum.

The changes listed below identify how the state will use the Adoptive funds in the following ways:

- Continue all of the above as needed;
- MDCPS continues to designate a position in the Bureau of Permanency Support Services, Termination of Parental Rights (TPR) Unit to conduct diligent searches and family findings. This position still 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 are still being used to secure a search engine that better supports the needs of this position.
- 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 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;
- 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.

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

The Child Welfare Waiver Demonstration Activities are not applicable for Mississippi.
XII. 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, MDCPS has developed 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 Reporting Unit (DRU), and the Consumer Solutions Unit (CSU).

The CQI System continues to utilize 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. CQI PRACTICES AND SYSTEMIC IMPROVEMENTS

Over the State Fiscal Year (SFY), the Evaluation and Monitoring Unit (EMU) conducts on site case reviews with in each of the State’s 14 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 2017 excluding Regions 5-East, 7-East, 1-South, and 2-West. The reviews in these regions were postponed, so that the Evaluation and Monitoring Unit could provide needed review services and feedback in other areas of case practice across the agency. For all other regions, on-site case record reviews and case member interviews were completed: 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\(^1\) of Regions statewide (excluding 5-East, 7-East, 1-South, and 2W). Twelve teams made up of either one or 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.

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. This process occurred between the months of July 2016 and March 2017, and in April 2017, EMU took on other duties.

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. Beginning in April 2017, the regional CQI Teams were put on hold, and will be reconvened at a later time. Regional staff are encouraged to continue meeting and addressing issues in a collaborative manner until such time as the teams are reconvened.

Depending on 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.

The state has also replaced the Heat System with a new application. The Heat tickets generated the level 2 (practice concern) or level 1 (Safety Concern). Footprints, the new KEA application will track the same information as Heat while adding functionality and more detailed reporting. The same business rules that were used in Heat will be used in Footprints.

Stakeholder involvement remains to be 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.

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, 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.
The current description for the case review process is that 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 has used 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.

The current systemic improvements the state has made based on QA/CQI consists of Mississippi improving its performance on AFCARS Element #57. As of the submission of the AFCARS 2017A report, Foster care data element #57, timeliness (Date of Discharge Transaction Date) was currently at 7.39%. In June 2015, the state was at 18.10% on this element. Also, Mississippi has implemented Regional Management teams in its 14 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.

In addition to the systemic improvements, the CQI unit has also begun the process of validating workloads of front line workers to ensure that all services are accounted for and to provide a worker need analysis to show where workers are over-populated as well as where additional workers are needed. This began in October 2016 with the hiring of the first workload validation specialist and continued in November 2016 with the hiring of a second workload validator. In April 2017, the CQI Unit, specifically EMU, broadened its scope to begin completing various processes to strengthen workload practices in a variety of ways. A method of tracking and reporting on the process of getting unlicensed relative homes fully licensed in a timely manner was implemented. In addition to that, the EMU Unit conduct reviews of the Home Study Licensing Process for consistency and quality of practice. Lastly, the Evaluation and Monitoring Unit had a third group to take on the responsibility of assisting the Workload Validators so that more workloads can be validated and staffing needs determined for the agency.

Also, the current update on the QA/CQI results and data that has been used to update the goals, objectives, and interventions or use of funds in the 2018 APSR is that since July 1, 2016 through March 31, 2017, EMU has been conducting on site case reviews with in each of the State’s 14 Regions. The data results come from this year’s most recent on-site reviews, excluding Regions 5-East, 7-East, 1-South, and 2West.

The current training or technical assistance needs the state anticipates from CB resources or other partners is technical assistance with training on the federal On-site Review Instrument (OSRI) for the upcoming Child and Family Services Review (CFSR). At this time, Mississippi is not using the federal On-Site Review Instrument (OSRI) for on-going CQI case reviews. However, it was tested in August 2016 on a small number of cases for Evaluation and Monitoring staff to begin to become accustomed to using in the event that the state makes the decision to use the federal instrument for ongoing purposes following the Child and Family Services Review. Mississippi has shown an increasing likelihood that this will be the case and that the OSRI will be ultimately incorporated into ongoing CQI Activities moving forward. The state’s most recent efforts concerning OSRI integration consisted of a two (2) day training and certification process held on June 15th and 16th for the CQI department. There was a total of 47 staff members to be trained on the OSRI during that time.
XIII. CHILD ABUSE AND PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE

The CAPTA updates are included under attachment E.
XIV. 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. 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. Youth are eligible for Independent Living Services based upon 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, and 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.

During the 2017 APSR, IPL services functioned under the Bureau of Resource Development and were held at the state’s administrative office. Effective July 1, 2016, MDCPS had reorganized the administration of ILP which now functions under the Office of Field Support. ILP is now teleworking to various regions across the state. ILP staff has been assigned to the Eastern, Western and Southern parts of the state to offer technical assistance to MDCPS’s county staff. The strategic areas covered consist of the following:

**Western Regions:**
- II-East,
- II-West,
- II-North,
- III-South,
- V-West,

**Eastern Regions:**
- V-East,
- I-East,
- I-North,
- I-South,
- IV-North and IV-South

**Southern Regions:**
- VI
- VII-East,
- VII-West, and VII-Central
ILP also spent part of the fiscal year planning and developing its first annual conference that was held on February 7th in Pearl, MS. This conference was also in conjunction with the Jim Casey Foundation. ILP staff also met internally with various departments and used resources from Capacity Building Center for the States to initiate the development of a LGBTQ curriculum and training component to support services to foster care youth. Presently the LGBTQ curriculum and training is still under review. The restructuring of IPL services also focused on building capacity in the areas of cultural diversity of LGBTQ youth, transitional living, youth engagement, and preserving permanent connections. These objectives were created to improve overall individualized case planning for appropriate placement, offer more staff development opportunities that support cultural diversity and services among foster youth. The permanency goal for ILP staff is to provide and ensure that all youth in-care and youth transitioning out of care will have an array of services and resources to assist them in making a successful transition to become independent adults. IPS preserving permanent connection goals consisted of the following by the end of the fiscal year:

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

2. Develop more regional community partnership boards in regions that do not have them. ILP staff is working to have a community partnership board in every region. Currently, there are six (6) active community partnership boards organized in regions II-West, III-South, V-East, VI, and VII-East. These partnerships are to promote community awareness of youth in and out of foster care. The focal points of awareness consist of education, employment, and housing.

3. Provide a one (1) day collaborative multi-disciplinary conference to MDCPS field staff, foster parents, community stakeholders, and resource parents. The agenda for the conference focuses on cultural diversity of LGBTQ, transitional living planning, educational resources, and contracted independent living services.

4. Develop a functioning Aftercare program based on the National Youth in Transition Database (NYTD). NYTD data is collected to assist with identifying the needs and services of youth transitioning out of care. The remapping of data elements 29, 31, and 32 has have been completed. We are expecting data from the above elements in the NYTD 2016B file submission.
5. Recruit a minimum of 10 youth per sub-grantee period for ILP apartment placement. Currently, no youth meet the minimum criteria for apartment placement. To help meet this objective, ILP staff would promote Independent Living Apartment Placement program to youth through the Teen Advisory Board (TAB) and field staff.

6. Develop and implement a process to conduct annual credit checks on youth in care starting at age 14. I.L. staff already does credit/identity theft checks annually. Presently, all youth are asked to sign a written acknowledgement form giving MDCPS permission to submit their personal information to the credit bureau’s (Equifax, Experian and Transunion). A copy of the signed acknowledgement is maintained in the youth’s County of responsibility (COR) case file. Upon receiving the acknowledgement form, the Division of Independent Living proceeds with contacting the three (3) major credit reporting bureaus to obtain a credit report. Staff submitted credit checks in the month of February 2017.

Additional planned activities consisted of the following:

- Provide more 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.

B. THE INDEPENDENT LIVING OBJECTIVES

Currently, ILP services are contracted out to Southern Christian Services for Children and Youth. The following objectives listed below are required for the subcontractor:

- The subgrantee will contract with an agency to provided Independent Living Services. This agency will employ a 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) Independent Living Coordinators, seven (7) Transition Care Coaches (TCC) 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).
C. INDEPENDENT LIVING SUPPORT SERVICES/STIPENDS:

1. **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.

2. **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.

3. **Life Skills Training group Stipend:** A $30.00 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.

4. **Youth Opportunity Training Stipend:** A $100.00 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.

5. **Youth Conference Stipend:** A youth will receive a $100.00 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 $40.00 Youth Conference Allowance prior to attending the Youth Conference. The stipends will be requested in MACWIS by the COR Worker.)
6. **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.

7. **Senior Year Stipend:** A $600.00 stipend is available to help defray senior/final year expenses for youth receiving a diploma, GED or a Certificate of Attendance at the close of the school/program year in which the stipend is requested. The youth shall also be a participant in Independent Living Program activities. This stipend should be requested during the youth's senior year, in MACWIS, by the COR Worker under State Funds. This stipend must be issued to the vendor(s) A re-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.

8. **High School Graduation Stipend:** A $200.00 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 stipend 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.

9. **GED (General Equivalency Development)/Certificate of Attendance Stipend:** A $200.00 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.
10. **College Bound Stipend:** A $600.00 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.

11. **College Graduation Stipend:** A $200.00 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.

12. **Start-Up Stipend:** A $1500.00 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.
Planned Activities for FY 2018 are as follows:

- **Module Training Workshops**: Module Training workshops will occur throughout the state. All six identified curriculum areas will be covered twice (2) in each region.
- **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.
- **Aftercare Services**: Aftercare services shall be offered to youth age eighteen (18) to twenty-one (21).
- **Additional Transitional Living Services**: Provide additional transitional services to youth age seventeen (17) to twenty-one (21) years old as they leave MDCPS. Services rendered will assist youth in making a successful transition to adulthood. A successful transition includes the following: Maintaining stable and suitable housing; remaining free from legal involvement; Participation in an educational/vocational program; developing life skills; build social and financial capital; build community connections; and connect youth to needed community based resources necessary to pave the path to self-sufficiency.
- **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.
- **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.
- **Youth Conference**: A Youth Leadership Conference will be held during the summer of 2018 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.
- This three (3) day conference will provide direct independent living skills training, as well as empowerment, leadership, positive youth development, and recreational activities.
- **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.
D. THE STATE’S SPECIFIC ACCOMPLISHMENT ACHIEVED SINCE THE 2015-2019 CFSP AND SUBSEQUENT APSR SUBMISSION.

<table>
<thead>
<tr>
<th>Support Service/Stipend</th>
<th>FFY 16: # Youth</th>
<th>FY 17: # Youth</th>
<th>#Youth +/-</th>
<th>FFY 16: Amount Disbursed</th>
<th>FFY 17: Amount Disbursed</th>
<th>Disbursed +/-</th>
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</thead>
<tbody>
<tr>
<td>I.L. Aftercare</td>
<td>160</td>
<td>215</td>
<td>+55</td>
<td>169,822.38</td>
<td>200,000.00</td>
<td>+30,177.62</td>
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<tr>
<td>I.L. College Bond Stipend</td>
<td>25</td>
<td>34</td>
<td>+9</td>
<td>$7,474.61</td>
<td>$19,825.73</td>
<td>+$12,351.12</td>
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<tr>
<td>I.L. College Graduation Stipend</td>
<td>1</td>
<td>0</td>
<td>-1</td>
<td>$100.00</td>
<td>$0.00</td>
<td>-$100.00</td>
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<tr>
<td>I.L. Contract Services</td>
<td>499</td>
<td>546</td>
<td>+47</td>
<td>$000.00</td>
<td>$0.00</td>
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<td>I.L. Educational Training Voucher (ETV)</td>
<td>132</td>
<td>114</td>
<td>-18</td>
<td>$250,676.04</td>
<td>$227,559.10</td>
<td>-$23,116.94</td>
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<td>I.L. Post Assessment Stipend</td>
<td>7</td>
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<td>$175.00</td>
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<td>I.L. GED/Certificate of Attendance Stipend</td>
<td>14</td>
<td>12</td>
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<td>$2,600.00</td>
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<td>I.L. High School Graduation Stipend</td>
<td>45</td>
<td>37</td>
<td>-8</td>
<td>$4,850.00</td>
<td>$7,500.00</td>
<td>+$2,650.00 Stipend increased to $200.00</td>
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<td>Initial Pre-Assessment Stipend</td>
<td>150</td>
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<td>$3,865.00</td>
<td>$390.00</td>
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<tr>
<td>I.L. Personal Enhancement Stipend</td>
<td>5</td>
<td>6</td>
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<td>$2,242.76</td>
<td>$3,264.53</td>
<td>+$1,021.77 Amount varies based on need</td>
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<td>I.L. Senior Year Stipend</td>
<td>46</td>
<td>60</td>
<td>+14</td>
<td>$12,425.78</td>
<td>$29,036.02</td>
<td>+$16,610.24 Stipend increased to $200.00</td>
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<tr>
<td>I.L. Skill Stipend</td>
<td>452</td>
<td>552</td>
<td>+100</td>
<td>$34,035.00</td>
<td>$50,220.00</td>
<td>$16,185</td>
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FY: 2018-ANNUAL PROGRESS AND SERVICE REPORT (APSR)

<table>
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<tr>
<th>I.L. Start-up Stipend</th>
<th>48</th>
<th>47</th>
<th>-1</th>
<th>$13,800.00</th>
<th>$57,600.71</th>
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<tr>
<td>I.L. Youth Conference Allowance</td>
<td>74</td>
<td>80</td>
<td>+6</td>
<td>$2,620.00</td>
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<td>Youth Conference Clothing allowance</td>
<td>72</td>
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<td>+2</td>
<td>$14,830.00</td>
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<td></td>
<td></td>
<td>$20.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>1,731</strong></td>
<td><strong>1,576</strong></td>
<td><strong>-155</strong></td>
<td><strong>518,145.77</strong></td>
<td><strong>417,261.14</strong></td>
<td><strong>-$100,884.63</strong></td>
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</tbody>
</table>

Please see justifications listed below for ILS support services/stipends disbursed to eligible youth for FY 16 and 17:

- **I.L. Aftercare**: I.L. Aftercare has experienced an increase in funds disbursed by $30,177.62 due to the focus of I.L. services shifting to supporting youth in preparing for transition into independence. Financially Aftercare funds have assisted with housing (rental assistance, leasing deposits etc.), education attainment (GED classes, tutoring, test prep, test/assessment fees, etc.) and assistance with health and mental health needs.

- **I.L. College Bond Stipend**: the I.L. College Bond Stipend has increased by $12,381.12. This increase is due to the both the I.L. and Education staff encouraging high school diploma attainment through providing needed educational services to youth, I.L. Program Administrators providing MDCPS social workers with information about stipends youth are eligible to receive and placement stability.

- **I.L. College Graduation Stipend**: The I.L. college graduation stipend decreased $100.00 due a slight decline in the number of youth successfully completing post-secondary programs.

- **I.L. Contract Services**: I.L. Contract Services are not connected to funds tracked by the Mississippi Automated Child Welfare System (MACWIS). The I.L. program and services is contacted with a non-profit provider. Funds for I.L. contacted services are allocated and tracked thought the contractual agreement.

- **ETV**: ETV decreased by $23,116.94. This decrease is due to MDCPS disbursing ETV funds to youth timely. New policy around how ETV is disbursed is being drafted for review and implementation.
FY: 2018-ANNUAL PROGRESS AND SERVICE REPORT (APSR)

- **I.L. Post Assessment Stipend:** The decrease by $175.00 is due to: 1. MDCPS workers not entering the required information for youth to receive their stipend or 2. Youth are not completing the I.L. Post Assessment.
- **I.L. GED Stipend:** Youth receiving the I.L. GED stipend has increased due to the endless campaign for youth to meet education goals.
- **I.L. High School Graduation Stipend:** The I.L. High School Graduation Stipend decreased by $2,650.00 due to more youth transitioning to GED programs instead of completing high school programs. Youth transition to GED programs due to being more two (2) or more grades behind their peers.
- **I.L. Pre Assessment Stipend:** The I.L. Pre Assessment Stipend decreased by $3,475.00 due this this assessment being phased out.
- **Personal Enhancement Stipend:** The Personal Enhancement Stipend increased by 1,021.77 due to allowing this stipend to be used to help youth meet education goals through tutoring and taking additional or advanced courses.
- **Senior Year Stipend:** The Senior Year Stipend has increased by 16,610.24 due to I.L. Program Administrators providing technical assistance to MDCPS social workers around I.L. stipends and how to enter/request those stipends in MACWIS.
- **I.L. Skill Stipend; I.L. Startup Stipend; I.L. Youth Conference Stipend; and I.L. Youth Conference Allowance Stipend:** The I.L. Skill Stipend has increased by 16,185.00, I.L. Startup Stipend has increased by $43,800.73, the I.L. Youth Conference Clothing Allowance has increased by $6,060.00 and the I.L. Youth Conference Allowance Stipend has increased by $995.05. All stipends listed increased due to the I.L. Program Administrators providing technical assistance to MDCPS social workers around stipends available to youth and how to enter/request those stipends in MACWIS.
- **I.L. Youth Trainer Stipend:** No youth assisted in facilitating I.L. training.

Additional specific accomplishments achieved for the 2018 APSR consisted of a total of six 6 youth were successfully placed in the ILP Apartment Placement Program, 19 youth received rental assistance and 15 youth received assistance with temporary housing (referrals to shelters, assistant living facilities and temporary hotel placement. Approximately 978 credit reports were done for the entire state with 45 findings at this time. The findings consisted of past due medical bill, cable, student loan and utility bills. The 45 youth who had findings on their credit report have been contacted. Five (5) youth have accepted assistance from DFCS to resolve reporting discrepancies and filling police reports.
E. NATIONAL YOUTH IN TRANSITION (NYTD) DATABASE

CPS’s plan to inform our stakeholders and others of the NYTD Review for the state consisted of the State’s Independent Living Program Director scheduling, planning and developing meetings with contract staff, youth, field support staff, CQI staff, foster care review staff and data reporting staff to identify the roles and responsibilities of each stakeholder. All participating parties will be invested in the entire review process with clearly outlined expectations along with a timeframe of the review. Monthly reports and updates will be submitted to the State Independent Living Program for tracking purposes in order to meet the benchmarks set by ACF to ensure preparedness on the part of MDCPS. Lastly, MDCPS does not have a review scheduled in FY 2017 or 2018.

Since the 2015-2019 CFSP and subsequent APSR submissions, the state has informed its partners and stakeholders about NYTD data and also involved them in the analysis of the results of the NYTD data collection or NYTD Review. The NYTD data is shared with partners and stakeholders through various onsite trainings and a compilation of each reporting period’s outcomes is shared during those ILP trainings. These outcomes are also made available online, via monthly reports and yearly updates through the Independent Living Program. The 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 specified needs. Mississippi’s Independent Living Program involves the public and private sectors through the development of Community Partnership Boards comprised of Independent Living staff, youth, contractor staff, local and state representatives, and people representing community businesses to assist youth with accessing local resources surrounding employment, education, transportation, housing, and mental health services. The boards are provided with information gathered from NYTD data collection and youth’s feedback in order to develop and identify resources available at a local level for youth aging out of custody in their communities.

MDCPS uses these data outcomes to improve service delivery. 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 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.

During the 2017 APSR timeframe, the state had improved NYTD data collection by creating a section of training solely for NYTD data collection. This consisted of ILP staff in conjunction with MACWIS Data Analysts meeting to remap Data Elements 31 and 32. Currently data Elements 31 and 32 have been remapped and the following NYTD data elements continues to capture Independent Living Services data entered by field staff:

- 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.
- 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.

As a direct result of the ongoing training and remapping, the state’s data reporting numbers nearly doubled from previous file submissions. We are currently capturing and reporting more accurate data which is reflecting the Independent Living Services provided and received.

F. COLLABORATION WITH YOUTH AND OTHER PROGRAMS

For FY 2018, the state continued to collaborate with youth by selecting them to represent their peers in foster care as members of the Teen advisory Board (TAB). During these TAB meetings, it is the youth who facilitate these meetings. Youth are also engaged in the CFCIP, CFSR, NYTD and other related agency efforts through monthly meetings and quarterly state level meetings.

As stated previously, the state involves the public and private sectors in helping adolescents in foster care achieve independence through its Community Partnership Boards. The Community Partnership Boards are currently being formed throughout the state. These boards consist of representatives from public and private agencies such as law enforcement, mental health, health, education and foster care advocates. The goal is to have Community Partnership Boards identified in all 14 MDCPS regions to promote awareness of foster youth’s needs and challenges; advocate for additional grassroots supports around education, employment and housing.
The Independent Living program continues to coordinate its efforts by collaborating with the Mississippi Department of Rehabilitation Services, Jim Casey Youth Opportunities Initiative, Methodist Children’s Home (Transitional Living Placement for youth with special needs) and the Mississippi Integrated Basic Education and Skills (MI-best) program (GED/High School diploma attainment with progression into post-secondary school opportunities). Additionally, Independent Living has collaborated with governmental or other community entities to promote a safe transition to independence by reducing the risk that youth and young adults in the child welfare system will be victims of human trafficking.

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

- Southern Christian Services for Children and Youth: Contracted to provide Independent Living and Aftercare services;
- Jim Casey Initiative: Match saving program;
- Methodist Children’s Home: Congregate care/ transitional living facilities;
- Families First for Mississippi: Education services; and
- Open Arms Health Clinic: Health and counseling services; Free STI testing/treatment; and Services for LGBTQ persons.

Also, ILP has provided training in support of the goals and objectives of the states’ CFCIP to foster parents, relative guardians, adoptive parents, workers in group homes and case managers through various venues. Training is delivered to participants in a facilitator lead classroom setting. MDCPS Independent Living staff and contracted Independent Living staff provide training that focuses on program/services, Education Training Voucher services (ETV), creating effective transitional living plans, appropriate placement decisions; and cultural differences among foster youth.

Currently the Independent Living program continues to 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
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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.

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

MDCPS consults with the Mississippi Band of Choctaw Indians about the programs to be carried out under the CFCIP through written communication. Through meeting with the tribe, the tribe has communicated that it does not have any youth that meet Independent Living Services eligibility criteria. The state continues its efforts to coordinate program and activities with the tribe. Consistent phone calls, e-mails, and traditional forms of written communication are done to encourage tribal participation.

1. **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.**

   Program and activity information is communicated to Choctaw Child Welfare services through e-mail, face to face meetings and follow-up phone calls.

2. **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 State and contracted Independent Living Programs and Services are available to youth in the custody of Choctaw Welfare Services. Currently, there is no participation in state or contracted Independent Living Programs and Services due to there being no eligible youth to receive services. On May 22, 2017, MDCPS Independent Living staff and Southern Christian Services met with the Choctaw Child Welfare staff to give an overview of programs and services and discuss points of potential partnership.

3. **Describe 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. Describe the outcome of that negotiation.

The state currently has a Memorandum of Agreement (MOA) with Choctaw Child Welfare Services that outlines how we are to proceed in administering and supervising services provided by MDCPS. As a result there are processes in place for both MDCPS and Choctaw Child Welfare to provide needed services to families and youth.

4. **Describe any concerns raised by the tribes during consultation on accessing Chafee services and how the state plans to address these concerns.**

There have been no concerns for accessing Chafee services.

I. **EDUCATION AND TRAINING VOUCHER PROGRAM**

Presently, the state has not made any changes in how the ETV program is administered. MDCPS administers the ETV Program and financial services. There is no collaboration with an outside provider or state agency. During the current reporting year ETV has grown significantly in the Independent Living unit. Our unit currently has one person designated to work with ETV. This person has been able to physically go out to county offices and have direct contact with the worker, clerks, foster parents and youth in order to ensure that all ETV information and funds are received. The person working with ETV has also been able to conduct trainings about ETV around the state. Our unit has planned an ETV event that will include youth all over the state that are receiving and will be receiving ETV. Our unit consistently makes contact with youth at youth events to discuss ETV to those that wish to continue their education. Our unit will also implement ETV in DocuSign in order to receive forms signed by the worker and the youth electronically.

MDCPS had 105 (unduplicated) youth to be awarded ETV for the year 2016. Please, see the awards below for FY 16 and 17:

- The total number of youth awarded for July 2015-2016: 105
- Total number of new ETVs for 2015-2016: 50
- Total number of youth awarded for July 2016-2017: 103
- Total number of new ETVs for 2016-2017: 55
XV. UPDATES TO TARGETED PLANS WITHIN THE 2015-2019 CFSP/2016 APSR

MDCPS has provided the following three (3) plans as discreet sections of their 2015-2019 CFSP:

- Foster and Adoptive Parent Diligent Recruitment Plan
- Health Care Oversight and Coordination Plan
- Training Plan

The state’s disaster plan remains unavailable at this time. However, the state has made great progress in drafting its own disaster plan. For this reporting period, MDCPS continued to use the MDHS Disaster Plan. Upon completion of the disaster plan, the state will forward a copy to the Children’s Bureau. 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 Foster and Adoptive Parent Recruitment and Retention Plan was revamped during this reporting period. New statewide and regional plans were developed to recruit and retain foster and adoptive parents. Target dates were set for activities listed in the plans. MDCPS revised the plans to reflect the agency’s current mission, structure, and activities. Please see the Foster and Adoptive Parent Diligent Recruitment Plan along with the target dates for the county recruitment and retention plan under attachment B.

B. HEALTH CARE OVERSIGHT AND COORDINATION PLAN

The Unit formerly known as the Resource Development Unit is now the Field Support Unit. The Field Support Unit consists of Education Services, Medical Case Management Services (nurses), Interpreter Services, Independent Living Services, and Therapeutic Placement Services. The Field Support Unit has revised the Health Care Oversight and Coordination Plan. This plan was revised with a new focus to provide support to frontline staff to help meet the needs of the families and children they serve. This plan highlights the timeliness of services for children entering foster care. This plan is also designed to strengthen activities that improve the healthcare and oversight of children and Youth in foster care.

Magnolia Health Plan is still the managed care organization providing services to the state’s foster children under Mississippi Coordinated (MSCAN). They assist our case workers in locating medical, dental and mental health services. Magnolia has approximately 15,000 providers in Mississippi and the surrounding states that are available to provide physical,
mental health and dental services. Magnolia has providers in all 82 counties in Mississippi. This is a vast improvement in services for our foster care children. Where there were gaps in the state, mainly in the northern part of the state, gaps have closed. Magnolia Health Plan has greatly enhanced the state’s service array for foster children. They are afforded continuity of having a medical home, opportunities for more specialized services, case management services and follow up care. Because of the number of Magnolia providers our children will be able to be serviced within their communities. Currently, Magnolia Health Plan provides approximately 4,500 foster care children with medical, dental and mental health services.

Also, per the state’s 2nd MSA, children entering foster care shall receive an EPSDT or other comprehensive medical exam within 30 days of entering foster care. EPSDT is Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. EPSDT is:

- **Early**: Assessing and identifying problems early
- **Periodic**: Checking children’s health at periodic, age-appropriate intervals
- **Screening**: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic**: Performing diagnostic tests to follow up when a risk is identified, and
- **Treatment**: Control, correct or reduce health problems found.

Lastly, please see attachment C for the updated Health Care Coordination and Oversight Plan.

C. **DISASTER PLAN**

At this time, MDCPS continues to operate under MDHS’s disaster plan for emergency preparedness. MDCPS had identified in the 2017 APSR that this was an additional area of improvement for our newly created agency. Also, the state had contacted the Emergency Preparedness Coordinator for assistance with the development of its own disaster plan. Currently, the state is making great progress with its first disaster plan draft for emergency preparedness. Pending completion of the disaster plan, the state will forward a copy to the Children's Bureau. During within the 2018 APSR reporting timeframe, the state did experience two major weather related disasters. The first disaster declaration was on January 25, 2017, covering the incident period of January 20-21, 2017, where the state was affected by severe storms, tornadoes, straight-line winds and flooding for the following counties: Forrest, Lamar,
and Perry Counties. The second disaster declaration was May 22, 2017, covering the incident period of April 30, 2017, which also was due to severe storms and flooding for the following counties: Adams, Calhoun, Carroll, Claiborne, Holmes, Jefferson, Montgomery, Webster, and Yazoo Counties.

During those times, the state did employ its' disaster plan as referenced in the 2015-2019 CFSP and 2017 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

As stated under the Program Support, PDU continued 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 since the 2015-2016 year. The ongoing training program was successful with additional training classes added during the 2016-2017 training year. The training classes were well received and considered as a valuable asset to the workers. MDCPS also continued its partnership with the University of Mississippi, Child Welfare Training Academy and the University of Southern Mississippi in the MSW cohorts. These contracts with the two state universities also allowed staff to complete an MSW on a compressed schedule if they are taking advantage of the agency’s Professional Enhancement Scholarship. The following trainings were delivered in collaboration with the Administrative Office of the Courts, Children Advocacy Centers of Mississippi, Tribal partners, representatives from mental health, education, state universities, and others during the 2016-2017 year:

- **DFC002 Substance Abuse in the Family** –
  This training event is an Introduction for Child Welfare Professionals on the topic of drug and alcohol issues and the connection of those issues to child welfare. The participant will be able to describe the policies and guidelines that guide services for children and families with drug and alcohol issues and will learn the connection of services between the drug and alcohol system and the child welfare system. The participant will also recognize how drug and alcohol issues affect the case process and the permanency planning process for the child.

- **DFC008 Where are the Dads?** –

This is a one day training for Child Welfare Professionals that focuses on the critical roles that fathers play in the growth and development of their children. Far too frequently, however, fathers are a missing piece in a child’s life. The current focus on involving fathers in their child’s life is supported by research, which points out the critical importance of a father’s involvement with his children. In order for Child Welfare Professionals to seek a greater involvement of fathers in their child’s life, they must know the resources available to locate the father and then be able to facilitate the father’s engagement in the permanency process. This workshop will explore methods of locating absent fathers and then engaging.

- **DFC009 Putting the Puzzle Pieces Together** –
  The "Putting the Puzzle Pieces Together!" Life Book Training is a one day training for Child Welfare Professionals and others who work with foster and/or adopted children. It was designed and written specifically for Child Welfare Professionals and other professionals who work with foster and/or adopted children. The training focus on helping participants understand the role and importance of Life Books for foster and adopted children; increase their knowledge of how and when to build a Life Book, and allow hands on practice techniques for participants to use with children of various ages to develop their own.

- **DFC010 Mental Health Training** –
  The "Childhood/Adolescent Mental health Issues and the Child Welfare Professional" training is a two day training for DFCS staff. During the training, participants will be made aware of child/adolescent mental health issues which may impact the families and children they serve. Perceptions and stigmas associated with mental health issues and diagnoses are explored along with how these impact the worker and client relationship. Participants will learn appropriate methods of engaging not only clients but other professionals to address the mental health needs of children/adolescents. Lastly, they will better understand their responsibility of making sure mental health needs are addressed according to policy and their role when psychotropic medications are prescribed to foster children in their care.

- **DFC011 Stress Management/Reunion Training** –
  The Reunion Training (Stress Management) is a half day training for DFCS staff who have completed Pre-Service training and one year’s service on the job with DFCS. During the
training, participants will discuss their fears, stresses and accomplishments during their tenure with the agency. Participants will learn time management methods to assist them in their daily routines at DFCS as well as prevention methods of burnout and secondary stress. Lastly, the participants will celebrate their past year’s accomplishments and will network with their fellow trainees from their group.

- **DFC014 Teachable Moments** –
  This training is designed to help Child Welfare workers rethink the concept of parenting skills when working with clients. The purpose is to help workers understand that we, as social workers, should be teaching these skills to clients who need them instead of relying on outside resources for this service. The training will teach workers when to recognize teachable moments and appropriate parenting skills to teach. The training will also explore cultural beliefs and child development as they relate to teaching parenting skills to clients.

- **DFC019 Introduction to Child Welfare 501** -
  Introduction to Child Welfare 501: Our Mission and Values is a four day training for Mississippi Department of Human Services state office personnel. The training is designed to educate participants on the DFCS mission, vision, and values while giving them an understanding of the duties, successes, and struggles of DFCS staff in the field.

- **DFC024 Adoption Competency** –
  Adoption Competency - Child Assessment and Preparation is designed for newly hired Adoption Specialists who have completed Pre-Service Training. This training consists of three (3) days of intensive focus on building knowledge and skills in writing thorough child assessments in order to make accurate placement decisions and develop better service plans. Also, the training will utilize a variety of tools and techniques to assist the workers as they facilitate an understanding of adoption and engage, assess and prepare children/youth for present and future life experiences.

- **DFC025 Safe and SW Interview** –
  Structured Analysis Family Evaluation is Consortium for Children’s standardized home study methodology that has revolutionized the way both public and private child welfare agencies study and evaluate prospective adoptive, kin foster families. SAFE aids home study practitioners in performing a thorough, structured and uniform evaluation of
families who have applied to foster or adopt. SAFE provides a structured methodology as well as state of the art tools for social workers to describe, evaluate and strengthen families in a uniform, comprehensive and sensitive fashion. The Consistency/Refresher training provided for individuals who have already completed the 2-day training in SAFE. The Consistency Training provides a detailed review of the essential components in the practice of completing a SAFE home study.

- **DFC027 Level I Clinical Supervisory Training** –
  This training is for entry level supervisors. Emphasis is placed on the clinical, supportive and educational supervision as opposed to just administration. Participants will be able to identify styles and traits of a manager and supervisor; develop a personal plan of transition to supervision; explore strengths and needs regarding supervisory practice; assess worker skills and ability engage; learn direct and indirect observation skills; learn tools to perform case reviews; understand the purpose of performance appraisals and improvement plans; and learn effective use of the Family Team meeting and Comprehensive Family Assessment.

- **DFC028 Pre-Service Training** -
  The Pre-service classroom training curriculum covers a wide variety of information key to child welfare services. The strength of the classroom training is the development of a knowledge base in core professional relationship skills, assessment, case planning, family engagement and working with abused and neglected children and their families. The core of the on-the-job training experience is based on the trainees being able to take responsibility for new cases and applying what they have learned in the classroom to the field on a family-by-family basis once they have completed the eight weeks of intensive training. By the end of the eight week training period, new workers should be prepared to professionally handle a caseload.

- **DFC033 Safe Training** –
  The Consortium for Children's standardized home study methodology that has revolutionized the way both public and private child welfare agencies study and evaluate prospective adoptive, kin and foster families. SAFE aids home study practitioners in performing a thorough, structured and uniform evaluation of families who have applied to foster or adopt. SAFE provides a structured methodology as well as state of the art tools for social workshop describe, evaluate and strengthen families in a uniform,
comprehensive and sensitive fashion. The Consistency/Refresher training is provided for individuals who have already completed the 2day training in SAFE. The Consistency Training provides a detailed review of the essential components in the practice of completing a SAFE Home study.

- **DFC041 Continuous Quality Improvement** -
The Continuous Quality Improvement Training is a Regional training that will help staff understand that everyone has a role in CQI. It will review documentation, understanding how your documentation reflects in reports, and the importance of documentation efforts to meet timelines and policy stands. This training will also cover directional leadership, management, checks for accuracy and clinical supervision for improvement.

- **DFC047 Foster Care Review** -
This training gives an overview of the Foster Care Review (FCR) Unit in the CQI Division; federal and state laws regarding FCR, processes and procedures during Foster Care Review/County Conferences, filling out the Parts B and C, PAD instrument overview, Overdue TPR, Corrective Action.

- **DFC049 Engaging Incarcerated Parents** –
The training focuses 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 caseworker can identify, locate and engage incarcerated parents in the casework process. The training will introduce participants to the Child Welfare Practice Model. Workers will be able to identify the six modules of the practice model. Worker will be able to receive information regarding the six modules.

- **DFC056 Understanding Cultural Diversity in Child Welfare** –
This training is designed to increase knowledge, skills, and abilities, as it relates to the impact of cultural competency in the field of Child Welfare. Participants will engage in activities and discussions that will examine their own cultural beliefs and how it relates to the work with children and families.

- **DFC065 Using Ethics to Guide Casework & 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 a child welfare casework situation; and recognize that ethical decision-making is complex, involves cognitive and emotional struggle, and cannot always be simplified to right and wrong.

- **DFC075 Safe Training for Supervisors** -
  
The one-day supervisor's training is designed to train supervisors in the proper supervision of safe. Attendees must have attended and completed the safe 2 day training. The curriculum focuses on efficient ways to supervise safe, what red flags to watch for and working with staff to ensure model adherence to the safe methodology. This curriculum also instructs supervisors how to guide new workers through the safe methodology. Consortium for children requires that all individuals using safe attend the safe 2 day training; however, we understand that a worker is unable to wait for the next safe training to begin their job. Only supervisors who have completed the safe for supervisors training may instruct their staff on how to use the safe methodology. All workers (even if instructed by their supervisors) must take the available safe 2 day training. This training is available for resource supervisors and those in their line of supervision who has completed safe days 1 and 2.

- **DFC081 Safety Assessment Framework Coaching Update** –
  
This training will enhance Worker's skills related to the development and use of safety plan, the discussion must start with an understanding of safety and risk. Providing for safety is the core mission of public child welfare agencies. Children are entitled to live in a safe and permanent home with their own families whenever possible.

- **DFC085 Mentor/Mentee Meeting** –
  
This training is designed to partner the mentor with the mentee.

- **DFC089 INDIAN CHILD WELFARE ACT** -
  
Annual Statewide ICWA Conference Pathways

- **DFC097 DFCS FINANCE TRAINING** -
This class is an overview of DFCS Policy – Section A, which covers financial planning for children, financial assistance requests, financial accountability, and MDHS financial management system.

**DFC098 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.

**DFC099 CAR SEAT SAFETY 2015-2016 -**
This is an informative overview on different types of seat belts, retractors, and latch plates, and discussion of the LATCH system as well as different types of car seats/booster seats. How to properly install each type of car seat, and how to determine what size child needs what type of seat. Learn how to safely secure a child restraint system in any vehicle.

**DFC111 SECRET SLAVERY: A CHILD WELFARE RESPONSE TO HUMAN TRAFFICKING –**
This training will enable participants to be able to identify and define HUMAN TRAFFICKING.

**DFC112 CAR SEAT RECERTIFICATION -**
This is an informative overview on different types of seat belts, retractors, and latch plates.

**DFC113 HELP! THERE ARE TEENAGERS ON MY CASELOAD –**
This training will enable participants to understand developmental milestones that affect adolescent behaviors and relationships.

**DFC114 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 a child from his/her family.
• **DFC115 DON'T TAKE MY BABY!**
  This training provides participants an opportunity to explore the meaning of Protective Capacities (Cognitive, Behavioral, and Emotional) as outlined in current DHS/DFCS 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.

• **DFC116 A SCOOP OF KINDNESS PLEASE: ETIQUETTE & 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 co-workers, clients and community partners.

• **DFC117 CHILDHOOD TRAUMA: WHAT DO YOU KNOW ABOUT IT? –**
  This training provides an in-depth look at childhood trauma and its impact on children in foster care.

• **DFC125 LIMITED ENGLISH PROFICIENCY –**
  Limited English Proficiency, importance of effective communication

• **DFC137 SAFETY AND RISK TRIAGE IN INVESTIGATIONS –**
  Assessment skills are necessary in determining the difference between safety and risk in the child maltreatment investigation. This training will help participants recognize the key principles in safety decision making. The participant will practice this skill in completing a safety and risk assessment.

• **DFC138 MEETING THE NEEDS OF CHILDREN IN CARE –**
  The complicated needs of the children in foster care are to be provided for by the MDCPS agency and staff. This training will provide information to better understand the staff’s role in seeking appropriate resources and services to advocate for and meet those needs.

• **DFC139 PRESERVING AND MAINTAIN CONNECTIONS –**
  Maintaining Connections to family, culture and community are vitally important to children in the child welfare system. This training will help identify those connections and
the benefits to the child and family to preserve them, as well as provide an opportunity to create a plan to overcome barriers preventing these connections.

- **DFC141 QUALITY VISITS**
  There is a direct correlation between quality visits with children in foster care and quality outcomes related to safety, stability, permanency and well-being. This training will provide information to help understand that relationship and the skills necessary to conduct a purposeful visit with children in foster care, as well as the state/federal policies that govern those visits.

- **DFC142 DOCUMENTATION**
  It is imperative that pertinent data be recorded in case records and reports. This training will help the participant identify this data for inclusion and how to organize the information in a clear, concise manner while at the same time adhering to proper spelling, grammar, and sentence/paragraph structure.

The professional development outcome data for 2015-2016 remains unavailable and the data for 2016-2017 is also unavailable due to the dilemmas with the state’s current on line procurement system called MAGIC. As previously mentioned, this system does not sufficiently track all needed data elements which greatly effects our office ability to track missing information and then sort remaining performance development information manually. Some of the limitations are:

- Functionality modules did not allow MDCPS staff to export and sort employee training hours by county and region.
- System was not user friendly and did not track employees who did not register for required trainings. This system only recorded those employees who did register for staff development trainings.

With the procurement of Cornerstone, the state’s new software to track professional development, the PDU unit will have the ability to proficiently track and deliver professional development outcomes. The state’s projected date of installment is July 1, 2017. Please see attachment D for the updates that were identified to the training plan.
XVI. STATISTICAL AND SUPPORTING INFORMATION

A. INFORMATION ON CHILD PROTECTION SERVICE WORKFORCE:

This information below remains the same for education, qualifications, and training requirements that are 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>
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<td></td>
<td></td>
<td></td>
<td>Ongoing Training – 40 hours annually</td>
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<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>
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<td>Ongoing Training – 40 hours annually</td>
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<tr>
<td>DHS Family Protection Specialist</td>
<td>Frontline worker</td>
<td>BSW</td>
<td>Pre-service Training – 270 hours</td>
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<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>
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<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,</td>
<td>LSW +2 years of experience</td>
<td>Pre-service Training – 270 hours</td>
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<td></td>
<td></td>
<td></td>
<td>Ongoing Training – 40 hours annually</td>
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<td>required for adoption specialist position</td>
<td>or LSW and MSW</td>
<td>Pre-service Training – 270 hours</td>
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<td>Ongoing Training – 40 hours annually</td>
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<td>DHS Family Protection Specialist Advanced</td>
<td>Advanced level frontline practice</td>
<td>Pre-Service Training – 270 hours</td>
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<td></td>
<td></td>
<td>Clinical Supervisory Training – 40 hours</td>
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<td></td>
<td></td>
<td>Ongoing Training – 40 hours annually</td>
<td></td>
</tr>
<tr>
<td>DHS Area Social Work Supervisor</td>
<td>County or unit level supervisor/manager</td>
<td>Pre-Service Training – 270 hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Supervisory Training – 40 hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ongoing Training – 24 hours annually</td>
<td></td>
</tr>
<tr>
<td>DHS Regional Social Work Supervisors</td>
<td>Regional level supervisor</td>
<td>Pre-Service Training – 270 hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Supervisory Training – 40 hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ongoing Training – 24 hours annually</td>
<td></td>
</tr>
</tbody>
</table>
In accordance to the state’s 2\textsuperscript{ND} MSA, which shall take effect in calendar year 2018, MDCPS caseworkers shall receive a minimum of 20 hours of in-service training, and all supervisors shall receive a minimum of 12 hours of in-service training. Also, beginning in 2019, MDCPS caseworkers shall receive a minimum of 40 hours of in-service training each year, and all supervisors shall receive a minimum of 24 hours of in-service training each year. Also, MDCPS caseworker supervisors, within 90 days of hire or promotion, shall receive a minimum of 40 hours of training, directed specifically at the supervision of child welfare case workers.

Furthermore, data is not currently maintained on the education and qualifications of agency personnel outside of the requirement. Pre-Service, Clinical Supervisory and ongoing training data is currently maintained but in a cumbersome manual entry database. The state continues its efforts of exploring options for automating this training data. As of March 31, 2017, the demographic information of MDCPS consisted of state having employed a total of 1545 individuals. Please see the available demographic information below on our service personnel:

<table>
<thead>
<tr>
<th>Race</th>
<th>Number of MDCPS Employees</th>
<th>Percentage of MDCPS Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>3</td>
<td>Less than 1%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>405</td>
<td>26%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4</td>
<td>Less than 1%</td>
</tr>
<tr>
<td>African American</td>
<td>1126</td>
<td>73%</td>
</tr>
<tr>
<td>Asian</td>
<td>3</td>
<td>Less than 1%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>Less than 1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>MDCPS Employees</th>
<th>Percentage of MDCPS Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>124</td>
<td>8%</td>
</tr>
<tr>
<td>Female</td>
<td>1421</td>
<td>92%</td>
</tr>
</tbody>
</table>

The current information for state’s caseload or workload requirements for personnel, including requirements for the average and maximum number of cases per service worker consists of the state’s most recent efforts of compliance with the 2\textsuperscript{nd} MSA and STRO. According to 2\textsuperscript{nd} MSA and STRO, 90% of MDCPS caseworkers will have caseloads which do not exceed the caseload standards set forth below. Individual MDCPS caseworkers with generic caseloads shall not carry a mixed caseload that exceeds 100% capacity. Also, 85% of MDCPS supervisors shall be responsible for no more than five (5) caseworkers. Please see the calculated weights per case type described in the chart below:
MDCPS 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 (Investigations Level 2 and 3)</td>
<td>14 Investigations</td>
<td>0.0714</td>
</tr>
<tr>
<td>Ongoing Foster Care (Placement Responsibility &amp; Service)</td>
<td>14 children</td>
<td>0.0714</td>
</tr>
<tr>
<td>Ongoing Foster Care (Placement County of Responsibility)</td>
<td></td>
<td>0.0357</td>
</tr>
<tr>
<td>Ongoing Foster Care (Placement County of Service)</td>
<td></td>
<td>0.0357</td>
</tr>
<tr>
<td>In-Home Cases (Protection Responsibility &amp; Service, Prevention Responsibility &amp; Service and Interstate Compact on the Placement of Children (ICPC Incoming))</td>
<td>17 families</td>
<td>0.0588</td>
</tr>
<tr>
<td>In-Home Cases (Protection or Prevention County of Responsibility)</td>
<td></td>
<td>0.0294</td>
</tr>
<tr>
<td>In-Home Cases (Protection or Prevention County of Service)</td>
<td></td>
<td>0.0294</td>
</tr>
<tr>
<td>Adoption (Adoption County of Service)</td>
<td>15 Children</td>
<td>0.0667</td>
</tr>
<tr>
<td>New Application Licensing (Resource Inquiry, Interstate Compact on the Placement of Children (ICPC) and Foster Home Study)</td>
<td>15 Homes</td>
<td>0.0667</td>
</tr>
<tr>
<td>Renewal Licensing (Foster Home Supervision and Foster Home Renewal)</td>
<td>36 homes</td>
<td>0.0278</td>
</tr>
</tbody>
</table>
Intake Workers responsibilities also 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.:** continues to ensure that all crisis line social workers for the MDCPS 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 MDCPS 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 MDCPS feedback forms will include details from growth and development with worker along with any corporate corrective action. At the request of MDCPS, Social Work p.r.n. will agree to replacement of an employee.

Social Work p.r.n. will require MDCPS 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 MDCPS administrative staff.

**B. JUVENILE JUSTICE TRANSFER:**

Data sources for this information come from MYCIDs and the MDHS, Division of Youth Services (DYS)’s Oakley Youth Development Center (OYDC) and the Community Services Monthly caseload report. DYS monthly caseload report contains the total number youth that are on probation, parole, and institutional commitments. Data input for MYCIDs consists of the following staff:

- For delinquency cases, information is input by the DYS worker or Intake Officer.
For truancy and educational neglect, information is input by the School Attendance Officer or Intake Officer.

For abuse and neglect cases, the MDCPS social worker begins inputting data within 24 hours of the initial investigation and has to submit a completed report within 30 days to the courts and the court designee.

Based upon the review, there were a total number of five (5) children that were in the custody of MDCPS and were transferred into the custody of the MDHS/DYS juvenile institutional facility. In addition, there were a total of (3) three youth on probation through DYS with an open prevention case by MDCPS. During this period of review, there was total of 8 youth to be considered as a dual or cross over case.

Also, youth released from the custody of OYDC are placed on parole for 6 months; however, the parole can be extended for an additional 6 months regardless of foster or adoptive placement. Presently, the state has no policy or procedure for identifying and tracking youth that are considered dual or cross over. Lastly, DYS is the division that administers probation, aftercare services, and institutional programs for juveniles who have been adjudged delinquent in Mississippi Youth Courts or are at risk of becoming delinquent.

C. SOURCES OF DATA ON CHILD MALTREATMENT DEATHS:
All reports of child deaths are to be processed through Mississippi Centralized Intake. This information may come from medical staff, law enforcement, coroners, or from any other source and brought to the attention of the agency. The intake worker is responsible for indicating (via checkbox) in MACWIS whether a child died is suspected to have died as a result of maltreatment. This indication is verified at the closing of the investigation to ensure accuracy. Child Deaths are assigned to and investigated by CPS Special Investigators who receive extra, specialized training related to fatality investigations.

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. Multiple agencies involved in Child Deaths are represented. 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 meeting.
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. There have been requests to obtain more relevant and detailed information directly from the Office of Vital Statistics.

The Panel did not meet for part of the previous year and the structure of facilitation changed three times. The Panel is now meeting again regularly. The challenge is that some child fatalities are 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 continue to be made to assist medical staff and other mandated reporters to contact MCI 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, 2015 through June 30, 2016 (the 2015-2016 school year) and July 1, 2016 through June 30, 2017 (the 2016-2017 school year). In addition, MDCPS had 105 (unduplicated) youth to be awarded ETV for the year 2016.

<table>
<thead>
<tr>
<th>Fiscal Period</th>
<th>Total ETVs Awarded</th>
<th>Number of New ETVs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Number: 2015-2016 School Year (July 1, 2015 to June 30, 2016)</td>
<td>105</td>
<td>50</td>
</tr>
<tr>
<td>2016-2017 School Year* (July 1, 2016 to June 30, 2017)</td>
<td>103</td>
<td>55</td>
</tr>
</tbody>
</table>

E. INTER-COUNTRY ADOPTIONS:

There were no disrupted or dissolved adoptions.
F. MONTHLY CASEWORKER VISIT DATA:

MDCPS will be reporting the monthly caseworker data for FY 2017 to the Children’s Bureau by December 15, 2017 in a separate document from the 2018 APSR.
XVII. 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:

- Adoption Assistance Payments: $1,589,638 (FFP) / $529,879 (State Match)
- 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 FY2015 state and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 was $3,201,326 (FFP) / $1,067,109 (State Match). In addition, the FY 1992 base year amount for the Title IV-B, Subpart 2, Promoting Safe and Stable Families grant required to meet the non-sup plantation requirements in Section 432(a)(7)(A) of the act for the State of Mississippi was $900,347. Title IV-B, Subpart 2, funds will be allocated as follows: 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.
XVIII. APSR State Contact:

Contact Person: Cerissa Eubanks, CFSP/APS Coordinator  
Department: Office of Contracts, Procurement and Federal Reporting  
Agency: Mississippi Department of Child Protection Services  
Email Address: cerissa.eubanks@mdcps.ms.gov  
Telephone Number: 1-601-359-4974  
CFSP and APSR- https://www.mdcps.ms.gov/reports/

MS Department of Child Protection Services  
P.O. Box 346  
660 North Street  
Jackson, MS 39205  
Tel: (601)-359-4368  
Email: contactus@www.mdcps.ms.gov
XIX. ATTACHMENTS:

A. FINANCIAL INFORMATION
B. FOSTER AND ADOPTIVE DILIGENT PARENT RECRUITMENT PLAN
C. HEALTH CARE OVERSIGHT AND COORDINATION PLAN
D. TRAINING PLANS
E. CAPTA STATE PLAN UPDATE
F. ORGANIZATIONAL STRUCTURE
G. HUMAN TRAFFICKING POLICY