FY: 2019-ANNUAL PROGRESS AND SERVICE REPORT (APSR)

"Protecting Children and Nurturing Mississippi Families"
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I. ORGANIZATIONAL OVERVIEW

A. OVERVIEW

During the 2018 APSR reporting timeframe which was also the state’s 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). As a result, the 2016 Regular Legislature permitted MDCPS to begin the process of separating from the Mississippi Department of Human Services (MDHS) and thus establishing MDCPS as an independent agency with its commissioner serving as a member of the Governor’s cabinet. Additionally, the newly formed agency and MDHS worked together to execute a successful transition. 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.

The legislature began the process of granting MDCPS statutory authority during the 2016 session through SB 2179, but MDCPS also accomplished much during the 2017 legislative session. That 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 had the authority to request that a criminal justice agency perform a federal name-based criminal history records check of each adult residing in the home. Many other statutory references in the Mississippi Code were corrected from MDHS to MDCPS in SB 2342 and SB 2680. SB 2342 clarified the procedure for terminating parental rights. Courts could 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.

HB 1109 and HB 1213 were other bills that affected MDCPS. 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. However, 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 (7) 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 guardian ad litem, in abuse and neglect cases.

Although MDCPS accomplished much during the 2017 legislative session, the state had more legislative and administrative changes for the current reporting period that greatly impacted the agency as well. It was through the 2018 regular legislative session that Governor Phil Bryant signed Senate Bill 2675 into law on April 13, 2018. This law stated that MDCPS shall be a sub agency within MDHS and provided that the MDCPS’s commissioner shall maintain complete and exclusive operational control over the functions of MDCPS, except functions that were shared with MDHS. Lastly, MDCPS continues to be 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).

Lastly, MDCPS’s major initiatives during this reporting period consisted of the following:

- Separating and Restructuring with leadership changes
- Budgeting and Contract Negotiating
- Continuing Preventive Efforts toward In-home services
- Program Improvement Planning (PIP)-Child Abuse Prevention and Treatment ACT (CAPTA) Comprehensive Addiction Recovery Act (CARA) Compliance
- Program Improvement Planning (PIP)-Title IV-E Foster Care Eligibility
- Program Improvement Planning (PIP)-Adoptions and Foster Care Analysis and Reporting System (AFCARS)
- Preparing for the Round (3) Child and Family Service Review (CFSR)
- Complying with the 2nd Modified Settlement Agreement (MSA) provisions
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; 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.

In the spirit of change, the agency had also created a new commitment mantra for the staff and its stakeholders. The MDCPS C-A-R-E-S commitment states the following:
• **Change - We understand change as an opportunity** - Families have the ability to change, and MDCPS understands the process of change both for the families we serve and as an agency experiencing change.

• **Assessment - Assessment is critical** - Effective safety and risk assessments are a necessity for decision-making when working with children and families.

• **Relationships - We depend on partnerships for our work** - Internal and external relationships are essential to achieving our mission, particularly the partnerships with the courts, community-based organizations, and families.

• **Expertise - We understand trauma** - Being trauma-informed is key for the work that we do to ensure that our involvement is helpful, measured, and does not contribute to additional trauma for a child or family.

• **Service - We are committed to service that meets the needs of children and families** child protection and strengthening families are not efforts in conflict; we can, should, and must do both to achieve our vision for Mississippi’s children.

E. **ORGANIZATIONAL GOALS**

MDCPS has 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**

As of September 15, 2017, Dr. David Chandler retired as the Commissioner of MDCPS. It was on September 18, 2017 that former Mississippi Supreme Court Justice Jess H. Dickinson became the new commissioner for MDCPS and Taylor Cheeseman became the new the Chief
of Staff for the agency. MDCPS's organizational structure currently consists of four (4) Deputy Commissioners and one (1) new oversight area which are as follows:

- Deputy Commissioner of Administration
- Deputy Commissioner of Child Welfare
- Deputy Commissioner of Child Safety
- Deputy Commissioner of Information Technology
- Chief Legal Counsel, Procurement, and Federal Reporting Director

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**
  - Centralized Intake, Background Checks, Facility Operations
  - Human Resources
  - Professional Development
  - Financial Services
- **Information Technology**
  - IT Customer Support/MACWIS Project Director
  - CCWIS Project
  - Network/Hardware/Auxiliary Support
  - Systems Manager
- **Child Welfare**
  - Permanency Support Services
  - Field Operations- East
  - Field Operations- West
  - Field Operations-South
- **Child Safety**
  - Therapeutic Services
  - Continuous Quality Improvement (CQI)
  - Licensure
- **Legal**
  - Policy
  - Legal Counsel
  - Contracts and Procurement
  - Federal Reporting
G. REGIONAL RESTRUCTURING

Regional restructuring is stipulated by the state’s 2nd Modified Settlement Agreement (2nd MSA) and Stipulated Third Remedial Order (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 had 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. This restructuring also equipped each region with a leadership team to support each county and staff. During this reporting period, MDCPS did additional restructuring and added a third Deputy Director for Field Operations. This additional oversight was to continue to balance the number of children in care for each region. Each region continues to have a Regional Director and at a minimum (2) two Regional Social Work Supervisors to assist in leading the Region.
MDCPS Field Operations’ fourteen (14) regions consists of three (3) operating divisions: East, West and South as designated below:

<table>
<thead>
<tr>
<th>Western Field Operations Division</th>
<th>Eastern Field Operations Division</th>
<th>Southern Field Operations Division</th>
</tr>
</thead>
<tbody>
<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 2 East:</strong> Desoto, Tate, Tunica, Panola, Quitman, Tallahatchie, Yalobusha, Grenada</td>
<td><strong>Region 6:</strong> Lamar, Forrest, Perry, Stone</td>
</tr>
<tr>
<td><strong>Region 3 North:</strong> Yazoo, Madison, Rankin</td>
<td><strong>Region 1 North:</strong> Marshall, Benton, Tippah, Alcorn, Prentiss, Tishomingo</td>
<td><strong>Region 7 East:</strong> Greene, George, Jackson</td>
</tr>
<tr>
<td><strong>Region 3 South:</strong> Hinds</td>
<td><strong>Region 1 South:</strong> Lafayette, Union, Pontotoc, Lee, Itawamba, Monroe</td>
<td><strong>Region 7-Central</strong> Harrison</td>
</tr>
<tr>
<td><strong>Region 5 East:</strong> Copiah, Lincoln, Lawrence, Simpson, Jeff Davis, Covington, Smith, Marion</td>
<td><strong>Region 4 North:</strong> Calhoun, East and West Chickasaw, Webster, Clay, Choctaw, Oktibbeha, Lowndes, Attala, Winston, Noxubee</td>
<td><strong>Region 7-West:</strong> Pearl River, Hancock</td>
</tr>
<tr>
<td><strong>Region 5 West:</strong> Warren, Claiborne, Jefferson, Adams, Franklin, Wilkinson, Amite, Pike, Walthall</td>
<td><strong>Region 4 South:</strong> Leake, Neshoba, Kemper, Scott, Newton, Lauderdale,</td>
<td></td>
</tr>
</tbody>
</table>
I. MDCPS REGIONAL MAPS BY REPORTING PERIOD

2016-2017 Map of Field Operations

2017-2018 Map of Field Operations
II. OLIVIA Y. PROGRESS

During the reporting period, MDCPS worked with Public Catalyst as consultants. MDCPS worked directly with Public Catalyst to look for creative ways to build capacity, retain field staff, and determine an approach to dealing with licensure issues, such as closing inactive homes and setting targets for the number of new homes to be licensed. MDCPS met with Public Catalyst once each month. From January 1, 2017-December 31, 2017, the Stipulated Third Remedial Order (STRO) was in effect. A major accomplishment for the state during that time was eliminating a backlog of unlicensed homes and licensing 400 new homes.

At the beginning of 2018, the 2nd Modified Settlement Agreement (2nd MSA) took effect. Beginning on January 1, 2018, Public Catalyst transitioned from consultants to Court Monitors. MDCPS has met with Public Catalyst to discuss how MDCPS will measure performance outcomes in the areas of healthcare, independent living, and education, and will meet with Public Catalyst again in a few weeks regarding Permanency and Placement Standards. MDCPS will continue to work with Public Catalyst to strengthen the quality of the data MDCPS uses.

The 2nd MSA also requires MDCPS to complete and submit a quarterly report in advance of each quarterly parties meeting. MDCPS recently completed the report that covers the period from January-March 2018. Available data includes Entry, Exit, and In-care populations, custody outcomes, case goals, Maltreatment in Care, Caseworker Contacts with children, caseloads, CCWIS, Training, Hiring, Family Based Placements, and Foster Home Recruitment. Public Catalyst identified some issues with the Maltreatment in Care data and is planning to work with MDCPS on a data plan which will help the agency develop better data to not only track 2nd MSA requirements but will help the agency more accurately assess the services the agency is providing to children.
III. LEGISLATIVE AND POLICY UPDATES

A. LEGISLATIVE UPDATES

This section identifies all bills drafted by the agency and general bills that may affect the agency during the 2018 MS Legislative session. The following two (2) bills below were authored by the agency:

1. **Senate Bill 2044**: Amends Section 9-1-105 of the Mississippi Code, and allows the Chief Justice of the Mississippi Supreme Court to appoint a special judge in overcrowded dockets in circuit, chancery, and now county courts. This bill will greatly benefit MDCPS by allowing for a special judge to be appointed in pending adoption cases in county courts that have and already overcrowded docket.

2. **Senate Bill 2675**: Amends Section 43-26-1 of the Mississippi Code and allows MDCPS to remain in the current structural format as related to MDHS, specifically for budgetary purposes. This bill allows MDCPS to remain “in-but-not-of” MDHS. MDCPS will continue to have a Commissioner who shall maintain operational control over MDCPS, while MDHS will continue to have an Executive Director, both of whom serve and report to the Governor. However, MDCPS and MDHS will remain in the same combined budget.

3. The following section identifies general bills that were also passed during the 2018 Mississippi legislative session that relate to child welfare and affect the agency:

   • **House Bill 801**: Amends Section 43-15-14 of the Mississippi Code and amends the definition of “emergency placement” to include instances when CPS places a child in the home of relatives as a result of a sudden unavailability of the child’s primary caretaker (previously this statute said the home of private individuals, including neighbors and friends). This bill also changes the timeline regarding the submission of fingerprints from the results of a federal name-based criminal history records check during an emergency placement situation for submission to the FBI from fourteen days to fifteen days. Also, when placement is denied as a result of a criminal history records check of a resident, and the resident contests the denial, the resident now has fifteen days instead of fourteen days to submit to CPS a complete set of fingerprints with written permission allowing MCIC to forward the fingerprints to the MCIC criminal history records repository for submission to the FBI.
• **House Bill 876:** Amends Section 41-111-1 of the Mississippi Code and extends the date of the repealer on the Child Death Review Panel to July 1, 2021.

• **House Bill 988:** Reenacts Sections 73-53-3, 73-53-8, 73-53-10, 73-53-11, and 73-53-13 of the Mississippi Code which creates the Board of Examiners for Social Workers and provides definitions for the social worker licensure law.

• **House Bill 1566:** Amends Section 27-7-22.32 of the Mississippi Code and allows tax credits for families who adopt foster children in MDCPS custody and to qualifying charitable foster care organizations. Qualifying charitable foster care organizations are defined as those that provide services to at least 100 children in foster care and spend at least 50% of their budget on services provided to those children. Section 2, allows for a tax credit of $5,000.00 for the adoption of a child in MDCPS custody beginning in 2018. This credit can be claimed the year the adoption is finalized and for the next 5 succeeding tax years.

• **House Bill 736:** Amends Section 31-11-27 of the Mississippi Code, and creates the Space Optimization Act which states where space (under DFA’s jurisdiction) is or can be made available for any state agency or department seeking space, relocation, or such state agency shall be evaluated and considered where (i) The total cost to the state over a twenty-year period to accommodate to such space is no greater than the cost to lease space outside the jurisdiction of DFA over the twenty-year period; (ii) The funds to accommodate the relocation are available to the state agency or department and/or DFA; and (iii) DFA has not identified other more suitable tenant(s) for such space in the space optimization master plan. Also, DFA shall conduct a detailed study and space optimization master plan for the office space assigned in state office buildings under its jurisdiction no less than every five years to ensure space is utilized in the most efficient and cost-effective manner feasible.

• **Senate Bill 2779:** Amends Section 27-101-203 of the Mississippi Code and authorizes MDITS to charge state agencies for MMRS statewide application charges and utility charges.

**B. POLICY UPDATES**

During the reporting period, the Policy Bureau has worked on reviewing and revising existing agency policy. While not all manuals are completely revised, the Division of Field Operations along with the Deputy Commissioner for Child Welfare and Deputy Commissioner for Child Safety have ensured that all staff is aware of the responsibilities. The primary goal of reviewing and revising agency policy is to ensure that all MDCPS policy
is up to date. Presently, the Bureau of Policy is working on a complete review of all policies and procedures to ensure best practices. The Policy Bureau has issued the following policies for the 2019 APSR reporting timeframe:

- CARA Policies & Procedures (new policy);
- Foster Home Licensure (complete Revision);
- Human Trafficking (Complete Revision);
- Termination of Parental Rights (Complete Revision);
- Adoption (Complete Revision);
- Communications (new policy); and
- ICWA (Complete Revision).

The Policy Bureau is expecting to finalize the following policies during the next reporting period:

- Investigations (Complete Revision);
- Intake (Complete Revision);
- Foster Care (Complete Revision);
- Education (new policy);
- In-Home (Complete Revision); and
- In-Circle (new policy).

To ensure that all staff are aware of and in compliance with MDCPS policy, the Policy Bureau works with the Office of Professional Development’s to issue new policies through Cornerstone. Beginning in March 2018, the Policy Bureau began sending new policies to the Training Director. The Training Director then posts those policies to Cornerstone, which assigns the policy to each employee as a training module. Each agency employee is required to open the policy and confirm, with a digital acknowledgement, that they have read and understood the changes to the existing policy or the new policy.

The Policy Bureau is also adding citations to state and federal law to the existing and new policy manuals. The idea behind this is that employees can go to the source on their own or, if they’re hoping to make change to a policy, they will immediately know whether it’s a federal or state requirement. Over the course of the reporting period, the Policy Bureau has been working on the agency’s administrative rules, but that project has been delayed. Since MDCPS will remain a division of MDHS, the agency plans to work with the Secretary of State to determine if the agency needs a new code section or should repeal the existing rules.
IV. UPDATES TO PROGRAM IMPROVEMENT PLANS (PIPs)/CORRECTIVE ACTION PLAN (CAP)

A. COMPREHENSIVE ADDICTION RECOVERY ACT (CARA) PIP

In June of 2017, MDCPS notified the Office of the Children’s Bureau of its decision to develop a program improvement plan due to the state’s non-compliance with sections 106(b)(2)(B)(ii) and (iii) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by the Comprehensive Addiction and Recovery Act of 2016 (CARA). MDCPS submitted its PIP on August 10, 2017 outlining the strategies and target dates for full compliance by June 30, 2018. On September 5, 2017, MDCPS received written notification from the Children’s Bureau approving the state’s PIP for implementation with the submission of 90-day progress reports. MDPS submitted its first progress report on December 4th. Prior to the approval of the PIP, the state had already implemented Strategy 1 and met the associated target dates for that strategy. There was an initial delay with the implementation of Strategy 2 due to more external stakeholder input needed with policy and procedure development. By March 5th, which was the deadline for the 2nd 90-day progress report, MDCPS had made great developments in revising its intake and assessment policy, hosting several multi-disciplinary meetings with the MS Department of Mental Health, Families First for Mississippi, and MS Department of Health to develop a multi-systemic system of care to refer infants and their families to these agencies, finalizing its CARA policy, distributing the CARA policy statewide to its employees through Cornerstone and developing MOU’s to share data as a result of CARA mandated reporting. By June 5th, the state’s 3rd 90-day submission, the state had executed all MOU’s, finalized the selection for the CAPTA CARA monitoring panel, deployed the MACWIS implementation for the CARA referral process and obtained the signed Governor’s Assurance for the CAPTA state plan. The state’s final PIP update was due on June 30th to demonstrate that state’s latest efforts for CAPTA CARA compliance.

B. TITLE IV-E FOSTER CARE ELIGIBILITY PIP

On August 14th-18th, the Office of the Children’s Bureau conducted a primary onsite review of the state’s Title IV-E Foster Care Eligibility program in accordance with federal provisions at part 45 CFR, section 1356.71 of the Code of Federal Regulations (45 CFR 1356.71). This review was to determine whether MDCPS was in compliance with eligibility requirements outlined in statute and regulation at section 472 of the Social Security Act and 45 CFR §1356.71; and (2) to validate the basis of the state’s financial claims to ensure appropriate
payments were made on behalf of eligible children. Following the exit of the review, the Children’s Bureau met with MDCPS to discuss the preliminary errors which resulted in the state’s foster care program being found noncompliant with federal eligibility requirements for the period under review. The Children’s Bureau identified that MDCPS error cases exceeded the threshold of four error cases for substantial compliance in a primary IV-E review. On December 29th, MDCPS received written notification that the state had eleven (11) cases to be determined as in error either for periods only during the PUR or for the entire foster care episode. Two (2) non-error cases also were found to have periods in the foster care episode for which title IV-E maintenance payments were improperly claimed. The supplemental findings for non-error cases with ineligible payments were not considered in determining the state’s level of compliance with meeting federal requirements. MDCPS waived the appeal process and met internally for the development of state’s Title IV-E PIP. MDCPS submitted its Title IV-E PIP for approval on March 27, 2018 which was due by March 29th. On June 11th, MDCPS received written notification that its’ Title IV-E PIP was approved as of June 1, 2018.

Additionally, MDCPS also restructured its Eligibility Division. The Eligibility Division is now under the Office of Financial Services. Eligibility will now have more fiscal oversight with its efforts of providing more financial support to the foster parents/resource homes to ensure the wellbeing of our children. This fiscal oversight would help to reduce or eliminate ineligible Title IV-E foster payments. The continued support needed is the implementation of additional staffing to help with immediate access to medical assistance for youth in custody. Now that the MOU between MDCPS and DOM has commenced on November 15, 2017, eligibility efforts to provide greater support to field staff would still consist of the following goals:

- 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

C. OFFICE OF REFUGEE RESETTLEMENT CAP

During May 15th-19th of 2017, monitors from the Office of Refugee Resettlement (ORR) conducted an on-site review of the state’s Unaccompanied Refugee Minors (URM) program for ORR-eligible populations as part of Cash and Medical Assistance funding awarded to the State of Mississippi. From the review, monitors found that the URM program participants in Jackson, Mississippi are receiving high quality services. A key strength of the program is successful cultivation of community within the URM program, including use of office as a central and frequent meeting spot for youth, staff, and even foster parents, including for educational services. Other noted strengths included: the relationship between the state, county workers and Catholic Charities; agency leadership; longevity and commitment of URM provider staff; creative case-specific interventions; and the current range of placement.

Although the program was identified as receiving high quality services, monitors also found the following areas of non-compliance which resulted in the state submitting a corrective action plan within 30 days of the monitoring report: timely and accurate submission of case-specific reports; correct ORR-3 existing discrepancies in the Refugee Arrival Database (RADs), case planning, documentation, and review; provision of unauthorized tutorial services, cost effectiveness and corrections to the state’s Refugee Resettlement Plan. On December 21, 2017, MDCPS submitted its final draft of the corrective action plan that addressed all areas of non-compliance. MDCPS, Division of Federal Reporting began implementing the following corrective actions:

• On September 2017, all applicable staff received training for required federal reports-ORR 3 and ORR-4;
• MDCPS had also revised and submitted the state’s URM monitoring tool to meet ORR regulations in January 2018
• Submitted a letter to ORR Director on December 21, 2017, to request reimbursement and continuation of tutorial services for FFY 18 and justification to accept signed state plan and revised 2019 Refugee Resettlement Plan. It was on February 5, 2018, that MDCPS was notified that tutorial services were approved but cost had to be adjusted within the state’s contracted provider’s budget.
On January 23, 2018, ORR notified the state that it was closing out its monitoring process for the May 2017 on-site. Additionally, on January 24, 2017, MDCPS received written notification that ORR approved the agency’s 2018 Refugee Resettlement State Plan.

In May 2018, worked with Division of Medicaid (DOM) and MDCPS Eligibility Division to verify and correct the existing medical health coverage plans for URM participants;

Conducted an on-site review of the Adult and Family Refugee Program on May 30th-June 1st for federal compliance and transition planning

All placement issues were identified in the Refugee Arrival Database (RAD) and MACWIS in December 2017, but ORR had no RAD Data Analyst until June 2018.

All existing ORR-3 discrepancies in RADS have been corrected as June 21, 2018;

Also, during this time MDCPS’S State Refugee Coordinator (SRC) retired on June 29-2018 and a point of contact has been established until the position is filled. Some of the upcoming activities consist of the following:

Finalizing the 2019 Resettlement State Plan
Working toward creating the state’s 1st procedural manual for resettlement services
Hiring a new State Refugee Coordinator
V. COLLABORATION

A. CROSS SYSTEM COLLABORATION

Over the past years, MDCPS has continued its efforts of working with various stakeholders for the implementation of its goals and objectives for the 2015-2019 CFSP. The agency has worked with MDHS, various multi-disciplinary 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 the state’s APSR, MDCPS’s Division of Federal Reporting contacts its stakeholders to request quarterly and periodic updates about joint initiatives, service delivery information, successes, any perceived barriers, and strategies for improvement. These collaborative efforts are integrated throughout the APSR narrative. As Mississippi works toward implementing and completing the collaboration strategies identified in the 2015-2019 CFSP, the periodic updates provide valuable insight into the effectiveness of each strategy. This also serves as an internal/external feedback loops to ensure that these activities were actually joint activities, each entity fulfilled their obligations, and initiatives were completed by established target dates. Lastly, MDCPS also shares the Program Instructions, (PI), and APSR with the Mississippi Band of Choctaw Indians (MBCI) and its stakeholders.

Interstate Compact on the Placement of Children (ICPC)

In 2017, Mississippi Department of Child Protection Services entered into a Border Agreement with Alabama Department of Human Resources to expedite the process and procedures for interstate placement. The Mississippi counties included in this border agreement consist of George, Greene and Jackson and the Alabama counties consist of Mobile and Washington. This agreement assisted both states with more timely process of assessing the appropriateness of a prospective caregiver’s home within these neighboring counties. As of May 2018, the border agreement is being revised due to the agency’s policy requirement for all relative placements to be licensed. Because of this requirement, an unintended problem was created for ICPC. Neither ICPC office could approve the 100A form because the home would not meet all licensure requirements. Safe and suitable placements should not be delayed due to the completion of the receiving state’s training requirements.
for prospective foster and adoptive parents. The ICPC Division agreed to provide written notice of provisional placement on agency letterhead with the understanding that the family will work to become licensed in the receiving state. If licensure is not achieved, then the child/children will have to return to Alabama or Mississippi. Furthermore, this proposal has been presented during ICPC policy meetings and will also need to be presented to Alabama administrators for review.

Additionally, ICPC collaborative efforts consist of working with the Mississippi Department of Human Services (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 Administrative Office of Courts (AOC) Court Improvement Program for educational training and work with judges to work through barriers to permanency. ICPC continues to work 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 AAICPC Annual Training and Child Welfare Conference which was held on May 2017, in Portland, Maine and the conference in Seattle, Washington in April 2018. The AAICPC developed a more definitive approach to presenting the new proposed compact to legislators.

**Michigan Department of Human Services**

On December 11-12th, MDCPS executive leadership, Mississippi Supreme Court Justice Dawn Beam, Jurist in Residence, John Hudson and former Justice Randy Pierce, director of the Mississippi Judicial College, University of Mississippi, traveled to Michigan to learn about how that state made major reforms to achieve compliance with federal rules regarding funding in foster care. Another goal of this trip was to take back any applicable initiatives and compliance efforts to the state of Mississippi, so that courts and state officials could improve the administration and quality of services for children and families in Mississippi. Compliance efforts consisted of IV-E judicial trainings, and court form amendments and some of the initiatives consisted of monthly reviews to discuss issues, joint local IV-E trainings, IV-E Audit preparations and on-site assistance.

**Court Improvement Workgroup (CIP)**

Court Improvement Workgroup continues to meet on the 3rd Tuesday of each month. This workgroup 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, Field, Foster Care Review Unit,
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).

Parent representation has also been a focus of this workgroup. The group continues development of a Parent Representation program to include training of lawyers to represent parents in Youth Court abuse & neglect and Termination of Parental Rights cases to ensure the fundamental rights of parents are respected and facilitate the expedient movement of children in the system, reducing time in emergency shelters and shortening the time to permanent placement either back in a home that can provide a nurturing environment or a permanent placement in another home. Also, during the reporting period, the state provided a training in Foster Care Eligibility to its judicial stakeholders in response to the state’s IV-E review to foster improvement between the courts and the child welfare system.

**Administrative Office of the Courts (AOC)**

MDCPS and the Administrative Office of the Courts (AOC) continue to collaborate and coordinate the following statewide events listed below 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:

- AOC and MDCPS ITS department conducted several meetings during the period under review to have the discussions for automating the transfer of data between MACWIS and MYCIDS. The automated interface would enable workers to better meet required reporting timeframes for both systems.

- As stated previously, AOC participates in the Court Improvement Workgroup. The focus of this workgroup 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). During the timeframe of July 18th, August 15th, September 19th, and October 17th, 2017, AOC Youth Court Programs Director participated in monthly meetings at Child Protection Services to plan events related to the CIP Five Year Strategic Plan.
August 18, 2017, AOC CIP Director participated in the IV-E Review Exit Conference at Child Protection Services. Some court orders lack required IV-E language. Training was planned for the Annual Judges and Referees Conference in September 2017 on the subject. Because of the deficiencies, a Justice, Jurist in Residence and Director of the Mississippi Judicial College met with Michigan’s judiciary to determine how Mississippi can maximize IV-E reimbursement. This was sponsored by Casey Family Programs.

September 1, 2017, Quarterly Parent Representation Task Force met to discuss expansion of parent attorney project into Jackson County, to deepen parent attorney project in Forest County serving all children and not limited to Zero-to-Three population, and to deepen the project in Rankin County to add a social worker to the parent attorney project. Transition from the Parent Representation Task Force to the Office of State Public Defender for existing pilot sites was accomplished, and the institutionalization of the Task Force was agreed to by all parties.

September 8, 2017, the AOC Youth Court Programs Director was appointed to the Children’s Justice Act Task Force. The CJA works to create and support Multidisciplinary Teams throughout the State, reviews the Child Death reports, supports awareness campaigns and looks for solutions to causes of child death, and provides training for Child Advocacy Centers in Mississippi. Meetings are held monthly. The next meeting was November 20, 2017 and subcommittees presented proposed amendments to statutes to provide confidentiality for forensic interview documents.

September 21-22, 2017, the mandatory Judges and Referees Conference was held. The emphasis of the training was ABA training on Safety Assessments for Judges and Attorneys and language requirements for Title IV-E court orders in order for a foster child to be eligible for the funds. CIP Training Grant was used to provide 75 curriculum booklets for the Safety Assessment and Bench cards.

August and December 2017, quarterly meetings were held between the Tribe, CPS and AOC to discuss whether collaboration was occurring and how it could be improved. Cases were also staffed.

January 18-19, 2018, Training on Safety Assessments was held sponsored by the Office of State Public Defender, AOC, ABA, Mississippi College School of Law and Casey Family Programs and one hundred twenty-five (125) participants attended. A follow up meeting of the Parent Representation Task Force was convened following the training to evaluate the success of the training and next steps. Plans for the meeting with Legislators
scheduled for February 2018 were finalized. The purpose of the meeting with legislators is to obtain funding statewide for parent representation.

- July 1, 2017-January 2018, AOC provided 33 MYCIDS training sessions to CPS workers which lasted 1.5 hours at each site. These sessions were provided in 36 counties across the state. During the current reporting timeframe, AOC provided 32 training sessions in 39 counties. Eighty-two (82) counties are still using MYCIDS, and there is no longer a municipal court.

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 (4) components with one (1) 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 to reflect the updates in the CEMP. The ACFORR, due to various priorities, including group and emergency repatriations from the Caribbean, had to delay the start of their revisions.

MS Department of Mental Health
MDCPS and DMH continue to collaborate on the licensure and certification of nine (9) statewide providers that offer 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.

DMH and MDCPS has continued to provide cross-training and information sharing through the annual Trauma-Informed Care Conference held September 27th -29th, 2017, the Child Welfare Conference, annual MAP Team training, and Suicide Prevention Initiatives. Lastly, MDCPS supported and assisted DMH in obtaining grant funds for the Crossover XPand System of Care Project. The project targets underserved children and youth who are involved in Child Protection Services and/or the juvenile justice system, referred to as “crossover youth,” and those at risk. The two local project agencies have partnered with their local Child Protection Services staff to increase awareness, identify youth, and coordinate mental health services and resources for the target population.

Lastly, the MDCPS Prevention Unit continues to collaborate with the Department of Mental Health, Bureau of Alcohol and Drug Services by participating in a dual agency advertisement. The dual advertisement was placed in conference programs which provided assistance information for pregnant women with substance use disorders. This was distributed to the Mississippi Drug Court Professionals at their annual conference on August 23-25, 2017 in Natchez, MS and to health and behavioral health professionals at the Mississippi Addiction Conference, February 28-March 2, 2018 in Jackson, MS.

Mississippi Department of Human Services, Division of Youth Services (DYS)

MDHS, DYS is the division that administers probation, aftercare services, and institutional programs for juveniles who have been adjudged delinquent in the Mississippi Youth Courts or are at risk of becoming delinquent. MDCPS and the MDHS, Division of Youth Services (DYS)’s, Community Services Director exchange quarterly juvenile stats to discuss and track the status of youth that have been identified as “crossover” youth. This is a joint effort that targets open protective cases for clients that have been transferred to the state juvenile institution, Oakley Youth Development Center (OYDC). Additionally, we verify those cases from the Community Services Monthly probation/parole caseload report. DYS monthly caseload report identifies the total number youth that are on probation, parole, and
institutional commitments. DYS submits a quarterly report to MDCPS for review to assist with identifying crossover cases and issues. Currently, there is no jointly established policy or procedure for identifying and tracking youth that are considered dual or cross over youth. MDCPS, MDHS, DYS and Mississippi State University were working to define “crossover” and adopt a crossover youth practice model for the state through a crossover youth proposal grant opportunity. The proposal application was not selected for funding. Although the proposal application was not awarded, the proposal process identified the need for a crossover youth practice model.

Memorandums of Understandings (MOU)
MDCPS continues to collaborate with other agencies through the establishing Memorandum of Understandings between the Division of Medicaid (DOM), MS Dept. of Human Services (MDHS), Office of the Attorney General (OAG), MS Department of Mental Health (DMH), MS Department of Education (MDE), MS Department of Health (MSDH), Mississippi Band of Choctaw Indians, (MBCI) and contractual agreements with Baptist Children’s Village, Mississippi State University, Casey Family Programs, and the University of Mississippi Medical Center, (UMMC). Please see the following collaborative service descriptions listed below:

- **ASPHA**- National Electronic Interstate Compact Enterprise system for the real-time electronic exchange of case files between the 52 states and jurisdictions that are members of AAICPC
- **Baptist Children’s Village**- Residential Child Care Facility
- **NSPARC**- National Strategic Planning and Analysis Research Center at Mississippi State University (NSPARC) for software development, data warehousing, data analysis, communication, training, strategic planning, project management
- **MDE**-Mississippi Department of Education for the provision of Free Appropriate Public Education (FAPE) in accordance with IDEA for children in the custody of MDCPS
- **MDHS**-To identify blended responsibility services and minimize impact of operations of MDHS and MDCPS
- **Casey Family Program**- Child Welfare Initiative agreement and strategy plan
- **UMMC**-Basic guidelines for the Children’s Safe Center and Forensics Division of the Department of Pediatrics
- **MEDE**-MDCPS to have access to Medicaid beneficiary-centric health information
- **MBCI**-MDHS assistance to the Tribe’s Children and Family Services
- **OAG**-Legal services provided to MDCPS by the Office of the Attorney General
Mississippi Division of Medicaid (DOM)

MDCPS and DOM continues to collaborate on Medicaid eligibility for children in foster care including health coverage for unaccompanied refugee minors. There is collaboration through a fully executed Interagency Agreement between MDCPS and DOM, for the provision of Medical Assistance for Refugees in Mississippi. The agreement commenced on January 1, 2017 and will expire on December 31, 2019. This agreement may be extended upon agreement for up to two one-year renewals. Additionally, MDCPS and DOM collaborated on an Interagency Agreement to provide immediate Medicaid eligibility for children placed in MDCPS care. The agreement will more efficiently assure that all eligible children have access to medical services and attain or maintain good physical and mental health by assisting them in securing and using needed healthcare services. The agreement was effective for November 15th. MDCPS will benefit in cost savings due to immediate access to Medicaid eligibility. If a child does not have Medicaid coverage when they first come into MDCPS custody, the cost of medical care is the responsibility of MDCPS at the medical provider’s standard and customary rate. The medical provider’s rate is typically higher than the Medicaid rate.

Office of Refugee Resettlement (ORR)

MDCPS continues to demonstrate the state’s efforts of interagency and cross system collaboration by partnering with the Division of Medicaid, MS Dept. of Health, Ms. Dept. of Human Services and MS Dept. of Mental Health in providing resettlement services to Unaccompanied Refugee Minors (URM) and Adult Refugees. This collaboration also enlists the needed additional administrative oversight to review the effectiveness of program services. During the month of March 2018, MDCPS began having monthly refugee resettlement meetings with its stakeholders which consisted of the following: URM Program Director, County Family Protection Workers, Regional Supervisors, Director of MDCPS’s Nursing Unit, Director of Independent Living, Education, and Human Trafficking, and a representative from the State Health Dept.’s, Office of Tuberculosis (TB) and Refugee. Program Analyst from the Office of Refugee Resettlement, (ORR) had also participated through a conference call. These joint meetings were established to address areas of noncompliance that resulted from an on-site federal review on May 15th-19th and identify any other systemic barriers for URM program participants. Lastly, the state also participates in the ORR quarterly engagement calls and training webinars.
Mississippi Band of Choctaw Indians (MBCI)-Indian Child Welfare Act (ICWA) Compliance

The Annual Indian Child Welfare Act (ICWA) Conference was convened on August 10th, 2017 and was attended by Tribal and State Judiciary, Tribal Social Services, MDCP administrative and county level staff, 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. Quarterly meetings were also held between the Administrative Office of Courts, MDCPS and Tribal Social Services on September 27th, 2017, and November 29th, 2017, to discuss cases where collaboration between the Tribe and MDCPS were necessary. On October 24th and 25th, 2017, workers from MDCPS also attended a training event hosted by the Tribe. During this training, more collaborative ideas to promote awareness regarding prevention of child abuse and neglect were discussed to potentially implement in 2018. Additionally, during the month of April 2018, National Child Abuse Prevention Month, MDCPS provided the MBCI, Department of Family and Community Services with awareness items to distribute at the annual Prevention Parade held on the Reservation. The Neshoba County Office Staff and staff from the Prevention Unit attended the Prevention Parade event and provided an MDCPS exhibit table. Staff handed out promotional items that included the child abuse reporting number. Discussions were also ongoing about producing a joint Child Abuse and Neglect Reporting poster with MDCPS and MBCI containing both child welfare agencies’ information.

MDCPS and MBCI also met in April 2018 to discuss and identify any support that MDCPS Prevention Services can bring to MBCI through providing facilitator training and materials for the ACT Raising Safe Kids program. This training will allow facilitators to provide the parenting program in each of the MBCI recognized communities. Those entities currently showing interest in this possible collaboration are the Department of Family and Community Services, the MBCI Children’s Advocacy Center, and the MBCI Behavioral Health Center.

Starkville Oktibbeha School District

Starkville Oktibbeha School District Family Centered Programs has two (2) contractual agreements with MDCPS. These agreements consist of Project Care which is funded by the state’s CBCAP Grant and Families Strengthening Families which is funded by the Children’s Trust Fund. Project Care provides child abuse and neglect prevention services to increase
protective factors that include parental resilience, knowledge of parenting, social connections, concrete supports, and social and emotional competence in children for Oktibbeha County families through a two-tiered program focusing parental educational and support services. Universal services include alerting the public about child abuse and neglect prevention to include identifying and reporting child abuse and neglect.

The Starkville Oktibbeha Consolidated School District sub-grant through the Community Based Child Abuse Prevention Grant (CBCAP) provided for the continuation of their Emerson Family Resource Center activities. The program used the Active Parenting curriculum to provide parent education on a weekly basis for parents, grandparents, caregivers, and future parents. Temporary respite services were provided Monday through Thursday for children eight (8) weeks through five years old to allow parents time for doctor’s appointments, grocery shopping, adult education, job interviews, training, etc. Staff provided a home visiting program for families with pregnant mothers or families with newborn children. The program provided for support services and parenting education through the Nurturing Parenting curriculum. In addition, education on child development, breastfeeding and infant safe sleep were provided. Support Services in the way of case management and support groups were provided to families and parents in need of support in times of need. Numerous public awareness activities go on throughout the year via interactive activities, public educational opportunities, and through radio and television. All these services provided a substantial and increased support to families needing assistance with childcare, parenting skills, concrete support in times of need, and referral services. Starkville Oktibbeha Consolidated School District provided a multitude of resources strengthening and supporting families in the areas served.

Through April 30, 2018, CBCAP funds’ targeted intervention services were provided to 396 families and 8 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. Through the Temporary Respite Services, Project Care provided services to 160 children and 79 parents. There was a total of 44 parents completing the Active Parenting classes. There was a total of 168 that participated in the Active Parenting classes and 132 that participated in the numerous support groups. The Family Resource Center offered year-round nine hours per day of services to families including library resources and support materials that addressed 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. There was a total of 1,732 served.
patrons and more than 1,919 children that visited the Emerson Family Resource Center. The Resource Library loaned a total of 2,728 items to families. Starkville Oktibbeha also conducted family interactive activities throughout the year. Family Interactive time was offered to families and was planned and conducted by the Coordinator of the Project Care program. Family Interactive Activities were utilized by 21,078 participants. These programs included the Back to School Bash, Health Fair, Community Story Hour, Family Literacy Night, Car Seat Education, First Aid CPR, Step Up for Kids, Christmas events, computer classes, and others. Case management services for concrete support in times of need had 486 total families receiving service. Public awareness activities reached approximately 27,461 people.

In addition to the CBCAP sub-grant, Starkville Oktibbeha Consolidated School District, Families Strengthening Families (FSF) received sub-grant funding for Parent Cafés through the Children's Trust Fund grant. This program provided a five (5) county radius of service of Parent Cafés delivering needed support to families. FSF provides the Parent Café model in Oktibbeha, Winston, Lowndes, Clay, and Noxubee Counties. Participants that attended Parent Cafés got ideas for managing the challenges of parenting. Parent Cafés consisted of five sessions that focused on the discovery and utilization of the scientific, research-based protective factors of resilience, relationships, support, knowledge, and communication. The program approach was to strengthen families from the inside out to achieve positive outcomes for children, families, and society.

The program goal was to prevent child abuse and improve wellbeing among children and families at risk through the provision of supportive family services. As of April 30, 2018, Families Strengthening Families has conducted 183 Parent Café sessions. There were 10 parents within Parent Café locations that completed 5 or more sessions. From the general population, FSF served a cumulative total of 409 participants, which exceeded in ten months the total served from last year, 220, by 53.7%. From the at-risk population, FSF had served a cumulative total of 172, exceeding last year's total of 166 by 6 parents in ten months. Since July 2017, the cumulative total was 536 surpassing last year’s totals by 195 participants. Of those participants that attended five or more sessions, approximately 80% completed with increased competencies in the discovery and utilization of protective factors in the home. Families report an approximate 90% satisfaction with the services provided. In addition, FSF continued to provide parenting enrichment programs and awareness events/displays that served the community-at-large.

American Psychological Association

In July 2017, MDCPS collaborated with the American Psychological Association's Violence Prevention Office to provide training on the ACT Raising Safe Kids program. This program
is a nine (9) week researched-based parenting curriculum that uses Cognitive Behavioral Therapy and Motivational Interviewing techniques to provide training in more appropriate parenting skills for parents with children 0-8 years of age. The Prevention Unit of MDCPS has been designated by APA’s Office of Violence Prevention as the Regional Coordinator for the program, coordinating facilitator training within the State of Mississippi and providing certification and support for all trained facilitators. The Director of Prevention and In-Home Services serves as the Regional Coordinator. While in this role, the Regional Coordinator oversees and supports the functions of the ACT Raising Safe Kids program facilitators and master trainers trained through MDCPS oversight.

Also, in the month of July, the developer of the program, Dr. Julia da Silva, trained twenty-five (25) facilitators from eight (8) different community organizations across the state, nine (9) of which were trained as Master Trainers. Eighteen (18) facilitators have started the program in their agency: Starkville Oktibbeha Consolidated School District, Mississippi Community Education Centers in Meridian and Jackson, Vicksburg Family Development Center, MS Families for Kids, Canopy Children’s Solutions, DREAM of Hattiesburg, Family Resource Center of Northeast MS and the facilitator from the Mississippi Department of Corrections. Information on the parenting program has been distributed at the following annual conferences: Mississippi Association of Drug Court Professionals, Mississippi Counseling Association, and the Mississippi Addiction Conference.

At this time thirty-eight (38) people have received training as facilitators for this evidenced-based program, including three (3) staff from MDCPS. Staff from the Prevention Unit are coordinating action plans on the courses being delivered through this curriculum-based program. The Regional Coordinator also works closely with the master trainers to ensure that facilitator training follows the fidelity of the model. Furthermore, the Regional Coordinator also helps to develop and distribute the marketing material for the facilitator training program.

Maternal, Infant, and Early Childhood Home Visiting
The Early Childhood Care and Development Division (DECCD), within MS Department of Human Services, receives a Maternal Infant and Early Childhood Home Visiting (MIECHV) Grant for a voluntary comprehensive home visiting support program, called Healthy Families Mississippi. Healthy Families Mississippi provides family support workers who assists families by linking them to community services and resources, providing child development, nutrition, financial and safety education, along with referrals for families to other support services. Healthy Families Mississippi serves pregnant mothers or families
with children three (3) months or younger who are low income families, families with a history of substance abuse, families with a history of domestic violence, and families with a history of incarceration. Healthy Families Mississippi has implemented the Healthy Families America home visiting model and the Partners for a Healthy Baby parenting curriculum. All services are provided free of charge. The program serves families in Claiborne, Coahoma, Copiah, Holmes, Humphreys, Issaquena, Jefferson, Neshoba, Sunflower, Sharkey, Tallahatchie, Tunica, Washington and Wilkinson counties.

A collaboration meeting was conducted May 9, 2018 between MDCPS and Healthy Families Mississippi to discuss additional collaborations that can assist families that are served by both agencies. Healthy Families Mississippi has agreed to be a partner in the Infant Safe Sleep Gift Package program, providing safe sleep education to the pregnant and post-partum women they serve. MDCPS continues collaboration by serving as a member of the DECCD Mississippi Home Visiting Partnership (MHVP) advisory group.

**Child Abuse Prevention and Treatment Act (CAPTA)/ Comprehensive Addiction and Recovery Act (CARA) Program Improvement Planning (PIP) Collaboration**

MDCPS continues to engage in a high degree collaboration through partnering with medical providers and establishing contracts with the MS Department of Mental Health, Families First for Mississippi, and MS Department of Health to develop policy and practice for CAPTA/CARA requirements. Through joint planning for CAPTA/CARA compliance, MDCPS had made great developments which resulted in the state developing and implementing a multi-systemic system of care to refer infants and their families to these partnering agencies. The focus of those meeting continues to be centered on coordinating and monitoring this multi-systemic system of care for infants and their families. Additionally, those meeting help identify agency strengths and limitations regarding referrals and treatment for infants and their families facing substance use disorders. All parties agreed that this is a great opportunity to ensure there are no systemic gaps or barriers in providing services to infants and their families. Ultimately, this demonstration of coordination will help MDCPS be compliant with the CAPTA/CARA requirements by June 30, 2018.

**Teen Advisory Board (TAB)**

The mission of TAB is to promote youth leadership and self-advocacy by providing opportunities and guidance for youth to express their thoughts, achieve their goals, and make a positive impact on Mississippi’s foster care system. TAB’s advisory board aims to accomplish this mission by using the members’ abilities to analyze strengths and weaknesses, advocate for their voice within the MDCPS policy, set and reach personal goals,
and develop self-confidence and self-motivation. Teen Advisory Board members express leadership by being role models in their communities and teaching, guiding, and influencing others to be of service. TAB participation is currently limited to four (4) youth per region, with additional TAB members as advised by the TAB Coordinator in order to cover gaps in representation or youth leaving care. This number should be no greater than six (6) at any time. Also, TAB serves as a citizen review panel to meet the requirements of CAPTA. Participation in the Teen Advisory Board entails the following responsibilities for the youth:

- Monthly attendance at Regional Meetings held in all 4 areas of the state: North, Delta, Central, South
- Quarterly attendance at State-Wide Meetings-3 per year
- Participation in IL Activities
- Provide youth perspective in planning IL activities and conferences, and policy
- Contribute to the production of a quarterly newsletter for all youth in care

During the reporting period, members of the TAB were divided into small groups and assigned sections of the new Youth Assessment/Transitional Living Plan (TLP). Youth were instructed to identify any concerns with questions, wording and ease of understanding. Then each group presented their suggestions to the entire group. Their suggestions were to change Carnegie units to credits; make LGBTQ question optional; and to be more specific in questions about gang related activity using more common/slang terms.

**Faith Based and Volunteer Services**
The Office of Therapeutic Services created the Bureau of Faith Based and Volunteer Services on August 1, 2017. As of March 1, 2018, the Bureau was restructured to provide administrative oversight to the Division of Prevention and Protection and the Interpreter Services Unit. This Bureau of Faith Based and Volunteer Services provides awareness to multi-faith churches regarding foster and adoptive needs within the foster care system. Awareness areas consist of the following but is not limited to:

- Prevention Services
- Foster Family Recruitment
- Heart Gallery
- Encourage Foster Care Support/Ministry
- Oversee and Coordinate Foster Parent Support Groups
During the first quarter, the director met and engaged local churches to assist with increasing community awareness about the critical need for foster homes, resources for foster families, birth families and children in custody. These collaborative meetings were held in the following regions: 3-N, 3-S, 4-S, 5-E, 5-W, 6, 7-E, 7-C, and 7-W. Awareness presentations with Q&A sessions were also held to discuss foster home recruitment and retention in child welfare and how they can best support the state. Additional areas of concern were how these ministries could create and host foster parent support groups at their local churches. The following multi-faith ministries collaborated with MDCPS: First Presbyterian Church (Copiah County); First Broadway Baptist Church (Desoto County); Dixie Baptist Church, First Presbyterian Church, Grace Temple Church, Heritage United Methodist Church, Immanuel Baptist Church, Main Street United Methodist Church, Temple Baptist Church, and Venture Church (Forrest County); Church of the King, Holy Trinity Greek Orthodox Church, and Lemoyne Baptist Church (Harrison County); First United Methodist Church (George County); Central United Methodist Church, Fondren Church, New Horizon, Common Ground Church, and Soul City Church (Hinds County); Center Pointe Church, Pine Lake Baptist Church (Jackson County) Pine Grove Baptist Church (Jasper County); Lauderdale County Baptist Association (Lauderdale County); Wanilla Baptist Church (Lawrence County); Lincoln County Baptist Association (Lincoln County) Pear Orchard Presbyterian Church (Madison County); Columbia Presbyterian Church, First Baptist Church, First United Methodist Church (Marion County); Steep Hollow Baptist Church (Pearl River County); True Vine Missionary Baptist Church (Rankin County).

In addition, the director met with local CPS staff regarding community-based resources in their areas. These meetings were held in the following counties: in Copiah, Clarke, Covington, George, Greene Hancock, Harrison, Hinds, Jackson, Jasper, Jefferson Davis, Jones, Kemper, Lauderdale, Lawrence, Lincoln, Leake, Madison, Marion, Neshoba, Newton, Pearl River, Rankin, Scott, Simpson, Smith, Wayne and Yazoo Counties to further the discussions for foster parent support groups. Lastly, there were also community-based engagements meetings held with Rankin County Kiwanis Club, The Friday Forum in Adams County, Buddy Bags of MS in Harrison County, Columbia Strong in Marion County, The Gulf Coast Orphan Care Alliance in Harrison County, and the Jubilee Conference in Hinds County to specify the needs in their areas and how collaboration with MDCPS could help support their needs. Currently, there are 43 foster parent support groups across the state. The current breakdown of the number of foster parent support groups by region is as follows: I-N – 4, I-S – 2, II-E – 3, II-W – 4, III-N – 3, III-S – 2, IV-N – 3, IV-S – 3, V-E – 6, V-W – 4, VI – 3, VII-E – 1, VII-C – 3, and VII-W – 1.
Families First for Mississippi

Family Resource Center of North Mississippi (FRC) d/b/a Families First for MS is currently in a contract with the state to facilitate the MS PATH training to potential resource parents. Families First is currently contracted for six (6) MDCPS regions for three sessions per quarter per region. FRC provides family life skills classes which include parenting education, healthy relationship educations, life skills, soft skills, drug education classes, youth development, support groups for resource parents and conflict resolution in addition to a co-parent education class. These classes are also provided to help resource parents receive recertification hours for their license. From July 1, 2017 through January 31, 2018, FRC completed 37 trainings for 479 total participants. Additionally, Mississippi Community Education Center (MCEC) d/b/a Families First for MS also has a contract with MDCPS to facilitate MS PATH to potential resource parents. This provider is contracted for eight (8) MDCPS regions across Central and South MS. Each region has three (3) sessions per quarter per region as well.

200 Million Flowers

This organization works diligently to create partnerships with parents to facilitate domestic, infant adoptions in Mississippi. 200 Million Flowers also conducts home studies, uses media to influence public perception about adoption, foster care, family preservation, mentoring and the value of life, provides social services to adoptive parents, birthmothers and caregivers of children in crisis, and creates 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. As of January 1st, these services were offered through the state and no longer through a sub-contractor.

Canopy Children’s Solution

Canopy Children’s Solutions continues to help children thrive and families overcome extraordinary challenges by providing a continuum of behavioral health, educational, and social service solutions. Canopy is also a provider of SAFE home studies. During the timeframe of July 1, 2017 through December 31, 2017, Canopy provided 23 home studies. The contract ended on December 31, 2017 due to agency offering the services internally. Lastly, four (4) staff members from Canopy Children’s Solutions were trained through the American Psychological Association’s (APA) ACT Raising Safe Kids Parenting Program sponsored by the MDCPS, Prevention Unit in July 2017. Two of these staff were also trained as master trainers. The two (2) master trainers have begun their first parenting sessions.
MDCPS’s Prevention Unit also sponsored the Canopy Children’s Mental Health Summit on May 10-11, 2018.

**Southern Christian Services for Children and Youth (SCSCY)**
Southern Christian Services for Children & Youth provides post-adoption services to MDCPS’ adoptive families. These post-adoption services include counseling, mental health treatment, family preservation and stabilization, crises intervention and management, peer support, and respite. Services are available to adoptive families eligible for adoption subsidy, and they are available as needed when issues arise with the child and family.

**Baptist Children’s Village-Dorcas In-Home Family Support Program**
The purpose of the Dorcas In-Home Family Support Program was 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 increased families’ access to and utilization of community resources and assistance. The goal was to reduce the likelihood of removal or other disruption of their living arrangement. The primary function was 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 was accomplished by the integration of these families into the system of community-based resources available to them. The Dorcas program was not a contractual service nor did MDCPS provide funding to BCV for the program. BCV did not charged any fees for its Dorcas Program services. However, community service providers may have charge fees when a family received services from the service to which they were referred. Families enrolled in the Dorcas Program paid 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 served Region I-North, Region III-North, Region III-South, and Region II-East. As of May 31, 2018, the Dorcas In-Home Family Support Program has served 32 families. There were 89 children and 46 adults served through this program. The numbers are comparable to the previous year’s numbers of 32 cases. The number of children served is down by 12% from last years, 101 children served. The Dorcas program is expected to serve at least 35 families during this fiscal year.

**Mississippi Children’s Trust Fund Advisory Council**
The Children’s Trust Fund (CTF) of Mississippi provided 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, made recommendations for changes in the state’s statutes, policies and standards. The council improves coordination among state agencies that provide prevention services and provides for the expansion of programs statewide that deliver preventive services. MDCPS is the lead agency and is responsible to the Mississippi Legislature for the CTF Advisory Council. MDCPS continued to manage the CTF during the reporting period. 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.

Solomon Counseling Center (SCC)
Solomon Counseling Center is the outpatient counseling program of Catholic Charities, Inc. in Jackson, MS. The counseling services were 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 collaborated with the MDCPS 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

Catholic Charities, Solomon Counseling Center, received a CBCAP sub-grant during the fiscal year. From July 1, 2017 through September 30, 2017, the Solomon Center provided trauma therapy to 34 adults for almost 182 hours of evidenced based therapy.

Children Advocacy Centers of Mississippi
Child Advocacy Center (CAC) partnered with MDCPS on several ongoing collaborative efforts. Service descriptions for all collaborative efforts consist of the following:

- **Multidisciplinary Team (MDT) Enhancement Project**: In order to provide a greater depth and breadth of service to the local county MDTs, a pilot project was developed between CACM and the Mississippi Department of Child Protection Services (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.

The results of the three pilot CACs (Choctaw, Forrest, and Pike) one year within the Multidisciplinary Team Enhancement project were impressive. Allowing the CAC, the visibility of all child abuse hotline reports within their community allowed for enhancement of the agreed upon processes of the MDT and allowed opportunities to assist with some of the additional administrative burden of both CPS and law enforcement to initiate services. Dedicating a CAC staff position to the specific function of facilitating the MDT approach works to improve communication between CPS and law enforcement. Due to turnover and workload within CPS and law enforcement, identifying their counterpart on a case was not always feasible. The CAC staff position, serving as a single point of contact, offered an effective solution. Most importantly, however, throughout the duration of the pilot more children in need of a forensic interview, coordinated joint investigation, advocacy, and case review services were
provided these services through the CAC and MDT. From August 2016 – December 2017 the three pilot CACs experienced the following growth in services:

- **Forensic Interviews**: Forensic interviews increased to 69%.
- **Victim Advocacy Services**: The number of victims and non-offending caregivers receiving victim/family advocacy services increased to 105%.
- **Case Review**: The number of cases discussed at case review increased to 91%.
- 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**: MDCPS and CACM have been collaborated on the transition of the Children’s Justice Act Task Force from MDCPS to CACM. CACM and MDCPS work closely together on the report and application submitted to ACF for this grant. The CJA funds also supported the attendance of the 38 CPS workers to attend the conference. The CJA Task Force has partnered with CPS to draft legislation to improve the reporting of child fatalities to the Department of Child Protection Services. This is a partnership between CPS, CACM and CJA.

- **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 this issue. Mississippi Department of Child Protection Services 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, 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 the 2017 legislative session, it has been reintroduced this year.

- **One Loud Voice Conference Planning Committee:** Children’s Advocacy Centers of Mississippi hosted the 5th Annual One Loud Voice: A Multidisciplinary Team Approach to Child Abuse Conference on April 4-5, 2018 in Biloxi, Mississippi. The conference brought together disciplines charged with the responsibility of assessing, investigating, treating, and prosecuting child abuse cases in Mississippi. Mississippi Department of Child Protection Services is a part of the planning committee of this conference and has provided valuable input into the quality of the conference itself.

- **Child Advocacy Studies:** The MS Child Advocacy Studies is an initiative to engage all 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.

- CACM has rolled out this training through an initial partnership with CPS to colleges and universities across the state. This interdisciplinary program is intended to create a better prepared workforce for our state. As a part of this initiative, we are partnering with the University of St. Louis – Missouri. They received a grant from the National Child Traumatic Stress Network through the Substance Abuse and Mental Health Service Administration to create a workforce that is capable and competent to respond to childhood trauma. They utilize a multidisciplinary approach by targeting collegiate programs in criminal justice, social work, law, medicine, education, sociology and psychology to name a few. Additionally, they also target newly hired professionals in the fields of child welfare, education, medicine, law enforcement. The grant will teach university and college professors and community partner/state agency trainers to utilize Problem Based Learning Simulations in their classrooms and training courses. These simulations use real life experiences in classroom and training environments to teach trauma informed critical thinking skills to professionals who will be working in fields where they will meet abused and neglected children. The 5-year project is called FORECAST and it will teach 5 simulations for agency professionals. Mississippi is a beneficiary of this grant.

- MDCPS had committed eleven (11) MDCPS staff - Practice Model Coaches and their Supervisors to attend the Project FORECAST training on February 21-23, 2018 and April 2-3, 2018. Other partner agencies consisted of the Mississippi Law Enforcement Training Academy, Office of the Attorney General, MS Department of Education and the MS Department of Mental Health. An additional component of this training offered participants the ability to have one-year professional coaching from the University of St. Louis staff. This training allowed staff to have both the training as well as coaching
calls with University of St. Louis staff to ensure that they have gained the necessary skills and that they are able to apply those skills to training new CPS employees. Of the eleven (11) committed, only one (1) MDCPS staff participated in the training. Presently, this staff is also participating in the coaching calls with University of St. Louis.

- **Additional Trainings:**
  - Fifteen (15) MDCPS workers were sponsored by CACM to attend the Child First Forensic Interview and Court Preparation Training in 2017.
  - In August 2017, CACM sponsored Human Trafficking training for MDCPS, law enforcement and CACs to attend with over 59 MDCPS workers attending.
  - To address the issue mentioned above about the lack of child fatalities that are reported to MDCPS, CACM hosted two trainings in the state, open to MDCPS workers, on “Responding to an Unexplained Child Death”.
VI. 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. 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 is continually being reinforced by the Center for the Support of Families (CSF).

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 September 1, 2017 and May 31, 2018. Since September 2017, the Mississippi Department of Child Protection Services’ Evaluation and Monitoring Unit have been conducting regional baseline case reviews utilizing the federal On-Site Review Instrument (OSRI). The use of the Evaluation and Monitoring automated review tool that had been in use from June 2010 to March 2017 was discontinued. Data from the Evaluation and Monitoring instrument is included below but will not be used to determine improvements due to the differences in the two instruments. Instead, the information from the Evaluation and Monitoring instrument will be used in an effort to reflect indications of progress in case practice. The regional reviews utilizing the OSRI have been conducted (to date) in Regions 3-South (includes 2018 CFSR site Hinds County), 4-South, 3-North, 4-North, 5-East, 7-Central (includes 2018 CFSR site Harrison County), 1-South (includes 2018 CFSR sites Pontotoc County and Union County), 2-West, 5-West, and 7-East. These case reviews included 14 foster care and 28 in-home case types (42 total cases) at the time of each review in each region.

In addition, the SPAD reports have been discontinued due to the Foster Care Review Program no longer utilizing the automated PAD (Periodic Administrative Determination) as of March 2017. The following Child and Family Services Review (CFSR) outcomes are addressed below:

- **Safety Outcome 1:** Children are, first and foremost, protected from abuse and neglect;
- **Safety Outcome 2:** Children are safely maintained in their own homes whenever possible and appropriate;
- **Permanency Outcome 1:** Children have permanency and stability in their living situations;
- **Permanency Outcome 2:** The continuity of family relationships and connections is preserved for children;
- **Well-Being Outcome 1:** Families have enhanced capacity to provide for their children’s needs;
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs;
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.
Case review data from September 1, 2017 through May 31, 2018 utilizing the federal OSRI shows 66.07% of the cases reviewed rated Substantially Achieved for Safety Outcome 1.

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: Item 1: Timeliness of initiating investigations of reports of child maltreatment: September 1, 2017 through May 31, 2018: 66.07% of 224 applicable cases rated a strength. Reasons for delays in initiation of investigations or assessments and/or face-to-face contact were due to circumstances beyond the control of the agency in 13 of 66 (19.7%) applicable cases. Strength indicates 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. Data from the discontinued Evaluation and Monitoring review tool reflects 64.94% of 271 applicable cases rated a strength for July 1, 2016 through March 31, 2017. 75.65% of 115 applicable cases rated a strength during the previous fiscal year July 1, 2015 through June 30, 2016.

Item 1 Report Data Response:
- Report MWZ1272C: All Children in Open ANE Investigations (Combined Levels Summary): For the month of May 2018, 88.2% of intakes were initiated timely.
- Report SZ1271: Timeliness of Investigations for Custody Children: 05/01/2018-05/31/2018: 91.67% of the investigations of maltreatment in care were initiated timely. 4/01/2017-4/30/2017: 95.45% of investigations of maltreatment were initiated timely statewide. Currently, the state shows a slight decrease in performance for this measure compared to the data collected in the previous year. 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.

- Regarding maltreatment in care, Mississippi’s data profile for 15AB, FY15 shows 13.5 victimizations per 100,000 days in care against a National Performance of 9.67 and a recurrence of maltreatment of 12.5% for FY15-16 against a National Performance of 9.5%. These data indicators show a need for improvement in this area for the state. Presently, the case review data, MACWIS data, and the state’s data profile indicate an area needing improvement in the area of initiating reports of child maltreatment.

**Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.** Case review data from September 1, 2017 through May 31, 2018 utilizing the federal OSRI shows 60.71% of the cases reviewed rated Substantially Achieved for Safety Outcome 2.

**Response: Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care:** September 1, 2017 through May 31, 2018; 73.63% of the 182 applicable cases reviewed rated a strength for this item. 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 performance on this measure has been similar to that of the past years’ performance although the review instruments used to collect this information have variances from one another. This performance can be attributed to the timeliness with which services are provided, and in the provision of services overall.

Data from the discontinued Evaluation and Monitoring review tool reflects for 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.

**Item 2 Report Data Response:**

- Mississippi’s data profile for 15A/15B reflects a foster care re-entry rate of 4.6% against a National Performance of 8.1%. This data indicator reflects a strength in this area for the state. Case review data and the state’s data profile indicate a strength for
the area of providing services to families to protect children in the home and prevent removal or re-entry into foster care.

**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: Item 3: Risk and Safety Assessment and Management:** September 1, 2017 through May 31, 2018, 62.38% of the 420 applicable cases rated a strength for this item. A strength rating indicates that safety and risk were assessed timely initially and on an ongoing basis throughout the review period. The agency performance in this measure utilizing the OSRI is similar (though slightly lower) to the previous years’ performance in the same measure which utilized the now discontinued Evaluation and Monitoring review tool. 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. Data from the discontinued Evaluation and Monitoring review tool reflects for July 1, 2016 through March 31, 2017, 66.45% of 462 applicable cases rated a strength. July 1, 2015-June 30, 2016, 66.35% of 312 applicable cases rated a strength. Case review data reflects an area needing improvement for timely initial and on-going assessment for safety and risk.

**Permanency Outcome 1: Children have permanency and stability in their living situations.** Case review data from September 1, 2017 through May 31, 2018 utilizing the federal OSRI shows 32.37% of the cases reviewed rated Substantially Achieved for Permanency Outcome 1.

**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: Item 4: Stability of Foster Care Placement:** September 1, 2017 through May 31, 2018; 87.77% of the 139 applicable cases rated a strength for this item. The case review data from the September 1, 2017 through May 31, 2018 period is somewhat similar to previous years’ performance and could be an indication of a consistency in practice. A strength indicates 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. Data from the discontinued Evaluation and Monitoring review tool reflects for July 1, 2016 through March 31, 2017: 89.24% of 251 applicable cases rated a strength. The percentage for the reporting period of July 1, 2015 – June 30, 2016 reflects 88.46% of 182 applicable cases.

Item 4 Report Data Response:

- Mississippi’s data profile for 17A/17B reflects a performance of 4.90 moves which is slightly above the National Performance of 4.44 moves for Placement Stability and represents an area needing improvement. Case review data and information from the state’s data profile related to this item reflects this is a strength for the state in that children are remaining in the same least restrictive placement during their episodes in foster care or; 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 identified needs of the child.

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

Response: Item 5: Permanency goal for child: September 1, 2017 through May 31, 2018; 54.68% of the 139 applicable cases rated a strength. The September 1, 2017 through May 31, 2018 case review data could be an indicator of improved practice in this area. 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. This measure also takes into consideration whether or not a child’s permanency goals are appropriate given the circumstances of the child’s case. Data from the discontinued Evaluation and Monitoring review tool for July 1, 2016 through March 31, 2017 reflects 36.65% of 251 applicable cases rated a strength. July 1, 2015-June 30, 2016: 31.32% of 182 applicable cases which rated a strength as well.

Item 5 Report Data Response:

- Report SLS312: Children Who Have a Permanency Plan Developed within 30 Days of Entry into Foster Care: Rolling 12-month period from May 1, 2017 through April 30, 2018: 56.36% of children entering foster care during this time frame had a permanency plan developed in 30 days. 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. These data indicators seem to be consistent with the September 1, 2017 through May 31, 2018 case review data and may represent a strength in the area of the timely development of appropriate permanency goals for children.

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

**Response: Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement:** September 1, 2017 through May 31, 2018; 49.64% of the 139 applicable cases rated a strength for this item. Of the children in foster care with a permanency goal of Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement, 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. Continued monitoring utilizing the OSRI will give a more consistent indicator for strengths and areas needing improvement on this item. Data from the discontinued Evaluation and Monitoring review tool for 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.

**Item 6 Report Data Response:**

- **Report SBRD05: Children Exiting Custody with an Outcome of Reunification:** Rolling 12-month period from May 1, 2017 through April 30, 2018: 59.95% of children exited foster care to reunification within 12 months statewide. Rolling 12-month period from May 1, 2016 through April 30, 2017: 66.74% percent of children exited to reunification within 12 months statewide. Mississippi’s data profile (15A/15B) reflects the state’s performance at 43.8% against a National Performance of 42.7% for Permanency in 12 months. The percentage from the data profile for Permanency in 12-23 months for 17A/17B reflects a performance of 36.4% against a National Performance of 45.9%. The state’s performance for Permanency in 24+ months is 21% again a National Performance of 31.8%. Achieving permanency in 12 months appears to be a strength but the data reflecting the 12-23 month and 24+ months intervals indicate a need for improvement.
• **Report SBRD10: Length of Time to Adoption Finalization:** Rolling 12-month period from May 1, 2017 through April 30, 2018: 1.90% of children were adopted within 12 months, 14.60% were adopted within 24 months, and 41.30% were adopted within 36 months. Rolling 12-month period from May 1, 2016 through April 30, 2017: 0.90% of children was adopted within 12 months, 12.20% of children were adopted within 24 months and 40.60% of children were adopted within 36 months. Case review data and information from MACWIS data reports and the state’s data profile indicate this item is an area of needed improvement in the timely achievement of permanency goals.

*Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.* Case review data from September 1, 2017 through May 31, 2018 utilizing the federal OSRI shows 57.55% of the cases reviewed rated Substantially Achieved for Permanency Outcome 2.

**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: Item 7: Placement with Siblings:** September 1, 2017 through May 31, 2018; 96.08% of 102 applicable cases rated a strength for this item. A strength is evident 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. The September 1, 2017 through May 31, 2018 performance on this item (utilizing the OSRI) is similar to that of previous years’ performance in which the now discontinued Evaluation and Monitoring review tool was utilized.

Data from the discontinued Evaluation and Monitoring review tool reflects for 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.

**Item 7 Report Data Response:**

• **Report SLS316: Children in Sibling Groups Who Have Entered Care Who are Initially Placed Together:** Rolling 12-month period from May 1, 2017 through April 30, 2018: 74.40% of siblings were placed together or had exceptions noted during this time frame. 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. Though the current data indicator reflects slightly lower performance, it is comparable to this of the previous years’ performance. Case review data and MACWIS data reports indicate this item is a strength for the state in that children in foster care are generally 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.

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: Item 8: Visiting with parents and siblings in foster care: September 1, 2017 through May 31, 2018; 42.98% of the 114 applicable cases rated a strength for this item. A strength is identified when visits between the child, parents, and separated siblings in foster care are of a frequency and quality to maintain or promote the continuity of the relationship. Data from the discontinued Evaluation and Monitoring review tool reflects for 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.

Item 8 Report Data Response:
- Report MWLS318S: Child Contact with Parents and Siblings While in Custody: For the month of April 1, 2018-April 30, 2018, 8.43% of children met with their mother; 5.06% of children met with their father; 22.72% of children met with their siblings and 5.82% met all visitation requirements. 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. These data indicators reflect a continued need for improvement in this area. Case review data and MACWIS data reports indicate the frequency and quality of visits between the child, parents, and separated siblings in foster care is in need of improvement in order to promote the continuity of these relationships.

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 Item 9: Preserving Connections: September 1, 2017 through May 31, 2018; 88.89% of the 135 applicable cases rated a strength for this item. In rating strength, there is evidence that concerted efforts were made to maintain the child’s important connections to their neighborhood, community, faith, extended family, Tribe, school, and friends. This item also measures if ICWA inquiries were made and actions were taken in the event the child is found to be of Native American ancestry. Data from the discontinued Evaluation and Monitoring review tool reflects for 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. The September 1, 2017 through May 31, 2018 case review data shows a similar (though slightly higher) performance in this area from past years which could be an indicator of strength in practice in that concerted efforts are being made to maintain children’s important connections.

Item 9 Report Data Response:
- There are no data reports for this item.

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

Response: Item 10: Relative placement: September 1, 2017 through May 31, 2018; 71.97% of the 132 applicable cases rated a strength. A strength is evident when the child’s current or most recent placement is with a relative and the placement is stable. If the child is not placed with a relative, efforts to identify, locate, and evaluate maternal and paternal relatives were made before being ruled out as, or were unwilling to be, placement resources. Although the current case review data was gathered on a different (though somewhat similar) instrument from previous years, continued agency efforts to place children with relatives seem to be the reason for what could be an upward trend in this area of practice. Data from July 1, 2016 through March 31, 2017 utilizing the now discontinued Evaluation and Monitoring review tool reflects 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.

Item 10 Report Data Response:
- Report SZ0510: Number of Children in Foster Care by Placement Type: As of 04-30-2018, 33.04% of all children in foster care were placed in relative placements. As of 4/30/2017, 34.01% of all children in foster care were placed in relative placements. Based on case review data, it appears this item is a strength in that the agency is
making efforts to place children with relatives and the placement is stable. If the child
is not placed with relatives, efforts to identify, locate, and evaluate maternal and
paternal relatives were made before being ruled out as, or were unwilling to be,
placement resources.

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: Item 11: Relationship of Child in Care with Parents: September 1, 2017
through May 31, 2018; 41.41% of the 99 applicable cases rated a strength. This item rates
a strength when there is evidence of concerted efforts to promote, support, and maintain
positive relationships for the child in foster care with his mother and father (or other
primary caregivers) when safe and appropriate to do so based on case circumstances such
as through shared parenting responsibilities between the birth parent and the resource
parent. Though slightly higher, the September 1, 2017 through May 31, 2018 performance
in this area appears to be similar to previous years’ performances which were gathered
utilizing a different (but somewhat similar) review instrument. July 1, 2016 through March
31, 2017 utilizing the now discontinued Evaluation and Monitoring review tool, 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. Case review data seems to reflect this as an area needing
improvement as more efforts need to be made for shared parenting when safe and
appropriate to do so.

Item 11 Report Data Response:
• There are no data reports for this item.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s
needs. Case review data from September 1, 2017 through May 31, 2018 utilizing the federal
OSRI shows 30.24% of the cases reviewed rated Substantially Achieved for Well-Being
Outcome 1.

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: Item 12 (Overall): Needs and Services of Child, Parents, and Foster Parents:** September 1, 2017 through May 31, 2018: 36.9% of the 420 applicable cases rated a strength.

July 1, 2016 through March 31, 2017 utilizing the now discontinued Evaluation and Monitoring review tool reflects 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. Case review data for this item reflects an area of needed improvement especially in the area of assessing the strengths and needs of children and parents (as reflected in 12A and 12B).

**Response: Item 12 (Section A): Needs and Services of Child, Parents, and Foster Parents:** September 1, 2017 through May 31, 2018; 66.43% of 420 applicable cases rated a strength. July 1, 2016 through March 31, 2017 utilizing the now discontinued Evaluation and Monitoring review tool reflects 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.

**Response: Item 12 (Section B): Needs and Services of Child, Parents, and Foster Parents:** September 1, 2017 through May 31, 2018; 35.68% of the 384 applicable cases rated a strength.

July 1, 2016 through March 31, 2017 utilizing the now discontinued Evaluation and Monitoring review tool reflects 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.

**Response: Item 12 (Section C): Needs and Services of Child, Parents, and Foster Parents:** September 1, 2017 through May 31, 2018: 87.3% of 126 applicable cases rated a strength.

July 1, 2016 through March 31, 2017 utilizing the now discontinued Evaluation and Monitoring review tool reflects 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.

**Item 12 Report Data Response:**
- There are no data reports for this item.
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: Item 13: Child and family involvement in case planning: September 1, 2017 through May 31, 2018: 38.61% of the 404 applicable cases rated a strength for this item. A strength for this item indicates that families and children (if developmentally appropriate) were involved in the initial and on-going development of case plans. The agency currently shows much higher performance for this measure to previous years’ performance. This item is rated a strength when there is evidence concerted efforts were made to involve children and their parents in the case planning process. July 1, 2016 through March 31, 2017 utilizing the now discontinued Evaluation and Monitoring review tool reflects: 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.

Item 13 Report Data Response:

- There are no data reports for this item. The case review data from the baseline reviews conducted by the Evaluation and Monitoring Unit using the OSRI since September 2017 show the state is in need of continued improvement in this area with regard to its foster care and in-home cases and involving parents in the case planning process. Often, in foster care cases, the parent from whom the child(ren) is removed is engaged in this effort, but the absent parent (oftentimes the father) is not. With regard to in-home cases, improvement in engaging all family members needs to be an ongoing and consistent effort statewide.

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: Item 14: Caseworker visits with child: September 1, 2017 through May 31, 2018: 60.48% of the 420 applicable cases rated a strength for this item. Current case review data indicates a performance at slightly higher level than that of the performance in previous years gathered on the now discontinued Evaluation and Monitoring review instrument. 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 the performance in this area can be attributed mostly to the needed improvement to see
children in in-home cases at a frequency comparable to foster care cases. July 1, 2016 through March 31, 2017 utilizing the now discontinued Evaluation and Monitoring review tool reflects 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.

Item 14 Report Data Response:

- **Report MWZWCM5S: Annual Worker/Child Face to Face Visit Contact Report:**
  Rolling 12-month period from May 1, 2017 through April 30, 2018: 93.12% of monthly required foster child visits occurred within this 12-month period statewide. Rolling 12-month period from May 1, 2016 through April 30, 2017: 91.47% of monthly required foster child visits occurred within this 12-month period statewide. Case review data and MACWIS data reports indicate this is an area of practice is a strength in that children are seen at a frequency and quality to promote safety, permanency, and well-being and to assess for needed services and case plan goal attainment.

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: **Item 15: Caseworker visits with parents:** September 1, 2017 through May 31, 2018: 33.6% of the 378 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 and to assess service delivery. July 1, 2016 through March 31, 2017 utilizing the now discontinued Evaluation and Monitoring review tool reflects 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.

Item 15 Report Data Response:

- **Report SZCR3: Frequency of Caseworker Visits with Parents/Caregivers with whom Children are to be Reunified:** For the month of April 1, 2018 through April 30, 2018, 39.32% of cases met the frequency of parent/caregiver contact requirement when there was a goal of reunification in the Family Service Plan (FSP). 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. Case review data and MACWIS report data indicate the state is in need of improvement in making frequent and quality visits with parents/caretakers to assess
for service needs and goal attainment. The performance on this item seems to indicate the agency is moving in the right direction on this item although there is continued need for improvement.

**Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.** Case review data from September 1, 2017 through May 31, 2018 utilizing the federal OSRI shows 72.38% of the cases reviewed rated Substantially Achieved for Well-Being Outcome 2.

**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: Item 16: Educational Needs of the Child:** September 1, 2017 through May 31, 2018: 72.38% of the 181 applicable cases rated a strength for this item. 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. July 1, 2016 through March 31, 2017 data utilizing the now discontinued Evaluation and Monitoring review tool reflects 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.

**Item 16 Report Data Response:**
- There are no data reports for this item. Case review data seems to reflect this is a strength for assessing (initially and on-going) the educational needs of children.

**Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.** Case review data from September 1, 2017 through May 31, 2018 utilizing the federal OSRI shows 54.01% of the cases reviewed rated Substantially Achieved for Well-Being Outcome 3.

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

**Response: Item 17: Physical Health of the Child:** September 1, 2017 through May 31, 2018: 63.24% of the 204 applicable cases rated a strength for this item. 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 timely services were provided to meet the child’s identified
needs. July 1, 2016 through March 31, 2017 data utilizing the now discontinued Evaluation and Monitoring review tool reflects 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.

Item 17 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, 2017 through April 30, 2018: 34.64% of children were in custody for at least 72 hours received an initial screening timely, and 38.90% of children who were in custody for at least 30 days had a Comprehensive Health Assessment within 30 days of entering care. 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. Case review data and MACWIS report data seem to reflect this as an area needing improvement for physical health and dental health being assessed in a timely manner (initially and on-going) and timely services being provided to meet the child’s identified needs. The case review data and MACWIS report data are not compatible with one another as for the performance on this item which could be an indicator of timely and/or accurate data entry.

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

**Response: Item 18: Mental/Behavioral Health of the Child:** September 1, 2017 through May 31, 2018: 63% of the 200 applicable cases rated a strength for this item. 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. July 1, 2016 through March 31, 2017 case review data utilizing the now discontinued Evaluation and Monitoring review tool reflects 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.

**Item 18 Report Data Response:**
- There are no data reports for this item. Case review data for this item seems to reflect an area needing improvement for assessing (initially and ongoing) children’s mental health needs and provision of services to meet those identified needs.
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?

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 in 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 changes were made to seven (7) modules to facilitate easier navigation, these updates consist of the following:

**Intake:**

- Improved the option for the supervisor to approve licensure for the Resource Family Home Study Assessment.
- Created an Expedited Pending Relative Resource (EPRR) Dual Inquiry.
- Removed the ANE Adult option as that is no longer an option since we no longer provide access for adult ANE reporting.
- Created an intake request for the In-Circle provider for I&R Intake Requests to allow services to be referred to the providers.
- Developed a process for both regular and expedited RESIN on the Intake log.
- Added a closure button on the RESIN that will allow the record to be closed if the closure occurs before the HS has been created.
- Created an avenue to allow users to enter background check information on the intake.
- Created an intake screening process to identify those infants who may be eligible for service referral as outline in the Comprehensive Addiction Recovery Act (CARA).

**Case:**

- Created an ICPC Incoming direct service for a child head of household.
- Created a grid to show prior independent living and transitional living tasks assigned to a child.
• Mapped Items 21, 22, 31, and 34 for consistent NYTD reporting. Item 34
  Created an In Home direct service type and removed the Prevention and
  Protection direct service types.
• Modified the FSP approval process to require a third level of approval by the
  Regional Director when the Permanency Plan type is APPLA.

Eligibility:
• Removed eligibility from the approval process.
• Changed the Rate Type determination from user select to an automated routine;
• Added a new approval level in select cases.
• Added the Therapeutic Placement Approver (TPA).

Court:
• Modified the TPR screen to coincide with policy and practice.

System Admin:
• Created a State Level designation Licensed Program Specialist 3 role.
• Created a State Level designation Eligibility Supervisor 3 role.
• Created three State level designations to facilitate CARA referrals at intake.

Finance:
• Created the capacity to hinder writing a check from an account with insufficient
  funds.
• Created the capacity to easily view outstanding receipts.
• Improved system data transmissions when deposits are generated.
• Modified the Increase Funding source field from A4 to A9 to coincide with policy.

Tickler Notification:
• Modified the upcoming reevaluation tickler transaction alert.
• Removed the 6 Month Periodic tickler to coincide with policy.
• Modified the sorting of ticklers to allow the most recent tickler to show at the
  top of the notification list.
• A new Tickler was created to alert the user when the new Annual Environment
  Checklist is due.

Resource:
• Created the capacity to alert staff when a Corrective Action Plan (CAP) was
  entered on a child or adult member and display each household member on the
  new CAP grid.
• Created the capacity for the prior status to show for resources that needed to be
  reopened.
• Replaced the Periodic Safety Check list with a new Home Environment Checklist. This home checkup will be completed for Initial and at Revaluation of the resource.
• Created a new Annual Home Environment Checklist to be completed during the period between Initial approval and Reevaluation.

Also, in accordance with Section 4: Placement Standards, changes were made to add an option to the Congregate Care reasons and modified the language of an existing option.
• Added: 4.9.c. To enable a mother and baby to be placed together and there is not an available foster home for both of them.
• Modified: 4.4.d. The child, age 14 years or older, is pursuing educational or vocational opportunities;
• Changes were also made to the F2F report to capture all narratives added regardless of worker “type”.

Comprehensive Child Welfare Information System (CCWIS)

MDCPS procured the services of eight (8) technical consultants to assess project artifacts and begin working on plans to accomplish development of a CCWIS. A Project Roadmap was developed to outline the product increments and timeline. The team has completed user stories for Product Increment 1 and is currently working on Product Increment 2. Wire frame or screen development is occurring in conjunction to assist the Product Owner in refining requirements. The team has completed the Letter of Configuration that will be released to Vendors to bid on development of the first module. Completion of an Agile Forecasting Model will be used in developing estimates for the Product Increments.

The Technical Team has completed a study of the project artifacts and requirements to determine a strategic architecture direction for the agency. The team is in the final stages of developing an R&D environment where they will begin testing out the planned technical platform. The platform will be designed to be cloud-ready with a responsive, mobile first design. In addition, the Technical Team has determined it will utilize the technologies included in the MEAN Stack (MongoDB, Express.js, AngularJS, and Node.js) as the primary development tools. Work has begun to identify interfaces, required fields, and assign interfaces to the proper roadmap product increment. A Data Quality Plan has been developed to incorporate the existing Data Cleansing Strategy to guide
the ongoing data cleansing efforts to cleanse and maintain the data quality within MACWIS in preparation for integration into the new CCWIS solution.

In addition, the team continues development of new reports on the Focus on Data (FOD) Reporting dashboard. Updates were also made to the Placement Matching Tool (PMT) that will enable the field worker to find a resource home that more suitably matches the child’s needs to that resource home. Finding a more suitable match at the onset of custody quickly provides the child with as little disruption as possible. This project is intended to be the first step in providing a more robust placement tool. The PMT Tool was released March 2018. This project will be rolled out to a regional pilot group before going live.

**Mississippi Youth Court Information Delivery System, MYCIDS**

The state also utilizes MYCIDS as an additional statewide information system. As stated, MYCIDS is the statewide system for real time management of the activities of the Mississippi Youth Court System. Currently, all 82 counties are using MYCIDS and there is no longer a municipal court. AOC and MDCPS ITS department conducted several meetings during the period under review to have the discussions for automating the transfer of data between MACWIS and MYCIDS. The automated interface would enable workers to better meet required reporting timeframes for both systems. Additionally, during the timeframe of July 1, 2017 through January 2018, AOC has also provided 33 training sessions to MDCPS workers that were 1.5 hours each within 36 counties. 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?
Family engagement is an ongoing process of involving the family from the initial investigation throughout the life of the case. The caseworker must engage the family, extended family members, and formal and informal support networks through Family Team Meetings. The family should be considered as the experts of their situation and should identify the problems and solutions to these problems with the assistance of the caseworker and their formal and informal support systems. The caseworker will work with the family to develop a Family Service Plan, listing tasks and goals in need of achievement to facilitate the goals of the plan.

The Mississippi Department of Child Protection Services’ Foster Care policy (Section D, pages 60-61) states, “To meet the case plan requirements of 42 U.S.C. 675, §§ 471(a)(16), 475(1), 475(5)(A), (D), (H), 475A the following are criteria to help determine the appropriateness of and necessity for placement of a child. The case plan for each child is a written document which is a discrete part of the case record and which is developed jointly with the parent(s)/guardian(s) of the child.” To meet the case plan requirements of 42 U.S.C. 675, §§ 471(a)(16), 475(1), 475(5)(A), (D), (H), 475A the following are criteria to help determine the appropriateness of and necessity for placement of a child. The case plan for each child:

- Is a written document which is a discrete part of the case record and which is developed jointly with the parent(s)/guardian(s) of the child;
- Is developed within thirty (30) calendar days from the date of removal from the home.
- Includes a description of the services offered and provided to prevent removal of the child from the home and to reunify the family;
- Includes a description of the type of home or institution in which the child is placed;
- Includes a discussion of the safety and appropriateness of the placement and how MDCPS will carry out the judicial determination made with respect to the child, in accordance with § 472(a)(2)(A) [42 U.S.C. 675]
- Includes a plan for assuring that the child receives safe and proper care and that services are provided to the parent(s), child and foster parents in order to facilitate the child’s return to his/her own safe home or for the permanent placement of the child;
• Includes a plan for assuring that services are provided to the child and foster parents in order to address the needs of the child while in foster care;

• Includes a discussion of the appropriateness of the services that have been provided to the child under the plan;

• Where appropriate for a child 14 or over, includes a written description of the programs and services to help the child prepare for the transition from foster care to successful adulthood. With respect to a child who has attained 14 years of age, any revision or addition to the plan must be developed in consultation with the child and, at the option of the child, with up to 2 members of the case planning team who are chosen by the child and who are not a foster parent of, or caseworker for, the child. A State/Tribal agency may reject an individual selected by a child to be a member of the case planning team at any time if the agency has good cause to believe that the individual would not act in the best interests of the child. One individual selected by a child to be a member of the child’s case planning team may be designated to be the child’s advisor and as necessary, advocate, with respect to the application of the reasonable and prudent parent standard to the child.

• 90-day period immediately prior to the child’s 18th birthday, or such greater age as the state may elect under section 475(8)(B)(iii), whether during that period foster care maintenance payments are being made on the child’s behalf or the child is receiving benefits or services under § 477, the caseworker provides the child with assistance and support in developing a transition plan that is personalized and includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and work force supports and employment services, and is as detailed as needed; and

• Includes information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under State/Tribal law to make such decisions, and;

• Provides the child with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under State/Tribal law, and is as detailed as the child may elect.
• Documents the steps to finalize a placement when the case plan goal is or becomes adoption or placement in another permanent home in accordance with §§ 475(1)(E),(5)(E)and 475A(a)(1).

• When the case plan goal is adoption, at a minimum such documentation shall include child-specific recruitment efforts such as the use of tribal, state, regional, and national adoption exchanges including electronic exchange systems to facilitate orderly and timely placements.

• (see 45 CFR 1356.21(g)(1)(2) and (4); 42 U.S.C. 675 §§ 475(1)(A)(B)(D) and 475(5)(H)

The agency’s In-Home Services policy (Section C, Page 16) states, “The FSP (Family Service Plan) will be developed with the family, signed, and approved by the Area Social Work Supervisor (ASWS) within thirty (30) calendar days from the date of case opening. In cases where children are placed in MDCPS custody, each child is included in the FSP. The FSP will define both the family and MDCPS roles, the role of service providers and coordination of services and plans. MACWIS (Mississippi Automated Child Welfare Information System) is available statewide for agency staff to input the status, demographic characteristics, location, and goals of every family and child who are receiving services from the Mississippi Department of Child Protection Services. Since September 2017, the Mississippi Department of Child Protection Services’ Evaluation and Monitoring Unit has been conducting baseline case reviews utilizing the federal On-Site Review Instrument (OSRI). These reviews have been conducted (to date) in Regions 3-South (includes 2018 CFSR site Hinds County), 4-South, 3-North, 4-North, 5-East, 7-Central (includes 2018 CFSR site Harrison County), 1-South (includes 2018 CFSR sites Pontotoc County and Union County), 2-West, 5-West, and 7-East. These case reviews included foster care and in-home case types.

Well-Being Outcome 1 of the CFSR determines if families have the enhanced capacity to provide for their children’s needs. Item 13 within that outcome measures the involvement of children and their families in the case planning process. Case review data from September 2017 through May 2018 reveal the following with regard to Item 13 (which applies to foster care as well as in-home cases):

• 38.77% of the cases reviewed rated a Strength (n=157);
• 61.23% of the cases reviewed rated an Area Needing Improvement (n=248);
Questions A, B, and C of Item 13 asks if the agency made concerted efforts to actively involve the child(ren), mother, and father in the case planning process:

- 53.06% (156 of 294 applicable cases) were answered “Yes” with regard to the child(ren);
- 57.14% (204 of 357 applicable cases) were answered “Yes” with regard to the mother;
- 36.48% (89 of 244 applicable cases) were answered “Yes” with regard to the father.

The table below reflects the agency’s performance on Item 13 of the OSRI (Child and Family Involvement in Case Planning) with regard to case types (foster care and in-home). This information is from case reviews conducted in Regions 3-South, 4-South, 3-North, 4-North, 5-East, 7-Central, 1-South, 2-West, 5-West, and 7-East from September 2017 through May 2018.

Table 1

<table>
<thead>
<tr>
<th>Item 13 Performance</th>
<th>Foster Care Cases</th>
<th>In-Home Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strength</strong></td>
<td>47.2% (n=59)</td>
<td>35% (n=98)</td>
</tr>
<tr>
<td><strong>Area Needing Improvement</strong></td>
<td>52.8% (n=66)</td>
<td>65% (n=182)</td>
</tr>
<tr>
<td><strong>Total Applicable</strong></td>
<td>125</td>
<td>280</td>
</tr>
</tbody>
</table>

Table 2 below reflects the agency’s performance with regard to Questions A, B, and C of Item 13 on the OSRI which measures concerted efforts by the agency to involve the child(ren), mother, and the father in case planning activities. This information is from case reviews conducted in Regions 3-South, 4-South, 3-North, 4-North, 5-East, 7-Central, 1-South, 2-West, 5-West, and 7-East from September 2017 through May 2018 and reflects the “Yes” answers from those questions:

Table 2

<table>
<thead>
<tr>
<th>Item 13A, B, C: The agency made concerted efforts to actively involve the child/mother/father in the case planning process.</th>
<th>Foster Care Cases</th>
<th>In-Home Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>“Yes” - Child(ren)</strong></td>
<td>66.23% (n=51)</td>
<td>48.39% (n=105)</td>
</tr>
<tr>
<td><strong>“Yes” - Mother</strong></td>
<td>58.89% (n=53)</td>
<td>56.55% (n=151)</td>
</tr>
<tr>
<td><strong>“Yes” - Father</strong></td>
<td>42.42% (n=28)</td>
<td>34.27% (n=61)</td>
</tr>
</tbody>
</table>
The table below shows the agency’s performance (Strength/Area Needing Improvement) on Item 13 (Child and Family Involvement in Case Planning) for the three 2018 CFSR sites in Mississippi (Hinds County, Harrison County, and the Pontotoc County/Union County Cluster). This information reflects foster care as well as in-home case data:

**Table 3**

<table>
<thead>
<tr>
<th></th>
<th>Strength</th>
<th>Area Needing Improvement</th>
<th>Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hinds County</strong></td>
<td>23.81% (n=10)</td>
<td>76.19% (n=32)</td>
<td>42</td>
</tr>
<tr>
<td><strong>Harrison County</strong></td>
<td>47.5% (n=19)</td>
<td>52.5% (n=21)</td>
<td>40</td>
</tr>
<tr>
<td><strong>Pontotoc/Union Cluster</strong></td>
<td>60% (n=9)</td>
<td>40% (n=6)</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 4 below reflects the agency's performance with regard to Questions A, B, and C of Item 13 on the OSRI which measures concerted efforts by the agency to involve the child(ren), mother, and the father in case planning activities. This information is from case reviews conducted in the three 2018 Mississippi CFSR sites from September 2017 through March 2018 and reflects the “Yes” answers from those questions:

**Table 4**

<table>
<thead>
<tr>
<th>Item 13A, B, C: The agency made concerted efforts to actively involve the child/mother/father in the case planning process.</th>
<th>Foster Care Cases</th>
<th>In-Home Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HINDS COUNTY</strong></td>
<td>Foster Care Cases</td>
<td>In-Home Cases</td>
</tr>
<tr>
<td>“Yes” - Child(ren)</td>
<td>63.64% (n=7)</td>
<td>30.43% (n=7)</td>
</tr>
<tr>
<td>“Yes” - Mother</td>
<td>20% (n=2)</td>
<td>38.46% (n=10)</td>
</tr>
<tr>
<td>“Yes” - Father</td>
<td>14.29% (n=1)</td>
<td>20% (n=3)</td>
</tr>
<tr>
<td><strong>HARRISION COUNTY</strong></td>
<td>Foster Care Cases</td>
<td>In-Home Cases</td>
</tr>
<tr>
<td>“Yes” - Child(ren)</td>
<td>50% (n=4)</td>
<td>48% (n=12)</td>
</tr>
<tr>
<td>“Yes” - Mother</td>
<td>42.86% (n=3)</td>
<td>61.54% (n=16)</td>
</tr>
<tr>
<td>“Yes” - Father</td>
<td>40% (n=2)</td>
<td>33.33% (6)</td>
</tr>
<tr>
<td><strong>PONTOTOC/UNION CLUSTER</strong></td>
<td>Foster Care Cases</td>
<td>In-Home Cases</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The data in the tables above from the baseline reviews conducted by the Evaluation and Monitoring Unit using the OSRI since September 2017 show the state is in need of continued improvement in this area in many locations of the state with regard to its foster care and in-home cases. Often, in foster care cases, the parent from whom the child(ren) is removed is engaged in this effort, but the absent parent (oftentimes the father) is not. With regard to in-home cases, improvement in engaging all family members needs to be an ongoing and consistent effort statewide.

**Item 13A, B, C: The agency made concerted efforts to actively involve the child/mother/father in the case planning process.**

<table>
<thead>
<tr>
<th></th>
<th>“Yes” - Child(ren)</th>
<th>“Yes” - Mother</th>
<th>“Yes” - Father</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50% (n=1)</td>
<td>66.67% (n=2)</td>
<td>50% (n=1)</td>
</tr>
<tr>
<td></td>
<td>71.43% (n=5)</td>
<td>75% (n=9)</td>
<td>70% (n=7)</td>
</tr>
</tbody>
</table>

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?**

Mississippi has a designated Youth Court Judge or referee for every county within the state. The youth courts are responsible for the oversight of every child that enters state custody. Many of the courts hold a hearing and issue a resulting court order at six and twelve months after the date of custody. Mississippi’s Department of Child Protection Services administers periodic reviews for all children who remain in the custody of the state within every six months. The periodic review is referred to in Mississippi as the County Conference. A report is submitted to the Youth Court as a result of each periodic review. That report is entitled “Youth Court Hearing and Review Summary” and it includes the periodic review information as well as other state and federal mandated determinations. The Youth Court can adopt the periodic review and issue a judicial finding.

The Foster Care Review Unit is responsible for conducting the periodic review process. Foster Care Review is a subdivision of the larger Continuous Quality Improvement Unit. Oversight of the program, including territory assignments fall under the duties of the Foster Care Review Director. To ensure all children receive a timely review, the FCR Director maintains a spreadsheet that lists all children who leave and enter custody. The spreadsheet is designed to calculate the due date of a county conference five
months after the date of custody to ensure that the review is held by the sixth month. Monthly assignments are provided to Foster Care Reviewers by reconciling the master excel spreadsheet with the "Pending Conference Reviews Report: MWCPCRM5D". This spreadsheet is reconciled weekly to distinguish children entering and leaving custody. The data for children entering and leaving custody is obtained from the MDCPS SharePoint/Focus on Data site. Prior to the focus on data functionality, these data were obtained from the following reports: “Children starting custody by transaction Date MWZCTD2D” and “Children leaving custody by transaction date MWZCTD1D”.

Once assignments are made, the Foster Care Reviewers begin development of the monthly schedules to be compiled into county and Regional schedules. These schedules are uploaded to the MDCPS SharePoint site monthly for easy access by all MDCPS employees. MDCPS staff and supervisors directly responsible for the casework are notified of the date and time of the scheduled county conference through an electronic notification in the MACWIS system as soon as the reviewer enters the date and time of the conference. The Foster Care Reviewer enters the date and time of the conference several weeks in advance. The assigned worker and ASWS are expected to send invitations to mandated participants (Foster Care Review Policy attached).

Report “SZTACR Timeliness of County Conference Frequency Report Detail” provides a rolling year timeframe of the timeliness of the county conference for each child who remains in custody. This report is utilized by the FCR Director to reconcile the spreadsheet and ensure all children receive a periodic review. 88.56% of the reviews were timely during the rolling year period 05-01-2017 to 04-30-2018. Several factors impacted the foster care review unit’s ability to hold a conference for every child during that timeframe including but not limited to: a lengthy data collection instrument tied to the Olivia Y settlement agreement, loss of foster care review staff, the number of children in custody, and a backlog of cases that were added to reviewer assignments. The Foster Care Review Unit discontinued the use of the data collection instrument previously used for Olivia Y in March 2017. The focus for the remainder of 2017 was to address the backlog of cases that had not received a timely review. The backlog of cases was successfully addressed by December 2017 and assignments are currently made and reviews are being held on the 6-month schedule. Report SZTACR for the current month shows 92.97% of the cases had a timely periodic review (also known as the county conference).
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?

The Mississippi Department of Child Protection Services captures court detail information in the child’s electronic file (MACWIS). Report “SZTPHR Timeliness of Permanency Hearing” captures the data entered by MDCPS staff detailing permanency hearings. Report SZTPHR is based on the date of the court hearing. This is a rolling year report. The most recent report covers the timeframe from 1/1/2017-12/31/17. The state summary for this report indicates that 52.98% (n=4,954) children had a timely permanency hearing (and subsequent hearings). Timely and accurate data entry affects the information in this report as well as difficulties faced by county staff to obtain timely court orders. As court data is not consistently collected and stored statewide, a review of available data regarding statewide performance leads the state to assess this item as an area needing improvement.

The Mississippi Department of Child Protection Services collaborates with A.O.C. and the Attorney General’s Office to address court improvement through an ongoing workgroup. This collaboration addresses a variety on ongoing court related issues including, but not limited to, timely court hearings and receiving court orders timely. The Administrative Office of Courts Youth Court Division utilizes a web-based application called “MYCIDS” (Mississippi Youth Court Information Delivery System) to manage and track court hearings and reviews. MDCPS staff can access MYCIDS to obtain or view court orders that are available. Two factors that affect timely court order entry are: youth courts not fully utilizing MYCIDS and not using MYCIDS court orders. A Jurist in Residence works directly with AOC to supplement the ongoing training for youth courts to utilize MYCIDS effectively. The Jurist in Residence works directly with courts that are not holding timely permanency hearings.

The Foster Care Review Program manages the six-month administrative review for every child in custody and remains in custody for ongoing six-month periods. These reviews take place every six months of custody. Recommendations regarding areas needing improvement are made with each review. The Foster Care Reviewer is required to check the child’s paper file, the electronic file (MACWIS) and MYCIDS for all court hearings and court orders. If a permanency hearing is overdue, the Foster Care Reviewer recommends that the county petition the court for a review hearing. This
recommendation along with other areas requiring follow up is submitted to the county Area Social Work Supervisor.

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?

A review of available data regarding statewide performance and efforts leads the state to assess this item as an area needing improvement. As court data is not consistently collected and stored statewide, all data used in this analysis is derived from MACWIS (MDCPS) database system. Overall, on 02/28/2018, 47.42% of children in care for 15 of the most recent 22 months had a request for TPR initiated by their social worker or an ASFA exception recorded, 36.27% of children in care for 15 of the most recent 22 months had their TPR request submitted to the Mississippi Attorney General or an ASFA exception recorded, and 31.51% of children in care for 15 of the most recent 22 months had a TPR petition filed with the relevant youth court. Of children in custody on 02/28/2018 who had been legally freed for adoption, 40.8% took 30 or more months to achieve termination of parental rights.
MDCPS Termination of Parental Rights Process:

A TPR referral may be initiated for 1 of 5 reasons:

- when a child under 3 has been in custody 6 months, primary caretaker has not complied with the family service plan, and there are no compelling reasons to extend the 6-month timeframe
- when a child of any age has been in foster care 15 of the most recent 22 months
- when a court has determined a child to be abandoned infant
- when a parent has been convicted of rape, sexual battery, touching for lustful purposes, etc.
- when a court of jurisdiction orders MDCPS to proceed with TPR

When either of the aforementioned conditions exist, a recommendation is made to youth court in the permanency hearing. If the judge agrees with TPR recommendation, the child’s permanent plan is changed to Adoption, and TPR is ordered.

<table>
<thead>
<tr>
<th>Event</th>
<th>Timeframe Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The TPR Packet/Request is initiated and submitted to PSS/TPR Unit at State Office.</td>
<td>within 30 calendar days of the permanent plan becoming Adoption</td>
</tr>
<tr>
<td>The TPR Packet is received/reviewed in PSS/TPR Unit, and either 1) the packet is forwarded to the AG’s office for processing or 2) or additional information is requested to address deficiencies in the packet. If there are no deficiencies identified, the TPR packet is forwarded to the AG’s office.</td>
<td>within 5 business days of receiving the packet in PSS/TPR Unit</td>
</tr>
<tr>
<td>The AG’s Office reviews the packet and either 1) files a petition for TPR or 2) notifies PSS/TPR Unit of legal deficiencies with the packet.</td>
<td>within 30 calendar days of PSS/TPR Unit submitting the packet to the AG’s office</td>
</tr>
<tr>
<td>Once the petition has been filed, the AG’s office requests a court hearing date.</td>
<td>timeframes vary from county to county</td>
</tr>
<tr>
<td>After the court hearing is held, the AG’s office provides PSS/TPR Unit with the judgment terminating parental rights.</td>
<td>timeframes due to judgments not being readily available in some counties</td>
</tr>
<tr>
<td>Once judgment is received, PSS/TPR Unit requests a legal clearance from the AG’s office.</td>
<td>within 3 business days of receiving the judgment in PSS/TPR Unit</td>
</tr>
</tbody>
</table>
The AG’s office completes the legal clearance and returns it to PSS/TPR Unit. Timeframes vary, usually within 10 business days.

Disposition of Children in Custody 15 of 22 Months:

Request for Termination of Parental Rights Submitted by Social Worker

The initiation of Termination of Parental Rights (TPR) proceedings, when not directly initiated by the youth court, is the filing of a request for TPR by the child’s social worker. Of all children in custody on 02/28/2018, of those children who had been in custody at least 15 of the past 22 months, 23.06% have had a TPR Packet submitted by the social worker seeking termination of parental rights, 24.36% have not had a TPR packet submitted but do have an ASFA Exception recorded in the case file, and 52.58% have not had a TPR packet submitted and do not have an ASFA Exception recorded in the case file.
Disposition of Children in Custody 15 of 22 Months, TPR Packets Submitted by SW

- 24.36% No TPR Packet ASFA Exception
- 20.35% TPR Packet Submitted ASFA Exception
- 2.71% No TPR Packet No ASFA Exception
- 52.58% TPR Packet Submitted No ASFA Exception
Request for Termination of Parental Rights Submitted to Attorney General:

Once the request for TPR has been submitted by the social worker, it is reviewed for accuracy and completeness, then transmitted to the office of the Attorney General for filing with the court. Of all children in custody on 02/28/2018, of those children who had been in custody at least 15 of the past 22 months, 10.07% have had a TPR Packet submitted to the attorney general seeking termination of parental rights, 26.2% have not had a TPR packet submitted but do have an ASFA Exception recorded in the case file, and 63.73% have not had a TPR packet submitted and do not have an ASFA Exception recorded in the case file.

Disposition of Children in Custody 15 of 22 Months, TPR Packets Submitted to AG

- Packet Not Submitted to AG ASFA Exception: 9.20%
- Packet Not Submitted to AG No ASFA Exception: 26.20%
- Packet Submitted to AG ASFA Exception: 63.73%
- Packet Submitted to AG No ASFA Exception: 0.87%
Court Petitioned for Termination of Parental Rights:

Once the request for TPR has been submitted by the social worker, it is reviewed for accuracy and completeness, then transmitted to the office of the Attorney General for filing with the court. Of all children in custody on 02/28/2018, of those children who had been in custody at least 15 of the past 22 months, 4.91% have had a TPR Petition filed with the youth court, 26.6% have not had a TPR Petition filed but do have an ASFA Exception recorded in the case file, and 68.5% have not had a TPR Petition filed and do not have an ASFA Exception recorded in the case file.
Length of Time to Begin Permanent Plan of Adoption:

Of all children in custody on 02/28/2018, of those children whose permanent plan is Adoption (representing 59.65% of children in custody at least 15 of the past 22 months), 59.40% of those children had a permanent plan of Adoption initiated within 15 months of the initiation of state custody.
Length of Time to TPR Request Submission:

Length of Time to TPR Request Submission by Social Worker

Of all children in custody on 02/28/2018, of those children who have had a request for Termination of Parental Rights submitted for approval by the social worker (representing 23.06% of children in custody at least 15 of the past 22 months), 78.98% of those children had a request for Termination of Parental Rights submitted within 15 months of the initiation of state custody.
**Length of Time to TPR Request Submission to Attorney General:**

Of all children in custody on 02/28/2018, of those children who have had a request for Termination of Parental Rights submitted to the attorney general (representing 10.07% of children in custody at least 15 of the past 22 months), 76.34% of those children had a request for Termination of Parental Rights submitted to the AG within 15 months of the initiation of state custody, and 86.16% were submitted prior to 24 months in custody.
Length of Time to TPR Petition Filing:

Of all children in custody on 02/28/2018, of those children who have had a TPR Petition filed with the court (representing 4.91% of children in custody at least 15 of the past 22 months), 80.98% of those had a TPR Petition filed with the court within 15 months of the initiation of state custody.
Length of Time to Termination of Parental Rights:

Of all children in custody on 02/28/2018, of those children who are legally free for adoption (representing 17.29% of children in custody at least 15 of the past 22 months), 25.87% of those were legally freed within 15 months of the initiation of state custody.
Recent Events Impacting Termination of Parental Rights:

MDCPS operated under existing Termination of Parental Rights (TPR) statute since 2007. House Bill 1240 - 2016 Regular Session changed existing statutes extensively. Changes included the process, grounds for termination, forms, and the court in some instances. Additionally, there was no stipulation for retroactivity. HB 1240 became law immediately upon Governor’s signature, and it essentially halted all TPR activity that was in-process at that time.

Due to concerns voiced by attorneys, judges, MDCPS, and families, Senate Bill 2342 - 2017 Regular Session was passed and signed into law. This bill opened avenues that were closed by HB 1240 to move children to TPR. As a direct result of the amended statute, both Court and MDCPS systems have been overwhelmed by the influx of TPR cases that need to be processed and heard.

As of August 2017, MDCPS had approximately 1500 children with a permanent plan of Adoption, pending TPR. In efforts to manage, monitor, and ensure movement of these cases, the Permanency Support Services Unit (PSS) has implemented a number of tracking mechanisms:

- An electronic tracking process called “Footprints” has been instituted that tracks the process from submission of the TPR packet to the filing of the petition in court,
- Monthly, regional conference calls have been implemented to have the staff report to PSS where each individual child is in the process and what steps can be taken to move the case forward,
- A new “TPR” Unit has been developed in the PSS with the express responsibility of processing TPR packets and ensuring that they are correct and ready for advancement to the Attorney General’s office for review and filing.
- PSS is working closely with MACWIS Systems Analyst and are monitoring data through regular reporting to ensure progress.

Efforts to Improve Performance:

In August of 2017, in an effort to improve statewide performance on the filing of Termination of Parental Rights proceedings in order to facilitate more timely adoptions, the MDCPS Adoption and Licensure unit initiated a process of review for children with case goals of ‘Adoption’. Routine conference calls with the MDCPS regions responsible were held, and for each child where TPR had not occurred the current status of the TPR filing, barriers
to progress, and next steps were clarified. For each child where TPR had occurred and child was legally free for adoption the current status of adoption proceedings, barriers to progress, and next steps were clarified. In these calls, MDCPS has coordinated with the Attorney General’s office to ensure that TPR filings are complete and accurate and that these requests are filed with the court in a timely manner. In the first round of these efforts (from 08/15/2017 – 10/02/2017), 148 children had parental rights terminated, and the number of children with TPR filings submitted by a social worker increased by 79.

Diligent Search Requests: The Foster Care/Licensure Unit no longer receives and completes Diligent Search Requests. As of December 1, 2017, the TPR Unit fulfills Diligent Search Requests.

Rapid Permanency Supports: Rapid Permanency Supports were initiated January 2017 to review children who had been in custody at least two years, in a family-based placement at least one year, and who had a permanent plan of adoption or custody with a relative. RPSs were implemented in four regions and eventually lead to the development of a homegrown reviewing method initiated by the Bureau Director of Permanency Support Services. Monthly conference calls take place with the Region Directors across the state to provide updates on children who are in the process of TPR and adoption.

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

MDCPS policy directs staff (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.

**Shelter Hearings:** A Shelter Hearing is held when a child has been taken into temporary custody and must be held within forty-eight (48) hours, excluding Saturday, Sundays, and statutory state holidays. Reasonable oral or written notice of the time, place and purpose of the hearing shall be given to the child; to his/her parent, guardian or custodian; to his/her GAL, if any; and to his/her counsel. At this hearing all parties present shall present evidence and cross-examine witnesses produced by others to ascertain whether custody is necessary.

**Adjudicatory Hearings:** MISS. CODE ANN. § 43-21-551(1), states that “Unless the hearing is continued upon a showing of good cause or the person who is subject to the cause has admitted the allegations of the petition, an adjudicatory hearing shall be held within ninety (90) calendar days after the filing of the petition to determine whether there is legally sufficient evidence to find that the child is a delinquent child, a child in need of supervision, a neglected child or an abused child. If the adjudicatory hearing is not held within the ninety (90) calendar days, the petition shall be dismissed with prejudice.”

**Disposition Hearings:** MISS. CODE ANN. § 43-21-601(1), states that “If the child has been adjudicated a delinquent child, a child in need of supervision, a neglected child or an abused child the youth court shall immediately set a time and place for a disposition hearing which shall be separate, distinct and subsequent to the adjudicatory hearing. The disposition hearing, however, may be held immediately following the adjudicatory hearing unless a continuance is necessary to allow the parties to prepare for their participation in the proceedings.” The judge makes a determination at this hearing whether the child will be returned to the parent(s), legal guardian, or relative or remains in the custody of MDCPS.

**Permanency Hearings:** A Permanency Hearing is an official meeting, inside a court or administrative body, for the purpose of determining a child’s permanency plan and/or reviewing the sufficiency of the one previously decided upon. Specifically, U.S.C. 675 §475(5) (c) defines the purpose as “{to} determine the permanency plan for the child.” The purpose of permanency hearings, in general, is to compel a resolution of the case so the child does not remain indefinitely “in the system.”
MISS. CODE ANN. § 43-15-13(5), as amended, and 42 D.S.C. § 475(5)(C), provide the following with regard to who holds permanency hearings—“the youth court or its designee(s) and/or the personnel within the Department of Human Services (MS Code) and “in a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or by an administrative body appointed or approved by the court“ (§475(5)(c)

42 U.S.C. 675, § 475(5) (B) states “the status of each child is reviewed periodically but no less frequently than once every six months by either a court or by an administrative review.” These reviews may be labeled by the reviewing as a “Six Month Review Hearing”, a “Dispositional Hearing” or a “Permanency Hearing”, but note - there is a difference between a Permanency Hearing and any other review of the case.

42 U.S.C. 671 § 471 provides that the court or administrative body must make a findings of whether or not reasonable efforts have been made to finalize a permanent plan, and MISS. CODE ANN. § 43-15-13(8), maintains that MDCPS’ “first priority shall be to make reasonable efforts to reunify the family when temporary placement of the child occurs or shall request a finding from the court that reasonable efforts are not appropriate or have been unsuccessful.”

Who Should Be Invited: MDCPS is directed 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 MISS. CODE ANN. § 43-21-603(5) (e). However, others who may have “relevant testimony” may be invited:

- Child
- Parent(s)-birth, legal, putative, primary caretaker, adoptive or Resource Parents
- Relatives with legal custody or other custodial adults
- Extended family members
- Assigned Worker and supervisor
- County Prosecuting Attorney
- Attorney for the child and/or GAL (Guardian Ad Litem)
- Court Appointed Special Advocate (CASA)
- Law enforcement officers
- Service providers
- Other witnesses
Caseworker’s Responsibilities for Hearings and Notification of Hearings:

Notification Types include the following:

- Telephone Call
- Letter
- Summons and/or Subpoena
- Face-to-face notification

Documentation should be provided to the court by the caseworker regarding who provided notice and what type of notification was used.

County Conferences: A County Conference is a key element in Family Centered Practice. County Conferences give the family a formal opportunity to discuss the child’s permanent plan, discuss what the parents have accomplished on their own Family Service Plans and state their ideas and future plans. The caseworker has an opportunity to discuss the parents’ progress toward achieving permanency goals. Participation in the County Conference by children and youth in MDCPS custody, ages 6 and above, is encouraged.

The County Conference is scheduled and facilitated by the Foster Care Reviewer. It is usually held in the County of Responsibility (COR). The COR will provide a conference room or other appropriate space for the County Conference to be held.

The County of Responsibility (COR) must invite the following persons to the child’s County Conference:

- All of child's parents (including alleged or putative fathers). If any parent’s whereabouts are unknown, diligent efforts to locate him/her must be documented and an invitation mailed to the last known address. These efforts include but are not limited to:
  - Contacting relatives;
  - Sending a letter addressed to the parent in care of a relative at the relative’s address;
  - Checking with the Division of Economic Assistance (including MAVERICS) and the Division of Child Support (including METSS and Parent Locator services);
  - Searching the telephone directory and the city directory;
  - Contacting all local law enforcement offices; and
  - Using the internet to check for location of incarcerated parents (www.mdoc.state.ms.us, then select inmate search).
- The subject child(ren) (regardless of age), must be allowed to attend if they want to; however, they are not required to attend.
- All of the child(ren)’s grandparents shall be invited to participate in the County Conference. MISS. CODE ANN. § 43-15-13(5) (f), provides that grandparents of the
child(ren) should be present at the review to give relevant testimony. MDCPS shall take reasonable steps, including written notice, to ensure the participation of the child, parents, caregivers, and relevant professionals in the review.

- The child’s GAL and/or child’s attorney must be invited to participate in the County Conference.
- The County of Service (COS) must be invited to participate in the County Conference if the child is placed outside the COR. The Resource Worker/Adoption Worker shall attend the conference and provide information regarding the child.
- Any other agency staff providing services for the child.

No attorneys, except those representing the child(ren) in MDCPS custody, are invited. The only attorneys permitted to attend the County Conference are the attorney for the child and/or the attorney(s) for the parents.

**Exceptions to Invitations:** Invitations should not be sent to parents who have voluntarily surrendered their parental rights or whose parental rights have been terminated by court action. MISS. CODE ANN. § 43-15-13 (10) refers to exception to written notice.

When the parent has voluntarily surrendered parental rights, or had parental rights terminated by court action, his/her parents (who would be grandparents to the child) do not have to be invited but the COR may choose to invite these grandparents. However, grandparents who have the child placed with them must be invited (as placement providers) even if the parents have voluntarily surrendered their parental rights or had their parental rights terminated by court action.

"No Contact" Orders: If there is a standing judicial “no contact”, the foster child must still be invited to and allowed to attend and participate in the County Conference, but not at the same time as the County Conference to which the parents are invited. When there is a no contact order, the COR and the Foster Care Reviewer must coordinate to schedule at a different time a separate County Conference to which the child will be invited.

**Time Frames for Invitations:** Ten (10) calendar days prior written notice of the upcoming County Conference is required to for all parties. Copies of the invitations should be placed in the paper file. If all parents and grandparents have not been identified on either the Relationships icon in MACWIS or on Form 410 Family Resources for Children, the caseworker shall, on the copies of the invitations filed in the paper record, indicate the relationship to the child of each person invited.

**Parents’ Rights and Responsibilities:** Item 10 of the “NOTICE OF PARENT/GUARDIAN’S RIGHTS (PLACEMENT CASES) states, “Parents have the right to participate in your child’s county conferences and court hearings”. (Copy Attached)
Administrative Office of Courts Notice of Hearings: The information below was provided by the Administrative Office of Courts (a Division of the Mississippi Supreme Court) through their MYCIDS (Mississippi Youth Court Information Delivery System). This information shows the subpoenas issued from October 1, 2017 to May 14, 2018 to foster parents, pre-adoptive parents, and relative caregivers in order to provide them notice of any hearings with respect to any foster child in their care.

Of the 462 parties provided a subpoena to appear in court on behalf of the child in their care:

- 9% were provided to Adoptive Fathers;
- 14% were provided to Foster Fathers;
- 6% were provided to Grandmother – Maternal Custodian;
- 2% were provided to Grandmother – Paternal Custodian;
- 36% were provided to Guardians;
- 13% were provided to Adoptive Mothers;
- 19% were provided to Foster Mothers.

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## FY: 2019-ANNUAL PROGRESS AND SERVICE REPORT (APSР)

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3. **Quality Assurance System**

   a) 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?

   The Mississippi Department of Child Protection Services’ (MDCPS) Quality Assurance System operates from a standpoint of Continuous Quality Improvement (CQI), with CQI being the expectation of all staff within the agency. MDCPS is proactive in determining strengths and areas needing improvement. The agency relies on continuous learning, growth, flexibility, and adjustment in order to support and enhance Mississippi’s Family Centered Practice Model.

   i. **The quality assurance system is operating in the jurisdictions where the services in the CFSP are provided:**

   CQI is fully operating in all jurisdictions where services included in the State’s CFSP are provided. The Office of Continuous Quality Improvement (CQI) is responsible for reviewing, measuring, reporting, and monitoring case practice in all other areas of the agency. The Office of CQI is functioning to ensure that quality services are provided to the children and families that are served by this agency. This Office is made up of five separate units that consist of review teams, data analysts, customer service specialists, support staff, and administrators. It is the responsibility of all staff in the Office of CQI to work with and provide monitoring, feedback, and support to other areas of the agency. The Office of CQI encourages collaboration with stakeholders and outside partners for purposes of gathering qualitative data. CQI staff is assigned throughout the State to provide qualitative services.
and quantitative feedback to inform practice and support the work of Field Operations in moving the mission of the Mississippi Department of Child Protection Services forward.

Foster Care Review (FCR), Evaluation and Monitoring (EMU), and Safety Review (SRU) staff are located in the counties, with EMU liaisons regionally assigned. Data Reporting unit, the backbone of agency reporting, and Consumer Solutions unit, handling all complaints and inquiries for the agency from clients, constituents and concerned citizens, along with the Director of Continuous Quality Improvement are housed at State Office.

**ii. The quality assurance system 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)**

In completing its work, the Office of Continuous Quality Improvement utilizes review instruments which have been designed in conjunction with internal and external stakeholders. Continuous Quality Improvement staff is trained in the use of these instruments and is able to determine strengths in practice and areas of needed improvement based on review outcomes, data reporting, and critical thinking. From the instruments and tools that are utilized, CQI gathers, evaluates, aggregates, and shares findings with other areas of the agency in an effort to improve practice. This feedback may take several forms and CQI Units are able to extract and analyze data directly from some of those instruments (the OSRI, used by EMU for instance, or the reporting functionality of SmartSheet). The feedback may also come in the form of a communication to someone within the agency. (from The Consumer Solutions Unit, Foster Care Review, Evaluation and Monitoring, Data Reporting Unit, and the Safety Review Unit). Examples could include, but are not limited to, electronic communications, data dashboard reporting, OSRI structured reporting and verbal feedback.

CQI gathers information from stakeholders, including parents or family members, court personnel, service providers, and resource parents. The unit gathers this information by including these entities in Foster Care Review conferences, by soliciting feedback in the form of stakeholder input (where case participants are engaged in the review process to gain their perspective of how
case activity is being managed), and by listening to the community and responding to any needs or concerns they may have.

Casework practice reviews provide an opportunity to monitor critical case activities and the implementation of state and federal statutes, agency policy, and the agency’s Practice Model Family Centered Practice standards which include: mobilizing appropriate services timely, safety assurance and risk management, involving children and families in case activities and decision making, strengths and needs assessments of children and families, preserving connections and relationships, and individualized and timely case planning. These standards of practice ensure that children in foster care, and children who remain within their own homes, receive quality services that protect their safety and well-being. CQI reviews casework practice to evaluate and provide feedback regarding the practice standards surrounding the services provided to move children to permanency in a timely manner. Evaluation and Monitoring and Foster Care Review consider the availability of resources to families to help meet their needs when reviewing cases. The participation of stakeholders in the review process is encouraged to help identify those resources which would be most beneficial to the family being served.

Foster Care Review (FCR) is utilized as an improvement and accountability tool by reviewing the work of others and providing feedback to improve practice. Foster Care Reviewers review the cases of every child who remains in foster care (every five to six months), to determine that their safety, permanency, and well-being needs are being provided and that efforts are being made to move these children to a stable, permanent home. This review of casework takes the form of reading information entered into the statewide information system, identifying what is found in the physical case file of each child, and conducting discussions and conferences with caseworkers, supervisors, clients, and court personnel. During the conferences, discussions include what has been done by the agency and by the parents to achieve the permanent plan, what needs to be done by the agency and parents to achieve the permanent plan, what services (including mental and physical health care needs) are needed but not provided, what supportive relationships exist, and a discussion of any additional comments, questions, and concerns. The discussion is recorded in the Youth Court Hearing and Review Summary also known as the County Conference section of the child’s
electronic case file. The county worker and supervisor are notified electronically when the reviewer completes his or her documentation and they complete the remainder of the document for submission to the Youth Court. This process is used to inform the Youth Court of the status of each foster care case as it relates to the child’s permanency. Recommendations for corrective action are made with each review based on the results of the case file review and the discussion from the county conference. Those recommendations are captured in MACWIS’ Periodic Administrative Determination (PAD) and the supervisor is notified of the recommendations through an electronic alert or tickler. The Supervisor may then record follow up actions in the PAD documentation. When it is determined that safety, permanency, or well-being needs are not being adequately fulfilled, or that efforts to move the child towards permanency are not being sufficiently made, the Foster Care Reviewers report their findings immediately to the regional and county leadership for corrective actions. Immediate safety, permanency, and well-being concerns are further tracked through an automated spreadsheet (SmartSheet). FCR tracks these concerns until a response is provided by the Regional Director indicating follow up has been or will be made.

The FCR Director also collaborates with Regional Directors, Field Operations, and other unit directors to address and track trends that are occurring within the regions/counties. The FCR Director has served as a member of the Court Improvement Workgroup for several years to collaborate on issues such as, timely court orders, MYCIDS training, TPR referrals, and court training for MDCPS staff. The FCR Unit collaborates with the TPR Unit to monitor, track, and share information regarding foster care cases with a court ordered plan of Adoption. FCR currently collects data to complement the tracking process by the TPR Unit and the MDCPS Runaway Tracking and Reporting. Information is collected, analyzed and shared between the units’ leadership. Collaboration provides the opportunity for FCR to collect case review data in a way that will supplement the data collected by other units and transmit this information to critical decision makers. Examples of these types of communications and notifications can be seen below:
MACWIS PAD Reviewer Comments/Recommendations:

![Reviewer Comments/Recommendations](image)

Example of Written Notification to RD and Field Operations:

“Regional Director XYZ:

We have been entering a number of safety corrective actions for County X. I realize there have been staffing issues there and it will take some time for them to stabilize. I do want to share the feedback from my Reviewer in that county and request some assistance from the two of you to help us reduce the number of CA's.

- Most of the corrective actions submitted are due to a lack of documentation of contacts with foster children, resource parents (no contacts documented for a number of months). The Reviewer has noted in many of these that the worker tells her the children have been seen they just can't get the documentation in.

- There is no participation by parents, resource parents, grandparents in the conferences. This is an indication that letters may not be sent/participants may not be encouraged to attend. If we had more participation, we could verify that contacts are being made and that the issue is solely a
documentation/time management issue. That would reduce the CA's being sent to the regional director because they are no longer safety issues and we would be able to verify the contact and assessment of needs through our conversations with the parents and resource parents.

- The other area of concern in practice is there is no verification of engagement/diligent efforts being made to locate, identify, engage parents, foster parents, etc. No FTM's at all. The county could utilize the county conference for that FTM if we could just increase participation. This would at least provide a venue to discuss questions, clarify plans and provide information to our clients. The Reviewer would be able to document the discussions that have been taking place over the past five months and provide some verification of the work that is being done. The Reviewer states that most of the new workers (staff there for about a year) don't attend the FCR at all.

We would like to support the efforts being made in County and we know this takes time after a crisis has occurred in staffing, etc. Thank you for your time and consideration to support increased participation as this is one way in which we feel we could be of assistance.”
Example of the Foster Care Review SmartSheet Corrective Action tracking:

The types of concerns monitored for Corrective Action by FCR include:

- FCR Safety Concern
- FCR Practice Concern
- TPR Tracking
- Permanency Planning Issue
- FCR Identified AFCARS
- Reasonable/Diligent Efforts
- Independent /Transitional Living

This data from the SmartSheet can be aggregated to show trends in corrective actions communicated to the field. The chart below shows that only two percent of all children in MDCPS Custody are overdue for a foster care review conference as of February 21st, 2017.
iii. The quality assurance system identifies strengths and needs of the service delivery system

Regional Monthly Review Process
The Evaluation and Monitoring Unit reviews a random sample of foster care and in-home cases with the intent to ensure that safety, permanency, and well-being needs are met. Each month, the EMU reviews 42 cases as a sample (28 In-home cases and 14 Foster Care cases) in a different region of the state to measure for both compliance and quality of services. Case members are interviewed during these reviews to gain perspective. Very often, the interviews will reveal information that has not yet been documented or placed into the case record. This is intended to give the reviewer a greater sense of what case practice looks like and what services are being provided to children, parents, and families. Safety and practice issues that require corrective action are discussed with the Regional Director (or their designee) upon identification. This discussion is then followed up with an entry in the EMU’s corrective action SmartSheet for tracking of the resolution. These corrective actions are assigned to the Regional Directors or their designee. Gathering this qualitative data has shown itself to be beneficial in telling the story of the casework being done within this agency. Once the review process is complete, and cases are finalized, data is extracted from the On-Site Review Instrument (OSRI) by the Data Reporting Unit. The report that is extracted shows findings of the various items, as well as the rate of interview participation in each case (See Attachment C). Once the report is completed it is to be passed to the Director of the EMU, who will, along with other members of the EMU, then
share the report with the Regional Director and Regional ASWS. From this report, the region can gain a perspective of what areas of practice are working well (strengths), and what areas of practice need to be strengthened (areas needing improvement). This information along with other data sources is available to everyone within the agency to use in the development of improvement efforts. Once each of the regional reports is finalized and downloaded, they are published on the agency SharePoint site for reference by all staff. This is the process for the regional case review.

**Identified Areas for Improvements**

1) **Interview Process** – the stakeholder interview process is an area in which the agency plans to make improvements by implementing newer technology to help strengthen the number of responses received. MDCPS realizes the need for more data and feedback from its stakeholders to help inform management decisions.

2) **Regional Performance Improvement Plans** – as part of the CQI Plan in development, the Offices of CQI and Field Operations plan to implement regional performance improvement plans (PIP) based on data and qualitative results from the regional reviews. Areas that fall into the category of qualifying for a PIP will be identified, a new template for tracking regional performance improvements will be developed, and the teams will work together to implement.

**Regional Targeted Review Process**

The EMU manages administrative requests for targeted reviews if a need arises and the Region needs to know about an area of practice. This can also be done if a measurement of practice is needed in a specific case. Targeted case reviews are requested by leadership in the regions, the Office of Field Operations, the CQI Director, or MDCPS Executive Leadership through the CQI Director for such a review to be conducted. An example of a current targeted case review requested by agency management is the monitoring of the pending expedited relative resource home licensure process and the review of the quality of the home studies of the relative resource homes once they have been licensed. These processes are addressed in other sections below. A second example is a targeted review of several counties with a large number of investigations not
initiated timely to determine the cause for the delays and report back to the Office of Field Operations and management so corrective actions can be implemented.

**Identified Areas for Improvement**

1) CQI Team’s Proactiveness – The Office of CQI realizes the need for the review teams to improve their utilization of the Focus on Data Dashboard and other data sources now available to identify trends to proactively respond to issues occurring across the state for remediation prior to situations occurring instead of in response to situations occurring. This is an area CQI will be giving more focus in collaboration with the Office of Field Operations.

**Maltreatment in Care Review Process**

The Safety Review Unit (SRU) is responsible for ensuring that agency policy is followed in investigations of maltreatment directed at children who are in the custody of the Mississippi Department of Child Protection Services. This unit also provides quality assurance for all decisions to screen out (not investigate) a report of maltreatment of a child in MDCPS custody. By using a well-established review instrument, the SRU can ensure that safety is paramount to all children in the custody of the agency who have a report of maltreatment made concerning them. When reports of maltreatment of children in care are made, the reports are investigated by the Special Investigations Unit (SIU) unless it is determined that there are sound and appropriate reasons to not investigate these reports. The SRU receives a weekly listing of all reports of maltreatment in care completed or screened out by the SIU. Data is collected through a review instrument approved by the agency’s first Olivia Y monitor and the agency’s executive team. The review instrument for this process measures the timeliness of worker response to the report of maltreatment, if all appropriate parties were included in the assessment, and if they were interviewed privately. It also considers if the family has a history of prior reports of maltreatment, if any safety or practice concerns still exist, or if any ever existed. In addition, it considers if the child can be determined to be safe either with or without the implementation of a safety plan. For all investigations of maltreatment in care, the investigator’s findings are assessed by the SRU using the instrument to determine if proper protocol was followed.
Additionally, the SRU does a quality assurance review of all decisions to not investigate reports of Maltreatment in Care by the SIU. If the SRU does not concur with a screening decision by the SIU, they resubmit the report to Centralized Intake and identify it as a screening override. The report is then re-assigned for investigation, immediately, by the SIU, without the option to not investigate. Child safety is always the determining factor in whether a screening decision is upheld or overridden. Safety Review Unit (SRU) currently utilizes the SmartSheet tracking system to accurately track all corrective actions within the unit and report corrective actions to Field Operations staff. Since the implementation of this review process and staffing the SIU, the agency has seen drastic improvements.

**Survey Process**
In addition to case reviews and participant interviews, the EMU has historically gathered additional stakeholder information by way of electronic surveys. Due to the low response rate to our stakeholder surveys, the review survey process is currently being re-evaluated and strengthened by the implementation of innovative survey techniques to ensure survey data collection is maximized to inform the agency to help drive improvements state wide.

The MDCPS Office of Information Technology recently implemented a survey process to assist in improving services the technical team provides to Field Operations. This survey is randomly generated through our ticket tracking software via email to various staff who have been ticket requestors (one survey is sent upon each tenth ticket being closed). The feedback (along with comments from field staff) is charted and reviewed each week with all IT Customer support staff to drive improvements in the services they provide. This has been most successful since its inception in October 2017.

**Workload Monitoring**
To help ensure MDCPS management has the most accurate workload reporting to assist in making staffing decisions, the CQI team also assists in the monitoring of workloads and staffing needs. Workload monitoring is currently being managed by the EMU. The results of the unit’s findings are shared with field operations staff to inform and drive data quality improvements resulting in more accurate workload reporting to be utilized by management in decision making for staffing needs. This feedback is vital to building the capacity to
deliver services to those who are served by the agency. The EMU assesses workloads to ensure that all lines of service are in place and to determine if each caseload is within the established limits. Items for corrective action are communicated to the assigned supervisor and caseworker who have five working days to make the corrections. The assigned reviewer determines if the corrections have been made. If they have not, the Regional Director is notified. If the corrections have not been made after the Regional Director is notified, the appropriate Field Operations Director is notified of the need for corrective action. Improvements are currently being made to the spreadsheet tracking of the workload monitoring that will result in structured reporting for the Office of Field Operations to utilize to drive improvements in this area.

**Identified Areas for Improvement**

1) Structured Reporting from Workload Monitoring Efforts – CQI realizes the need for a more structured reporting tool to provide results to the Office of Field Operations. EMU is currently working on a method to record results from each workload audit to provide detailed data and charts. Having this data available will also assist management in determining the areas needing improvement in quality of workload updates in MACWIS and the issues found. EMU plans to implement this during the current fiscal year.

**Relative Foster Homes Licensure Monitoring**

The Evaluation and Monitoring Unit monitors the licensing activities of relative resource families applying to become licensed to provide foster care services to children who enter MDCPS custody. Previously, the agency found itself not completing this licensure process timely resulting in a backlog of homes awaiting licensure finalization. This process is conducted through the Footprints tracking system which allows the assigned tracker to note which licensure activities have been completed and those that have not. The system automatically generates an email to the assigned Resource Specialist and Supervisor as to the status of the home. As the 90-day timeframe for completing licensure approaches, these automatically generated emails become more frequent and include the assigned Resource Unit Bureau Director and, eventually, the Director of the Resource Unit. Issues observed surround safety
concerns or other concerns that could prevent licensure of a home in a timely manner are noted in the tracking system which generates automatic emails to the assigned caseworker, Area Social Work Supervisor, the Resource Specialist, the Resource Supervisor, and the assigned Resource Unit Bureau Director for collaboration in getting the identified issue resolved. In addition, a report of pending expedited relative resource homes that are due (or will soon be coming due) is compiled from the tracking spreadsheet and sent weekly to the licensure leadership staff and Field Operations staff from the Evaluation and Monitoring Director. This report is used by the licensure staff to obtain a status of these homes and make efforts to get the licensure process completed. This report also identifies placement types which need to be updated. Since EMU began tracking this process, it has been found that more homes are licensed timely and when not, valid reasons for the delay can be identified. Additionally, the licensure process has not incurred any further backlogs. Once a relative resource home has been licensed, the Evaluation and Monitoring Unit conducts a quality review of the home study to determine if criteria for licensure was completed timely and accurately. As with the other monitoring efforts, if safety issues or practice issues are observed during the review of the relative foster home study, a corrective action notification is put in place utilizing SmartSheet tracking. The Regional Directors (or their designee) over the county of responsibility is notified. Safety issues are to be resolved within five calendar days of notification. Practice issues for corrective action are to be addressed and resolved within twenty working days. EMU is currently working on a more structured reporting mechanism to provide the Office of Field Operations with data on the timeliness of corrective actions.

iv. The quality assurance system provides relevant reports to inform practice

Agency Quantitative Reporting
The Data Reporting Unit (DRU) produces regular, ongoing reports, as well as ad-hoc reports, when requested, to show practice outcomes as well as progress or regression. The recently developed online ‘Focus on Data’ Dashboard, developed in house by DRU and CCWIS teams as a collaborative Comprehensive Child Welfare Information System (CCWIS) project, provides near real-time feedback to all staff members on how they are performing in different areas of practice.
The data dashboard criteria selections provide information at the statewide level, and can also be filtered down to regional, county, unit, supervisor, or worker level detailed reporting. Currently, the Dashboards provide data tracking for various reports, including worker/foster child contacts, worker contacts with foster parents, worker contacts with children from in-home cases, worker contacts with in-home child parents, worker contacts with custody children in trial home visits, resource reporting, workload reporting, as well as reports around special investigations and management reports. Easy access to the data is a huge win and improvement agency wide.

**Identified Areas for Improvement**

1) **Report Improvements** – the next phase of the Focus on Data dashboard incorporates a customized view of the data, dependent upon the person logging in to view the dashboard. Each person will be able to see their specific data without having to search for their region/county/staff information. This will assist all staff with more efficiency in identifying areas needing improvement.

2) **Report Additions** – with the implementation of the recent Focus on Data dashboard, the IT department will continue to incorporate additional reports into the dashboard to inform all staff of needed improvements.

**Informing Practice through Monitoring AFCARS Compliance**

Additionally, the DRU is responsible for the management of all Federal Reporting, as well as the tracking of Performance Improvement Plans (PIP) related to federal reporting as a corrective measure. MDCPS had for years been out of compliance with AFCARS Element 57, starting with AFCARS reporting period 2015A, regularly failing to meet its standard. AFCARS PIP Monitoring conducted by the DRU has contributed to the agency passing the previous three reporting periods for Element 57. PIPs for this item consisted of agreements with identified counties/regions for regular submission of records of children entering and exiting custody to the DRU coordinator of this PIP. Each identified area also participates in bi-weekly calls to monitor efforts to complete data entry for these records in a timely manner to identify barriers and address roadblocks. This approach holds the regional leadership accountable for ensuring the data are entered for accurate reporting during the biweekly calls.
This has been a successful practice.

**Informing Practice through Consumer Solutions Complaint Resolution**

The Consumer Solutions Unit (CSU) serves the agency in managing inquiries, addressing consumer concerns as well as issues reported by elected officials, and by providing customer service and support to all who contact the agency. The Consumer Solutions Unit routes telephone calls and e-mails to appropriate parties within the agency and it maintains a record of all interactions. When a complaint or concern is made, the Consumer Solutions Unit acts as a liaison to ensure that all issues are resolved, and the reporting party is apprised of the actions taken. When the Mississippi Department of Child Protection Services is contacted, it is the Consumer Solutions Unit who is the first point of contact, the “front door” to the agency. Excellent customer service is always the unit’s goal.

Data is collected in this unit by way of SmartSheet tracking. When a complaint or concern is submitted, it is logged in SmartSheet tracking and a request for response is sent to the appropriate staff. Staff receives an e-mail request to view the concern and provide a response. The e-mail contains an active link where the staff can enter a response from their e-mail account. When a response is entered by staff, the information automatically populates to the tracking tool. The CSU administrator who entered the initial concern is notified that there has been an update to the tracking tool, and they review all responses to determine if an adequate intervention has taken place. If all matters appear to be resolved, the concern is indicated as resolved and no further action is taken. If additional information is needed, Consumer Solutions sends out additional requests for updates, until they are confident that the matter has been resolved. The SmartSheet tracking tool allows for interactive collaboration.

**Identified Areas for Improvement**

1) Standardized reports and charts are currently being developed to provide more feedback to the Office of Field Operations and management to help drive improvements throughout the state based on the complaints or concerns that are submitted.
v. The quality assurance system evaluates implemented program improvement measures

**Overview of Current Processes**

All units within The Office of Continuous Quality Improvement track and monitor corrective actions by utilizing software that includes Footprints, SmartSheet, Excel spreadsheet and AFCARS Improvement Plan Monitoring. When issues are identified or reported to any of the CQI units, those issues are entered into one of the corrective action tracking tools and are monitored until they are resolved appropriately. CQI staff assists in monitoring and helping to correct areas of needed improvement, regardless of the area of practice.

Evaluation of implemented measures is conducted by way of ongoing data reports, follow up reviews within the regions, and on-going foster care reviews. The focus on data dashboard also provides staff a snapshot of how progress is or is not being made. Assessment of these reports following the implementation of a measure can indicate the effectiveness of the activity over a certain period. The dashboard is also a means by which the agency is improving its data quality. This is of utmost importance for reporting purposes and for data conversion throughout the CCWIS project.

**Identified Areas for Improvement**

1) Corrective Action Tracking - it is the agency’s plan to incorporate a more standardized corrective action tracking into its CCWIS to provide one uniform method of tracking corrective actions across all units and in all areas of practice, complete with reporting capabilities and a more robust notification system.

2) CQI – The Office of CQI realizes the need for continued involvement in monitoring for improvements to occur for areas of practice that are not performing to an adequate standard. This is an area CQI will continue to build upon as the next CQI Plan is developed.

**Future Evaluation Planning**

The agency has several initiatives that are in the planning stages that will aide in the evaluation of program improvement measures. MDCPS is currently focused on the rewrite of its CQI Plan. The Office of CQI will continue to strengthen the
mechanism for monitoring performance improvement and provide meaningful feedback and oversight of case practice to aide in performance improvements agency wide. The implementation of structured regional performance improvement plans is a goal of the Office of CQI in collaboration with the Office of Field Operations and will become a part of the new agency CQI Plan. Another planned approach to ensuring improvements are accomplished as a result of CQI findings is the feedback loop extending to the agency’s training, mentoring, coaching resources to positively impact improvements through training focus state wide in particular areas of practice as a result of review data analysis and qualitative feedback. Further plans include the executive version of the focus on data dashboard to provide more summarized views of the statewide, regional and county trends to inform management and aide in their decision making. The Offices of CQI and Field Operations recently implemented a monthly collaboration meeting between the leadership of the two teams. This monthly discussion provides a sounding board for CQI to gain insight from Field Operations on additional support CQI can provide. Likewise, Field Operations can gain insight to review data results and CQI findings to focus on areas of concern and in need of management oversight for change to occur. The two teams are currently implementing the involvement of regional CQI staff in their respective Field Operations monthly staff meetings to provide feedback and discussion of areas of concern, plans for remediation and follow up on the corrections occurring.

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?

MDCPS rates this item as a strength. The Office of Professional Development continues to provide training and technical assistance to the field regarding training and workforce development. To prepare staff for the child welfare system, the Office of Professional Development continued to collaborate with the following stakeholders for this reporting period:

- University of Mississippi, Child Welfare Training Academy
- University of Southern Mississippi
• Administrative Office of the Courts
• Center for the Support of Families (CSF)
• MDCPS Internal program areas as such as Policy, Therapeutic Services, Field Programs

Prior to February 28, 2018, all classroom training (including Pre-Service training for new employees) was delivered through contractual agreement with the University of Mississippi and Professional Development training coordinators around the state. Beginning March 1, 2018, the structure of the office changed in that the Practice Model Coaching team merged with the Training Coordinators. Therefore, for training purposes, the state has been divided into six substructures (areas) to better meet the training needs of staff. The areas encompass the regions as follows: Area 1 – Regions 1N and 1S, Area 2 – Regions 2E, 2W and 4N, Area 3 – Regions 3N, 3S and 5W, Area 4 – Regions 4S and 5E, Area 5 – Regions 6 and 7W, and Area 6 – Regions 7C and 7E. This merge was to give added support and continuity of support for staff as they come on board with the agency. In addition to this change, Professional Development now reports to the Deputy Commissioner of Administration and Human Resources. The joined team will deliver all agency training moving forward. This office prepares MDCPS employees to assume their responsibilities and enhances their knowledge, skills, and abilities through many training opportunities. MDCPS has made a commitment to training and developing staff by providing training, workshops, coaching, mentoring and other learning opportunities to challenge and motivate them to perform their job responsibilities to the best of their ability.

Centered at the core of the training is the Mississippi Child Welfare Practice Model. The focus of the Practice Model revolves around the family. At its most fundamental level, the practice model is concerned with assuring child safety and managing the risk of harm. The activities that comprise the other components are designed to protect the child and support the family’s capacity to care for the child safely and appropriately, while also meeting the child’s needs for permanency, stability, and well-being. It is important that the agency emphasize and support all components simultaneously. While each of the practice model components includes unique skills and activities and requires systemic supports to function, they are also highly interrelated and should be implemented in an integrated manner in order to be effective in improving outcomes for children and families. The components of the practice model are encompassing specific activities, roles, and responsibilities that will affect the work of caseworkers, supervisors, Regional Directors, service providers, resource parents, and State Office support staff in many ways.
Beginning January 1, 2018, MDCPS implemented Cornerstone as a Learning Management System to track all attendance and registration as well as deliver online training. This system allows us the opportunity to survey staff on their training as well as pull data for determining next steps. Historically, surveys have been in written format which made it difficult to gather solid reports. The Pre-Service training program will all be delivered by the Office of Professional Development following the merge. All newly hired frontline and supervisory staff are required to attend 270 hours of Pre-Service Training prior to obtaining a caseload. Only staff who successfully complete pre-service training can continue employment with MDCPS. Any former MDCPS caseworker or supervisor who returns to the agency within five years does not have to repeat Pre-Service as their training requirement is waived. Pre-Service training is currently delivered in a model that is a combination of on-the-job training and classroom instruction. We are in the pilot phase of adding several online components, via Cornerstone, to the existing curriculum.

The matriculation of training is Week 1 is on the job training (OJT) followed by a week of classroom training. This cycle continues for a total of four week of OJT and 4 weeks of classroom training. A concern that was identified through surveys stated that staff was not adequately prepared for the MACWIS system because they did not learn the system until the final week of training. To remediate this problem and provide more training in the case management system, MACWIS training has been interwoven into the classroom training. This will provide staff the opportunity to be in the case management system from the first week of classroom training and throughout their learning process. A pilot of this new schedule will begin in April 2018.

Training new hires is a partnership with the front-line supervisor, and frequent communication between the new hire, trainer and supervisor is expected. When new staff is in the OJT weeks, they are partnered with a caseworker who has completed Pre-Service training as well as their supervisor and a Training Coordinator. This team works weekly to ensure the experiences assigned in the material is complete and shadowing opportunities are in place to give the new hire an opportunity to see the casework being done while they are in a learning environment. Training staff and field supervisors share the major responsibility for this task. Each week of classroom training is concluded with a competency-based exam that must be passed with a score of 70% or higher. If the new hire is unable to pass the test on the first attempt, they can retest. Failure to pass the test on the second test is grounds for termination. The topics covered in each week of training are as follows:

**Week 1 OJT**

- **Building the Worker’s Support Systems**: Orientation to the Agency’s Mission, Vision, Values and MDCPS Code of Ethics; Orientation to the County Office/Agency;
Orientation to Child Welfare Case Employee Duties; Orientation to the Roles within the County Office; Orientation to Employee Safety; Orientation to Office Safety Protocol; Meet Training Mentor; Meet OJT Coordinator and Practice Coach; Orientation to Job Shadowing

- **On-line Courses:** Ethics, Strengths Based and Family Centered Practice, Child Maltreatment (Safety/Risk), Child Development
- **Applying Policy to Practice:** Review MDCPS Policy Manual, Sections A and B; Review MDCPS Safety Manual; Review State of MS Employee Handbook
- **Review of Practice:** Review of and Document Intake Reports; Review of initial assessment/investigation; Safety Assessment, Checklist and Plan for Children Risk Assessment

**Week 2 Classroom**
- What is the job of the Child Welfare professional? Intake and investigation

**Week 3 OJT**
- **Applying Policy to Practice:** Read MDCPS Policy B and C; Documentation overview; CFA; Case planning and case management; supervision overview; CFA Practice Guide; Practice Model Guides
- **On-line Courses:** Engagement; Strengths and Needs Assessment; Timely Case planning; Visualizing the Family and its support system
- **Review of Practice:** Review CFA; In-home and/or custody case review; Observe weekly staffing; Observe family team meeting

**Week 4 Classroom**
- Prevention and In-Home Services

**Week 5 OJT**
- Building the Worker's Support Systems; Orientation to meeting the needs of children in foster care and foster care review.
- **Applying Policy to Practice:** Review policy sections C, D, E and H; Review working with the educational system practice guide
- **On-line Courses:** Documentation; Cultural competency; Overview of court
- **Review of Practice:** Review family team meetings, court reports, court hearings, home visits and visitation
- **Working with clients:** Observe resource parents/employee engagement; visit a home; attend shelter hearing; attend adjudication/disposition hearing

**Week 6 Classroom**
- Placement and Foster Care

**Week 7 OJT**
- **Building the Worker's Support Systems:** Orientation to creating and maintaining connections and adoption
- **Applying Policy to Practice:** Review MDCPS Volume IV, Sections D, E and G; Review mobilizing appropriate services timely practice guides; review preserving and maintaining connections practice guide
- **On-line Courses:** Time management; Father involvement
Review of Practice: Documentation of service provider; employee engagement; resource home evaluation; documentation of review hearing and permanency hearing

Working with Clients: Observe service provider and employee engagement; resource home evaluation; attend a review hearing and a permanency hearing; go out on an afterhours call with a training mentor;

Week 8 Classroom
- Permanency

Therefore 100% of staff has completed training. In the July 1, 2016 – June 30, 2017 year, 413 staff successfully matriculated through the Pre-Service program and from July 1, 2018 – current, 216 staff have successfully completed the program.

Feedback Loops

The Office of Professional Development is in weekly communication with the Human Resources team to ensure all newly hired staff is filtered in to the appropriate Pre-Service training class. Human Resources sends weekly reports of agency hiring transactions that include newly hired staff are assigned in a class based on their hire date. This ensures all staff that needs to attend Pre-Service training is enrolled. The Smartsheet is utilized to track the matriculation of staff from initial training through 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. Effective January 1, 2018, MDCPS no longer maintained the Smartsheet this monitoring capacity has shifted to Cornerstone. Professional Development now has the reporting abilities to produce reports on completion of training at any given point in time. Currently, this report is filtered by county. This provides the ability to share with leadership and supervisors the status of each person’s training or the status of completion of a certain learning object. Professional Development will soon be pushing data dashboard reports to the supervisors. This goal would give supervisors the capabilities of monitoring the status of their staff from Cornerstone and not rely on a state level report to be pushed down. Presently, reports are produced weekly on all past due training and provided to leadership. Each learning assignment that is pushed has a deadline, that staff can be notified past due training needs. Reports are still being developed that will provide more efficient data to agency leadership. Training data is shared with the Division of Field Operations’ leadership and disseminated through the chain of command. If a training is assigned and past due, an email is sent to the supervisor notifying them of the status of the training. Additionally, feedback to the local supervisor and/or newly
hired staff includes progress through the new hire training system. Each week the OJT Liaison meets with the supervisor to discuss progress as well as any challenges or barriers to the new hire.

**Provider Training System:**
Currently, MDPCS’s Congregate Care Unit does not offer training to its private providers. The 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**. Congregate Care Unit reviews the staff qualifications and training requirements at the time of licensing and renewal of licensing. 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. Lastly, therapeutic providers must also meet the additional training required by the Department of Mental Health.

Although the state asserts this systemic item as strength, the state acknowledges that its provider system is an area needing improvement. Currently, the state is collaborating with the MS. Department of Mental Health and other stakeholders to develop a training curriculum and a survey for its therapeutic providers. Additionally, the state is researching evidence base therapeutic foster care training curriculums.

**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?**

MDCPS rates this item as a strength. Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state’s CFSP. Additionally, staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who
have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state’s CFSP.

The Office of Professional Development delivers all required agency training. Prior to February 28, 2018, all classroom training was delivered through a contract with the University of Mississippi. Beginning March 1, 2018, the Office of Professional Development team has grown to include the Practice Model Coaches. The joined team will deliver all agency training moving forward. The required training, following initial training, for a supervisor is Clinical Supervisory Training (CST). This 40-hour class must be completed within 90 days of the supervisor being hired or promoted into the position. MDCPS’s ongoing training requirement is that all caseworkers receive 20 hours of training and supervisors receive 12 hours for the period covering January 2018 – December 2018. Failure to complete these training requirements may result in disciplinary action. Compliance with the ongoing training requirements is tracked through Cornerstone with the enhanced capacity to drill down to county level to determine completion of the requirement.

In addition to completion of the course, a test must be passed with a score of 70% or higher. The structure of the CST training is as follows:

- **Day One:** What is the Job of the Child Welfare Supervisor? OJT Responsibilities; ASWS Role in the Investigation/Assessment, Family Team Meeting, Comprehensive Family Assessment
- **Day Two:** Family Service Plans, Family Team Meetings, Case Staffings, Indirect/Direct Observation, Quality Visits Documentation, and Custody Cases
- **Day Three:** Court, ICPC, Termination of Parental Rights, Reunification, Supervisory Administrative Review, and County Conference
- **Day Four:** Administrative Duties of Supervisors, Independent Living Services, Performance Development System, Performance Improvement Plans, Trauma PTSD and Self-Care
- **Day Five:** Administrative Duties of Supervisors, SEPF Folder (State employee personnel folder) and Personnel Folder (Setting up and maintaining), and a final test.

Prior to January 2018, ongoing training hours were being tracked through a statewide tracking system. In this data system we did not have the ability to produce reports. To remedy this problem MDCPS has procured a learning management system called Cornerstone that was launched January 1, 2018. Several online trainings have been created and are in the review process and several have already been launched in the first quarter of 2018. In 2018, mandatory training has been
launched related to CARA (Comprehensive Addiction and Recovery Act), Adoption, Licensure, Active Shooter, State Personnel Board, and Termination of Parental Rights. In the final quarter of 2017, the following ongoing training opportunities were delivered statewide: Self-Care, Mental Health, and Human Trafficking. For the period January through March 2018, the following ongoing training opportunities will be delivered: Don’t take my Baby, Exploring Protective Capacities in Parents and Caretakers; Understanding Cultural Diversity in Child Welfare.

Further, MDCPS has continued to work with the Court Improvement Project and delivered training in the fall 2017 with AOC (Administrative Office of Courts). 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. In addition, the Attorney General’s office developed and delivered training specifically related to the new TPR law in Mississippi and this training was also delivered across the state.

Training topics are chosen in partnership with the Field Operations Deputy Commissioner in order to meet the ever-evolving needs of the field. With Cornerstone, we will have the ability to track and produce the needed reports as well as produce evaluation reports to determine the effectiveness of the training. The inability to provide reports and gather information in a uniform process created difficulty in making recommendations or knowing the level of involvement from the field. This has been addressed with Cornerstone. With Cornerstone we will now have access to the data and can make more informed decisions about training needs.

**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?**

MDCPS rates this systemic item as a strength. MDCPS requires its foster and adoptive parents to complete pre-service training prior to being licensed, and regular ongoing training on an annual basis. Currently, MDCPS is contracting with two providers to offer pre-service training to its foster and adoptive parents. MDCPS collaborates with Family Resource Center of North Mississippi (FRC) d/b/a Families First for MS who provides the training in North Mississippi, and Mississippi Community Education Center (MCEC) also d/b/a Families First for MS which provides the training in Central
and South Mississippi. Training timeframes consists of three (3) sessions per quarter per region. Training topics include the following:

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

Since contracts begin July 1, 2017 and were renewed on January 1, 2018, FRC has provided pre-service training to approximately 479 foster and adoptive parents. MCEC has provided pre-service training to approximately 3857 foster and adoptive parents. The Department continues to use the Parents as Tender Healers curriculum (PATH) as its pre-service training, and the training is provided in-person. In October of 2017, the Department began updating the PATH curriculum to offer a combination of an in-person and online format. The online portion will be made available in an online system identified by the Department as PREP – Parental Roles in Establishing Permanency. The Department intends to pilot the new PATH format in April of 2018.

MDCPS offers in-person and online ongoing training opportunities for foster and adoptive parents at no cost to assist them in meeting their annual ten (10) hour requirement. The Department partners with Mississippi State University (MSU) for in-person ongoing training and contracts with Northwest Media for the online ongoing training. Topics for both include establishing a healthy home environment, parenting, fostering children who identify as LGTBQ, budgeting with foster board payments and adoption assistance maintenance payments, development, human behavior, and many more.

The partnership with MSU begin in February of 2018, and it will offer in-person training to the Department’s foster and adoptive parents on a quarterly basis. These trainings are free to the Department and its foster and adoptive parents. Feedback will be solicited for all participants to ensure training needs are being met.
Additionally, MDCPS offers online ongoing training through Northwest Media. Foster and adoptive parents access the training by visiting [www.FosterParentCollege.com](http://www.FosterParentCollege.com). By visiting this site, foster and adoptive parents can access prepaid training on a variety of topics. Evaluations are required and completed at each training opportunity. Certificates of completion are provided upon completion of all courses. Feedback is also solicited through Department coordinated support groups provided for foster and adoptive parents. The agency is also collaborating with the National Council for Adoption to receive feedback from licensed foster/adopt parents at various stages in the process of fostering. We are gathering data to send mail merge surveys to foster/adopt parents at the following intervals: 1) after they have completed training, 2) 1-3 weeks after their first placement, 3) 3 months after placement, 4) after removal, 5) at adoption and 6) when choosing to stop fostering. A survey is also given to them when they first begin PATH training, so they are aware of the research project we are involved in. We will receive the results of these surveys, so we can better assess how we need to support and recruit foster parents in the future.

Foster/adoptive parents also receive training on finance and travel, Independent Living Services, and Educational Training Voucher program eligibility requirements. 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:** 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)?

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

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

   MDCPS rates this systemic item as a strength. The state assesses the strengths and needs of children and families through two core formalized assessment tools. The Safety and Risk Assessment is completed during all open investigations. This tool is used to help
assess the safety and risk of children and to determine if ongoing services are needed with the family. If it is determined that ongoing services are needed, an In-Home services case is to be opened or appropriate referrals are made for the identified services. When an ongoing service cases are opened, the Child and Family Assessments (CFA) are completed. This tool helps to identify areas to be addressed within the family to mitigate harm and/or risk factors and is listed as tasks/goals in the Family Service Plan (FSP). Together the CFA’s and FSP’s are jointly developed with the family, within 45 days of case opening, and updated every 90 days thereafter as long as the case remains open. In addition, staff may reach out to other professionals like educators, medical professionals and mental health providers that may be involved with the child and family to gain information when completing an assessment. On April 10, 2018, 79% of all open cases were up to date on review FSP’s and MDCPS rates this item as a strength. Further, the individualization of the identified services rates a strength.

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

Mississippi Department of Child Protection Services uses a Safety Checklist during the initial assessment (investigation) with a family to determine safety issues within the physical home environment. This tool is used to bring awareness and attention to safety issues such as gun safety, car seat safety, water safety and other area within the home that could potentially cause safety concerns. The Safe Sleep protocol was implemented in the fall of 2016 with families that had children 18 months and younger. The goal is to identify unsafe sleep situations and assist the family in correcting any unsafe sleep situations as part of prevention of co-sleeping fatalities. There is no data available to support the effectiveness of this intervention. The safety of each child in the home is individually and collectively assessed during investigations and monthly through ongoing casework. To make reasonable efforts to prevent removal, MDCPS also uses safety plans that allow the agency and families to provide alternative living arrangements to reduce harm and risk in unsafe living situations for a limited time with the infusion of the supports from service providers.

MDCPS rates this item as an area needing improvement with respect to data collection of safety plans and safe sleep protocol adherence however, the individualization of the assessing safety in the homes rates a strength.

**Services that enable children to remain safely with their parents when reasonable:**
Mississippi Department of Child Protection Services recently began focusing on children being “Safe at home”. In concert with our vision, Mississippi’s children will grow up in strong families, safe from harm and supported through partnerships to promote family stability and permanency, removing children from their home should not be a first option. This emphasis is messaged to staff and providers, who partnership with MDCPS, to assist in this as a practice to prevent children from unnecessarily entering foster care and to utilize In-Home and community-based services. MDCPS rates the individualization of the safe at home campaign and utilization of In-Home and community-based services as a strength.

Some of the providers that MDCPS collaborates with are:

**Families First Resource Centers**

Through collaboration with the Families First for MS (under MDHS), classes are provided for parents to teach methods of increasing positive parenting behaviors, increasing family problem solving and behavioral strategies, and how to increase family functioning. The goal is to help youth and parents build positive, rewarding and satisfying relationships with their children; promote a sense of pride and well-being within the communities; and, provide positive youth development programs to youth to reduce at-risk behaviors, and teen pregnancies in Mississippi.

**DORCAS**

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. As of April 3, 2018, the Dorcas In-Home Family Support Program has served 28 families. There were 71 children and 37 adults served through this program. The numbers are comparable to the previous year’s numbers of 32 cases and 101 children served. The Dorcas program is expected to serve at least 40 families during this fiscal year.

**In-Circle**

The new program for family preservation and family reunification services is called In-Circle Family Support Services Program and is administered statewide through
contractual agreement with Canopy and Youth Villages. The program is an intensive, home and community-based family preservation, reunification and support services program for families with children who are at risk of out-of-home placement. It is 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. The primary goal of the program is to remove the risk of harm to the child rather than removing the child by. Strategies to meet program goals includes; 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. On April 4, 2018, 1,401 families have been served through this program; exceeding the goal of 800.

**Services that help children in foster and adoptive placements achieve permanency:**

Each of MDCPS's fourteen regions is staffed with licensure specialists, adoption specialists, supervisors, and bureau directors who focus on the recruitment and retention of foster and adoptive parents at the county and state 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.

Mississippi Department of Child Protection Services understands the importance of finding the most appropriate, family like placement setting. If a child has to enter foster care, the agency seeks family or fictive kin first to provide care to the child(ren). These families are afforded the opportunity to become licensed relative foster parents through the expedited licensing process. The training is abridged, to expedite the supports offered with being fully licensed and to maintain the child with relatives; hopefully to expedite permanency, but still fully trains the family in providing care for the child(ren).

MDCPS further understands that there are times when family placements are not possible therefore; the agency is conducting a rigorous foster parent recruitment effort throughout the state through Rescue 100 events. The goal of Rescue 100 is to develop and maintain an adequate pool of family like placements to meet the placement needs of
children in care. In calendar year 2017, 469 new regular foster homes and 531 new relative foster homes were licensed. All efforts are expended to ensure that children are placed as close to their home of origin to maintain connections and can have regular visits with parents to support reunification efforts.

When reunification is no longer an option, other permanency options are explored notwithstanding adoption. MDCPS tracks children once their permanent plan changes go adoption to ensure that they are achieving permanency timely. Although a manual process, in the fall of 2017, MDCPS identified the children with a plan of adoption and begin tracking them through regional calls to get a status and address barriers known that is preventing the case for moving forward to TPR and adoption. These calls have proven to be effective in getting children to permanency sooner. In SFY 2017, 302 children were permanently connected with a family through adoption. As of April 10, 2018, MDCPS superseded SFY17 and had 471 adoptions finalized. Mississippi Department of Child Protection Services also utilizes additional services and resources to ensure permanency through adoption achieved. Those services include:

- **MYPAC Services** to stabilize placement,
- **Local Mental Health** for assessments and to address behavioral concerns for child(ren) in care placed in a foster home,
- **Respite Services** - through Southern Christian Services for Resource Parents,
- **CAP (Correction Action Plan)** - to correct minor policy violations with resource families,
- **Ongoing training** - 10 hours yearly; 20 hours for re-evaluation of license,
- **Ongoing advocacy and support** - through one-on-one contact with MDCPS staff (Frontline, Resource and Adoption),
- **Adopt US Kids Website** (National Data-base) - recruitment of permanent homes for all children free for adoption with no identified families,
- **Heart Gallery** – recruitment for permanent families (through visuals of children free and history of their experience with foster, etc),
- **Wendy’s Wonderful Kids** (Wendy’s Foundation) - child specific recruitment for hard to place children (teenagers and children with major behavioral issues and medically fragile) in collaborations with Mississippi Families for Kids and Southern Christian Services,
• **Placement Committee Meetings** (Regional, Multi-Regional and State Placement) - children without an identified family are discussed and matched with a forever family.

• **Adoption Status Meetings** - these meetings are held monthly throughout the state for all children with a plan of adoption. The collaborative meeting with various disciplines (Adoption Unit, Resource Unit, Frontline Staff, Regional Directors, Attorney General Offices, etc.)

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?

MDCPS rates this item as a strength. The state readily and consistently engages its stakeholders with its major initiatives, goals, and objectives that are in pursuant to the CFSP and APSR. This is done to increase communication, understanding, and collaboration strategies across service systems with the goal of strengthening families and communities. The department continues to meet regularly through monthly, bi-monthly, 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 the state’s APSR, MDCPS Division of Federal Reporting contacts its stakeholders to request quarterly and periodic updates about any joint initiatives, service delivery information, successes, any perceived barriers, and strategies for improvement. These collaborative efforts are integrated throughout the APSR narrative. As Mississippi works toward implementing and completing the collaboration strategies
identified in the 2015-2019 CFSP, the periodic updates provide valuable insight into the effectiveness of each strategy. This also serves as an internal/external feedback loops to ensure that these activities were actually joint activities, each entity fulfilled their obligations, and initiatives were completed by established target dates. Lastly, MDCPS also shares the Program Instructions, (PI), and APSR with the Mississippi Band of Choctaw Indians (MBCI) and its stakeholders.

**Monthly Caseworker Visit Support through the Center for the Support of Families**

MDCPS and the Center for the Support of Families (CSF) collaborate on state’s practice model and the provisions of the Olivia Y. Settlement. For the current period under review, CSF participated in regular leadership meetings with MDCPS centered on training and coaching needs, supporting the MDCPS’s initiative *Safe at Home*, regional implementation of the practice model, supporting the professional development needs of MDCPS, and how CSF could support MDCPS meet their goals. Furthermore, MDCPS utilizes its’ Monthly Caseworker Visit Formula Grants to fund the following CSF efforts:

- **Safe at Home** - During the February 1, 2018 through June 15, 2018 time frame, CSF worked with MDCPS in their efforts to develop a theory of change to support their initiative Safe at Home, focusing on keeping children out of foster care and achieving permanency. CSF facilitated planning sessions with state office leadership to develop an initial set of core activities for State Office, Regional and Bureau Leadership, and Supervisors around the five principles that were developed to successfully achieve the goals of Safe at Home: Use of Available Federal Funds, Safety Assessments and Ensuring Services are In Place, In Home and Prevention Services, Partnerships with the Courts and Ensuring Reasonable Efforts, and Promoting Permanency in Foster Care. CSF has begun to help MDCPS develop a data plan to track implementation of Safe at Home and its impact on children and families in Mississippi. This plan is focused on the work happening within the counties and regions in Mississippi as well as through providers and agencies.

- **Supporting an Annual Statewide Supervisor’s Meeting** - CSF continued planning efforts associated with the 2018 statewide supervisor’s meeting for 325 MDCPS staff, which occurred on June 6-8, 2018 entitled *Safe at Home*. CSF assisted MDCPS in identifying two keynote speakers, developing the agenda which included a panel of judges and representatives from in home and prevention agencies, and creating a facilitation guide and structure for the breakout sessions with participants.

- **Coaching Support** - CSF provided coaching support in all 14 regions throughout the state during this timeframe. Onsite coaching activities included: individual coaching,
group coaching, participation in regional meetings, observation and feedback in staffings, observation and feedback in unit meetings and shadowing. In addition to having an onsite presence in the regions each month, CSF also provided the regions off site support including routine communication, group coaching via webinar, as well as providing data analysis and other materials as requested to support improvement efforts. CSF collaborated with MDCPS State Office and Regional Leadership to determine: what assistance the seven regions need who completed the PMLC during the last contract period to sustain their PMLC learnings; the details for beginning the PMLC with the three regions that will participate during 2018; and the support needed for four regions that still need to address barriers preventing the regions from participating in the PMLC during 2018.

- **Practice Model Learning Cycle (PMLC)**: CSF facilitated the participation of the next three regions to participate in the Mississippi Practice Model Learning Cycle (PMLC), which is a development and learning model that includes preparation activities, virtual learning modules, and structured practice application opportunities, which began in February 2018 and will be completed in October 2018. This work included pulling baseline data for three regions from Data Reports and EMU case reviews, developing a schedule for delivery unique to each region, and preparing CSF staff for implementation. In addition to the three regions participating, one region engaged their court system who asked to also receive the training, so CSF staff and regional leadership are delivering the PMLC to the judge, judicial staff, attorneys and CASA. By the end of this period, the three regions have completed the first four of seven modules. Finally, CSF is coordinating with Mississippi’s Professional Development Department to migrate the PMLC website to MDCPS’s Cornerstone site, for monitoring participation in the PMLC components as well as evaluation activities.

- **Capacity Assessments and Strategic Planning**: CSF coaches continued to support Regions IV-S, VI, VII-C, and VII-E efforts to monitor and refine the strategies identified in their capacity assessments, which in turn helped inform CSF’s coaching support for the remainder of 2018 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 about 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. CSF developed a template for these regions to use to monitor their progress in these key areas, both through data collection as well as identifying and implementing strategies to address
deficiencies. At the end of this time period, state office leadership began preparing for meetings with these four regions in order to review progress made over this 5-month period.

- **State Office Support:** CSF staff facilitated and participated in regular leadership onsite meetings and calls with MDCPS Leadership, centered on training and coaching needs as well as how CSF could support MDCPS meet their goals. CSF staff also participated in more specific state office support efforts, including the *Safe at Home* Initiative. State Office support during this timeframe also included management support, assisting MDCPS Leadership to use data to track progress and inform MDCPS activities, and assist MDCPS with their planning associated with the upcoming work. During this timeframe, CSF staff participated in regular monthly face-to-face status update meetings with MDCPS leadership to coordinate our work with the Department for our contract year and to identify needs and monitor progress on project activities. CSF staff also participated in more specific state office support efforts, including preparing for and facilitating a site visit with Tennessee in March, with a focus on child welfare financing, keeping children safely at home, class action litigation in child welfare and building the capabilities of the child welfare workforce and updating materials promoting the practice model.

- **Reasonable Efforts Virtual Training:** During the review period of February 1, 2018-June 15, 2018, CSF, at the request of MDCPS, developed a virtual training on Reasonable Efforts to support one of the departments identified priorities. The training, designed with the adult learner in mind, was centered on three modules (Reasonable Efforts to Prevent Removal and Strengthen the Family, Reasonable Efforts to Return the Child Home, and Reasonable Efforts to Achieve Permanency Swiftly). Each module contains five practice scenarios or activities where users have the opportunity to practice five key behaviors associated with the module, as well as find additional supporting materials including policy references, resources for workers on the topics of the activities, and resources for supervisors, including staffing note sheets on how to monitor fidelity to the key behaviors. In addition, the training provides additional overall information on Reasonable Efforts, include the federal and state statutes; Why Reasonable Efforts is Important to the Courts, MDCPS, Parents and Children; How Reasonable Efforts Connects to MDCPS’s Practice Model; General Resources and a Glossary. CSF completed virtual training development at the end of May 2018 and developed one-page guidance for Regional Directors and Supervisors to support and monitor implementation of the Reasonable Efforts Virtual Training, which is scheduled to begin in July 2018.
• **Professional Development:** February 1, 2018 through June 15, 2018, at the request of MDCPS Leadership, CSF continued work supporting the MDCPS professional development division as they transitioned training activities, including pre-service training, from an outside vendor to an in-house operation. To this end, CSF reached out to other states who deliver pre-service as possible resources for MDCPS to talk to as the transitions to pre-service in house occur and facilitated a call between MDCPS and Tennessee professional development leadership, who provided recommendations and lessons learned from Tennessee as they moved their training in-house.

**CAPTA - Juvenile Justice Transfer Efforts**

MDHS, DYS is the division that administers probation, aftercare services, and institutional programs for juveniles who have been adjudged delinquent in the Mississippi Youth Courts or are at risk of becoming delinquent. MDCPS and the MDHS, Division of Youth Services (DYS)’s, Community Services Director meet quarterly to discuss and track the status of youth that have been identified as “cross over” youth. This is a joint effort that targets open protective cases for clients that have been transferred to the state juvenile institution, Oakley Youth Development Center (OYDC). Additionally, we verify those cases from the Community Services Monthly probation/parole caseload report. DYS monthly caseload report identifies the total number youth that are on probation, parole, and institutional commitments. DYS submits a quarterly report to MDCPS for review to assist with identifying crossover cases and issues. Currently, there is no jointly established policy or procedure for identifying and tracking youth that are considered dual or cross over youth. MDCPS, MDHS, DYS and Mississippi State University collaborated to define “crossover” and adopt a crossover youth practice model for the state through a crossover youth proposal grant opportunity. Unfortunately, the proposal application was not selected for funding. Although the proposal application was not awarded, the proposal process identified the need for a crossover youth practice model.

**Court Improvement Workgroup (CIP)**

Court Improvement Workgroup continues to meet on the 3rd Tuesday of each month. This workgroup 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, Field, Foster Care Review Unit, 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). Some of the key agenda items consisted of the following:

- Statistical Data on Termination of Parental Rights, Impact of TPR legislation, and Court Improvement
- Annual ICWA Conference and Joint Tribal Efforts
- Title IV-E Foster Care Eligibility and Court Improvement regarding language for court orders, training judges on Foster Care Eligibility
- Collaboration efforts between CPS and MDHS DYS to identify and track juvenile justice transfers on a quarterly basis
- Measures taken to teach social workers about the “reasonable efforts” requirement of TPR including training initiatives
- Barriers with the MYCIDS program and collaborative efforts on how to resolve these issues
- Ongoing progress with Parent Representation in Mississippi pilot counties

Other collaborative mechanisms consist of MDCPS interactions with MBCI through quarterly meetings and on an as needed basis to discuss any issues that may arise. During the quarterly meeting held on September 27, 2017 MDCPS provided its ICWA policy to the MBCI and AOC for review and feedback prior to the release of this policy. As stated in the 2018 APSR, MDCPS use 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 each APSR, MBCI Children & Family Services Program personnel and court liaisons are also contacted to provide the following: program information, successes, perceived barriers, and strategies for improvement.

**Adoption and Foster Care Support Services through Faith Based and Volunteer Services**

The Office of Therapeutic Services created the Bureau of Faith Based and Volunteer Services on August 1, 2017. This focal area was created to provide awareness to churches regarding the following needs within the foster care system:

- Prevention Services
- Foster Family Recruitment
Heart Gallery

Encourage Foster Care Support/Ministry

Oversee and Coordinate Foster Parent Support Groups

The Director of Faith Based and Volunteer Services Director met and engaged local churches to assist with increasing community awareness about the critical need for foster homes, resources for foster families, birth families and children in custody. These collaborative meetings were held in the following regions: 3-N, 3-S, 4-S, 5-E, 5-W, 6, 7-E, 7-C, and 7-W. Additionally, the Director set up presentations with Q&A sessions to discuss foster home recruitment and retention in child welfare and how they can best support the state. Additional areas of concern were how these ministries could create and host foster parent support groups at their local churches. The following multi-faith ministries collaborated with MDCPS: Pear Orchard Presbyterian Church (Madison County); True Vine Missionary Baptist Church (Rankin County); Central United Methodist Church, New Horizon, Common Ground Church, and Soul City Church (Hinds County); Venture Church (Forrest County); Broadway Baptist Church (Desoto County); Lauderdale County Baptist Association (Lauderdale County); Church of the King and Lemoyne Baptist Church (Harrison County); Lincoln County Baptist Association (Lincoln County). In addition, the director met with local CPS staff in Pearl River, Hancock, Harrison, Jackson, George, and Greene Counties to further the discussions for foster parent support groups. Currently, there are 43 foster parent support groups across the state. The current breakdown of the number of foster parent support groups by region is as follows: I-N – 4, I-S – 2, II-E – 3, II-W – 4, III-N – 3, III-S – 2, IV-N – 3, IV-S – 3, V-E – 6, V-W – 5, VI – 3, VII-E – 1, VII-C – 3, and VII-W – 1.

Teen Advisory Board

The Mississippi Teen Advisory Board (TAB) meetings are held monthly and guided by a Transition Navigator. Teen advisory board curriculum and meeting structure is provided by the MDCPS, Youth Transition Support Youth Engagement Director. A TAB is 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 on 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. Specifically, during the reporting period, members of the TAB were divided into small groups and assigned sections of the new Youth Assessment/Transitional Living Plan (TLP). Youth were instructed to identify any concerns with questions, wording and ease of understanding. Then each group presented their suggestions to the entire group. Their suggestions were to change Carnegie units to credits; make LGBTQ question optional; and to be more specific in questions about gang related activity using more common/slang terms.

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?

MDCPS rates this item as a strength. MDCPS heavily depends on the coordination and integration of services from its stakeholders to help with the development and revision of its policies and programs that supports the agency’s vision and mission. MDCPS continues to collaborate with other agencies by establishing Memorandum of Understandings (MOU) that strengthen and aid in coordinating services or benefits with other federally assisted programs that serve the same population. MOU’s between the Division of Medicaid, MS Dept. Human Services, (MDHS), Office of the Attorney General, (OAG), Department of Mental Health (DMH), The State Department of Education, The State Department of Health, Mississippi Band of Choctaw Indians, (MBCI) and contractual agreements with Baptist Children’s Village, Mississippi State University, Casey Family Programs, and the University of Mississippi Medical Center, (UMMC) are examples how the state is functioning statewide to ensure services, funding, and efforts are not duplicated. Please see the descriptions below for the abovementioned MOU’s:

- **Medicaid**- Medicaid Eligibility for MDCPS Children and Provision of Medical Assistance for Refugees in Mississippi
- **ASPHA**- National Electronic Interstate Compact Enterprise system for the real-time electronic exchange of case files between the 52 states and jurisdictions that are members of AAICPC
- **Baptist Children’s Village**- Residential Child Care Facility
ICWA Compliance

MDCPS and the Mississippi Band of Choctaw Indians (MBCI) continue to coordinate and collaborate on services that promote cultural awareness, understanding, and implementation of the Indian Child Welfare Act (ICWA). Additionally, MDCPS annually participates in the development of the annual ICWA conference. The Annual ICWA Conference was convened on August 10th, 2017, and was 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. Quarterly meetings were also held between the Administrative Office of Courts, MDCPS and Tribal Social Services on September 27th, 2017, and November 29th, 2017, to discuss cases where collaboration between the Tribe and MDCPS were necessary.

CAPTA/CARA PIP

MDCPS continues to engage in a high degree collaboration and coordination through partnering with medical providers, MS Department of Mental Health, Families First for Mississippi, and MS Department of Health to develop policy and practice for CAPTA/CARA compliance. In June of 2017, MDCPS notified the Office of the Children’s Bureau of its decision to develop and submit a program improvement plan due to the state’s non-compliance with sections 106(b)(2)(B)(ii) and (iii) of the Child Abuse
Prevention and Treatment Act (CAPTA), as amended by the Comprehensive Addiction and Recovery Act of 2016 (CARA). MDCPS submitted its PIP on August 10, 2017 to the Children Bureau outlining the strategies and target dates for full compliance by June 30, 2018. On September 5, 2017, MDCPS received written notification from the Children’s Bureau approving the state’s PIP for implementation with the submission of 90 progress reports. MDCPS submitted its first Progress report on December 4th. Prior to the approval of the PIP, the state had already implemented Strategy 1 and met the associated target dates for that strategy. There was an initial delay with the implementation of Strategy 2 due to more external stakeholder input with policy and procedural development. By March 5th, the deadline for the 2nd 90-day progress report, MDCPS had made great developments in revising its intake and assessment policy, hosting several multi-disciplinary meeting with the MS Department of Mental Health, Families First for Mississippi, and MS Department of Health to develop a multi-systemic system of care to refer infants and their families to these agencies, finalizing its CARA policy, and developing MOU’s to share data as a result of CARA mandated reporting.

The focus of those meeting continues be on coordinating a multi-systemic system of care to refer families to the partnering agencies and organization, data collection and sharing as mandated for CARA reporting. Additionally, those meeting help identify agency strengths and limitations in regards referring and treating infants and their families facing substance use disorders. Another focal point of those meeting is to develop a monitoring system to ensure CARA federal regulations are carried out effectively. All parties agreed that this is a great opportunity to ensure there are no gaps or barriers in providing services to infants and their families. Ultimately, this demonstration of coordination will help MDCPS be compliant with the CAPTA/CARA requirements by June 30, 2018.

Some examples of bi-directional coordination consist of the Director of Alcohol and Drug Services at DMH agreeing to work closely with MDCPS to ensure families get the treatment needed. During that time, the director discussed a number of DMH initiatives going on across the state to assist individuals with substance use disorders. Representatives from the Dept. of Health also discussed the number of services provided to children and their families through their agency. They provided information about the Perinatal High-Risk Management/Infant Services System (PHRM/ISS) program. This program provides case management services to high-risk pregnant women and their babies less than one year old. PHRM/ISS provides enhanced access to health care, nutritional and psychosocial support, home visits, and health education, to name a few of their many services provided. Additionally, the Director of Addiction Services at
Families First of Mississippi stated how the Families First program strengthens families of all backgrounds and life circumstances by connecting families to resources and equipping families with skills needed to solve problems and make healthy choices. Families First also assist with ensuring families have access to needed services and by advocating for strong parenting skills and reducing out of wedlock pregnancies. These services are designed to stimulate employment, support family financial stability, promote literacy, and increase graduation rates while continuing to support positive youth development, promoting positive father involvement as well as providing parenting education and parenting skills development.

**Administrative Office of the Courts (AOC)**

MD CPS and the Administrative Office of the Courts (AOC) continue to collaborate and coordinate the following statewide events listed below 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:

- As stated previously, AOC participates in the Court Improvement Workgroup. The focus of this workgroup 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).

- July 16-19, 2017, four Youth Court Judges, the Chief Justice for the Tribe, Youth Court Judge for the Tribe, and the Jurist in Residence for the State of Mississippi attended the National Council of Juvenile and Family Court Judges in Washington, D.C.

- August 10, 2017, the Annual Indian Child Welfare Conference was held in Choctaw, MS. 160 judges, court personnel, tribal Elders, prosecutors, Commissioner of Child Protection Services and staff, Attorney General’s staff, representative from the Supreme Court of Mississippi and service providers attended. Training on the basics of ICWA was presented by Tribal Star speakers. The summary of the meeting can be found at:
August 10-12, 2017, ten parent attorneys from the pilot counties and new counties attended the National Association of Counsel for Children in New Orleans, LA.

August 14, 2017, Mississippi Supreme Court Justice, Mississippi Judicial College Director, AOC CIP Director, Jurist in Residence and Youth Court Judges participated with a multidisciplinary team, Quarterly Meeting of the Commission on Guardianships, to address challenges to timely guardianship for children.

August 18, 2017, AOC CIP Director participated in the IV-E Review Exit Conference at Child Protection Services. Some court orders lack required IV-E language. Training was planned for the Annual Judges and Referees Conference in September 2017 on the subject. Because of the deficiencies, a Justice, Jurist in Residence and Director of the Mississippi Judicial College met with Michigan’s judiciary to determine how Mississippi can draw down more IV-E dollars. This was sponsored by Casey Family Programs.

September 1, 2017, Quarterly Parent Representation Task Force met to discuss expansion of parent attorney project into Jackson County, to deepen parent attorney project in Forest County serving all children and not limited to Zero-to-Three population, and to deepen project in Rankin County to add a social worker to the parent attorney project. Transition from the Parent Representation Task Force to the Office of State Public Defender for existing pilot sites was accomplished, and the institutionalization of the Task Force was agreed to by all parties. As of October 2017, Jackson County hired a parent attorney and a parent representation program manager. Between November 2017 and January 2018, twenty-two clients were represented, four cases were closed and eighteen are ongoing. Two referrals did not meet the indigence requirements. Safety/Risk Training was provided by the Office of State Public Defender on January 18-19, 2018 to county youth court judges and court personnel interested in becoming parent representation sites. The event was well attended, and each county developed a plan of action to implement parent representation and request funding from the Boards of Supervisors. The Parent Representation Task Force met following the training to assess the training, participation and make plans for additional trainings in other locations.
In February 2018, Mission First Legal Aid Office hired Resource Counsel to mentor parent attorneys and provide training resources. Pearl River County was approved as a new parent representation site with one-time matching funds from Casey Family Programs and Pearl River County Board of Supervisors. On February 27-28, 2018, the Parent Representation Task Force met to finalize plans for the Three Branch Government Convening sponsored by the Kellogg Foundation at the Mississippi Capitoll February 28, 2018. Legislators, Casey Family Program Representatives, Kellogg Grant Manager, the Chief Justice of the Mississippi Supreme Court, Justice of the Supreme Court, Court of Appeals Judge, Office of State Public Defender representatives, CIP Director, Youth Court Judges, Juris in Residence and Parent Representatives attended. The explanation and request for additional funding for parent representation was well taken. As of March 2, 2018, the Parent Representation Task Force became a subcommittee of the Mississippi Children’s Justice Commission.

- September 8, 2017, the AOC Youth Court Programs Director was appointed to the Children’s Justice Act Task Force. The CJA works to create and support Multidisciplinary Teams throughout the State, reviews the Child Death reports, supports awareness campaigns and looks for solutions to causes of child death, and provides training for Child Advocacy Centers in Mississippi. Meetings are held monthly. The next meeting was November 20, 2017 and subcommittees presented proposed amendments to statutes to provide confidentiality for forensic interview documents.

- September 21-22, 2017, the mandatory Judges and Referees Conference was held. The emphasis of the training was ABA training on Safety Assessments for Judges and Attorneys and language requirements for Title IV-E court orders in order for a foster child to be eligible for the funds. CIP Training Grant was used to provide 75 curriculum booklets for the Safety Assessment and Bench cards.

- October 25-26, 2018, the AOC Youth Court Programs Director, Jurist in Residence, Mississippi College School of Law Mission First Director and Youth Court Judge attended the Casey Family Programs Conclave II in Kansas City, Missouri to participate as the Mississippi Judicial Engagement Team model. The focus is to provide training to judges to promote involvement in solving the issues affecting children in the child welfare system. Out of state judiciary are invited to a training
scheduled for February in Mississippi regarding judicial engagement with the child welfare system.

- August and December 2017, quarterly meetings were held between the Tribe, CPS and AOC to discuss whether collaboration was occurring and how it could be improved. Cases were also staffed.

- January 18-19, 2018, Training on Safety Assessments was held sponsored by the Office of State Public Defender, AOC, ABA, Mississippi College School of Law and Casey Family Programs. 125 participants attended. A follow up meeting of the Parent Representation Task Force was convened following the training to evaluate the success of the training and next steps. Plans for the meeting with Legislators scheduled for February 2018 were finalized. The purpose of the meeting with legislators is to obtain funding statewide for parent representation.

**Office of Refugee Resettlement (ORR)**
MDCPS coordinates with the Division of Medicaid, Dept. of Health, Ms. Dept. Human Services and the Dept. Mental Health, to continue its efforts of providing refugee resettlement services to Unaccompanied Refugee Minors (URM) and Adult Refugees. This joint collaboration also enlists the needed additional administrative oversight to review the effectiveness of program services and federal spending. In the month of March 2018, MDCPS began having monthly refugee resettlement meetings with its stakeholders and contracted provider, Catholic Charities, to discuss recommendations for program improvement and best practices and areas of technical assistance. These monthly meetings are being established to address areas of noncompliance that resulted from an on-site federal review on May 15th-19th by the Office of Refugee Resettlement of the states URM program. Please see the further examples of the intrastate coordination for the URM program:

- **MS. Dept. of Human Services** –role involves making eligibility determination for Refugee Cash Assistance, TANF and SNAP formerly Food Stamps. Required documentation is submitted to the MDHS, Office of Field Operations to make and accurate determination based on TANF requirements; income and household size. Adult refugees may qualify for TANF and SNAP benefits by applying for assistance at the county offices. They will be required to follow all program requirements as other recipients in the respective programs.
• **MS. Dept. of Health** – require and screen all refugees are screened for TB. Additionally, MSDH will assist MDCPS with drafting its annual refugee resettlement state plan that requires the governor's signature for ORR approval.

• The **MS Dept. of Mental Health** -shares and discusses monitoring findings and corrective actions plans on the joint service providers and notifies the state of their certification status as a therapeutic provider.

• **MS Division of Medicaid** - MDCPS has an active MOU with the (DOM) to provide Medicaid health care coverage to eligible refugees for medical assistance consistent with the Refugee Assistance Act, and all other applicable state and federal regulations. MDCPS Reimbursement is 100 percent from the federal funds awarded in the ORR grant.

• **Office of the Attorney General** - assists MDCPS to attain Chancery Orders to extend a youths stay in the URM program up to age 21, if the youth request to remain. Pertinent information is submitted to the AG’s Office for the request to be made to the court on behalf of the youth. If granted the child can remain until emancipation.

• **John H. Chaffee Foster Care Program for Successful Transition to Adulthood** – assures that Independent Living Program (ILP) services are available to URM participants. IL services are currently provided through a sub-contract through Southern Christian Services and only one (1) URM participant met the criteria for IL services. ILP helps adolescents acquire basic life skills in their progress from dependency toward self-sufficiency. Youth are eligible for Independent Living Services based on the following criteria:
  - Youth in care, ages 14 until their 21st birthday, are eligible for all Independent Living Services except for criteria placed on the Educational and Training Voucher program;
  - Youth who leave custody, ages 18 to their 21st birthday, 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.
  - The Director of Independent Living Services also hosted a Youth Computer Camp and nine (9) URM participants also attended.
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?

MDCPS has created a recruitment and retention plan for field operations where each region/county has specific duties assigned to complete each month toward this end. Since 2017, MDCPS has a set goal for licensing non-relative homes in Mississippi. In 2017, we exceeded our goal of 300 new homes in Mississippi. In 2018, MDCPS has the goal of licensing 400 non-related homes. Each month, regional licensure staff confirm the number of non-relative foster homes that were licensed by completing a review of those homes. In that review, they are checking to make sure the family meets all IVE requirements.

Additionally, the Continued Quality Improvement Unit reviews all expedited relative homes developed from the time a foster child enters the home until the relative’s home is licensed or closed. They report any safety issues to the staff as well as any documentation that is lacking in those homes during the process of licensure. They do a thorough case review once the home is licensed to assure time frames are met and the family meets all of the standards set out in IVE regulations.

On July 1, 2017, the Department implemented new processes and forms for its expedited and non-expedited licensure processes. Additionally, MDCPS begin using two new home study formats developed by the Department in collaboration with its partners at Public Catalyst. The new processes, home studies, and forms are electronic and completed via DocuSign by agency staff and foster and adoptive parents. These changes have yielded significant improvements in the licensure process as it relates to service delivery and the timeliness of services.

**Report SZRESL** As of February 28, 2018, the Department had approximately 2252 licensed resource homes. Of that number 48.53% (1093) are relative homes and 51.47% (1159) 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 foster and adoptive parents.

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?

MDCPS has created a Criminal Background Checks policy for the Foster and Adoptive Unit to ensure the state complies with Federal requirements for criminal background clearances, as it relates to licensing or approving foster care and adoptive placements. Policy states before an applicant can become licensed, the licensure and adoption specialist is required to conduct a screening of all resource parents and household members 14 years of age and older. The screening process includes a federal, state, and local background check, along with a Child Abuse Registry Check. These screenings should be completed in the Orientation phase of the licensing process to determine if an applicant can move forward in the licensure process. With relative placements, where the child is already placed in their home before they become licensed, the relative has a local background check completed before leaving the child in the home and fingerprints/Child Abuse Registry check is then completed during the process of being licensed. 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 with the Adam Walsh Child Protection and Safety Act of 2006 (P.L. 109-248) and Mississippi Code, Annotated Section 43-15-6, 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. Starting October 2017, Criminal Background Checks Unit started monthly reporting to capture the number of Relative and Non-Relative applicants that were processed by the fingerprinting unit.

The screening process for foster care and adoptive placement applicants begins 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. Within 24-48 hours, 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 regard to the background results. This also includes guidance to the licensure staff on compliance with Adam Walsh Act. The Congregate Care Unit (Contracted Providers) is also included in this explanation process. This process normally takes 20 to 30 days to complete, according to policy. However, we are in the process of revising policy to 10 to 15 days for processing.

The main goal of the background check provided by state office staff is to process the criminal history information accurately and as 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. Additionally, the Department began requiring social media and internet background searches for foster and adoptive parents on July 1, 2017. As part of the licensure process, specialists are now required to conduct a search on social media and the internet and record any findings of inappropriate behavior, derogatory imagery, and inappropriate sexual content.

**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.

Barriers may occur due to the availability of applicants to schedule the fingerprinting, the 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, which causes delays in processing criminal history timely. There has been some concern with emailing results from various courts due to confidentiality. Because of the policy requirement, more time is needed to obtain dispositions or any information available from other entities such as the police department, prosecutor’s offices, and/or other court systems that could possibly have the information needed. The MDCPS IT Support Unit has been discussing a secure site set up for sharing files outside of the agency. Once that site is in place, receiving dispositions may no longer be an issue. The Fingerprinting Unit has been assisting with fingerprinting individuals and contracted providers as they can, to assist where we have low staff. That Unit also conducts on-site visits for contracted agencies to capture applicants fingerprint during their licensure training process. The on-site visits have been very successful in ensuring the Congregate Care Unit received background results timely.

Foster and Adoptive parents (and anyone over 14 in the home) must be fingerprinted every five years. The MDCPS IT Support Unit, along with the Fingerprinting Unit, are in the process of creating a way to automate the notification to the worker/supervisor when new fingerprints are due. Currently, the Licensure/Adoptive worker looks at the last date they had fingerprints when they are relicensing a home. DATA: From June 2017 to April 2018, there were a total of 4,080 applicants fingerprinted and processed by the Fingerprint Unit. The 4,080 applicants consist of 2,456 non-relative resource applicants, 1339 relative resource applicants, 46 Interstate Compact applicants, 40 Adoption applicants, and 199 of those were youth, ages 14 and up, of the applicants.
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<th>Month</th>
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<th>Relative Resource Applicant</th>
<th>ICPC</th>
<th>Adoption</th>
<th>Youth in the home</th>
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<td>9</td>
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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?

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 represents a wide range of cultural and ethnic backgrounds.
Rescue 100 is a foster home recruitment effort that began with a church in south Mississippi. MDCPS has created a unit within our agency to work toward the efforts of recruiting foster parents thru churches, reaching multiethnic and culturally diverse areas of the state. This unit targets a specific region each quarter, engages the church leaders in that area as to the needs for foster/adoptive homes, and provides a weekend training to get those interested licensed to accept our children. Rescue 100 then sets up Orientation meetings, so we can get the word out about the weekend event. From those events, we are able to recruit across cultural and religious lines and see the community come together to provide support for our children in care. We have begun piloting the PATH training, partially on-line, for those weekends and find that adult learners prefer this method of training due to their busy schedules/family activities. In that weekend, they can be trained, turn in all of their paperwork, and get fingerprints completed all in one weekend. We have been able to reach across racial lines by getting into these churches and have a diverse group of attendees at these weekend events.

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?

The agency rates this item as an area of improvement. Although the agency rates this as an area of improvement, the Interstate Compact for the Placement of Children (ICPC) Division works to maintain compliance with the federal ICPC Articles and Regulations, the Mississippi state codes and statutes, Mississippi Department of Child Protection Services (MDCPS) policy and practice, as well as the laws, policy and practices of other states within the Compact. This area can be improved in order to better serve the children and families across jurisdictional sections. Cross-Jurisdictional resources for placement are identified through the Adopt US Kids website, Mississippi Heart Gallery (MHG) on MDCPS’ website and Facebook, and inquiries from other sources. Families who are interested in children in MDCPS’ custody submit inquiries and are screened as potential placements. Additionally, a strength for the agency, in this area, is the combined years of experience with the agency of the ICPC staff.

The ICPC Division currently operates with three staff members and a combined total of 23 years of experience with the agency. The staff includes one (1) Division Director, one
(1) Program Manager, and one (1) Program Specialist. Additional staff to the unit will enable the division to be fully equipped with a framework to properly process cases, communicate with constituents, offer guidance, and handle difficult predicaments. The daily operations of the division functions as follows:

- The Division Director processes all private adoptions, out-going cases and completed home studies for approval/denial.
- The Program Manager processes all residential treatment placements, 100B forms for verification of placements/changes/closures; status updates to cases and manages the ICPC email box.
- The Program Specialists processes all incoming ICPC home study request, all supervisory reports and manages the mail received through U.S. mail or FedEx.

Each staff member processes mail that is received through the NEICE system because request can be received by each individual person. Each staff member also manages their own business email provided by MDCPS as well as answering inquires by phone as it pertains to training on ICPC processes, status updates, contacting another state for assistance, working with attorneys for needed documentation or answering questions for prospective resources on the ICPC process. The functioning of a skeletal staff is a barrier to timely processing of incoming and outgoing cases as well as confirming placements, providing progress reports and status updates. The ICPC Division currently processes the following types of cases: parental, foster, public adoption placement; private adoption; residential treatment placements; and court jurisdictional only placements. In addition, the ICPC Division provides direct case management on active cases which entails decisions to approve and deny placements, placement changes and closures, and supervisory and status reports.

In addition to case management, the ICPC Division’s staff members are also on various committees under the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC). There are fifteen (15) committees under the body of AAICPC. The committees in which the MS ICPC Division participate include: The Annual Business and Conference Planning Committee, Data Collection Committee, New ICPC Committee, Nominations Committee, Parental Placement Committee, Training Committee and NEICE Committee. These committees require meetings in the form of teleconferences and webinars that range from bi-weekly to quarterly. The Central Office of the Mississippi Department of Child Protection Services always has at least one ICPC consultant available during business hours to assist field staff as well as outside agencies,
attorneys and prospective placement resources with questions on the ICPC process regarding placement in another state.

In 2017, Mississippi Department of Child Protection Services entered into a Border Agreement with Alabama Department of Human Resources to effect more timely and efficient movement of interstate placement. The counties in Mississippi are: George, Greene and Jackson. The counties in Alabama are Mobile and Washington. This agreement initiated a more expeditious process of assessing the appropriateness of a prospective caregiver’s home within these neighboring counties. The goal is to establish, more border agreements and expedite cross jurisdictional placements. Upon review of the final version of the border agreement, the ICPC Division noticed an issue concerning expediting ICPC request if the child/children come into custody.

Under the Compact, "expedited" relates to those cases that would fall under Regulation 7 requests. These requests would have to be completed within 20 working days and excludes requests for foster and adoptive placements because the county offices are unable to meet the 20-day time frame due to MDCPS licensure requirement. The ICPC Division requested for this verbiage be removed from the border agreement. The child/children are already in the home under the border agreement safety study. Although, we know that they are already in a safe placement, ICPC wants to prevent from having to remove the child/children, disrupt the placement and wait to place them back with the prospective family once licensure is completed. ICPC Division would propose using "provisional placement" (only for the border agreement) for the family until the license is completed in order to be in compliance with MDCPS policy and the ICPC regulations.

Provisional placement: a determination made in the receiving state that the proposed placement is safe and suitable and, to the extent allowable, the receiving state has temporarily waived its standards or requirements otherwise applicable to prospective foster or adoptive parents so as to not delay the placement. Completion of the receiving state requirements regarding training for prospective foster or adoptive parents shall not delay an otherwise safe and suitable placement. We can provide a written notice of provisional placement on agency letterhead with the understanding that the family will work to become licensed in the receiving state. If licensure is not achieved (MS may want to provide a time frame of 60 days), then the child/children will have to return to Alabama or Mississippi. This proposal has been presented during ICPC policy meetings and will need to be presented to the appropriate Alabama administrators collaborating on the border agreement to see if they agree with this proposal. The ICPC Department has not received any request because of the border agreement to date. The department
is not aware of any discussions of implementing a border agreement with any other states or counties. As of May 14, 2018, the Border agreement between Mississippi and Alabama is currently being revised.

Presently, Mississippi does not have an efficient way of tracking quantitative data regarding the percentage of home studies completed within 60 days. Mississippi Automated Child Welfare Information System (MACWIS) does not provide a mechanism for adequate tracking of ICPC cases or a report on the time it takes to complete home study requests. Most of data collection is done with a Microsoft Access spreadsheet, manual counts and through The National Electronic Interstate Compact Enterprise (NEICE) database system. The process can be quite lengthy and arduous due to limited staffing resources. Because Mississippi has access to the NEICE, some quantitative data can be acquired. Currently, the ICPC Division has not entered all active cases into the NEICE system due to the time to enter a case and lack of staffing resources. Once this is accomplished, we believe a better quantitative analysis of cases can be assessed. The ICPC Department has developed an inter-office system to provide more efficient case management. This will help make cases easier to locate depending on their status as well as increase notification of the need for action to be taken on the case. These actions include the requests for progress reports or a status update on the completion of a home study. This will aid in the timeliness of processing cases and moving children to permanency. The ICPC Division is still working on this process and getting it functioning properly. Cases have been divided into specific categories, however, the ICPC Division will now need to develop a filing system according to the time allotted for completion of home studies and progress reports.

The ICPC Division 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. An issue that was discovered with the agency’s policy was in direct conflict with ICPC policy of processing cases within 60 days. This item needs to be addressed to meet the Safe and Timely requirement. The agency policy allows 90-120 working days for completion. This impedes any success at meeting the Safe and Timely Act of 2006 requirement. The ICPC Division compiled qualitative data through a manual count which is a labor-intensive task that entails taking a one by one count of each case, a Microsoft Access spreadsheet, and our NEICE system. The data from the count shows that during FY 2018, there were 2,513 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 136 residential treatment facility placements. Also, during FY 2018, 209 ICPC adoption cases were handled, which includes public and private adoptions resulting in an approximate total of 2,722 cases, which concludes to 907 cases per staff member.

One option for improvement in decreasing barriers to effective use of cross jurisdictional resources is to provide training on the ICPC process. The ICPC Division has attended the national ICPC Conference held in Seattle, WA and was also designated as one of the trainers for the day and a half session. Attendance to this conference allows our state to have first-hand knowledge of the amount of time that needs to be dedicated to developing a quality training module, identifying areas of concern and building those cross-jurisdictional relationships with other Compact states. The relationship building works well in the facilitation of permanent placements specifically when problems arise, clarification of a state’s laws or to bring a case into compliance when an ICPC violation occurs. There are currently no known effective training modules in place for the ICPC process especially for outgoing cases. This leads to more incomplete outgoing request and longer processing times for cases. About 10% of an eight-hour work day is spent offering training to county staff or prospective resources on the ICPC process and necessary documentation needed to process an ICPC request. To improve the processing of ICPC cases in the county, the ICPC Division worked with various administrative staff in the foster, adoption and IT departments to create a quick reference guide to equip county staff with a concise, uniform procedure for processing incoming ICPC cases. The training resource can be improved by purposely providing a training module on MDCPS Cornerstone training system where all workers can have access. Also, training should be part of the orientation of new case workers.

The ICPC Department would also propose holding a training session with the Office of Professional Development trainers so that they are knowledgeable of the ICPC process and regulations to offer guidance to our county staff. This would increase everyone’s awareness of cross-jurisdictional processes toward achieving permanency. It would also better prepare county staff when presenting cases in court. Some judges are unfamiliar and frustrated with the ICPC process due to timing. By increasing training, workers will be able to provide more information to the judge on the process. The ICPC Division conducted a training session with the prosecuting attorneys that service the agencies’ placement cases during the reported period. The ICPC Division also proposes developing a bench manual for the courts so that judges and attorneys have a quick guide on issues pertaining to ICPC cases. One of the main functions of the ICPC is to make sure that each
state’s laws are being adhered as well as the requirements of the Compact. During this period there has been an increase of 3 out of 10 cases where an illegal placement has occurred. This is a violation of the Compact and leaves our state and workers in a bind with other Compact states, sometimes resulting in unwanted results.

ICPC Division continues its partnership with the Mississippi Department of Human Services (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 Administrative Office of Courts (AOC) 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 2017, in Portland, Maine and the conference in Seattle, Washington in April 2018. The AAICPC developed a more definitive approach to presenting the new proposed compact to legislators.

The ICPC Division regularly seeks legal advice and assistance from the attorney general’s office when dealing with situations beyond the scope of the division’s daily policies and procedures. ICPC requires legal guidance on what can/ cannot be done on a case to remain in compliance of MDCPS policy, state and federal law. We also have participated on conference calls and trainings with judges and attorneys to assist in resolving issues that the judicial system may see as barriers to a child being placed. The ICPC Division has collaborated with this office to obtain a clearer interpretation of child welfare law and prevention of any child safety concerns. The ICPC office also collaborates with various adoption attorneys and licensed adoption agencies in Mississippi in order to help facilitate private adoption for permanency. Some of the attorneys and agencies are Young Wells Williams. P.A, Attorney Craig Robertson, New Beginnings, Bethany Christian Services, Acorn Adoption, 200 Million Flowers, Lifeline Children Services and Beacon House Adoptions.

**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 had begun the process of preparing for the third round of the Child and Families Services Review (CFSR) by identifying the state’s CFSR Team, participating in monthly joint planning calls and having finalized and approved the number of cases to be reviewed at each site with the Children’s Bureau. CFSR sites will be comprised on Hinds County, Harrison County, and Pontotoc/Union Counties. Additionally, MDCPS resumed its case review process in September of 2017. Lastly, MDCPS will submit the final draft of the statewide assessment by the deadline determined by the Children’s Bureau. Also during the reporting period, the state did receive technical assistance from the Children’s Bureau regarding implementing the OSRI tool.
VII. UPDATES TO THE 2015-2019 CFSP FOR IMPROVEMENT

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. GOALS, OBJECTIVES, AND INTERVENTIONS UPDATE

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 statewide during the 2017 APSR reporting timeframe. There have been no updates to the state’s child welfare practice model. MDCPS’s practice model continues to include 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 is continually being reinforced by the Center for the Support of
Families (CSF). More details about the State’s practice model being reinforced by CSF can be found under Section XI: Monthly Caseworker Visit Formula Grants.

2. **Over-Arching Goal 2**: Recruit and retain staff by creating a healthy work environment and maintaining manageable workloads.

**Office of Professional Development (OPD)**

- **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 1st of each calendar year the calendar will be published to the MDCPS connection internal site.
      - **Update**: During the 2015-2019 CFSP/APS R reporting, the Office of Professional Development has continued to publish the training calendar through the state’s connection site for all directors and staff to view. The training dates were disseminated prior to the upcoming fiscal year. For the 2017-2018 the calendar was disseminated for the entire year on July 1, 2017. MDCPS continued the targeted hire dates of the 1st or 16th of the month as it created a more fluid process. This shift has been very positive in the planning process. In February 2018, MDCPS ended the contract with the university provider who was delivering training. In this shift we did adjust the training dates and training dates are now set by the hiring targets.
    - **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 2017-2018 year this target was met at 100%. All staff who completed pre-service training completed all 270 hours. This was tracked manually until launching the new learning
management system. The first Pre-Service class to launch in the system began April 4, 2018. We are continuing to track the hours manually, through weekly conversations as well as in the system to ensure validity. 

- **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 2017-2018 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. This continues to be tracked both manually and in the new learning management system. More information regarding this sub-goal can be found under Section E: State’s Assessment of the Seven (7) Systemic Factors, Item #26.

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, awarded the establishment of a qualified vendor pool for agile development services for MDCPS on December 16, 2016. The following seven (7) vendors were awarded: Cambria Solutions, Inc., Civic Actions, Inc., Engage Point, Inc., FEi Systems, Geocent, Portland Webworks, and Unisys Corporation. Due to budget restraints, MDCPS postponed the onboarding of vendors for the
agile development services until July 2018. The Advance Planning Document Update will be submitted to the Administration for Children and Families (ACF) for review in July 2018. RFP No. 17-001 for the acquisition of eight (8) 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, Document Management Project Manager, and Product Development Strategist. This started in August/September of 2017. MDCPS continues to work with ITS to finalize plans for defining Statements of Work for each increment and service module. MDCPS initiated a pilot project to create a reporting dashboard to provide up to date status reports for field staff. Over fifty reports have been developed to help staff manage their work and more are on the backlog to be assessed and developed. Additionally, MDCPS initiated a pilot project to create a Placement Matching Tools to enable the field worker to find a resource home that more suitably matches the child’s needs to that resource home. Finding a more suitable match at the onset of custody quickly provides the child with as little disruption as possible.

- **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 be September 2018. 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 is currently evaluating three proposals submitted in response to RFP-18-001 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:** Due to budget restraints, the
timeframe for engagement of the agile vendor pool is estimated to begin September 2018. These vendors 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:** RFP No. 3717 established a pool of seven (7) vendors that will be used to provide development services in an agile environment. MDCPS is currently working on project plans as we await the onboarding of the vendors. MDCPS also provide regular project updates to the vendors.

- **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 Network Architect began work with MDCPS in August 2017. The transition to move the infrastructure from MDHS to MDCPS servers has been completed. The new MDCPS Network Data Center houses up to date equipment and software to support staff throughout the state. The state continues its efforts to establish communication lines separate from MDHS for all MDCPS county offices. MDCPS updated to Citrix 7.12 and 5.0. Due to the requirements of the platform, users access MACWIS through Citrix 5.0 and access all other software and applications via Citrix 7.12. New Tablets and I Phones were issued to all field staff to ensure newer equipment and remote access. The Tablets have both wireless and cellular connectivity.

- **Outcomes:** The outcomes consist of the following: (1) Increase capacity of the Department to use information management system to support casework practice and related functions. (2) Improving the reporting timeframe process from monthly to current (within 10 minutes) for all case management reporting. (3) Initiate project development by engaging technical consultants and agile vendors in the development of the CCWIS modules. (4) Development of the Common Management, Intake, and Investigations/Court modules will be initiated during the
2018-19 fiscal year. (5) Increase MDCPS federal funding for CCWIS-compliant modules.

- **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:** During the 2018 APSR period, the CQI unit was under the leadership of the Deputy Commissioner of Information Technology. It was during the state’s current reporting period that the CQI unit was reorganized. The CQI unit is now under the leadership of the Deputy Commissioner of Child Safety. Additionally, the state’s CQI director position became vacant during this reporting period. Currently, the state is reviewing its CQI goals and objectives and working toward filling the CQI vacancy. Updates will be provided in the state’s 2020 APSR submission.

- **Sub-Goal 3:** 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 and current updates can be found in Section XIII: Quality Assurance System.

- **Intervention 2:** Examine and act on staffing needs to sustain the data reporting process.

- **Benchmarks and Timeframes:** The timeframe for this intervention is scheduled for completion end of calendar year 2014.
  - **Update:** 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.
  - **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 September 2018 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
  - **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 home environment checklist is completed to ensure that home meets minimum safety requirements. A local background check is also done on all adults in the home to ensure the child will be safe until the home is licensed. The CQI Unit tracks the progress of licensing an expedited home. CQI unit tracks from the beginning until the home is either opened or the home is closed. They do a quality review to assure that all documentation that is required is uploaded to SharePoint and that all signatures are provided. The CQI Unit also brings any deficiencies to the attention of the Licensure Unit.

  - **Benchmarks and Timeframes:** Expedited relative placements will undergo the full licensure process within ninety (90) days of the child being placed in the home. 80% of pending expedited placements will be licensed within ninety (90) days.
    
    - **Update:** The SLS 319 report for March 2018 shows that 5823 children were in custody. Of those children, 263 were in expedited relative placements. Only 20 of those children (.34%) were in an expedited relative home that was beyond the 90-day timeframe for being licensed. We are tracking why these homes were not licensed timely and have been able to address barriers to licensing those homes. The most common barrier is that the county didn’t enter the inquiry timely or they weren’t able to get the placement corrected so the child’s placement was accurate.
• **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.

• **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. As of 3/31/18, there are 2801 licensed resource homes in the state. There are 1117 homes that are relative resource homes and 1684 non-relative resource homes. We have a goal of licensing 400 new non-relative homes in 2018.

• **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. Permanency Roundtables were postponed indefinitely because the concept became ineffective in Mississippi. Rapid Permanency Supports (RPSs) are being completed statewide. More detailed information about the ineffectiveness of Permanency Roundtables and the new quarterly RPS method can be found in section VIII. Update on Service Descriptions, B. Adoption Promotion and Support Services.

  • **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.

- **Update:** The 2018 Recruitment Plan has been dispersed to the Bureau Director’s in the Field. They are to report each quarter what their regions have done to recruit for foster parents statewide.

**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 was extended to December 31, 2017. SCSCY has also completed 50 home studies and their contractual agreement was extended to December 31, 2017. MDCPS is no longer contracting with these agencies to complete home studies for our agency. MDCPS is currently contracting with private providers who are completing home studies for Rescue 100 events. These providers were in place since December 2017.
Comprehensive Family Support Services Program (CFSSP) and In-Circle Family Support Services Programs

- **Sub-Goal 1**: Continue providing Family Preservation, Family Reunification and Family Support services to all 82 counties of the state.
  
  - **Objective 1**: Draft a Request for Proposal (RFP) beginning in 2015 to address the type of services needed in each county across the state;
  
  - **Intervention 1**: Draft an RFP to indicate the continued need for this service, and the expanded areas needing service prior to the FY 2016, and contract with a qualified subgrantee to provide the services outlined in the RFP.

- **Benchmarks and Timeframe:** (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 sub-grant continued through September 30, 2017. Canopy Children’s Solutions continued to provide all CFSSP services within the state, from July 1, 2017 through September 30, 2017. Beginning in October 1, 2017, the CFSSP program was changed to *in-CIRCLE* to reflect the new program and expanded scope for our families. Services were then provided by two (2) contracted providers: Youth Villages and Canopy Children’s Solutions. As of October 1, 2017, Canopy Children’s Solutions provides coverage in all 82 counties. As a result, the state has met the Year 4 and Year 5 benchmarks for statewide coverage.

- **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:** The new program for family preservation and family reunification services is called **in-CIRCLE Family Support Services Program.** The in-Circle Family Support Services Program is provided through two (2) contractors: Canopy Children’s Solutions and Youth Villages. No Performance Improvement Plan (PIP) will be required at this stage, services are still under review at the time of this report. Bi-weekly phone calls and face to face meetings are conducted to review program compliance and concerns surrounding the new program and its implementation. Canopy Children’s Solutions uploads weekly notes into the narratives of the MACWIS system through files submitted by their Information Technology representative to MDCPS. Neither provider had direct access to the MACWIS system. Youth Villages was working on the upload process and on problems preventing the successful upload at the time of this report. Since the upload of this information for Youth Villages has been a barrier, the provider has provided notes via the referral web-based application, Smartsheet®. Notes are attached to the case entry to provide for service information. Documentation is also included in each providers’ electronic health record system and can be provided to MDCPS workers and the court referral source when requested. All provider services began an evaluation process for quality through an independent contractor, Parham Group, starting with the new contracts for Family Preservation and Family Reunification Services through **in-CIRCLE** which began October 1, 2017. Evaluation areas were safety, family functioning, and program satisfaction.

Each family served by Canopy received a North Carolina Family Assessment Scale/Reunification (NCFAS-R) Report at admission and discharge. The cumulative data provided to the MDCPS external evaluator, Parham Group, reflects the total average difference from intake to closure per category. In both Preservation and Reunification cases, previous yearly average totals showed a consistent increase in family functioning because of services
provided. Current documentation, continued to reflect that trend with a 14% positive change overall from initiation of the *in-CIRCLE* program, October 1, 2017 through the last report received from Parham Group dated March 15, 2018. The current program total was slightly less than the CFSSP total for Canopy during the FFY 2017 which was 19.6%. Current reporting reflected increases evident in all twelve areas assessed. The lowest point of change was in the “Family Interaction” assessment sector at 6%, with the highest point of change in the assessment of the “Readiness for Reunification” at a 33% increase.

Family satisfaction rates for Canopy through the external evaluation process through Parham Group within the new *in-CIRCLE* program were 90.2% positive, being above average and the best service, with 75.3% of those receiving the highest rating. Parham Group is developing satisfaction questionnaires to be conducted with MDCPS and provider field staff. This is expected to be implemented and a report generated by July 1, 2018. Canopy's CFSSP reporting data reflected that 95.5% of families were able to have the children successfully remain in the home because of Family Preservation Services. The same data reflects a 75% success rate for Family Reunification Services where children avoided a return to foster care. In the *in-CIRCLE* program which began October 1, 2017, Canopy reported a 100% success rate in Family Preservation Services and a 69% rate for success in keeping the families within the home for Family Reunification Services as of May 31, 2018.

- **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.

- **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.
  - **Update:** The state has selected two (2) qualified contractors to provide family preservation and family reunification services.

- **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:** No Performance Improvement Plan (PIP) will be required at this stage, services are still under review at the time of this report.

- **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:** As of year, four (4), a total of 1049 of the projected families was served through CFSSP through September 30, 2017. With the addition of services through in-CIRCLE, MDCPS served an additional 362 families through May 31, 2018. This brought the total served during the current CFSP period to 1,411. MDCPS has exceeded the targeted service goal of 800 families.

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 seventh annual ICWA Conference was convened on August 10th, 2017, and was 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. There were 160 conference attendees including 43 MDCPS employees. There were 43 attendees from the Tribe; this number includes two Tribal Court judges and two attorneys from the Tribal Attorney General’s Office. There were two judges and multiple attorneys from across the state present as well. 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. Quarterly meetings between MDCPS staff, AOC staff, and members of the Tribal Judicial Branch have continued in preparation for the 2018 ICWA conference scheduled to be held on August 14th, 2018.

- **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, and upcoming trainings from both agencies are always on the agenda. These quarterly meetings were held between the Administrative Office of Courts, MDCPS and Tribal Social Services on September 27th, 2017, and November 29th, 2017, to discuss cases where collaboration between the Tribe and MDCPS were necessary. On October 24th and 25th, 2017, workers from CPS attended a training event hosted by the Tribe. During this training, more collaborative ideas to promote awareness regarding prevention of child abuse and neglect were discussed to potentially implement in 2018.

- **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.
  
  - **Update:** MDCPS continues to collaborate with the AOC regarding the MYCIDS program which is discussed during monthly CIP meetings. Any barriers or issues with the program are discussed
and plans are made to work toward resolving these issues. MDCPS and the AOC have also worked together to implement specific language needed in court orders within the MYCIDS program.

- **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.
- **Intervention 2:** Judicial staff have attended training sessions regarding Title IV-E and MDCPS to work toward resolving these barriers.

**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:** Maintain onsite monitoring for private placement providers.
  - **Benchmarks and Timeframes:** Continue to evaluate placement providers to ensure that services delivered are consistent with the MDCPS family centered practice model.
  - **Update** During the first round of reviews PBC staff conducting 218 case reviews across 17 emergency shelters (81 cases reviewed), group home (51 cases reviewed), and comprehensive therapeutic care (86 cases reviewed) placement providers. The information gained during these reviews will be used to create minimum service
expectations for the different placement types and establish a corrective action plan process for any provider not meeting those standards. For the initial round of case reviews no corrective action plans were issued. All findings were related to either a lack of sufficient documentation or failing to share documentation with MDCPS staff. Overall, from March 2017 through December 2017, PBC staff reviewed 219 child files across 4 contract types (emergency shelters, group homes, therapeutic foster homes, and therapeutic group homes) and 18 agencies. During this round of reviews, the period under review was January 1, 2016 through December 31, 2017. For each provider, a random sample of cases were selected from child files across all placement types that provider offered. Each review consisted of a mix of quantitative and qualitative questions in the following 8 areas: Initial Strengths and Needs Assessments, Preserving Connections, Teaming and Permanency Planning, Service Provision, Preparing Youth for Adulthood, Placement Stability, Provider Caseworker Contact with children placed in Therapeutic Foster Homes, and Child Safety. The qualitative components were evaluated a 4-point Likert scale where 1 = excellent documentation/service delivery, 2 = good documentation/service delivery, 3 = adequate documentation/service delivery, 4 = minimal or no documentation/service delivery. PBC Unit staff have continued working with partners from the Center for the Support of Families to evaluate data obtained from first round of case reviews and develop corrective action plan process and minimum standards for providers starting with the FY2019 contract cycle. MDCPS has four (4) full-time positions for 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.
Outcomes: The tables below present some of the results for the first round of case reviews. This data is being used to inform the new scopes of service currently in development.

<table>
<thead>
<tr>
<th>Item 1: Initial Strengths and Needs Assessment</th>
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<tbody>
<tr>
<td>Completion: Number of cases reviewed where initial strengths and needs assessment was completed</td>
</tr>
<tr>
<td>Qualitative Components:</td>
</tr>
<tr>
<td>Input and perspectives from child, parents, family, other key stakeholders</td>
</tr>
<tr>
<td>Identification of important family connections and involvement</td>
</tr>
<tr>
<td>Presenting Needs – medical, mental health, educational, behavioral, developmental, educational, etc.</td>
</tr>
<tr>
<td>History of trauma, medical, mental health, educational, behavioral, developmental needs, educational, etc.</td>
</tr>
<tr>
<td>Risk factors, trauma factors, coping strategies</td>
</tr>
<tr>
<td>Strengths and personal goals</td>
</tr>
<tr>
<td>Treatment goals</td>
</tr>
</tbody>
</table>

Out of the 219 cases reviewed, 147 involved children who were placed with an agency during the period under review and the initial strengths and needs assessment needed to be completed. Of these 147 cases, 130 (88%) included documentation that the strengths and needs assessment was completed. The qualitative components section indicates how well the strengths and needs assessment addressed each of the listed areas if it was applicable to the target case. Generally, the quality of the strengths and needs assessment fell between adequate and good. One area where improvement was requested was in providers sharing completed assessments with MDCPS workers. This will be an area of focus going forward.
Out of the 219 cases reviewed, there were 87 (40%) cases where the target child had a sibling in DCPS custody who was not also placed with the agency under review. Of those 87 cases, 54 (62%) had at least 1 sibling visit documented during the period under review. There were 160 cases where the target child’s parents’ whereabouts were known and there was no no-contact order. In these cases, 114 (71%) of parents had some visitation with the target child where the provider assisted with visitation.
## Item 4: Service Provision

<table>
<thead>
<tr>
<th>Occurrence/Effort: Number of cases reviewed where provider documentation indicated target child received appropriate services in the following areas:</th>
<th>Medical care</th>
<th>Dental Care</th>
<th>Mental health</th>
<th>Developmental</th>
<th>Educational</th>
</tr>
</thead>
<tbody>
<tr>
<td>188</td>
<td>161</td>
<td>167</td>
<td>39</td>
<td>183</td>
<td><strong>1.94</strong></td>
</tr>
</tbody>
</table>

The provision of services was the area where providers were consistently rated the best across all of the review completed. When children had service needs, those needs were consistently being met and thoroughly documented. MDCPS is currently analyzing this data to establish minimum standards of quality and service delivery that will be used to inform new scopes of service and proposal evaluation in the second half of 2018.

- **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.
<table>
<thead>
<tr>
<th></th>
<th>Population Served</th>
<th>Percent</th>
<th>Baseline</th>
<th>Target</th>
<th>Actual</th>
<th>Counts (Rounded)</th>
<th>Baseline</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>661</td>
<td>21.78%</td>
<td>23.96%</td>
<td>14.22%</td>
<td>144</td>
<td>158</td>
<td>144</td>
<td>158</td>
<td>94</td>
</tr>
<tr>
<td>Comprehensive Therapeutic Care</td>
<td>769</td>
<td>21.48%</td>
<td>23.63%</td>
<td>20.42%</td>
<td>165</td>
<td>182</td>
<td>165</td>
<td>182</td>
<td>157</td>
</tr>
<tr>
<td>Group Home</td>
<td>144</td>
<td>36.61%</td>
<td>40.28%</td>
<td>22.92%</td>
<td>52.73</td>
<td>58.00</td>
<td>52.73</td>
<td>58.00</td>
<td>33</td>
</tr>
</tbody>
</table>

- **Update:** The above table shows the results of Mississippi’s first two years of performance-based contracting across all providers within each contract type. The baselines were established using three years of in care and entry cohorts for each provider. Each provider was expected to improve upon their agency’s historical performance on exiting children to permanency.

Overall, no contract type saw an increase in actual exits to permanency vs. the baselines based on historical performance. However, at the individual agency level, we had 7 agencies out of 19 who exceeded their individual baselines. These agencies exited 30 additional children to permanency over what would historically be expected. All 5 of the agencies that provide therapeutic group home services saw an improvement in permanent exits over their historical baseline. MDCPS is currently evaluating the outcome data to see what trends emerge and what needs to be changed before the second of contracts goes into effect in the second half of 2018.

There were systemic factors that affected the opportunities for agencies to successfully meet their targets as well. First, agencies that provide placement services to children in MDCPs custody do not make case planning decisions for the children in their care. They have the opportunity to and are expected to participate in those activities but their involvement in case planning and case
management is limited. Second, in the latter half of 2017 and early 2018, MDCPS has made a concerted effort to rely less on congregate care and placed on renewed emphasis on family-based placements. As a result of this focus, children who historically would have stayed in a group or therapeutic group home setting for longer were moved to a less restrictive setting. One of the results of this renewed emphasis, was more kids being moved from a group home or therapeutic group home setting, where in the past they may have stayed in that setting until exiting custody.

- **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.

**Field Support 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.
    - **Update:** The units that were known as Resource Development were renamed Field Supports. Field Supports currently consists of Education Unit, Nursing Unit, Therapeutic Placement, Congregate Care and Interpreter Services. Field Supports falls under the supervision of Therapeutic Services. Increasing the knowledge of support services for staff in the field is still a goal of the Field
Support Unit. The objective to develop a Resource Guide is no longer applicable. The field supports unit has shifted its focus from developing a resource guide for frontline staff and stakeholders to serving as liaisons between MDCPS, stakeholders and community providers. Intervention no longer includes distribution of a comprehensive resource guide but does include listing resources that are frequently needed within MDCPS portal. This will allow Field Support units to update this information as needed. MDCPS Field Support units have visited county offices and held meetings with some community providers to increase caseworker, stakeholder and community provider awareness of both internal and external supports to ensure that children and families have access to and receive 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.
  - **Update.** This benchmark has been met. During the last reporting period the state provided six (6) trainings in the following locations: Jackson, Greenwood, Meridian, Hattiesburg, Oxford, and 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.

- **Update:** In May 2018, MDCPS submitted the state’s Education Services Policy statewide through Cornerstone and a total of 1,517 employees reviewed and acknowledged receipt of the policy. Also, to mention, the state restructured its Education Unit from the Office of Therapeutic Services to the Division of Youth Transition Support Services. This division also administers the Chafee services and Education Training Vouchers programs.

- **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.

- **Update.** MDCPS Interpreter Unit provides interpreter services to all MDCPS staff and clients statewide. This unit consists of 5 interpreter PINs that cover the state of Mississippi: (3) interpreters, (1) LEP monitor and (1) Division Director. Currently the interpreter unit only has (1) interpreter, (1) LEP monitor and (1) Division Director which leaves (2) vacant interpreter positions. 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 record 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. From July 2017 to May 2018, the interpreter unit has received a total of 1004 referral requests for interpreter services and have interpreted for 479 families. On average our interpreters provide translation/interpretation services to 25 families per month.

- **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 children identified as medically fragile 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 as outlined by their medical provider.
- **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, and Foster Care Review.

**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 MCI 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 MCI 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**: In September 2017, the MDCPS entered its 3rd renewal option with Social Work p.r.n to provide Mississippi Centralized Intake (MCI) services. Social Work p.r.n. continues 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 MCI, 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 the reporting period, MCI received 43,612 calls involving allegations of child abuse, neglect, and/or exploitation spanning from July 1, 2017 to May 30, 2018. During the contracted period of performance of September 14, 2016 thru September 13, 2017, MCI received a total of 44,881 calls of child abuse, neglect, and/or exploitation (ANE). Of the total number of calls received 44,499 involved allegations of child abuse/neglect and 382 involved allegations of vulnerable adult abuse/neglect. On As identified in the 2018 APSR, on October 14, 2016, Social Work p.r.n ceased from managing reports containing allegations of vulnerable adult abuse/neglect. Those responsibilities were assumed by MDHS, Division of Aging and Adult Services. MDCPS continues to incorporate the phone number to Aging and Adult Services (AAS) on the auto-attendant call prompt for MCI, which instructs reporters to call AAS regarding allegations of vulnerable adult abuse/neglect.

- Additionally, the Division Director II (DDII) continues to provide weekly staff meetings with MCI State Office staff for growth & development. On October 17, 2017 the DDII provided guidance and training to MCI and MCI State Office staff on identifying Human Trafficking (HT) indicators and policy developed by the MDCPS, to support human trafficking reporting requirements. This training helped to increase identification of children vulnerable to and exploited by trafficking, while also improving the response time of HT reports by MCI and county staff. In addition to human trafficking, staff also received extensive training on the Comprehensive Addiction and Recovery Act (CARA). The first CARA training was held in February 2018 through Cornerstone, with subsequent trainings on May 24th-26th of 2018. These trainings served as education to all intake staff and MCI State Office staff on the implementation of policies, procedures, and MACWIS changes developed to support Child
Abuse Prevention and Treatment Act (CAPTA) requirements related to CARA. In conjunction with trainings, the NICE call recording software purchased for program monitoring became completely operable in April 1, 2017. This software was purchased to enhance webinar trainings, live monitoring, and evaluation processes for the MCI.

- **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.
    - **Update:** Collaborative efforts with other state agencies and local community partners continues to improve, as well as bringing awareness to the Professional Mandatory Reporting law across the state. This year we’ve continued to increase agency presence and update reporting processes with stakeholders, medical personnel, and law enforcement agencies. Particularly, in Hinds,
Hancock, and Harrison County as those counties were selected to take part in the User Acceptance Testing (UAT) for the mobile child abuse reporting app. The Children’s Justice Act Task Force and staff from MS Department of Education, were also invited to participate in the UAT. We’ve continued to collaborate heavily with the MS Department of Education on other projects, in May 2018 we began revisions to the Mandatory Reporting Brochure for Mississippi Educators. While also partnering with the MS Department of Mental Health (DMH) to enhance the referral process for reports received by our agency that fall under the purview of DMH. However, due to time restraints during trainings we found it challenging to successfully achieve 100% for disseminating and maintaining pre/post-test questionnaires. We will continue to work diligently to implement a process that will ensure successfully achievement of this measurement.

- **Measure 2:** Updates to policy and policy guidelines shall serve as documentation for the implementation of intervention 2.
  - **Update:** The agency has released several technical bulletins, guidance documents, and email directives to enhance and support the day-to-day operations of MCI. These changes include handling Human Trafficking reports (released on Oct. 17, 2017), and MDCPS Policies and Procedures for reports regarding allegations pertaining to the Comprehensive Addiction and Recovery Act.

- **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:** The Quality Assurance Department at MCI continues to randomly evaluate 7% of all calls received and entered MACWIS (daily) by the MCI Intake Workers. This data has been instrumental in providing professional development to intake staff and determining the performance of the contractor in relationship to the Scope of Services. SIU continues to be an influential part of improving deliverables set for MCI, by providing valuable feedback regarding intake reports received on children in custody. As a result, MCI leadership has redirected the focus of key QA staff persons to address and eliminate concerns identified through this process. Which in contract year 2017, led to major improvements in writing proficiency, call handling, program outcomes, and the availability of real-time supervision.

• **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 assess and meet the needs of MDCPS for intake & screening. Because of the monthly meetings, the overall quality of intake reports entered in MACWIS continue improve. In addition, quality assurance scores have increased
overall, the length of time taken to handle incoming calls has decreased, and the number of feedback forms submitted by SIU and field staff have greatly decreased.

- **Measure 3**: Collect agendas from SACWIS Development Team meetings and provide updates on changes related to MCI.
  - **Update**: In continuing our efforts to improve Mississippi’s child welfare reporting system, we worked closely with the MACWIS team this year to enhance electronic reporting (e-reporting). In February 2017 we began partnering with the National Strategic and Planning Research Center (NSPARC) at Mississippi State University in Starkville to revitalize e-reporting for the state. With assistance from NSPARC and system’s integration knowledge from MACWIS, we successfully deployed a new Hotline Abuse/Neglect Reporting system in the fall of 2017, in both web-based and mobile reporting applications. The web-based reporting tool was released to the public on August 24, 2017, with the release of the mobile version shortly following on September 7, 2017. The mobile app has become a huge success, making it easier and more convenient for abuse and neglect reports to be submitted to MDCPS for handling. Since production of both electronic systems, we’ve experienced an immense increase in electronic reporting, especially by mandated reporters. The total e-reports received from web-based reporting is 9,371 and the total number of reports received from mobile APP has been 614.

**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. Also, the ICPC Unit has revised the initial plan for individual liaisons within each region. Because of the method that cases are assigned to the county offices, cases are routed to the appropriate supervisors for distribution in each region. These supervisors are located within the Licensure and Adoption Divisions.

- **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 2018 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 currently ongoing.
  
  o **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 Seattle, WA for 2018. Due to financial shortages with the agency only the Director was able to attend this year.

• **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 Division 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.
  
  o **Update:** The ICPC Division collaborated with the Deputy Director of Field Operations, Field Deputy Directors and field staff to develop an ICPC quick-reference guide for the field. The quick reference training has been sent statewide to staff. This training consisted of ICPC procedures for “incoming” cases. At this time no information has been sent to the judges, because they are not involved in the planning and placement of ICPC incoming cases. The ICPC has a Power Point presentation that was used in the national ICPC training conference that was provided to the Professional Development. The ICPC Director and the Director for Professional Development discussed this resourceful information to be used as training for county staff. Currently, this information has been submitted for implementation through Cornerstone as a training
module for county staff. Lastly, this training module would also consist of brief test.

- **Timeframe:** Projected completion of 50% by January 2017
  - **Update:** Time frame currently pending due to the completion of the Cornerstone training software which is projected for installment on July 1, 2017. This project is 75% completed the last component will be actual placement into “live” production in Cornerstone.

- **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.
  - **Update:** Once the ICPC training is in “live” production in Cornerstone, the ICPC Division will be able to track the progress of workers completing the training module

- **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 2,513 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), supervision reports, disruptions, terminations, status updates and 136 residential treatment facility placements. Also, during FY 2018, 209 ICPC adoption cases were handled. This includes public and private adoptions. ICPC processed an approximate total of 2,722 cases.

- **Update:** Presently, Mississippi does not have an efficient way of tracking quantitative data in regard to the percentage of home studies completed within 60 days. Mississippi Automated Child Welfare Information System (MACWIS) does not provide a mechanism for adequate tracking of ICPC cases or a report on the time it takes to complete home study requests. The majority of data collection is done with a Microsoft Access spreadsheet, manual counts and through The National Electronic Interstate Compact Enterprise (NEICE) database system. The process can be quite lengthy and arduous due to limited staffing resources. Because Mississippi has access to the NEICE, some quantitative data can be acquired. Currently, the ICPC Division has not entered all active cases into the NEICE system due to the time to enter a case and lack of staffing resources. Once this is accomplished, we believe a better quantitative analysis of cases can be assessed. The ICPC Department has developed an inter-office 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. These actions include the requests for progress reports or a status update on the completion of a home study. This will aid in the timeliness of processing cases and moving children to permanency. The ICPC Division is currently working on this process and proper functioning. Cases have been divided into specific categories, however, the ICPC Division will now need to develop a filing system according to the time allotted for completion of home studies and progress reports.

The ICPC Division 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. An issue that was discovered with the agency’s policy was in direct conflict with ICPC policy of processing cases within 60 days. This item needs to be addressed in order to meet the Safe and Timely requirement. The agency policy allows 90-120 working days for completion. This impedes any success at meeting the Safe and Timely Act of 2006 requirement. The ICPC Division compiled qualitative data through a manual count (which is a labor-intensive task that entails taking a one by one count of each case), a Microsoft Access spreadsheet, and our NEICE system. The data from the count shows that during FY 2018, there were 2,513 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), supervision reports disruptions, terminations, status updates and 136 residential treatment facility placements. Also, during FY 2018, 209 ICPC adoption cases were handled, which includes public and private adoptions resulting in an approximate total of 2,722 cases, which concludes to 907 cases per staff member. This eventually lead to the development of a collaborative internal reviewing method initiated by the Bureau Director of Permanency Support Services. This method consists of having quarterly call that
provide updates on children who are in the process of TPR and adoption. These quarterly conference calls consist of the following County and State Level Administrative staff: Regional Directors, Adoptions Directors, Area Social Work Supervisors, Deputy Field Directors, Deputy Director for Field Support Programs, Deputy Director of Field Operations Field Resources and an assigned attorney from the Office of the Attorney General.
VIII. UPDATE ON SERVICE DESCRIPTION

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

Listed below are the updates to the programs and services for the following:

- 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;

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

Through the contractual agreement with Canopy Children’s Solutions, MDCPS was able to offer the Comprehensive Family Support Program CFSSP services through July 1, 2017 through September 30, 2017. This contract provided 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 delivered an array of comprehensive, intensive treatment and wrap-around services to children and families of MDCPS. Service delivery occurred primarily in the family home setting or other locations based on the identified needs of the children and families. Examples included, but were not limited to: relative home, foster home, and school setting. The primary goals were: (1) provided services that would protect children and allow them to safely remain in their own homes, avoiding out-of-home placement, (2) provided services to safely and expeditiously reunite children, who were in out-of-home placement, back with their families, and (3) provided the family support needed to stabilize the families. The summary of services consisted of:
Family preservation services which provided short-term, four (4) to eight (8) weeks, intensive in-home Family Preservation Services to help children who were at risk of out of home placement to remain safely with their families when possible. These services were consistent with the description of Family Preservation Services by the Administration for Children and Families.

Family reunification services which offered intensive in-home services, twelve (12) to sixteen (16) weeks, that included preparation, supervised visitation, transitional and reunification services to promote timely reunification for children who had been removed from their home. These services were 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, was considered to have entered foster care. These services were consistent with the description of Time-Limited Family Reunification Services by the Administration for Children and Families.

Family support services which delivered intensive, in-home services to strengthen and stabilize families, increase parents’ confidence and competence in their parenting abilities, afforded children safe, stable and supportive family environments, strengthen parental relationships, promote healthy marriages, and enhance child development. These services were 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 were 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 was made up of one masters trained therapist and one bachelor trained case manager. The care was regionally coordinated. Region Directors and/or Site Managers were responsible for the coordination and implementation of the services within each region. The Region Director and/or Site Manager were master trained supervisors who supervised CFSSP Supervisors. These CFSSP Supervisors were responsible for providing clinical and
administrative supervision and support to the CFSSP team members delivering services to the families who participated in the CFSSP Program. The Supervisor coordinated caseloads and ensured that the team members provided all required services to families in a timely, compassionate, and competent fashion. The CFSSP supervisor monitored team members to ensure program compliance with licensing and accreditation standards. The number of cases served by CFSSP was 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 services to be provided.

• **Referral Criteria includes:**
  o All referrals had to 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 through an electronic spreadsheet system called Smartsheet©. Smartsheet provided for a secure method of distribution of referrals to the provider.
  o The child or adolescent had to be between the ages of birth to twenty-one (21) and served by MDCPS.
  o The child or adolescent had to be at risk of removal from the home setting for a placement in a standard or more restrictive foster care placement (Family Preservation).
  o The child(ren) or adolescent(s) had to 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).
  o Families had to voluntarily agree to participate in the program. The family had to commit to actively participate due to the intensity of the services and the services being provided primarily in the home setting.

• **Description of Services:**
  o The family was considered the client/case.
  o Once the referral was accepted, CFSSP staff contacted the family within twenty-four (24) hours. The admission date was the date of the first face to face meeting with the family/client.
  o A Crisis and Safety Plan was developed with the family and updated as needed and included crisis intervention, crisis management and crisis debriefing. Canopy presented the Crisis and Safety Plan developed with the family to the MDCPS caseworker to collaboratively integrate with the MDCPS Safety Plan.
  o Teams were available to the families 24/7 for crisis intervention services once admitted into program.
o Intake assessment were 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 were included in the Quarterly and Annual Reports.

o Assessment tools were available to the CFSSP therapist and were completed with the family based on individualized needs.

o The services provided by the team included, but were not limited to:
  - The therapist provided 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 provided 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).

o Canopy CFSSP staff worked with MDCPS county staff to ensure Family Team Meetings (FTM) were 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 were scheduled bi-weekly, or more frequently as needed. Development of Family Service Plans and Comprehensive Family Assessments was coordinated with local MDPCS staff in efforts to help MDCPS staff meet the MDCPS policy timelines and Mississippi Practice Model requirements.

o Services provided addressed the cause(s) for the child entering custody or reasons the child is at risk for an out of home placement. CFSSP services were individualized and guided by the goals and activities of the CFSSP Case Plan and MDCPS FSP.

o Bi-weekly conference calls occurred 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 were determined by the MDCPS CFSSP State Coordinator with input from Canopy CFSSP staff and MDCPS caseworkers. The cases reviewed needed 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 were available per family to assist with immediate and concrete needs when other funding sources were not available and non-traditional services utilized as appropriate to the case.
- Services were family-driven and youth-guided. Services were provided around the availability and schedule of the family. Most services took place in the family home, but, services were also provided in the community at the school, shelters, group homes, MDCPS office, juvenile detention centers, shelters, or any other community areas.
- All documentation was uploaded into the MACWIS system for review by the CFSSP Coordinators and MDCPS staff.

**Evaluation:**

Evaluation of the CFSSP program by Canopy was 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 was to develop and implement a continuous measurement and evaluation system that meaningfully and accurately reflected the performance of the organization and promoted individual, programmatic and organizational improvement. The QMS was designed to evaluate organizational processes and client outcomes by measuring and analyzing the effectiveness and efficiency of organization performance. Quality Management processes helped to inform policy development and revision. The organization utilized 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 were conducted to provide quality assurance for the program and identify areas of improvement.
## Canopy CFFSP (July 1, 2017-September 30, 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>
</thead>
<tbody>
<tr>
<td><strong>Family Preservation Services</strong></td>
<td>398</td>
<td>80</td>
<td>Statewide</td>
<td>Region I-N, I-S, Region II-E, 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 VI, Region VII-E and Region VII-W</td>
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Beginning on October 1, 2017, the CFSSP transitioned to the in-CIRCLE Family Support Services Program. Two vendors provided services for this program, however, only one provided services funded by PSSF funds, Youth Villages. Canopy Children’s Solutions utilized state general funds to provide services. Although similar, each vendor has a different scope of services as to how they accomplished the above criteria. Both vendors provide Family Preservation Services as defined in “Title IV-B, SUBPART 2 – Promoting Safe and Stable Families” regarding pre-placement preventative services designed to help children at risk of foster care placement remain safely with their families.

However, the expanded definition of Reunification Services within the new in-CIRCLE program and the blended funding provided to each vendor offered different definitions for each vendor, but both fit within the PSSF definition structure. Canopy's definition of Reunification Services and those cases they served meet both the Time-Limited Family Reunification Services definition and the Family Preservation Services definition under PSSF of service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement. There was no 15-month time limit as in the definition of Time-Limited Family Reunification Services. Youth Villages, due to PSSF funding, was required to meet criteria under the definition for Family Preservation Services and Time Limited Family Reunification Services. No Family Support Services were being provided by either vendor nor under PSSF through the in-CIRCLE program.

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

The target population for this program: (1) Families with children birth to 18 who were under the care and jurisdiction of MDCPS, who were at-risk of being removed from the family and placed in foster care, group care, psychiatric hospitals, or juvenile justice facilities, or who had been removed and for whom reunification was an appropriate option. (2) Families with pregnant mothers who were at high risk of the child being
removed due to substance use issues once the child was born. (Pregnant mothers were yet to be served through the program as of May 31, 2018. Referral processes were still under development as to the best way to contact and engage these families.)

**Referral Process:** Referrals to the Program come from the court system or MDCPS staff who identified the family and child(ren) as appropriate for and in need of Program services. MDCPS employed two in-state in-CIRCLE Program Coordinators, one for the northern part of the state and one for the southern part of the state. Also employed was a Division Director who provided part-time supervision over the program. Applications for referrals were submitted through an electronic spreadsheet system called Smartsheet© via a web-based form. Referral sources completed the information on the web-based form and uploaded an in-CIRCLE Participation Form. Smartsheet© provided for a secure method of distribution of referrals to the provider. All providers had access to their specific referrals via a secure email and password-based system in Smartsheet©. Applications were reviewed for suitability for the program by the in-state coordinators and then forwarded to providers for consideration for services. Once a valid referral was made, the family was to be visited by Program staff within 48 hours. If deemed an emergency situation, the family was to be visited as soon as possible, but within 24 hours. Once a provider received the referral, attempts were made to contact the family in order to set a schedule of service delivery. If after contact was made and it was deemed that the family was not in need of the intensity of services provided by the in-CIRCLE program, providers worked with MDCPS and the family in order to make a more appropriate referral to a community resource that would better suit the needs of the family. Some alternative referrals included referrals to MYPAC (Mississippi Youth Programs Around the Clock) services, Families First for Mississippi Centers, local mental health professionals, and community mental health or substance use disorders treatment facilities.

**Assessment:** During the initial visit, any immediate crisis would be diffused, and the family functioning assessment process began. The program worker(s) would assessed family functioning and develop an assessment report within 3 working days of referral. Once the family functioning assessment was completed, a Family Service Plan (FSP) would be developed with and for the family within seven (7) working days of referral. During the assessment and plan development period, however, any needed crisis services deemed necessary to protect the child(ren) was to be provided by appropriately licensed and/or credentialed program staff. Once completed, a copy of the family functioning assessment was submitted to MDCPS. A Family Service Plan (FSP) is developed for each family in the program included at a minimum the following:
• Family outcome goals
• Strategies and procedures for achieving the goals
• Specific therapeutic, social, and psychological services to be delivered, including intensity, provider(s), tenure, etc.
• Specific parenting, social, employment, educational, home economic, and other identified concrete supports to be provided, including method for acquiring, provided by whom, intensity, etc.
• Responsibility of parties
• Methods for measuring impact of each service and support, as well as progress toward overall goal
• Timeframe for completion- once completed, a copy of the FSP was submitted to the MDCPS.

Program Components and Strategies: The primary intervention components of the program were engaging and motivating family members, conducting holistic, functional assessments, developing outcome-based goals, using evidence-based practices and interventions, teaching skills to facilitate behavioral change, and developing and enhancing ongoing community supports and resources. The core strategies to be utilized are:

• **Crisis Management** – Program staff were to intervene as soon as possible (within 24 hours of referral) if family was deemed to be in a crisis situation.

• **Accessibility** – Services were to be provided in the family’s home and community at times convenient to families. Appropriate staff were available 24 hours a day, 7 days a week for crisis intervention.

• **Flexibility** – Intervention support strategies and methods were tailored to meet the needs, values, and lifestyles of each family, as well as, to provide a wide range of services/supports, such as meeting basic needs of food, clothing, and shelter, home economics and management, job readiness, parent education, substance abuse issues, medical care, and navigating public services system to individual and family therapy, individual and family case management, and crisis intervention.

• **Time Limited and Low Caseload** – Families received 8-12 weeks of intensive interventions with 8-10 hours of face-to-face contact per week. Program staff (teams) served a limited number of families at a time so that at least 80-100 hours of services could be provided per family during this period. The family was able to continue to receive services and supports up to another 12 weeks (period) with reduced intensity if deemed necessary for child safety and family preservation by Program staff and
MDCPS. Finally, *program* staff were able to maintain a casual, professional relationship with families in a soft support stage for up to 1 year from time of entering the *program* to check on from time to time or to receive a call seeking advice or information. Under certain circumstances, a family may have been referred back to a more intense stage if in the opinion of the *program* and MDCPS staff involved it is necessary for child safety and family preservation.

- **Family-centered Assessments and Service Planning** – Assessments were strengths-based and family-focused. Plans were individualized with measurable goals, developed collaboratively with the family, and in sync with the MDCPS plan for the family.

- **Research-based Practices** – Program staff used evidence-based interventions, such as (but not limited to) motivational interviewing, behavioral parent training, cognitive-behavior therapy strategies, wraparound, and relapse prevention. Family members were taught a variety of skills, including child behavior management, effective discipline, positive behavioral supports, communication skills, problem-solving skills, mood management skills, safety planning, and routine daily planning.

- **Community Engagement and Resource Building** – Appropriate program staff encouraged and facilitated the family’s involvement and engagement in the community for continued relationships and supports, and helped families assess their formal and informal support system, developed and enhanced ongoing resources needed to facilitate and maintain change after program was concluded.

- **Collaboration with Families First Programs** – Where available and appropriate, program staff utilized the family-supporting services provided through the Families First of Mississippi Centers, or similar entities, throughout the state.

- **Termination of Program Services and Supports** – When the family was deemed ready to function safely on their own, based on family functioning evaluation scores, FSP goal accomplishment, and consensus of MDCPS and program staff, a termination summary report was submitted to MDCPS and to the court, if applicable, providing an assessment of the family functioning and outcomes of FSP goals. Peer support for the family was still accessed when possible. When convinced that program efforts were not enough to ensure sufficient family functioning and child safety, program staff submitted a termination report to MDCPS and court, if applicable, providing evidence of a lack of family effort, capacity, and/or willingness to implement the elements of the FSP which may have result in termination of parental rights.
### in-CIRCLE Case Numbers

<table>
<thead>
<tr>
<th>Service Type</th>
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<th>Population served **</th>
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</tr>
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<tbody>
<tr>
<td><strong>Family Preservation Services</strong></td>
<td>397</td>
<td>79</td>
<td>See Geographical Locations</td>
<td>Following counties: Tippah, Alcorn, Prentiss, Tishomingo, Union, Pontotoc, Lee, Itawamba, Monroe, Chickasaw, Clay, Lowndes, Yazoo, Madison, Warren, Hinds, Rankin, Copiah, Simpson, Walthall, Marion, Lamar, Forrest, Perry, Greene, Stone, George, Pearl River, Hancock, Harrison, Jackson</td>
</tr>
<tr>
<td><strong>Family Support Services</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td><strong>Time-Limited Family Reunification Services</strong></td>
<td>62</td>
<td>17</td>
<td>See Geographical Location</td>
<td>Following counties: Stone, Pearl River, Hancock, Harrison, Jackson</td>
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With the new in-CIRCLE program, MDCPS has been able to serve approximately 17% more families in the last eight (8) months (October 1, 2017 – May 31, 2018) than the total number served in CFSSP services last year. As a result of expanding the type of services provided through Family Reunification Services, 101 families have been provided services to assist in a successful reunification process compared to 70 through the Time Limited Reunification Services provided all of last year.

### B. ADOPTION PROMOTION AND SUPPORT SERVICES

The Bureau of Permanency Support Services (PSS) is housed under the umbrella of the Field Support Services. PSS’s Adoption Unit responsibilities include certifying adoption assistance for children who are legally free for adoption, managing maintenance payments and Medicaid for approximately 3,000 children, preparing legal documentation for adoption finalizations, coordinating adoption related policy changes, and offering guidance to Adoption Units housed in MDCPS’ county offices. The Adoption Units housed in county offices are supervised by two (2) Bureau Directors, East and West. The Units are tasked with identifying and licensing adoptive families, preparing legally free children and youth for adoption, and other duties necessary to finalize adoptions for Mississippi’s children in-care. The PSS/Adoption Unit and

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<tr>
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<tr>
<td>Family Preservation Services</td>
<td>1,351</td>
<td>182</td>
<td>Statewide</td>
<td>All 82 counties</td>
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<td>Family Support Services</td>
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<tr>
<td>Family Reunification Services</td>
<td>1,359</td>
<td>84</td>
<td>Statewide</td>
<td>All 82 counties</td>
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Adoption Units in the county work together to achieve timely Permanency for Mississippi’s children. During the 4th reporting period, PSS was restructured and consist of the following units:

- Adoption
- Termination of Parental Rights (TPR)
- Foster Care/Licensure
- Recruitment

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. During the timeframe of July 1, 2017 thru February, there was a total of 371 adoptions were finalized.

**Recruitment of Adoptive Families**

MDCPS does recruitment through hosting the Heart Gallery at various locations throughout the state. MDCPS Heart Gallery is a physical photograph displays, card rack with children’s photo cards with biographies, and digital picture frames. The physical Heart Gallery display has been on display at The Mississippi Natural Science Museum, Broadmoor Baptist Church, First Baptist Church, New Horizon Baptist Church, Skyway Hills Church of Christ, and Saint Richard’s Church. This fiscal year MDCPS was featured on Mid-South Viewpoint podcast to speak about the importance of children in need of forever homes and promote the agency and community involvement. The displays stay up at the facilities for a week to two weeks depending on facilities events and schedule. The Heart Gallery is reserved through the Recruitment Manager. The Recruitment Manager transports and sets up display for the organizations.

Along with the physical photo displays MDCPS partners with NSPARC for an online photo listing. The children’s biographies and photographs are sent to NSPARC who puts the children’s photographs up on www.mdcps.ms.gov. Volunteer photographers from across Mississippi help MDCPS with taking photographers for the companies use. The pictures are used for the online Heart Gallery website and Adoptuskids.org. Children’s pictures from the volunteers are also used to make their bio cards. MDCPS took over recruitment and event
planning from Southern Christian Services contract expired June 30, 2017. During this Federal Fiscal Year Mississippi Heart Gallery received 93 inquiries from families interested in children listed on MDCPS’s website. MDCPS partners with Adoptuskids.org to list in children that are legally free and available for adoption to their website. The children’s profiles are uploaded and updated by the Recruitment Manager in Permanency Support Services Unit. The Recruitment Manager also serves as point of contact for foster/adoptive families looking for information on becoming a resource parent in Mississippi.

Licensed resource families can send an inquiry about a child that they are interested in through the child’s profile. Once and inquiry comes into MDCPS the Recruitment Manager responds requesting a copy of the family home study for a potential match. Once the home study is received the Recruitment Manager forwards the home study to the child’s Adoption Specialist and Adoption Supervisor for review. Adoptuskids also has a form they call Resource Tracking Tool where unlicensed resource families and fill out a form with their personal information that comes into MDCPS recruitment email adoptms.kids@mdcps.ms.gov. The Recruitment Manager responds to inquiry and informs the family on background information about becoming a resource parent and steps to becoming a resource parent. During this Federal Fiscal Year, 107 inquiries have come through Adoptuskids Resource Tracking Tool to MDCPS.

MDCPS also uses social media such as Facebook to reach a broader audience and message their children in need of adoptive homes. MDCPS has a Heart Gallery page on the state’s website that displays the children that are in need of adoptive homes and posts upcoming events for the Heart Gallery. The Heart Gallery Facebook page has contact information on how to contact the agency for recruitment or questions regarding foster/adoption. Any families interested in a child or contacting MDCPS can also send an email to adoptms.kids@mdcps from the page or send an instant message that the recruitment manager is responsible for corresponding with interested family.

During this fiscal year there were twelve (12) children adopted through the Heart Gallery. Currently there are thirty -nine (39) children listed on the Heart Gallery. Seven (7) children have a pre-adoptive placement. The status for the Heart Gallery are available, hold-placement, placement pending. If a child has a status of available that means no pre-adoptive placement has been found. A child with the status of placement pending means that the child is in a pre-adoptive home and is awaiting their six (6)-month pre-adoptive placement to elapse to move forward the adoptive. A status of hold-placement that means the child’s six (6)-month pre-adoptive placement has elapsed and waiting on finalization for the adoption.
Support Group for Adoptive and Foster Families
During the 4th APSR reporting period, the Office of Therapeutic Services created the Bureau of Faith Based and Volunteer Services on August 1, 2017. This focal area was created to provide awareness to churches regarding the following needs within the foster care system:
- Prevention Services
- Foster Family Recruitment
- Heart Gallery
- Encourage Adoptive/Foster Care Support/Ministry
- Oversee and Coordinate Adoptive/Foster Parent Support Groups

The Director of Faith Based and Volunteer Services met and engaged the local churches in the following regions: 3-N, 3-S, 4-S, 5-E, 5-W, 6, 7-E, 7-C, and 7-W. These engagements consisted of collaborating with many local faith-based organizations across the state, to assist with increasing community awareness about the critical need for adoptive and foster homes, resources for home families, birth families and children in custody. Additionally, the Faith Based and Volunteer Services Director met with the multi-faith pastors in their local churches to set up presentations with Q&A sessions to discuss adoptive and foster home recruitment and retention in child welfare and how they can best support the state. Additional areas of concern were consisted of how these ministries could create and host adoptive/foster parent support groups at their local churches. These meetings consisted of the following multi-faith ministries: Pear Orchard Presbyterian Church (Madison County); True Vine Missionary Baptist Church (Rankin County); Central United Methodist Church, New Horizon, Common Ground Church, and Soul City Church (Hinds County); Venture Church (Forrest County); Broadway Baptist Church (Desoto County); Lauderdale County Baptist Association (Lauderdale County); Church of the King and Lemoyne Baptist Church (Harrison County); Lincoln County Baptist Association (Lincoln County). In addition, the director met with local CPS staff in Pearl River, Hancock, Harrison, Jackson, George, and Greene Counties to further the discussions for foster parent support groups. Currently, there are 43 foster parent support groups across the state. The current breakdown of the number of foster parent support groups by region is as follows: I-N – 4, I-S – 2, II-E – 3, II-W – 4, III-N – 3, IV-N – 3, IV-S – 3, V-E – 6, V-W – 5, VI – 3, VII-E – 1, VII-C – 3, and VII-W – 1.

Post Adoption Services
Southern Christian Services for Children & Youth provides post-adoption services to MDCPS’ adoptive families. These post-adoption services include counseling, mental health treatment, family preservation and stabilization, crises intervention and management, peer support, and respite. Services are available to adoptive families eligible for adoption subsidy, and they are
available as needed when issues arise with the child and family. Southern Christian Services for Children and Youth has served a total number of 2,387 adoptive/foster families from July 1, 2017-February 28, 2018.

**Adoption Collaborations**

PSS partnered with the Adoption Clinic at Mississippi College’s School of Law to complete adoption finalizations and secure new birth certificates for families adopting through MDCPS. The partnership has been in existence for over ten (10) years, and it continues to be a benefit to the Department. Between July 1, 2017 and January 30, 2018, MC Law’s Adoption Clinic finalized approximately eighty-five (85) adoptions on behalf of the MDCPS. Lastly, PSS partnered with the Mississippi State University to assist the agency’s foster and adoptive parents in meeting their training requirements. The partnership with MSU begin in February of 2018, and it offers in-person training to the Department’s foster and adoptive parents on a quarterly basis. These trainings are free to the state and its foster and adoptive parents.

**Feedback Loops**

Children that need adoptive homes are presented at placement committee meetings. These meetings are held in each region for regional every month, and multi-regional quarterly throughout the year. There are two State level meetings held in March and September of each year. State Office Recruitment staff and each region have representatives attending teleconference. Private agencies such as Catholic Charities, Mississippi Families for Kids, Methodist Children’s Home, and Southern Christian Services, Youth Villages, also attend these meetings to present families that their agency licensed to help place children in MDCPS custody.

**Rapid Permanency Supports**: Rapid Permanency Supports (RPS) were initiated January 2017 to review children who had been in custody at least two years, in a family-based placement at least one year, and who had a permanent plan of adoption or custody with a relative. RPS were implemented in four regions but this eventually lead to the development of a collaborative internal reviewing method initiated by the Bureau Director of Permanency Support Services. The goal of RPS was unlike that of Permanency Roundtables (PRT) in that the caseworkers’ actions were reviewed. The goal was to identify, address, and eliminate systematic barriers in the various paths to Permanency. The intended outcome for RPS is to move children that enter MDCPS’s care towards Permanency timelier and not allow them to linger in the state’s care.

Permanency Roundtables became ineffective for several reasons:
• caseworkers not seeing the importance of them and using them as a tool to move their cases forward,
• cases being roundtabled were sometimes not the cases caseworkers were struggling with,
• the population size was limited for the time it took to complete the Roundtable process,
• the agency needed the ability to review more cases on a larger scale to determine barriers.

When RPS was implemented in Mississippi, the agency focused its efforts on children who had a permanent plan of adoption. The RPS team along with its partners from the Casey Family Programs reviewed several hundred cases in a relatively short amount of time. Barriers that were identified through the RPS process included timely TPR packet submissions, timely adoption after TPR judgment, various issues with youth courts, and limited providers to complete psychological evaluations for the TPR process. MDCPS’ Executive team and State Office and Regional, and the Attorney General Office staff worked together to address the barriers identified.

In July of 2017, the Department implemented a quarterly regional conference call to identify, address, and eliminate barriers in the termination of parental rights and adoption processes using techniques gained through the RPS process. This method consists of having quarterly call that provide updates on children who are in the process of TPR and adoption. These quarterly conference calls consist of the following County and State Level Administrative staff: Regional Directors, Adoptions Directors, Area Social Work Supervisors, Deputy Field Directors, Deputy Director for Field Support Programs, Deputy Director of Field Operations Field Resources and an assigned attorney from the Office of the Attorney General.

Presently, all children who have a permanent plan of adoption are reviewed. The statewide number of children who have a permanent plan of adoption is generally between thirteen hundred (1300) and fifteen hundred (1500). An updated list of children with a permanent plan of adoption is run every quarter and provided to regional frontline and adoption staff up to a month in advance. Regional staff gather updates on the cases in preparation for the conference calls. Regions submit their updates by close of business before their respective conference calls, and the information is reviewed on the calls. Additionally, deadlines are set for task to be completed that maybe preventing cases from moving forward. These calls have been very effective in that they inevitably foster a level of accountability having all parties at the table. Also, the agency saw a drastic increase in the number of termination of parental rights judgments (SFY 17 = 392, SFY 18 = 605) and adoption finalizations (SFY 17 = 302, SFY
Finally, adoption status meetings are very effective in moving the adoption cases forward. The child’s case worker, adoption worker, and supervisors are present for this meeting. Tasks needing completion are identified and assigned to staff responsible, pertinent information is gathered, and TPR statuses and hearing dates are discussed. The goal of the adoption status meetings is to move the child towards adoption timely by ensuring that barriers are eliminated. This process has been very valuable to case and adoption workers as it is another means of case evaluation.

**Inter-country adoptions**
There were no disrupted or dissolved adoptions.

**C. 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 track data collected through Microsoft Excel spreadsheets. Recent data compiled identified that there were 2,513 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 136 residential treatment facility placements. During the period under review, 209 ICPC adoption cases were handled and ICPC processed an approximate total of 2,722 cases.

ICPC Division continues its partnership with the Mississippi Department of Human Services (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 Administrative Office of Courts (AOC) 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 2017, in Portland, Maine and the conference in Seattle, Washington in April 2018. The AAICPC developed a more definitive approach to presenting the new proposed compact to legislators.
In 2017, Mississippi Department of Child Protection Services entered into a Border Agreement with Alabama Department of Human Resources to effect more timely and efficient movement of interstate placement. The Mississippi counties within this border agreement consist of George, Greene and Jackson and the Alabama counties are Mobile and Washington. This agreement initiated a more expeditious process of assessing the appropriateness of a prospective caregiver’s home within these neighboring counties. The goal is to establish, more border agreements and expedite cross jurisdictional placements. As of May 14, 2018, the Border agreement between Mississippi and Alabama is currently being revised. This agreement is being revised due to the agency policy which requires all relative placements to be licensed. As a result, this created a problem for ICPC. Neither ICPC office could approve the 100A form because the home would not have met all requirements for licensure. Completion of the receiving state’s requirements regarding training for prospective foster or adoptive parents could not delay safe and suitable placement. The ICPC Division agreed to provide written notice of provisional placement on agency letterhead with the understanding that the family will work to become licensed in the receiving state. If licensure is not achieved, then the child/children will have to return to Alabama or Mississippi. This proposal has been presented during ICPC policy meetings and will need to be presented to Alabama administrators for agreement.

D. 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

Unsafe Sleep Environments

The Division of Prevention and Home-Based Services utilizes data from the Mississippi Child Death Review Panel Annual Report. The 2016 Annual Report recently released by the
Mississippi State Department of Health cites the following findings as the leading cause of death for children aged 0-17 years in 2015:

- Of the cases reviewed, transportation-related accidents were the leading cause of death 38% of among children aged 0-17 years in 2015.
- Unknown cause of death was the second most frequently recorded category with 15%.
- Asphyxia, which is usually associated with infant deaths due to an unsafe sleep environment and practices, was the now the third leading cause of death 14%.
- Firearm injuries made up 10% was fourth leading cause of death.
- Drowning was 8% were the fourth and the fifth 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. In 2016, 61 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 17 infant deaths that were categorized as unexplained or unspecified. These numbers comprise 82% 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 approximately 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 utilized prevention resources to combat sleep-related risks to children with public awareness and by educating professionals serving families with children of this age. Further efforts consisting 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 collaborated with the Mississippi Child Death Review Team to assess fatalities related to unsafe sleep practices and explored ways to educate medical staff, law enforcement, and the public. Additionally, MDCPS continued to utilize the Special Investigations Unit to investigate child fatalities in order to provide consistency and expertise. The investigators in this unit tailored their training opportunities to increase their knowledge and skill in specialized areas, including fatalities. The Unit collaborated 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.

The MDCPS Prevention distributed items specific to Infant Safe Sleep at the Mississippi State Fair in October 2017. Baby wipe cases with the ABC’s of Safe Sleep were provided to parents and caregivers of infants or pregnant women along with safe sleep brochures from the
National Institute of Health, Safe to Sleep® Campaign. To combat these preventable deaths, MDCPS has introduced an expanded Infant Safe Sleep Initiative (ISSI). The goal of the program is to make infant safe sleep practice a norm in Mississippi through targeted evidenced-based programs and messages tailored toward parents and infant caregivers. The ISSI is a multi-faceted initiative that covers public awareness, education and safe sleep related products. All messages and services are consistent with the American of Pediatrics recommendations for safe infant sleeping.

Beginning in February 2018, the MDCPS Prevention Unit began an Infant Safe Sleep Initiative Gift Package program. This program was available to community programs that served families with expectant or post-partum mothers in high risk categories such as substance abusing mothers and low-income households. MDCPS is partnering with programs that serve teen parents, women with substance use disorders, infants with disabilities, and other high-risk groups. The package includes a “This Side Up” onesie, a baby wipe case with the ABC’s of safe sleep on the front and educational material. The program representative is to review the brochure and safe sleep video produced by the National Institutes of Health’s (NIH) Safe to Sleep® Campaign with the parent and then provide the gift package. The following providers have partnered with MDCPS: Starkville Oktibbeha Consolidated School District, Fairland Treatment Center, Healthy Families Mississippi, and Vicksburg Family Development Center. More providers are expected to join the program in the new state fiscal year.

Activities that targeted unsafe sleep environments consist of the following activities:

In June 2017, MDCPS issued an RFP for a state-wide Infant Safe Sleep Initiative. The program funding is to be covered by the Children’s Trust Fund of Mississippi. The purpose of the RFP is to make infant safe sleep practice the norm in Mississippi through targeted evidence-based educational programs tailored toward parents and infant caregivers and through community awareness campaigns. The goal of the Infant Safe Sleep Initiative is the elimination of preventable infant sleep-related deaths and reduction in the overall infant mortality rate in Mississippi. There was one successful proposer, MS SIDS and Infant Safety Alliance. Due to change in administration and budget concerns, the start date of the program has been delayed. Contract negotiations are in process with an anticipated start date of June 1, 2018 and will cover a twenty-two (22) month period. To review the RFP and its requirements, please go to the following MDCPS Procurement web address: https://www.mdcps.ms.gov/wp-content/uploads/2016/09/Signed-RFP-No.-2018ISSI002-6-16-17-Reissue.pdf.
In July 2017, the MDCPS received a proposal for the Infant Safe Sleep Initiative. In March 2018, the proposer was contacted to determine continued interest in providing the program services at a reduced rate of $100,000 for a year for the first ten months and $100,000 for the next year for a total of twenty-two months, with options to renew. The proposer continued to show interest in providing statewide Infant Safe Sleep Initiative services. Contract negotiations have ensued. The successful proposal included 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 were a main component. Messages were to be consistent with nationally recognized evidenced-based infant safe sleep messages. The intent of the subgrant was 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 included 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.

Public 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 was provided at conferences and public events for the Safe Sleep Program, Hot Car, and general child abuse prevention. MDCPS Prevention Unit has doubled public awareness activities from last year’s twelve (12) events.

<table>
<thead>
<tr>
<th>Schedule of Conferences and Events</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Lookin to the Future Conference</td>
<td>June 2017 (new reporting)</td>
</tr>
<tr>
<td>MS Association of Addiction Professionals Conference</td>
<td>June 2017 (new reporting)</td>
</tr>
<tr>
<td>MS Drug Summit – Opioid and Heroin Summit</td>
<td>July 2017</td>
</tr>
<tr>
<td>Parents and Kids Fitness Fest</td>
<td>July 2017</td>
</tr>
<tr>
<td>ICWA Annual Conference</td>
<td>August 2017</td>
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<tr>
<td>MS Association of Drug Court Professionals Conference</td>
<td>August 2017</td>
</tr>
<tr>
<td>DMH Trauma Informed Conference</td>
<td>September 2017</td>
</tr>
<tr>
<td>Event</td>
<td>Date</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>------------</td>
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<tr>
<td>Creating Your Own Path Autism Conference</td>
<td>September 2017</td>
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<tr>
<td>MS Conference on Social Welfare</td>
<td>September 2017</td>
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<tr>
<td>MS Coalition for Disabilities Picnic</td>
<td>September 2017</td>
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<tr>
<td>MS Psychological Association Conference</td>
<td>September 2017</td>
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<tr>
<td>Youth Court Judges and Referees Conference</td>
<td>September 2017</td>
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<tr>
<td>Mississippi State Fair</td>
<td>October 2017</td>
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<tr>
<td>Court Administrators Conference</td>
<td>October 2017</td>
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<tr>
<td>Mississippi Counseling Association Conference</td>
<td>November 2017</td>
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<td>MS Educational Computing Conference</td>
<td>January 2018</td>
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<tr>
<td>Gulf Coast Social Work Conference</td>
<td>January 2018</td>
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<td>Mississippi Child Welfare Conference</td>
<td>February 2018</td>
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<td>MS NASW Conference</td>
<td>March 2018</td>
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<td>One Loud Voice Conference</td>
<td>April 2018</td>
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<td>Children’s Mental Health Summit</td>
<td>May 2018</td>
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<td>NAMIMS Conference</td>
<td>May 2018</td>
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<tr>
<td>MS Licensed Professional Counselors Conference</td>
<td>May 2018</td>
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<tr>
<td>Upcoming Conference and Events</td>
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<tr>
<td>Lookin to the Future Conference</td>
<td>June 2018</td>
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<tr>
<td>MS Association of Addiction Professionals Conference</td>
<td>June 2018</td>
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<tr>
<td>MS Sheriff’s Association Conference</td>
<td>June 2018</td>
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<tr>
<td>MS Municipal Court Judges Conference</td>
<td>June 2018</td>
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<tr>
<td>MS Chiefs of Police Conference</td>
<td>June 2018</td>
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<tr>
<td>MS Drug Summit – Opioid and Heroin Summit</td>
<td>July 2018</td>
</tr>
<tr>
<td>Juvenile Justice Symposium</td>
<td>August 2018</td>
</tr>
<tr>
<td>ICWA Annual Conference</td>
<td>August 2018</td>
</tr>
<tr>
<td>MS Association of Drug Court Professionals Conference</td>
<td>August 2018</td>
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E. SERVICES FOR CHILDREN UNDER THE AGE OF FIVE (SECTION 422(B) (18) OF THE ACT).

As of June 15, 2018, the total number of children in custody was 5231; 2616 males and 2615 females. 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 June 15, 2018, which indicates the demographics of children currently in custody under the age of five years old for that period as follows:

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Unknown Race</th>
<th>Asian</th>
<th>American Indian</th>
<th>Black</th>
<th>Hawaiian</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>497</td>
<td>28</td>
<td>3</td>
<td>0</td>
<td>311</td>
<td>2</td>
<td>841</td>
</tr>
<tr>
<td>Female</td>
<td>446</td>
<td>21</td>
<td>0</td>
<td>0</td>
<td>296</td>
<td>0</td>
<td>763</td>
</tr>
<tr>
<td>Total</td>
<td>943</td>
<td>49</td>
<td>3</td>
<td>0</td>
<td>607</td>
<td>2</td>
<td>1604</td>
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</tbody>
</table>

During the July 1, 2017 through June 15, 2018 timeframe, 40.25% (1,224) of the 3,041 children who entered foster care were under the age of five (5). Also, according to MACWIS data, for the period July 1, 2017 through June 15, 2018, there were 2,218 children that exited to reunification. Of those 2,218 children, 1,325 or 64% of those children exited to reunification within 12 months statewide including 484 (22%) that were under the age of five (5) at the time of entry. Children zero (0) to five (5) receive an array of services when entering foster care. The state offers the following targeted services/activities directly or through contractual agreements for children under the age of five (5) that positively impact their overall safety, well-being, and permanency:

- **Concurrent Planning**: The state activities continue to be 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. Adoption is also added to a child’s permanent plan and 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. During the July 1, 2017 through June 15, 2018 timeframe, there were 648 children who exited to adoption and of those 233 were under the age of 5 when exiting to adoption. The state also has quarterly calls that provide updates on children who are in the process of TPR and adoption. This process is known as Rapid Permanency Supports (RPSs). This process is being completed statewide. These quarterly conference calls consist of the following county and state level administrative staff: Regional Directors, Adoptions Directors, Area Social Work Supervisors, Deputy Field Directors, Deputy Director for Field Support Programs, Deputy Director of Field Operations Field Resources and an assigned attorney from the Office of the Attorney General.

- **Parent-Child Visitation** - MDCPS policy also 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.

- **Safety and Risk Assessment and Child and Family Assessments** - The Safety and Risk Assessment is completed during all open investigations. This tool is used to help assess the safety and risk of children and to determine if ongoing services are needed with the family. If it is determined that ongoing services are needed, an In-Home services case is to be opened or appropriate referrals are made for the identified services. When an ongoing service cases are opened, the Child and Family Assessments (CFA) are completed. This tool helps to identify areas to be addressed within the family to mitigate harm and/or risk factors and is listed as tasks/goals in the Family Service Plan (FSP). Together the CFA’s and FSP’s are jointly developed with the family, within 45 days of case opening, and updated every 90 days thereafter as long as the case remains open.

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

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

- Family Preservation, Family Support, and Timely Family Reunification Services-MDCPS also provides the in-CIRCLE program. - This is an intensive, home and community-based family preservation, reunification and support services program for families with children who are at risk of out-of-home placement. It was designed and implemented to help break the cycle of family dysfunction by strengthening families, keeping children safe, and reducing foster care and other forms of out-of-home placements. The primary goal of the program is to remove the risk of harm to the child rather than removing the child by (1) reducing unnecessary out-of-home placements, (2) preventing and/or reducing child abuse and neglect, (3) improving family functioning, (4) enhancing parenting skills, (5) increasing access to social and formal and informal concrete supports, (6) addressing mental health and substance use issues, (7) reducing child behavior problems, and (8) safely reunifying families. Referrals to the Program come from the court system or MDCPS staff who identified the family and child(ren) as appropriate for and in need of Program services.

- The target population for this program: (1) Families with children birth to 18 who were under the care and jurisdiction of MDCPS, who were at-risk of being removed from the family and placed in foster care, group care, psychiatric hospitals, or juvenile justice facilities, or who had been removed and for whom reunification was an appropriate option. (2) Families with pregnant mothers who were at high risk of the child being removed due to substance use issues once the child was born. Once a valid referral was made, the family was to be visited by Program staff within 48 hours. If deemed an emergency situation, the family was to be visited as soon as possible, but within 24 hours. During the initial visit, any immediate crisis would be diffused, and the family functioning assessment process began. The program worker(s) would assessed family functioning and develop an assessment report within 3 working days of referral. Once the family functioning assessment was completed, a Family Service Plan (FSP) would be
developed with and for the family within seven (7) working days of referral. During the assessment and plan development period, however, any needed crisis services deemed necessary to protect the child(ren) was to be provided by appropriately licensed and/or credentialed program staff. Once completed, a copy of the family functioning assessment was submitted to MDCPS. A Family Service Plan (FSP) is developed for each family in the program included at a minimum the following:

- Family outcome goals
- Strategies and procedures for achieving the goals
- Specific therapeutic, social, and psychological services to be delivered, including intensity, provider(s), tenure, etc.
- Specific parenting, social, employment, educational, home economic, and other identified concrete supports to be provided, including method for acquiring, provided by whom, intensity, etc.
- Responsibility of parties
- Methods for measuring impact of each service and support, as well as progress toward overall goal
- Timeframe for completion—once completed, a copy of the FSP was submitted to the MDCPS.

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

- **Infant Safe Sleep** - The State's Protective and Prevention Unit also utilizes prevention resources to combat sleep-related risks to children with public awareness and by educating professionals serving families with children of this age. Further efforts consisting of posters and flyers promoting Safe Sleep practices were used regularly throughout the state by MDCPS and collaborative partners to educate the public. Additionally, the Prevention Unit distributed items specific to Infant Safe Sleep at the Mississippi State Fair in October 2017. Baby wipe cases with the ABC's of Safe Sleep were provided to parents and caregivers of infants or pregnant women along with safe sleep brochures from the National Institute of Health, Safe to Sleep® Campaign. Beginning in February 2018, the MDCPS Prevention Unit began an Infant Safe Sleep Initiative Gift Package program. This program was available to community programs that served families with expectant or post-partum mothers in high risk categories such as substance abusing mothers and low-income households. MDCPS is partnering with programs that serve teen parents, women with substance use disorders, infants with disabilities, and other high-risk groups. The package includes a “This Side Up” onesie, a baby wipe case with the ABC’s of safe sleep on the front and educational material. The program representative is to review the brochure and safe sleep video produced by the National Institutes of Health’s (NIH) Safe to Sleep® Campaign with the parent and then provide the gift package. The following providers have partnered with MDCPS: Starkville Oktibbeha Consolidated School District, Fairland Treatment Center, Healthy Families Mississippi, and Vicksburg Family Development Center.

- **Project Care and Families Strengthening Families** - Starkville Oktibbeha School District Family Centered Programs has two (2) contractual agreements with MDCPS. These agreements consist of Project Care which is funded by the state’s CBCAP Grant and Families Strengthening Families which is funded by the Children’s Trust Fund. Project Care provides child abuse and neglect prevention services to increase protective factors that include parental resilience, knowledge of parenting, social connections, concrete supports, and social and emotional competence in children for Oktibbeha County families through a two-tiered program focusing parental educational and support services. Universal services include alerting the public about child abuse and neglect prevention to include identifying and reporting child abuse and neglect.
Emerson Family Resource Center activities - The Starkville Oktibbeha Consolidated School District sub-grant through the Community Based Child Abuse Prevention Grant (CBCAP) provided for the continuation of their Emerson Family Resource Center activities. The program used the Active Parenting curriculum to provide parent education on a weekly basis for parents, grandparents, caregivers, and future parents. Temporary respite services were provided Monday through Thursday for children eight (8) weeks through five (5) years old to allow parents time for doctor’s appointments, grocery shopping, adult education, job interviews, training, etc. Staff provided a home visiting program for families with pregnant mothers or families with newborn children. The program provides for support services and parenting education through the Nurturing Parenting curriculum. In addition, education on child development, breastfeeding and infant safe sleep were provided. Support Services in the way of case management and support groups were also provided to families and parents in need of support in time of need.

Through April 30, 2018, CBCAP funds’ targeted intervention services were provided to 396 families and 8 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. Through the Temporary Respite Services, Project Care provided services to 160 children and 79 parents. There was a total of 44 parents completing the Active Parenting classes. There was a total of 168 that participated in the Active Parenting classes and 132 that participated in the numerous support groups. The Family Resource Center offered year-round nine hours per day of services to families including library resources and support materials that addressed 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. There was a total of 1,732 served patrons and more than 1,919 children that visited the Emerson Family Resource Center. The Resource Library loaned a total of 2,728 items to families. Starkville Oktibbeha also conducted family interactive activities throughout the year. Family Interactive time was offered to families and was planned and conducted by the Coordinator of the Project Care program. Family Interactive Activities were utilized by 21,078 participants. These programs included the Back to School Bash, Health Fair, Community Story Hour, Family Literacy Night, Car Seat Education, First Aid CPR, Step Up for Kids, Christmas events, computer classes, and others. Case management services for concrete support in times of need had 486 total
families receiving service. Public awareness activities reached approximately 27,461 people.

- **Maternal, Infant, and Early Childhood Home Visiting** - The Early Childhood Care and Development Division (DECCD), within MS Department of Human Services, receives a Maternal Infant and Early Childhood Home Visiting (MIECHV) Grant for a voluntary comprehensive home visiting support program, called Healthy Families Mississippi. Healthy Families Mississippi provides family support workers who assists families by linking them to community services and resources, providing child development, nutrition, financial and safety education, along with referrals for families to other support services. Healthy Families Mississippi serves pregnant mothers or families with children three (3) months or younger who are low income families, families with a history of substance abuse, families with a history of domestic violence, and families with a history of incarceration. Healthy Families Mississippi has implemented the Healthy Families America home visiting model and the Partners for a Healthy Baby parenting curriculum. All services are provided free of charge. The program serves families in Claiborne, Coahoma, Copiah, Holmes, Humphreys, Issaquena, Jefferson, Neshoba, Sunflower, Sharkey, Tallahatchie, Tunica, Washington and Wilkinson counties.

**F. 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). These post-adoption services consist of counseling, mental health treatment, family preservation and stabilization, crises intervention and management, peer support, and respite. 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. These public awareness avenues consist of: meeting with the county adoption staff, creating a Facebook and a brochure which identifies their services.

**G. OFFICE OF REFUGEE RESETTLEMENT (ORR) SERVICES**

The refugee resettlement programs are now under the leadership of the Chief Legal Counsel, Procurement, and Federal Reporting Director. MDCPS continues to have three (3) resettlement programs funded by the Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR). These programs consist of Repatriation, Unaccompanied Refugee Minor (URM) Program, the Cash and Medical Assistance (CMA) Program and Refugee
Social Services. 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 any updates in the State Comprehensive Emergency Management Plan (CEMP).

Refugee Resettlement Services Collaborations
There continues to be collaboration through a fully executed Interagency Agreement between MDCPS and DOM, for the provision of Medical Assistance for Refugees in Mississippi. The agreement commenced on January 1, 2017 and will expire on December 31, 2019. As of today, the state has (2) two group homes to accommodate the URM referrals. Currently, the two group homes are operating at full capacity by having a total of 15 youths and there is a total of 18 youth in therapeutic foster care. Currently the state collaborates with Department of Mental Health which assists with monitoring the URM program to ensure that the program complies with their state requirements regarding the provisions for therapeutic foster care. MDCPS collaborates with the following additional state entities to ensure services are rendered and compliant with state and federal regulations:

- **MS. Dept. of Human Services** – role involves making eligibility determination for Refugee Cash Assistance, TANF and SNAP formerly Food Stamps. Required documentation is submitted to the MDHS, Office of Field Operations to make and accurate determinations are based on TANF requirements for income and household size. Adult refugees may qualify for TANF and SNAP benefits by applying for assistance at the county offices. They will be required to follow all program requirements as other recipients in the respective programs.

- **MS. Dept. of Health** – require and screen all refugees for TB, HIV, and other screenings that are applicable to their individual needs. Additionally, MSDH works with MDCPS to identify and track all refugees to ensure their vaccinations timeframes and dates of arrivals information is the same for both entities.

- **The MS Dept. of Mental Health** - shares and discusses monitoring findings and corrective actions plans on the joint service provider and notifies the state of their certification status as a therapeutic provider.

- **MS Division of Medicaid** - MDCPS has an active MOU with the DOM to provide Medicaid health care coverage to eligible refugees for medical assistance that is compliant with the Refugee Assistance Act, and all other applicable state and federal regulations. Additionally, MDCPS participates in periodic calls with DOM to verify medical services to be claimed for semi-annual reimbursement. This joint collaboration is also establishing more accurate federal reporting procedures.
Office of the Attorney General - assists MDCPS to obtain Chancery Orders to extend a youths stay in the URM program up to age 21, if the youth request to remain. Pertinent information is submitted to the AG’s Office for the request to be made to the court on behalf of the youth. If granted the child can remain until emancipation.

An on-site monitoring visit from ACFORR was conducted during the week of May 15th -19th which resulted in the state having to submit a Corrective Action Plan. MDCPS submitted its final draft for corrective action plan (CAP) on December 21, 2017. On January 23, 2018, ORR notified the state that it was closing out its monitoring process for the May 2017 on-site. Also, on January 24, 2017, MDCPS received written notification that ORR approved the agency’s 2018 Refugee Resettlement State Plan. Some of the corrective action activities associated with the CAP consisted of the following:

- ORR 3 training and technical assistance was provided to Catholic Charities and the state Refugee Coordinator through a Webinar. This webinar was to address reporting time frames to ensure timely ORR 3 submissions to ORR for approval.
- Established monthly meetings for URM joint planning. MDCPS had its first URM joint planning meeting on March 21, 2018. This meeting consisted of the following representatives: Contracted provider, county workers and supervisor, Independent Living and Human Trafficking Director, Chief Legal Counsel, Federal Reporting Director and staff, State Refugee Coordinator, and two ORR- Program Analysts to participant by phone. Additionally, these URM joint planning meetings are held every third (3rd) Wednesday of the month. Also, MDCPS participates in joint planning calls outside of the monthly calls to ensure services are coordinated to the refugee population. The goal is to continue building capacity by coordinating calls with the ORR Refugee Health, Regional Analyst with Refugee Cash Medical, Mississippi Health Department as well as with state administrative and county staff.
- On-site URM Review Tool that was revised to be more compliant with ORR policy and regulations. This was also submitted in December 2017, to ORR for review and feedback. The state has selected its first refugee adult monitoring tool which was provided by another resettlement state. This tool is currently being drafting and upon its completion, it will also be submitted to ORR for review to ensure all ORR regulations are being addressed.
- State participated in all technical assistance calls from ORR that addressed changes in federal funding, decrease in arrivals, roles and responsibilities of State Refugee Coordinator (SRC), and data analysis of refugee services.
• State has begun the process of working toward its first resettlement procedural manual as well.

1. REPATRIATION PROGRAM
Presently, MDCPS does not have any clients in the repatriation program.

2. URM PROGRAM
URM services are provided by Catholic Charities of Jackson through a contractual agreement. URM services are 100% federally funded by the Cash and Medical Assistance grant. 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. If the has family in the U.S., the Cultural Specialist is responsible for following up to obtain details of the relationship and timely relaying that in formation to MDCPS frontline staff. This process is usually conducted via emails, phone or social media. A series of questions pertaining to the youth’s family are asked 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 Protection 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).

On May 15th -19th, monitors from the Office of Refugee Resettlement (ORR) conducted an on-site review of the state’s Unaccompanied Refugee Minors (URM) program for ORR-eligible populations as part of Cash and Medical Assistance funding awarded to the State of Mississippi. From the review, monitors found that the URM program participants in Jackson, Mississippi are receiving high quality services. A key strength of the program is successful cultivation of community within the URM program, including use of office as a central and frequent meeting spot for youth, staff, and even foster parents, including for educational services. Other noted strengths included: the relationship between the state, county workers and Catholic Charities; agency leadership; longevity and commitment of URM provider staff; creative case-specific interventions; and the current range of placement.

Although the program was identified as receiving high quality services, monitors also found the following areas of non-compliance which resulted in the state submitting a
corrective action plan within 30 days of the monitoring report: timely and accurate submission of case-specific reports; correct ORR-3 existing discrepancies in the Refugee Arrival Database (RADS), case planning, documentation, and review; provision of unauthorized tutorial services, cost effectiveness and corrections to the state’s Refugee Resettlement Plan. On December 21, 2017, MDCPS submitted its final draft of the corrective action plan that addressed all areas of non-compliance. MDCPS, Division of Federal Reporting began implementing the following corrective actions:

- On September 2017, all applicable staff received training for required federal reports-ORR 3 and ORR-4;
- MDCPS had also revised and submitted the state’s URM monitoring tool to meet ORR regulations in January 2018
- Submitted a letter to ORR Director on December 21, 2017, to request reimbursement and continuation of tutorial services for FFY 18 and justification to accept signed state plan and revised 2019 Refugee Resettlement Plan. It was on February 5, 2018, that MDCPS was notified that tutorial services were approved but cost had to be adjusted within the state’s contracted provider’s budget.
- On January 23, 2018, ORR notified the state that it was closing out its monitoring process for the May 2017 on-site. Additionally, on January 24, 2017, MDCPS received written notification that ORR approved the agency’s 2018 Refugee Resettlement State Plan.
- In May 2018, worked with DOM and MDCPS Eligibility Division to verify and correct the existing medical health coverage plans for URM participants;
- Conducted an on-site review of the Adult and Family Refugee Program on May 30th-June 1st for federal compliance and transition planning
- All placement issues were identified in the Refugee Arrival Database (RAD) and MACWIS in December 2017, but ORR had no RAD Data Analyst until June 2018.
- All existing ORR-3 discrepancies in RADS have been corrected as June 21, 2018;

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 fourteen (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>
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<th>PERIOD OF PERFORMANCE</th>
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<tr>
<td>FFY 17</td>
<td>July 1, 2016- June 30, 2017</td>
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Justification for increase/decrease (FFY 17 and 18)

As of today, the state has (2) two group homes to accommodate the increase in URM referrals. It is the goal of the URM program to serve 35 youths by September 30, 2018. Currently, the state is operating at a total of 32 youths. There was a decrease in the arrivals from FFY 17 to FFY 18 due to travel ban in January 2017. There were seven (7) youth who eloped from the program in July 2017. Since the elopement, there were seven (7) youth who entered the URM program with four (4) URM youth that emancipated from the program in FFY 17 and three (3) youth emancipated from the program in FFY 18.
3. CASH AND MEDICAL (CMA) PROGRAM

CMA benefits are provided by MDHS and DOM. Cash Assistance is provided through MDHS and DOM provides medical assistance. CMA funds are used to reimburse MDHS and DOM for 100 percent of the services provided to adult refugees and their families. Catholic Social and Community Services is the subgrant provider for the state’s Adult Refugee and Families resettlement program which devotes their efforts to assisting refugees with applying for CMA benefits. 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.

4. REFUGEE SOCIAL SERVICES

Refugee Social Service funds are also used to fund resettlement services for Adult Refugees and their families. Catholic Social & Community Services is the subgrant contractor that was awarded to provide refugee social services for FY 2017 and FY 2018. The current period of performance for this agreement is October 1, 2017 through September 30, 2018. These services are provided through Catholic Social and Community Service’s Migration and Refugee Center located in Biloxi, Mississippi. The target population for this program are refugees who are within the first five years of initial resettlement and who live in the Diocese of Biloxi. Services consist of the following but are not limited to:

- **Case Management Services**
- **Intake:** assist with the completion of forms and applications for refugee medical assistance and refugee cash assistance.
- **Social Services and Resettlement Process:** With a bilingual staff, assist in filling basic human needs—finding homes, enrolling children in schools, child care referrals, job referrals, introducing and accompanying them to social and healthcare agencies, and completing government and other official documents.
- **Accompaniment:** Assist the refugees with interpretation and translation services
- **Transportation:** Assist with helping to obtain transportation provisions
- **Education in English Language and Other Adult Education:** English Language Program for Adult Education is designed to provide pragmatics (language as it is used). Students acquire the language skills necessary for daily living in the United
States, such as shopping, going to the doctor, paying bills, finding and maintaining employment, etc. Instruction in GED Preparation, drivers' license training

- **TOEFL (Testing of English as a Second Language)**: Preparation, and Citizenship Preparation. Three levels of ESL (English as a Second Language) five mornings and two evenings weekly. GED is available three afternoons weekly, and Citizenship Preparation is available three afternoons weekly.

- **Acculturation workshops**: conducted by ESL teachers with the collaboration from staff and other agencies and interpreted in native language in the following areas: Accessing Help and Information-who, what, and where of service providers in the community; General Wellness-health issues and health management; an overview of the medical system in the U.S. In cooperation with the National Oceanographic and Atmospheric Association (NOAA), Coastal Research and Extension Center, and the U.S. Coast Guard regulations, we also provide CPR (to newly arrived shrimpers) classes and Fishing Vessel Drill Conductor Training classes to the shrimpers and fishers when needed to ensure greater safety and compliance with regulations. Acculturation workshops are held twice monthly to impart important information, such

- **Employment Assistance**: Community liaison to assist refugees with employment and follow-up to maintain continued employment.

- **Immigration Assistance**: the resettlement agency is a BIA (Bureau of Immigration Appeals) recognized immigration outreach site (office). With this status, the entity provides immigration information, forms, and provide assistance with immigration paperwork, family visa petitions, permanent residency and naturalization applications, re-entry permits, affidavits of support, disability exceptions, waivers, and other USCIS (United States Citizenship and Immigration Services) documents. Translation is also provided for necessary legal documents, such as birth certificates, marriage certificates, and divorce decrees.

- **Anti-Trafficking Services Program**: this program is designed to provide comprehensive case management for survivors of human trafficking and family derivatives through partnership between USCCB/MRS and local service providers.

**Clients served:**

During the FY17 timeframe, a total of seventy-three (73) recipients were served. Of the seventy-three (73) recipients, twenty-two (22) were unduplicated clients. For the current timeframe, which consists October 1, 2017 through May 2018, a total of twenty-five (25) recipients are being served. Thirteen (13) of the twenty-five (25) clients are unduplicated clients.
IX. PROGRAM SUPPORT

A. TRAINING AND TECHNICAL ASSISTANCE

The Office of Professional Development (OPD) continued to provide all newly hired frontline staff and supervisory staff 270 hours of pre-service training. In addition, OPD 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 2017-2018 year. During the 1st quarter of the 2019 APSR timeframe, court room training was developed by the University of Mississippi for January-March 2018 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 utilized and presented to the Judges and Referees regarding the training needs of the courts and MDCPS. The survey results continue to inform the topics that are outlined in the court training manual. The tracking of professional development training outcomes during the 2018 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 continual dilemma with this system is that it does not sufficiently track all needed data elements which effects the Professional Development's ability to track missing information and then sort remaining performance development information manually. As stated in the 2018 submission, the limitations remained to be the following for the state:
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.

In the 2017-2018 year all field staff and supervisors continue to receive a tablet and a smartphone to ensure connectivity to the systems. In addition, training manuals are now all housed on SharePoint giving access to all training manuals to all staff at any point in time. Not only are all training manuals, but policy, forms and additional resources can be found on this site to make everything easily accessible. All data for Professional Development is tracked in Cornerstone, the learning management system starting January 1, 2018. Lastly, 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 2018 APSR submission.

B. FY 2019 TECHNICAL ASSISTANCE AND CAPACITY BUILDING NEEDS

The Capacity Building Center for States (CBC) is providing expert consultation and support around strengthening the agency’s approach to collection, analysis and synthesis of data. Mississippi has identified four areas in which the CBC will provide support:

- Finalize statewide assessment - CBC consultants will support the state with strategy development and analysis of information received
- Prepare and plan for the PIP based on the statewide assessment - as the State plans for its upcoming final results meeting and PIP, the CBC consultants will provide access to lessons learned, best practices, expert consultation and guidance approaching PIP preparation from a strategic lens
- Data analytic support
- Development of data metrics

The CBC has identified a data subject matter expert who will support the state through expert consultation and facilitation of activities intended to increase capacity around data analytics and identification and utilization of key data metrics.
C. DESCRIPTION OF STATE’S MANAGEMENT INFORMATION SYSTEM UPDATES SINCE THE 2018 APSR SUBMISSION

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 2018 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 seven (7) vendors has been established and technical consultants are assisting the agency with the implementation of the CCWIS solution. Development is also anticipated to being in September 2018. 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 completed rollout of a new Citrix farm in June 2017. The project to provide new iPhones to all front-line workers was completed in June 2017. 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.
X. 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 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 and the development of the Annual ICWA conference. 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.

Furthermore, a copy of the state’s 2019 APSR will be available on MDCPS’s website. The MDCPS website is: https://www.mdcps.ms.gov/reports/. Additionally, an electronic copy of the 2019 APSR will be emailed 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 seventh annual ICWA Conference was convened on August 10th, 2017, and was 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. There
were 160 conference attendees including 43 MDCPS employees. There were 43 attendees from the Tribe; this number includes two Tribal Court judges and two attorneys from the Tribal Attorney General’s Office. There were two judges and multiple attorneys from across the state present as well. 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. Quarterly meetings between MDCPS staff, AOC staff, and members of the Tribal Judicial Branch have continued in preparation for the 2018 ICWA conference scheduled to be held on August 14th, 2018.

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. The MOU is reviewed on an annual basis by MDCPS. The MOU was also reviewed by the Tribal Attorney General’s Office during the current reporting time frame.

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” (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
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 age 14 to age 20. Credit/identity theft checks will be obtained annually. All youth at age 14 and over will be asked to sign a written
acknowledgement form giving MDHS/MDCPS permission to submit their personal information to the credit bureau’s (Equifax, Experian and Transunion).

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

Resolution Protocol:

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

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

Roles and Responsibility of the Workers (State Office, Front Line and ASWS’S):

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

A. UTILIZATION OF FUNDS

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, 2017 through November 15, 2022. During the timeframe of February 1, 2018 through June 15, 2018, CSF participated in regular leadership meetings with MDCPS centered on training and coaching needs, supporting the MDCPS’s initiative Safe at Home, regional implementation of the practice model, supporting the professional development needs of MDCPS, and how CSF could support MDCPS meet their goals. Please see further support in the following:

- **Safe at Home** - During the February 1, 2018 through June 15, 2018 time frame, CSF worked with MDCPS in their efforts to develop a theory of change to support their initiative Safe at Home, focusing on keeping children out of foster care and achieving permanency. CSF facilitated planning sessions with state office leadership to develop an initial set of core activities for State Office, Regional and Bureau Leadership, and Supervisors around the five principles that were developed to successfully achieve the goals of Safe at Home: Use of Available Federal Funds, Safety Assessments and Ensuring Services are In Place, In Home and Prevention Services, Partnerships with the Courts and Ensuring Reasonable Efforts, and Promoting Permanency in Foster Care. CSF has begun to help MDCPS develop a data plan to track implementation of Safe at Home and its impact on children and families in Mississippi. This plan is focused on the work happening within the counties and regions in Mississippi as well as through providers and agencies.

- **Supporting an Annual Statewide Supervisor’s Meeting** - CSF continued planning efforts associated with the 2018 statewide supervisor’s meeting for 325 MDCPS staff, which occurred on June 6-8, 2018 entitled Safe at Home. CSF assisted MDCPS in identifying two keynote speakers, developing the agenda which included a panel of judges and representatives from in home and prevention agencies, and creating a facilitation guide and structure for the breakout sessions with participants.

- **Coaching Support** - CSF provided coaching support in all 14 regions throughout the state during this timeframe. Onsite coaching activities included: individual coaching, group coaching, participation in regional meetings, observation and feedback in staffings, observation and feedback in unit meetings and shadowing. In addition to
having an onsite presence in the regions each month, CSF also provided the regions off site support including routine communication, group coaching via webinar, as well as providing data analysis and other materials as requested to support improvement efforts. CSF collaborated with MDCPS State Office and Regional Leadership to determine: what assistance the seven regions need who completed the PMLC during the last contract period to sustain their PMLC learnings; the details for beginning the PMLC with the three regions that will participate during 2018; and the support needed for four regions that still need to address barriers preventing the regions from participating in the PMLC during 2018.

- **Practice Model Learning Cycle (PMLC)** - CSF facilitated the participation of the next three regions to participate in the Mississippi Practice Model Learning Cycle (PMLC), which is a development and learning model that includes preparation activities, virtual learning modules, and structured practice application opportunities, which began in February 2018 and will be completed in October 2018. This work included pulling baseline data for three regions from Data Reports and EMU case reviews, developing a schedule for delivery unique to each region, and preparing CSF staff for implementation. In addition to the three regions participating, one region engaged their court system who asked to also receive the training, so CSF staff and regional leadership are delivering the PMLC to the judge, judicial staff, attorneys and CASA. By the end of this period, the three regions have completed the first four of seven modules. Finally, CSF is coordinating with Mississippi’s Professional Development Department to migrate the PMLC website to MDCPS’s Cornerstone site, for monitoring participation in the PMLC components as well as evaluation activities.

- **Capacity Assessments and Strategic Planning:** CSF coaches continued to support Regions IV-S, VI, VII-C, and VII-E efforts to monitor and refine the strategies identified in their capacity assessments, which in turn helped inform CSF’s coaching support for the remainder of 2018 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 about 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. CSF developed a template for these regions to use to monitor their progress in these key areas, both through data collection as well as identifying and implementing strategies to address deficiencies. At the end of this time period, state office leadership began preparing for meetings with these four regions in order to review progress made over this 5-month period.
• **State Office Support:** CSF staff facilitated and participated in regular leadership onsite meetings and calls with MDCPS Leadership, centered on training and coaching needs as well as how CSF could support MDCPS meet their goals. CSF staff also participated in more specific state office support efforts, including, the *Safe at Home* Initiative. State Office support during this timeframe also included management support, assisting MDCPS Leadership to use data to track progress and inform MDCPS activities, and assist MDCPS with their planning associated with the upcoming work. During this timeframe, CSF staff participated in regular monthly face-to-face status update meetings with MDCPS leadership to coordinate our work with the Department for our contract year and to identify needs and monitor progress on project activities. CSF staff also participated in more specific state office support efforts, including preparing for and facilitating a site visit with Tennessee in March, with a focus on child welfare financing, keeping children safely at home, class action litigation in child welfare and building the capabilities of the child welfare workforce and updating materials promoting the practice model.

• **Reasonable Efforts Virtual Training:** During the review period of February 1, 2018-June 15, 2018, CSF, at the request of MDCPS, developed a virtual training on Reasonable Efforts to support one of the departments identified priorities. The training, designed with the adult learner in mind, was centered on three modules (Reasonable Efforts to Prevent Removal and Strengthen the Family, Reasonable Efforts to Return the Child Home, and Reasonable Efforts to Achieve Permanency Swiftly). Each module contains five practice scenarios or activities where users have the opportunity to practice five key behaviors associated with the module, as well as find additional supporting materials including policy references, resources for workers on the topics of the activities, and resources for supervisors, including staffing note sheets on how to monitor fidelity to the key behaviors. In addition, the training provides additional overall information on Reasonable Efforts, include the federal and state statutes; Why Reasonable Efforts is Important to the Courts, MDCPS, Parents and Children; How Reasonable Efforts Connects to MDCPS’s Practice Model; General Resources and a Glossary. CSF completed virtual training development at the end of May 2018 and developed one-page guidance for Regional Directors and Supervisors to support and monitor implementation of the Reasonable Efforts Virtual Training, which is scheduled to begin in July 2018.

• **Professional Development:** February 1, 2018 through June 15, 2018, at the request of MDCPS Leadership, CSF continued work supporting the MDCPS professional development division as they transitioned training activities, including pre-service training, from an outside vendor to an in-house operation. To this end, CSF reached out
to other states who deliver pre-service as possible resources for MDCPS to talk to as the transitions to pre-service in house occur and facilitated a call between MDCPS and Tennessee professional development leadership, who provided recommendations and lessons learned from Tennessee as they moved their training in-house.

B. ASSESSMENT OF PERFORMANCE

Furthermore, MDCPS did not meet the statutory performance standard for the required monthly visits for FFY2017 however, the agency did meet 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 FFY2017, performance for the required monthly visits was at 91.48% which was a 3.52% difference from the statutory standard (95%). For the required monthly visits in home, the states’ performance was 90.56% (50% standard). Mississippi is aware that compared to FFY16 (MCV-91.03% and VIH-91.47%, performance in these areas was almost identical to FFY17 (MCV-91.48% or .45% and VIH-90.56% or -.89%). The state continues to assess its performance on monthly caseworker visits and has identified some policy and practice correlates that directly impact this measure.

C. STEPS TO ENSURE PERFORMANCE STANDARDS ARE MET

MDCPS current policy states that each foster child should have a minimum of two (2) monthly visits with their parents, if deemed appropriate. Additionally, staff is available to have weekly visits for younger children, when appropriate. Monitoring the face to face contacts on a weekly basis is also a practice that the state has recently deployed. Each Monday the ASWS’s print the “Worker Contacts for Custody Child” report from SharePoint. This report shows the contacts that have been documented for each child in custody. The ASWS’s email a copy of the report to their RSWS and RD. The ASWS’s follow up with each worker during their staffing sessions throughout the week to help ensure that the required contacts are made and documented. The staff have all been told that they should have at least one contact made and documented by the 15th of the month and at least two contacts documented by the 25th of the month. RSWS’s and ASWS’s follow up on the 26th of the month to ensure that all the required contacts have been made and documented. If there are any missing contacts, improvement plans are developed and implemented to get the contacts made and documented by the end of the month.
XII. ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

The Adoption Incentive Payments Program continues to allow MDCPS to enhance the state’s adoption program in several 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 three (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 ended on June 30, 2017 due to the state creating its own home study model. This was 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.

- Hire Support Staff for State Office Adoption Unit; Adoption Incentive Funds were used to hire support staff for the Adoption Unit at MDCPS’ State Office to assist with the drastic increase in children achieving permanency through adoption.

- 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 2019 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 no longer provided these services. These services are offered internally. MDCPS has a Recruitment Manager who manages recruitment services for children who are free for adoption and in need of a permanent home. Since moving these services in-house, several children have received update photographs.
and bios that have been featured on various sites as well as the physical gallery that travels throughout the State.

- 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 on line and more face to face trainings while using the PATH training curriculum. MDCPS’s Licensure Unit updated and reformatted the PATH curriculum for resource parent pre-service training to an in-person and online format. During the implementation period to the new format, private contractors will continue to provide in-person preservice training for foster parents. Funds were used to renew these contracts Family Resource Center of North MS and MS Community Education Center.

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. MDCPS was able to secure a search engine through MDCPS and Adoption Incentive Funds will not be utilized to secure this search engine.
- 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.
XIII. QUALITY ASSURANCE SYSTEM

The Mississippi Department of Child Protection Services’ (MDCPS) Quality Assurance System operates from a standpoint of Continuous Quality Improvement (CQI), with CQI being the expectation of all staff within the agency. MDCPS is proactive in determining strengths and areas needing improvement. The agency relies on continuous learning, growth, flexibility, and adjustment in order to support and enhance Mississippi’s Family Centered Practice Model.

CQI is fully operating in all jurisdictions where services included in the State’s CFSP are provided. The Office of Continuous Quality Improvement (CQI) is responsible for reviewing, measuring, reporting, and monitoring case practice in all other areas of the agency. The Office of CQI is functioning to ensure that quality services are provided to the children and families that are served by this agency. This Office is made up of five separate units that consist of review teams, data analysts, customer service specialists, support staff, and administrators. It is the responsibility of all staff in the Office of CQI to work with and provide monitoring, feedback, and support to other areas of the agency. The Office of CQI encourages collaboration with stakeholders and outside partners for purposes of gathering qualitative data. CQI staff is assigned throughout the State to provide qualitative and quantitative feedback to inform practice and support the work of Field Operations in moving the mission of the Mississippi Department of Child Protection Services forward. Foster Care Review (FCR), Evaluation and Monitoring (EMU), and Safety Review (SRU) staff are located in the counties, with EMU liaisons regionally assigned. Data Reporting unit, the backbone of agency reporting, and Consumer Solutions unit, handling all complaints and inquiries for the agency from clients, constituents and concerned citizens, along with the Director of Continuous Quality Improvement are housed at State Office.

The Office of Continuous Quality Improvement utilizes review instruments which have been designed in conjunction with internal and external stakeholders. Continuous Quality Improvement staff is trained in the use of these instruments and is able to determine strengths in practice and areas of needed improvement based on review outcomes, data reporting, and critical thinking. From the instruments and tools that are utilized, CQI gathers, evaluates, aggregates, and shares findings with other areas of the agency in an effort to improve practice. This feedback may take several forms and CQI Units are able to extract and analyze data directly from some of those instruments (the OSRI, used by EMU
for instance, or the reporting functionality of SmartSheet). The feedback may also come in the form of a communication to someone within the agency. (from The Consumer Solutions Unit, Foster Care Review, Evaluation and Monitoring, Data Reporting Unit, and the Safety Review Unit). Examples could include, but are not limited to, electronic communications, data dashboard reporting, OSRI structured reporting and verbal feedback. CQI gathers information from stakeholders, including parents or family members, court personnel, service providers, and resource parents. The unit gathers this information by including these entities in Foster Care Review conferences, by soliciting feedback in the form of stakeholder input (where case participants are engaged in the review process to gain their perspective of how case activity is being managed), and by listening to the community and responding to any needs or concerns they may have.

Casework practice reviews provide an opportunity to monitor critical case activities and the implementation of state and federal statutes, agency policy, and the agency’s Practice Model Family Centered Practice standards which include: mobilizing appropriate services timely, safety assurance and risk management, involving children and families in case activities and decision making, strengths and needs assessments of children and families, preserving connections and relationships, and individualized and timely case planning. These standards of practice ensure that children in foster care, and children who remain within their own homes, receive quality services that protect their safety and well-being. CQI reviews casework practice to evaluate and provide feedback regarding the practice standards surrounding the services provided to move children to permanency in a timely manner. Evaluation and Monitoring and Foster Care Review consider the availability of resources to families to help meet their needs when reviewing cases. The participation of stakeholders in the review process is encouraged to help identify those resources which would be most beneficial to the family being served.

Foster Care Review (FCR) is utilized as an improvement and accountability tool by reviewing the work of others and providing feedback to improve practice. Foster Care Reviewers review the cases of every child who remains in foster care (every five to six months), to determine that their safety, permanency, and well-being needs are being provided and that efforts are being made to move these children to a stable, permanent home. This review of casework takes the form of reading information entered into the statewide information system, identifying what is found in the physical case file of each child, and conducting discussions and conferences with caseworkers, supervisors, clients,
and court personnel. During the conferences, discussions include what has been done by the agency and by the parents to achieve the permanent plan, what needs to be done by the agency and parents to achieve the permanent plan, what services (including mental and physical health care needs) are needed but not provided, what supportive relationships exist, and a discussion of any additional comments, questions, and concerns. The discussion is recorded in the Youth Court Hearing and Review Summary also known as the County Conference section of the child’s electronic case file. The county worker and supervisor are notified electronically when the reviewer completes his or her documentation and they complete the remainder of the document for submission to the Youth Court. This process is used to inform the Youth Court of the status of each foster care case as it relates to the child’s permanency. Recommendations for corrective action are made with each review based on the results of the case file review and the discussion from the county conference. Those recommendations are captured in MACWIS’ Periodic Administrative Determination (PAD) and the supervisor is notified of the recommendations through an electronic alert or tickler. The Supervisor may then record follow up actions in the PAD documentation. When it is determined that safety, permanency, or well-being needs are not being adequately fulfilled, or that efforts to move the child towards permanency are not being sufficiently made, the Foster Care Reviewers report their findings immediately to the regional and county leadership for corrective actions. Immediate safety, permanency, and well-being concerns are further tracked through an automated spreadsheet (SmartSheet). FCR tracks these concerns until a response is provided by the Regional Director indicating follow up has been or will be made.

The FCR Director also collaborates with Regional Directors, Field Operations, and other unit directors to address and track trends that are occurring within the regions/counties. The FCR Director has served as a member of the Court Improvement Workgroup for several years to collaborate on issues such as, timely court orders, MYCIDS training, TPR referrals, and court training for MDCPS staff. The FCR Unit collaborates with the TPR Unit to monitor, track, and share information regarding foster care cases with a court ordered plan of Adoption. FCR currently collects data to complement the tracking process by the TPR Unit and the MDCPS Runaway Tracking and Reporting. Information is collected, analyzed and shared between the units’ leadership. Collaboration provides the opportunity for FCR to collect case review data in a way that will supplement the data collected by other units and transmit this information to critical decision makers.
The Evaluation and Monitoring Unit reviews a random sample of foster care and in-home cases with the intent to ensure that safety, permanency, and well-being needs are met. Each month, the EMU reviews 42 cases as a sample (28 In-home cases and 14 Foster Care cases) in a different region of the state to measure for both compliance and quality of services. Case members are interviewed during these reviews to gain perspective. Very often, the interviews will reveal information that has not yet been documented or placed into the case record. This is intended to give the reviewer a greater sense of what case practice looks like and what services are being provided to children, parents, and families. Safety and practice issues that require corrective action are discussed with the Regional Director (or their designee) upon identification. This discussion is then followed up with an entry in the EMU’s corrective action SmartSheet for tracking of the resolution. These corrective actions are assigned to the Regional Directors or their designee. Gathering this qualitative data has shown itself to be beneficial in telling the story of the casework being done within this agency. Once the review process is complete, and cases are finalized, data is extracted from the On-Site Review Instrument (OSRI) by the Data Reporting Unit. The report that is extracted shows findings of the various items, as well as the rate of interview participation in each case. Once the report is completed it is to be passed to the Director of the EMU, who will, along with other members of the EMU, then share the report with the Regional Director and Regional ASWS. From this report, the region can gain a perspective of what areas of practice are working well (strengths), and what areas of practice need to be strengthened (areas needing improvement). This information along with other data sources is available to everyone within the agency to use in the development of improvement efforts. Once each of the regional reports is finalized and downloaded, they are published on the agency SharePoint site for reference by all staff. This is the process for the regional case review.

The EMU also manages administrative requests for targeted reviews if a need arises and the Region needs to know about an area of practice. This can also be done if a measurement of practice is needed in a specific case. Targeted case reviews are requested by leadership in the regions, the Office of Field Operations, the CQI Director, or MDCPS Executive Leadership through the CQI Director for such a review to be conducted. An example of a current targeted case review requested by agency management is the monitoring of the pending expedited relative resource home licensure process and the review of the quality of the home studies of the relative resource homes once they have been licensed. These processes are addressed in other sections below. A second example is a targeted review of several counties with a large number of investigations not initiated timely to determine the
cause for the delays and report back to the Office of Field Operations and management so corrective actions can be implemented.

The Safety Review Unit (SRU) is responsible for ensuring that agency policy is followed in investigations of maltreatment directed at children who are in the custody of the Mississippi Department of Child Protection Services. This unit also provides quality assurance for all decisions to screen out (not investigate) a report of maltreatment of a child in MDCPS custody. By using a well-established review instrument, the SRU can ensure that safety is paramount to all children in the custody of the agency who have a report of maltreatment made concerning them. When reports of maltreatment of children in care are made, the reports are investigated by the Special Investigations Unit (SIU) unless it is determined that there are sound and appropriate reasons to not investigate these reports. The SRU receives a weekly listing of all reports of maltreatment in care completed or screened out by the SIU. Data is collected through a review instrument approved by the agency’s first Olivia Y monitor and the agency’s executive team. The review instrument for this process measures the timeliness of worker response to the report of maltreatment, if all appropriate parties were included in the assessment, and if they were interviewed privately. It also considers if the family has a history of prior reports of maltreatment, if any safety or practice concerns still exist, or if any ever existed. In addition, it considers if the child can be determined to be safe either with or without the implementation of a safety plan. For all investigations of maltreatment in care, the investigator’s findings are assessed by the SRU using the instrument to determine if proper protocol was followed. Additionally, the SRU does a quality assurance review of all decisions to not investigate reports of Maltreatment in Care by the SIU. If the SRU does not concur with a screening decision by the SIU, they resubmit the report to Centralized Intake and identify it as a screening override. The report is then re-assigned for investigation, immediately, by the SIU, without the option to not investigate. Child safety is always the determining factor in whether a screening decision is upheld or overridden. Safety Review Unit (SRU) currently utilizes the SmartSheet tracking system to accurately track all corrective actions within the unit and report corrective actions to Field Operations staff. Since the implementation of this review process and staffing the SIU, the agency has seen drastic improvements.

In addition to case reviews and participant interviews, the EMU has historically gathered additional stakeholder information by way of electronic surveys. Due to the low response rate to our stakeholder surveys, the review survey process is currently being re-evaluated
and strengthened by the implementation of innovative survey techniques to ensure survey data collection is maximized to inform the agency to help drive improvements state wide.

The MDCPS Office of Information Technology recently implemented a survey process to assist in improving services the technical team provides to Field Operations. This survey is randomly generated through our ticket tracking software via email to various staff who have been ticket requestors (one survey is sent upon each tenth ticket being closed). The feedback (along with comments from field staff) is charted and reviewed each week with all IT Customer support staff to drive improvements in the services they provide. This has been most successful since its inception in October 2017.

To help ensure MDCPS management has the most accurate workload reporting to assist in making staffing decisions, the CQI team also assists in the monitoring of workloads and staffing needs. Workload monitoring is currently being managed by the EMU. The results of the unit’s findings are shared with field operations staff to inform and drive data quality improvements resulting in more accurate workload reporting to be utilized by management in decision making for staffing needs. This feedback is vital to building the capacity to deliver services to those who are served by the agency. The EMU assesses workloads to ensure that all lines of service are in place and to determine if each caseload is within the established limits. Items for corrective action are communicated to the assigned supervisor and caseworker who have five working days to make the corrections. The assigned reviewer determines if the corrections have been made. If they have not, the Regional Director is notified. If the corrections have not been made after the Regional Director is notified, the appropriate Field Operations Director is notified of the need for corrective action. Improvements are currently being made to the spreadsheet tracking of the workload monitoring that will result in structured reporting for the Office of Field Operations to utilize to drive improvements in this area.

The Evaluation and Monitoring Unit monitors the licensing activities of relative resource families applying to become licensed to provide foster care services to children who enter MDCPS custody. Previously, the agency found itself not completing this licensure process timely resulting in a backlog of homes awaiting licensure finalization. This process is conducted through the Footprints tracking system which allows the assigned tracker to note which licensure activities have been completed and those that have not. The system automatically generates an email to the assigned Resource Specialist and Supervisor as to the status of the home. As the 90-day timeframe for completing licensure approaches, these automatically generated emails become more frequent and include the assigned Resource
Unit Bureau Director and, eventually, the Director of the Resource Unit. Issues observed surround safety concerns or other concerns that could prevent licensure of a home in a timely manner are noted in the tracking system which generates automatic emails to the assigned caseworker, Area Social Work Supervisor, the Resource Specialist, the Resource Supervisor, and the assigned Resource Unit Bureau Director for collaboration in getting the identified issue resolved. In addition, a report of pending expedited relative resource homes that are due (or will soon be coming due) is compiled from the tracking spreadsheet and sent weekly to the licensure leadership staff and Field Operations staff from the Evaluation and Monitoring Director. This report is used by the licensure staff to obtain a status of these homes and make efforts to get the licensure process completed. This report also identifies placement types which need to be updated. Since EMU began tracking this process, it has been found that more homes are licensed timely and when not, valid reasons for the delay can be identified. Additionally, the licensure process has not incurred any further backlogs. Once a relative resource home has been licensed, the Evaluation and Monitoring Unit conducts a quality review of the home study to determine if criteria for licensure was completed timely and accurately. As with the other monitoring efforts, if safety issues or practice issues are observed during the review of the relative foster home study, a corrective action notification is put in place utilizing SmartSheet tracking. The Regional Directors (or their designee) over the county of responsibility is notified. Safety issues are to be resolved within five calendar days of notification. Practice issues for corrective action are to be addressed and resolved within twenty working days. EMU is currently working on a more structured reporting mechanism to provide the Office of Field Operations with data on the timeliness of corrective actions.

The Data Reporting Unit (DRU) produces regular, ongoing reports, as well as ad-hoc reports, when requested, to show practice outcomes as well as progress or regression. The recently developed online ‘Focus on Data’ Dashboard, developed in house by DRU and CCWIS teams as a collaborative Comprehensive Child Welfare Information System (CCWIS) project, provides near real-time feedback to all staff members on how they are performing in different areas of practice (See Attachment G for dashboard report example).

The data dashboard criteria selections provide information at the statewide level, and can also be filtered down to regional, county, unit, supervisor, or worker level detailed reporting. Currently, the Dashboards provide data tracking for various reports, including worker/foster child contacts, worker contacts with foster parents, worker contacts with children from in-home cases, worker contacts with in-home child parents, worker contacts
with custody children in trial home visits, resource reporting, workload reporting, as well as reports around special investigations and management reports. Easy access to the data is a huge win and improvement agency wide.

Additionally, the DRU is responsible for the management of all Federal Reporting, as well as the tracking of Performance Improvement Plans (PIP) related to federal reporting as a corrective measure. MDCPS had for years been out of compliance with AFCARS Element 57, starting with AFCARS reporting period 2015A, regularly failing to meet its standard. AFCARS PIP Monitoring conducted by the DRU has contributed to the agency passing the previous three reporting periods for Element 57. PIPs for this item consisted of agreements with identified counties/regions for regular submission of records of children entering and exiting custody to the DRU coordinator of this PIP. Each identified area also participates in bi-weekly calls to monitor efforts to complete data entry for these records in a timely manner to identify barriers and address roadblocks. This approach holds the regional leadership accountable for ensuring the data are entered for accurate reporting during the biweekly calls.

The Consumer Solutions Unit (CSU) serves the agency in managing inquiries, addressing consumer concerns as well as issues reported by elected officials, and by providing customer service and support to all who contact the agency. The Consumer Solutions Unit routes telephone calls and e-mails to appropriate parties within the agency and it maintains a record of all interactions. When a complaint or concern is made, the Consumer Solutions Unit acts as a liaison to ensure that all issues are resolved, and the reporting party is apprised of the actions taken. When the Mississippi Department of Child Protection Services is contacted, it is the Consumer Solutions Unit who is the first point of contact, the “front door” to the agency. Excellent customer service is always the unit’s goal. Data is collected in this unit by way of SmartSheet tracking. When a complaint or concern is submitted, it is logged in SmartSheet tracking and a request for response is sent to the appropriate staff. Staff receives an e-mail request to view the concern and provide a response. The e-mail contains an active link where the staff can enter a response from their e-mail account. When a response is entered by staff, the information automatically populates to the tracking tool. The CSU administrator who entered the initial concern is notified that there has been an update to the tracking tool, and they review all responses to determine if an adequate intervention has taken place. If all matters appear to be resolved, the concern is indicated as resolved and no further action is taken. If additional information is needed, Consumer Solutions sends out additional requests for updates, until they are
confident that the matter has been resolved. The SmartSheet tracking tool allows for interactive collaboration. All units within CQI track and monitor corrective actions by utilizing software that includes Footprints, SmartSheet, Excel spreadsheet and AFCARS Improvement Plan Monitoring. When issues are identified or reported to any of the CQI units, those issues are entered into one of the corrective action tracking tools and are monitored until they are resolved appropriately. CQI staff assists in monitoring and helping to correct areas of needed improvement, regardless of the area of practice.

Evaluation of implemented measures is conducted by way of ongoing data reports, follow up reviews within the regions, and on-going foster care reviews. The focus on data dashboard also provides staff a snapshot of how progress is or is not being made. Assessment of these reports following the implementation of a measure can indicate the effectiveness of the activity over a certain period. The dashboard is also a means by which the agency is improving its data quality. This is of utmost importance for reporting purposes and for data conversion throughout the CCWIS project.

The agency has several initiatives that are in the planning stages that will aide in the evaluation of program improvement measures. MDCPS is currently focused on the rewrite of its CQI Plan. The Office of CQI will continue to strengthen the mechanism for monitoring performance improvement and provide meaningful feedback and oversight of case practice to aide in performance improvements agency wide. The implementation of structured regional performance improvement plans is a goal of the Office of CQI in collaboration with the Office of Field Operations and will become a part of the new agency CQI Plan. Another planned approach to ensuring improvements are accomplished as a result of CQI findings is the feedback loop extending to the agency’s training, mentoring, coaching resources to positively impact improvements through training focus state wide in particular areas of practice as a result of review data analysis and qualitative feedback. Further plans include the executive version of the focus on data dashboard to provide more summarized views of the statewide, regional and county trends to inform management and aide in their decision making.

The Offices of CQI and Field Operations recently implemented a monthly collaboration meeting between the leadership of the two teams. This monthly discussion provides a sounding board for CQI to gain insight from Field Operations on additional support CQI can provide. Likewise, Field Operations can gain insight to review data results and CQI findings to focus on areas of concern and in need of management oversight for change to occur. The two teams are currently implementing the involvement of regional CQI staff in their
respectively. Field Operations monthly staff meetings to provide feedback and discussion of areas of concern, plans for remediation and follow up on the corrections occurring. Outside of the CQI unit, the state's quality assurance system also consists of the following program areas of support: Foster Care/Licensure Unit, Congregate Care and Licensure Unit, and Performance Based Contracting. These program areas also support the vision and mission of agency to ensure safety, permanency and well-being of children, youth, and their families.

**Foster Care/Licensure Unit:**

Within the Bureau of Permanency Support Services, the Foster Care/Licensure Unit provides supportive services in the areas of Foster Board Payments, Resource Applications, online foster parent training, and Expedited and Non-Expedited Licensure Process Training. The Foster Care/Licensure Unit conducts research as needed to help troubleshoot issues regarding nonpayment, delayed board payments, and missing Mississippi Debit MasterCards®. Foster Parents and MDCPS staff initiates an inquiry by contacting the office to should they have a question regarding a board payment issue. The Specialists within the unit gathers the information and conducts research to identify the problem. Once the problem is identified, problem solutions are provided to the appropriate MDCPS to correct the issues. As of December 2017, a research form was developed for use of the office staff and field staff to address concerns as they are received. The Foster Care/Licensure has two Program Specialist that research board payment issues upon request: On staff handles cases for West Mississippi and the additional staff for East Mississippi.

**Mississippi Centralized Intake Services (MCI):**

In September 2017, the MDCPS entered into its 3rd renewal option with Social Work p.r.n to provide Mississippi Centralized Intake (MCI) services. Social Work p.r.n. continues 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 MCI, 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 the reporting period, MCI received 43,612 calls involving allegations of child abuse, neglect, and/or exploitation spanning from July 1, 2017 to May 30, 2018. During the contracted period of performance of September 14, 2016 thru September 13, 2017, MCI received a total of 44,881 calls of child abuse, neglect, and/or exploitation (ANE). Of the total number of calls received 44,499 involved allegations of child abuse/neglect and 382 involved allegations of vulnerable adult
abuse/neglect. On As identified in the 2018 APSR, on October 14, 2016, Social Work ceased from managing reports containing allegations of vulnerable adult abuse/neglect. Those responsibilities were assumed by MDHS, Division of Aging and Adult Services. MDCPS continues to incorporate the phone number to Aging and Adult Services (AAS) on the auto-attendant call prompt for MCI, which instructs reporters to call AAS regarding allegations of vulnerable adult abuse/neglect.

Division of Congregate Care and Licensure:

As of September 1, 2017, the Division of Family and Children Services was reorganized to Field Support Operations. This Division is now called the Office of Therapeutic Services and includes other units that make up permanency for the children in care. Therapeutic Services consist of the Congregate Care Unit, Therapeutic Placement, Performance Base Contract, Faith Base Volunteer Services, and Field Support. The Congregate Care/Licensure unit is responsible for licensing and monitoring of contract providers that provide regular and therapeutic group homes, therapeutic resource homes, and adoption agencies. As of May 1, 2018, the Performance Base Contract (PBC) Unit was also merged within the Division of Congregate Care. Presently, PBC will continue their same objectives and job duties. The following are some but not limited to the administrative functions carried out by the Division of Congregate Care:

- Each program administrator is assigned to contract providers to assist with licensure and standards.
- Support contract providers with standards, policy, and procedures issues of MDCPS.
- Manage license procedures for 38 licensed provider agencies/facilities totaling 72 services programs.
- Provide technical assistance to any potential contract providers and existing providers.
- Review fingerprints /mail approval and fingerprint letters to providers
- Provide technical assistance to field staff regarding Congregate Care issues.
- Review and answer waiver request regarding any group home or therapeutic foster care.
- Provide technical support to the Therapeutic Placement Unit as needed.
- Conduct, review and report on licensure investigations if a contract provider is involved.
- Staff data inquiry forms from providers as needed.
• Review Requests for Proposals (RFP)
• Ensures compliance with MDCPS licensure standards.

All contract providers undergo an annual review to ensure the safety and wellbeing of children in care. There is a program administrator that is assigned to an agency that monitor and review all aspects of the program’s functionality that impact children that are placed there. Interviews are conducted with the following: the executive director, program manager, social worker, direct care staff, child and anyone else that is responsible for the care and treatment of the children. The program administrator is permitted to have free access to all areas of the facility, except for an area used for private use by the facility owner; then the program administrator will verify that no children are present in that area and its inaccessible to the children. The following areas are evaluated: personnel files, children files, foster parent files, physical facility, and transportation. Should there any be any licensure violations, the agency is asked to submit a corrective action plan or if violations appear to be a safety issues it is address immediately. From July 1, 2017 to May 31, 2018 there were 34 licensure investigations involving a contract provider.

From July 2017 to April 30, 2018, there were five (5) contract providers that were licensed as regular group homes that had a total of 204 beds. Regular group home providers are a child care facility where at least (7) but no more that twelve (12) children are received and maintained for providing care, training, nurturing or transitional living services. As of May 1, 2018, one (1) regular licensed group home decided not to renew their license with MDCPS. Currently, MDCPS has six (6) licensed emergency shelters with a total of 81 beds. The emergency shelters are intended to be a short-term interim placement resource. There are six (6) private agencies that recruit and license therapeutic foster homes. As of May 1, 2018, there are over 250 therapeutic foster children. Each agency submits a quarterly report that identifies physical addresses of the license therapeutic foster home, the number of children placed each home, and an active phone number as a component disaster readiness. Each agency that MDCPS license and monitor must also have a disaster plan and a disaster kit put together a prepared for each child. The Congregate Care Unit also license and monitors fifteen (15) adoption agencies.

Presently, there are a total of thirty-nine (39) licensed provider agencies/facilities and seventy-four (74) service programs. Therapeutic providers are licensed by MDCPS and must also be certified by the Mississippi Department of Mental Health (DMH) to provide therapeutic services. 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 continues to work towards providing quality therapeutic placements as well as provide for the specific needs of each child while working toward a plan for permanency. From July 1, 2017 to May 31, 2018 the Congregate Care Unit monitored 2-Adoption Agencies, 5-Emergency Shelters, 3-Regular 9-Therapeutic agencies that have either therapeutic group homes and foster care.

Collaborative efforts for this reporting period consisted of meeting with the MDMH on April 10th and May 15th to discuss developing a survey through Survey Monkey for assessing provider training needs for dually licensed providers and developing a therapeutic curriculum. Furthermore, MDCPS and MDMH also share the responsibility of waiver request from contract providers. There are times that a contract providers request for a standard such as: having more that one TFC child in the home to be waived to keep a sibling group together or keep the child in the same school district because it is in the best interest of the child. Because there is no placement committee, staff from the Office of Therapeutic Services will meet to discuss difficult cases. It is vital that we ensure that we adhere to the policy of MDCPS and the MSA. As of May 15, 2018, MDCPS and MDMH are continuing to collaborate on streamlining this process. Additionally, in September 2017, MDCPS met with Prescribed Pediatric Extended Care Centers as a new resource for therapeutic foster parents and local schools. There was also a subsequent meeting held on November 2017 to discuss the responsibility of the contract providers.

The Division of Congregate revised its licensure standard manual for its’ contract providers in May 2017. Although this was completed in May 2017, the manual had to go through the required review process prior to publication. While under review during the current reporting timeframe, the Policy Unit has added administrative codes to each standard to ensure they are compliance by law. Once the revisions are approved, MDCPS will post revisions for thirty (30) days for public review and feedback. After that process, an in-service training will be held for all contract providers and other state agencies to discuss the revision. The revised standards will be added to the cornerstone for agency wide distribution and training.

Currently, Congregate Care Unit has provided one (1) in-Service trainings in Congregate Care. The first in-service training was with the Special Investigation Unit within MDCPS on December 13, 2017. This training was to discuss the role of Congregate Care in their investigations as it relates to contract provider. The second in-service training will be scheduled for October 2018 to address all changes to the revised standards. These in-
service trainings are designed to offer technical assistance in the areas of licensing requirements and Congregate Care. As of April 1, 2018, all Congregate Care review tools are paperless and are kept in an electronic file.

To improve private provider accountability for permanency outcomes for children and youth, MDCPS also has a Performance Base Contracting Unit. The objective of this unit is to 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.

During the first round of reviews which was conducted during July-December 2017, PBC staff conducting 218 case reviews across 17 emergency shelters (81 cases reviewed), group home (51 cases reviewed), and comprehensive therapeutic care (86 cases reviewed) placement providers. The information gained during these reviews will be used to create minimum service expectations for the different placement types and establish a corrective action plan process for any provider not meeting those standards. For the initial round of case reviews no corrective action plans were issued. All findings were related to either a lack of sufficient documentation or failing to share documentation with MDCPS staff.

Overall, from March 2017 through December 2017, PBC staff reviewed 219 child files across 4 contract types (emergency shelters, group homes, therapeutic foster homes, and therapeutic group homes) and 18 agencies. During those round of reviews, the period under review was January 1, 2016 through December 31, 2017. For each provider, a random sample of cases were selected from child files across all placement types that provider offered. Each review consisted of a mix of quantitative and qualitative questions in the following 8 areas: Initial Strengths and Needs Assessments, Preserving Connections, Teaming and Permanency Planning, Service Provision, Preparing Youth for Adulthood, Placement Stability, Provider Caseworker Contact with children placed in Therapeutic Foster Homes, and Child Safety. The qualitative components were evaluated a 4-point Likert scale where 1 = excellent documentation/service delivery, 2 = good documentation/service delivery, 3 = adequate documentation/service delivery, 4 = minimal or no documentation/service delivery.

PBC Unit staff have continued working with partners from the Center for the Support of Families to evaluate data obtained from first round of case reviews and develop corrective action plan process and minimum standards for providers starting with the FY2019 contract cycle. MDCPS has four (4) full-time positions for 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.

The tables below present some of the results for the first round of case reviews. This data is being used to inform the new scopes of service currently in development.

<table>
<thead>
<tr>
<th>Item 1: Initial Strengths and Needs Assessment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Completion:</strong> Number of cases reviewed where initial strengths and needs assessment was completed</td>
<td>147</td>
</tr>
<tr>
<td><strong>Qualitative Components:</strong></td>
<td></td>
</tr>
<tr>
<td>Input and perspectives from child, parents, family, other key stakeholders</td>
<td>130</td>
</tr>
<tr>
<td>Identification of important family connections and involvement</td>
<td>130</td>
</tr>
<tr>
<td>Presenting Needs – medical, mental health, educational, behavioral, developmental, educational, etc.</td>
<td>130</td>
</tr>
<tr>
<td>History of trauma, medical, mental health, educational, behavioral, developmental needs, educational, etc.</td>
<td>129</td>
</tr>
<tr>
<td>Risk factors, trauma factors, coping strategies</td>
<td>127</td>
</tr>
<tr>
<td>Strengths and personal goals</td>
<td>130</td>
</tr>
<tr>
<td>Treatment goals</td>
<td>127</td>
</tr>
</tbody>
</table>

Out of the 219 cases reviewed, 147 involved children who were placed with an agency during the period under review and the initial strengths and needs assessment needed to be completed. Of these 147 cases, 130 (88%) included documentation that the strengths and needs assessment was completed. The qualitative components section indicates how well the strengths and needs assessment addressed each of the listed areas if it was applicable to the target case. Generally, the quality of the strengths and needs assessment fell between adequate and good. One area where improvement was requested was in providers sharing completed assessments with MDCPS workers. This will be an area of focus going forward.
Item 2: Preserving Connections

<table>
<thead>
<tr>
<th>Siblings</th>
<th>POP</th>
<th>#</th>
<th>%/AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Occurrence:</strong> Number of cases reviewed where target child had siblings in care who were not placed with provider and visitation between siblings was documented</td>
<td>87</td>
<td>54</td>
<td>62%</td>
</tr>
</tbody>
</table>

**Frequency:** Typical pattern of sibling visitation

<table>
<thead>
<tr>
<th>Frequency</th>
<th>POP</th>
<th>#</th>
<th>%/AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a week</td>
<td>87</td>
<td>6</td>
<td>7%</td>
</tr>
<tr>
<td>Twice a month</td>
<td>87</td>
<td>11</td>
<td>13%</td>
</tr>
<tr>
<td>Once a month</td>
<td>87</td>
<td>8</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>87</td>
<td>29</td>
<td>33%</td>
</tr>
<tr>
<td>None</td>
<td>87</td>
<td>33</td>
<td>38%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parents</th>
<th>POP</th>
<th>#</th>
<th>%/AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Occurrence:</strong> Number of cases reviewed where target child had parents whose whereabouts were known, there was no no-contact order, and visitation occurred</td>
<td>160</td>
<td>114</td>
<td>71%</td>
</tr>
</tbody>
</table>

**Frequency:** Typical pattern of parent visitation

<table>
<thead>
<tr>
<th>Frequency</th>
<th>POP</th>
<th>#</th>
<th>%/AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a week</td>
<td>160</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>Twice a month</td>
<td>160</td>
<td>32</td>
<td>20%</td>
</tr>
<tr>
<td>Once a month</td>
<td>160</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>160</td>
<td>59</td>
<td>37%</td>
</tr>
<tr>
<td>None</td>
<td>160</td>
<td>46</td>
<td>29%</td>
</tr>
</tbody>
</table>

Out of the 219 cases reviewed, there were 87 (40%) cases where the target child had a sibling in DCPS custody who was not also placed with the agency under review. Of those 87 cases, 54(62%) had at least 1 sibling visit documented during the period under review. There were 160 cases where the target child’s parents’ whereabouts were known and there was no no-contact order. In these cases, 114 (71%) of parents had some visitation with the target child where the provider assisted with visitation.
Item 4: Service Provision

**Occurrence/Effort:** Number of cases reviewed where provider documentation indicated target child received appropriate services in the following areas:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Count</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical care</td>
<td>188</td>
<td>1.94</td>
</tr>
<tr>
<td>Dental Care</td>
<td>161</td>
<td>2.07</td>
</tr>
<tr>
<td>Mental health</td>
<td>167</td>
<td>1.94</td>
</tr>
<tr>
<td>Developmental</td>
<td>39</td>
<td>1.74</td>
</tr>
<tr>
<td>Educational</td>
<td>183</td>
<td>1.98</td>
</tr>
</tbody>
</table>

The provision of services was the area where providers were consistently rated the best across all of the review completed. When children had service needs, those needs were consistently being met and thoroughly documented. MDCPS is currently analyzing this data to establish minimum standards of quality and service delivery that will be used to inform new scopes of service and proposal evaluation in the second half of 2018.

Baseline, Target, Actual (BTA) workbooks for emergency shelter agencies were produced for the period from January 1, 2016 – June 30, 2017. 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 updated to reflect activity through June 30, 2017. The performance period ended on December 31, 2017.

<table>
<thead>
<tr>
<th>Perm Exits</th>
<th>Population Served</th>
<th>Baseline</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>661</td>
<td>21.78%</td>
<td>23.96 %</td>
<td>14.22 %</td>
</tr>
<tr>
<td>Comprehensive Therapeutic Care</td>
<td>769</td>
<td>21.48%</td>
<td>23.63 %</td>
<td>20.42 %</td>
</tr>
<tr>
<td>Group Home</td>
<td>144</td>
<td>36.61%</td>
<td>40.28 %</td>
<td>22.92 %</td>
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</table>
The above table shows the results of Mississippi’s first two years of performance-based contracting across all providers within each contract type. The baselines were established using three years of in care and entry cohorts for each provider. Each provider was expected to improve upon their agency’s historical performance on exiting children to permanency. Overall, no contract type saw an increase in actual exits to permanency vs. the baselines based on historical performance. However, at the individual agency level, we had 7 agencies out of 19 who exceeded their individual baselines. These agencies 9 agencies exited 30 additional children to permanency over what would historically be expected. All 5 of the agencies that provide therapeutic group home services saw an improvement in permanent exits over their historical baseline. MDCPS is currently evaluating the outcome data to see what trends emerge and what needs to be changed before the second of contracts goes into effect in the second half of 2018.

There were systemic factors that affected the opportunities for agencies to successfully meet their targets as well. First, agencies that provide placement services to children in MDCPs custody do not make case planning decisions for the children in their care. They have the opportunity to and are expected to participate in those activities but their involvement in case planning and case management is limited. Second, in the latter half of 2017 and early 2018, MDCPS has made a concerted effort to rely less on congregate care and placed on renewed emphasis on family-based placements. As a result of this focus, children who historically would have stayed in a group or therapeutic group home setting for longer were moved to a less restrictive setting. One of the results of this renewed emphasis, was more kids being moved from a group home or therapeutic group home setting, where in the past they may have stayed in that setting until exiting custody.
XV. CHILD ABUSE AND PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN ANNUAL UPDATES

The CAPTA updates are included under attachment E.
XVI. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

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 2018 APSR, IL services functioned under the Office of Field Support Services. To continue improving services and practice to IL age youth, IL has expanded its scope to offer all Independent Living and Education services in-house. Transition Navigators and Education Liaisons are teleworking in various regions across the state. Contracted Independent Living services with Southern Christian Services for Children and youth ended on May 31, 2018. June 01, 2018, MDCPS started to offer all Independent Living services in-house under the newly formed unit named Youth Transition Support Services.
Our Vision:

We envision a future where all youth transitioning from foster care in Mississippi have the support they need to successfully transition to adulthood. We work to increase the well-being of young people 14-21 years old as evidenced by stable housing, educational success, financial stability, safety, and permanency and supportive connections.

Guiding Principles:

• We achieve positive results for youth through purposeful, high quality services;
• We promote youth voice by engaging young people in the development, implementation, and refinement of our work and practicing a youth-driven approach to service delivery;
• We cultivate collaborative relationships within and among our partner organizations and with other community organizations to maximize our ability to collectively support our youth;
• We use data to measure progress and improve services; and
• We foster a culture of accountability throughout the organization for providing high-quality services that produce results for young people.

Youth Transition Services (YTSS) will operate under the Office of Field Support Services. Following the pattern of restructured units within MDCPS, YTSS has a Bureau Director, two (2) Directors of Field Transition Support Services, eight (8) Transition Navigators and four (4) Education Liaisons to support every day practice and services to youth ages 14-21. The Bureau Director is responsible for the entire body of the YTSS work statewide and supervising the Directors of Field Transition Support. The Directors of Field Transition Support are responsible for overseeing daily field operations and supervising Transition Navigators and Education Liaison staff. Transition Navigators are responsible for ensuring County Workers are integrating IL specific services into practice with youth, offering technical assistance around developing youth engagement strategies, offering technical assistance with developing the Youth Appraisal (New Independent Living assessment) and assisting workers with building youth focused family team meeting agendas for older youth in foster care. Education Liaisons are responsible for assisting County Workers with the educational needs of youth in the identified population. The education work is inclusive of meeting the required ESSA mandates and connecting youth to education resources to fit their identified needs. YTSS preserving permanent connection goals consisted of the following by the end of the fiscal year:

• Direct and implement the day-to-day practice for Independent Living Services.
• County of Responsibility (COR) workers, Transition Navigators, and Education Liaisons directly support youth 14-21 years’ old.
• Direct Services: Training and Coaching -Coaching for CORs in their region on assessment delivery, co-facilitating Family Team Meetings, developing Youth Appraisals, involving adult supporters, etc.

Policy Initiatives:
• Develop standardized guidelines for recommending discharge to judges, including what housing supports need to be in place;
• For young people discharging to reunification – use trial home placement;
• Streamline the way ETV dollars are administered and young people are enrolled and extend ETV services to youth until age 26 or for five (5) years;
• Revisit how room and board funds can be used for youth 18-21 or 18-23 depending on if the State can have extended services to youth 18-23 without the operating an extended foster care program. Program and Services can be extended through agency policy and program design.

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. For the 2017-18 timeframe, five (5) Transition Navigators were added to the YTSS team. In addition to Transition Navigators, 4 Education Liaison staff were also added to YTSS staff.
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. For 2017/18 community partnership boards were suspended due to re-organizing YTSS program and services. Moving forward, four (4) community partnership boards will be re-established in the Regions I-North, II-East, III-S/III-North, and VII East, West and Central.
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. The one (1) day
collaborative training was suspended to re-organizing YTSS program and services. Starting October 1, 2018, YTSS will offer a number of trainings that focus on new program and services, youth engagement, and adolescent brain science. These trainings will be mandatory for 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 been completed. We are expecting data from the above elements in the NYTD 2016B file submission.

4. Recruit a minimum of 10 youth per sub-grantee period for ILP apartment placement. Currently, five (5) 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.

5. 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.

6. MDCPS staff and community partnership board members.

**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**

For current reporting period, ILP services were 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).

2018-2019 Program objectives:

Percentages for program objectives will be determined next year on the total number of youth served through the program. The baseline number will be the number of youth in custody ages fourteen (14) to twenty-one (21) starting October 01, 2018.

- Implement newly developed Youth Appraisal assessment October 1, 2018. The Youth Appraisal will act as the Program’s comprehensive transitional living assessment. Components covers are: demographics, education (secondary and post-secondary); employment; social interest; placement and safety; housing; pregnant/parenting; health; relationships; life skills; criminal justice system; stipends; continuing support/services; personal goals; actions/activities to reach goals; and documents youth receive when released from custody;
- Increase the % of young people with an effective transition living plan (Permanency);
- Decrease the % report experienced homelessness (Housing);
- Decrease the % not enrolled in school and not employed (Education & Employment); and
- Decrease the % ever giving birth to or fathering a child at age 17, 19, and 21 (Pregnancy Prevention).

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.

**D. PLANNED ACTIVITIES FOR FY 2019 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. Independent Living retreat were suspended due to YTSS program re-structuring.

- **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.

- **Mississippi Speak Up Youth Conference:** A Youth Leadership and Computer Technology Conference will be held June 19-21, 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 year’s conference will focus on building computer skills, direct independent living skills training, as well as empowerment, leadership, positive youth development, and recreational activities.
E. ACCOMPLISHMENTS ACHIEVED SINCE THE 2015-2019 CFSP AND SUBSEQUENT APSR SUBMISSION.

<table>
<thead>
<tr>
<th>Support Service/Stipend</th>
<th>FY 17 # Youth</th>
<th>FY 18 # Youth</th>
<th>#Youth +/-</th>
<th>FFY 17: Amount Disbursed</th>
<th>FFY 18: Amount Disbursed</th>
<th>Disbursed +/-</th>
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</thead>
<tbody>
<tr>
<td>I.L. Aftercare</td>
<td>215</td>
<td>53</td>
<td>-162</td>
<td>200,000.00</td>
<td>42,754.28</td>
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<td>I.L. College Bond Stipend</td>
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<td>37</td>
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<td>I.L. High School Graduation Stipend</td>
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<td>I.L. Start-up Stipend</td>
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<td><strong>-155</strong></td>
<td><strong>$617,261.14</strong></td>
<td><strong>547,774.38</strong></td>
<td><strong>-$69,486.76</strong></td>
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</table>
Please see justifications listed below for ILS support services/stipends disbursed to eligible youth for FY 17 and 18:

- **I.L. Aftercare:** I.L. Aftercare has experienced a decreased in funds disbursed by $157,245.72 due to the abbreviated contract with Southern Christian Services.

- **I.L. College Bond Stipend:** The I.L. College Bond Stipend has increased by $1,641.41. This increase in due to the both the I.L and Education staff encouraging high school diploma attainment through providing needed educational services to youth, Youth Transition Support Services, Transition Navigators 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 did not increase or decrease. A $100.00 stipend was received by one (1) youth that completed a post-secondary education program.

- **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 increased by $60,470.42. This increase is due to MDCPS disbursing ETV funds to youth timely, clearly defining the enrollment, funds request and ETV renewal processes to youth and MDCPS workers. New policy around how ETV is disbursement has been drafted and implemented.

- **I.L. GED Stipend:** Youth receiving the I.L. GED stipend has increased by $ 520.00 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 $135.20 from last year due to more youth transitioning to GED programs instead of completing traditional 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 $100.00 due this this assessment being phased out.

- **Personal Enhancement Stipend:** The Personal Enhancement Stipend increased by $1,949.34 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 $2,639.04 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 decreased by $3,335.00, I.L. Startup
Stipend has increased by $40,954.00, the I.L. Youth Conference Clothing Allowance has decreased by $14,625.05 and the I.L. Youth Conference Allowance Stipend has decreased by $2,320.

- **I.L. Youth Trainer Stipend:** No youth assisted in facilitating I.L. training.

Additional specific accomplishments achieved for the 2019 APSR consisted of a total of five (5) youth were successfully placed in the ILP Apartment Placement Program, 36 youth received rental assistance and 48 youth received assistance with temporary housing (referrals to shelters, assistant living facilities and temporary hotel placement).

### F. NATIONAL YOUTH IN TRANSITION (NYTD) DATABASE

MDCPS uses NYTD data outcomes to improve service delivery to the youth we service through policy changes, field staff training, program restructure and youth driven case planning. 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 newly developed Youth Transition Support Services Youth Appraisal.

Since the 2010 NYTD launch, the state has informed its partners and stakeholders about NYTD data and 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 through 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.

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

G. COLLABORATION WITH YOUTH AND OTHER PROGRAMS

For FY 2019 APSR, 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 four major areas in the state to promote awareness of foster youth’s needs and challenges; advocate for additional grassroots supports around education, employment and housing. The four areas are: Regions I North and I South; Regions II East and II West; III South and III North; and Regions VII Central, East and West.

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:

- Methodist Children’s Home: Congregate care/ transitional living facilities;
- Open Arms Health Clinic: Health and counseling services; Free STI testing/treatment; and Services for LGBTQ persons.

Additional partnerships that offer more intensive support are:

- **Southern Christian Services for Children and Youth:** Southern Christian Services for Children and Youth was the contract Independent Living provider for 2017/2018 FFY. The agency provides life skill training, mentoring services, aftercare program services and apartment placement services.
- **First Place for Youth:** First Place for Youth, based in Oakland California, is an agency that focused on best practices for transition age youth. First Place has partnered with MDPCS to assist in creating the Youth Transition Support Services program design, youth centered training modules and practice guides for MDCPS workers and building capacity for the Jim Casey Youth Opportunities Initiative.
- **Jim Casey Youth Opportunities Initiative:** Jim Casey, based in Baltimore, Maryland, is a youth initiative driven agency that focused on youth development based on brain science research and youth empowerment. The agency has partnered with MDCPS and First Place for Youth to implement Race Equity and Inclusion work, the Opportunity Passport Match Savings program and assist MDCPS with building capacity around education and employment resources.
- **Mississippi United to End Homelessness (MUTEH):** MUTEH is a Mississippi based program that offers housing to youth with a mental health diagnosis. MUTEH provided rent free housing along with intensive case management for up to 24 months. Intensive case management includes but is not limited to: connecting youth to education and employment opportunities, assisting youth make manageable transitions into community settings, and assist youth with managing daily life stressors to ease transition difficulties.
- **Mississippi Integrated Basic Education and Skills Training (Mibest):** Mibest, a Mississippi based program, quickly teaches students literacy, work, and college-readiness skills so they can move through school and into living wage jobs. Mibest has dedicated staff and funding to youth who have experienced foster care in Mississippi. This partnership allows MDCPS to connect current and former foster youth to a non-traditional education setting that leads to a living wage job.
- **Collaboration with Unaccompanied Refugee Minor Programs (URM) for Chafee Services and Education and Training Vouchers:** MDCPS works closely with unaccompanied refugee minors in the Education and Training Vouchers Program. MDCPS
staff works closely with Catholic Charities’ Unaccompanied Refugee Program to ensure that youth are aware of the program and application process. In 2017-2018, no youth from the unaccompanied refugee minors were awarded Education and Training Vouchers and only one youth received apartment services.

H. CONSULTATION WITH TRIBES (SECTION 477(B) (3) (G) OF THE ACT)
MDCPS consults with the Mississippi Band of Choctaw Indians (MBCI) about the programs to be carried out under the CFCIP through written communication. Through meeting with the tribe, the tribe has communicated that there have been no youth to meet Independent Living Services eligibility criteria. Although no youth meet the criteria for Independent Living Services, MDCPS continue its efforts to coordinate program and activities with the tribe. Consistent phone calls, e-mails, and traditional forms of written communication are done to encourage tribal participation. The MDCPS Youth Transition Support Services unit invites Choctaw Child Welfare staff to IL events and community meetings. When invited, YTSS will attend Choctaw Child welfare trainings and staff meetings to coordinate services for youth in this population. Within Mississippi, Choctaw Child Welfare operates outside of MDCPS as its own functioning agency. Although MBCI functions as a separate entity, programs and services continue to be available to youth in the custody of Choctaw Child Welfare. The tribe is constantly made aware of this through email communication. Normally, all youth who are determined to be members of the Choctaw tribe are fully serviced through their child welfare system without assistance from MDCPS. Additionally, MDCPS has a Memorandum of Agreement (MOA) with Choctaw Child Welfare Services that outlines how the state shall proceed in administering and supervising services provided by MDCPS. This MOA guides the procedures in place for both MDCPS and Choctaw Child Welfare to provide needed services to families and youth. Lastly, there have been no concerns for accessing Chafee services.

I. EDUCATION AND TRAINING VOUCHER PROGRAM
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 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 contact youth at youth events to discuss ETV to those that with to continue their education. Our unit will also implement ETV
in DocuSign to receive forms signed by the worker and the youth electronically. Please see the ETV awards below for FY 17 and 18:

**ETV Awards for FY 17 and 18**

<table>
<thead>
<tr>
<th>Reporting Timeframe</th>
<th>Total Youth</th>
<th>Total New Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2016 - June 30, 2017</td>
<td>96 Total Youth</td>
<td>48 New Enrollees</td>
</tr>
<tr>
<td>July 1, 2017 - June 30, 2018</td>
<td>97 Total Youth</td>
<td>53 New Enrollees</td>
</tr>
</tbody>
</table>
XVII. UPDATES TO TARGETED PLANS WITHIN THE 2015-2019 CFSP/2019 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

Currently, state’s disaster plan remains unavailable. However, the state has made great progress in drafting its own disaster plan for this reporting period. 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 also revised during this reporting period. MDCPS ended its contract with 200 Million Flowers which helped with the Rescue 100 efforts throughout the State of Mississippi. Those events were designed to recruit, evaluate, train, and license foster parents expeditiously. Rescue 100 events did take place in South, Central, and North Mississippi, and events are scheduled to return to Central and South Mississippi in the upcoming months. MDCPS has brought these services in-house by using the Rescue 100 team to handle recruitment, training with the assistance of our partners in the community as well as having contractors to complete the home studies that were created from those events.

MDCPS’ Adoption Recruitment and Retention that was awarded to Southern Christian Services for Children and Youth was also discontinued and services were moved in-house under the Recruitment Manager. The Recruitment Manager is now responsible for coordinating the Department’s efforts to photograph and recruit for children and youth who are free for adoption and in need of adoptive families. Recruitment for these children and youth is done via Adopt Us Kids, Facebook, MDCPS’s website and through the use of a physical gallery that is hosted throughout the state by various organizations. 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

During the 3rd reporting period, the Nursing Unit was under the Field Support Unit. For the current reporting period, the Nursing Unit is now under the Office of Therapeutic Services. Therapeutic Services consist of Education Services, Medical Case Management Services (nurses), Interpreter Services, Congregate Care, Therapeutic Placement Services, Faith Based and Volunteer Services and Performance Based Contracting. It was also during last year’s reporting the Field Support Unit 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. The Nursing Unit is staffed with four nurses including the nurse manager. The four nurses are assigned to different regions to provide statewide coverage. The nursing supervisor uses Children in Custody Reports. The custody reports are provided by Magnolia Healthcare and are ran bi-monthly. These reports indicate which children have medical bills currently being paid by Magnolia and which children have been discharged. It also provides a list of children by age on psychotropic meds and the medications that have been given. Nurses use this report to drive the nursing support that is provided to caseworkers and foster parents. The nursing supervisor also uses these reports to determine strengths, weaknesses, needs and opportunities to assist with securing additional medical services. From July to September the nurse manager spoke at three (3) conferences which were all School Nurse conferences held in Pascagoula, Brandon and Tupelo. The topics covered were the following: signs and symptoms of child abuse and the School Nurse response to aid MDCPS; purpose and functions of the MDCPS Nursing Unit, child abuse awareness in the school system and mandated reporting for school personnel.

The nursing unit also meets with MDCPS contract providers to discuss the role of the nursing unit and the support that the unit would provide to the children in their licensed homes and group homes. For example, the Nursing Unit met contract providers such as APELALH and Methodists Children’s Home and the foster children with medical needs. MDCPS nursing staff provided face to face visits and conducted observation in the living environment. This is a new initiative prompted by a new working relationship with the Division of Licensure/Congregate care. The Nursing Unit also answered questions related to medication, medical equipment and medical care for contracted staff and foster parents. Nursing staff also has scheduled to meet with Methodist Children’s Home for upcoming visits to their licensed homes and group homes.

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 clients medical, dental, and mental health services.

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

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

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

### C. DISASTER PLAN

As of 1 September 2017, MDCPS hired a state level Facility Operations Director/Emergency Manager for the development, planning and coordination of required agency disaster preparations, response, recovery, training and the Continuity of Operations planning for the Agency. This was done to bring our Agency in compliance with:

- Robert T. Stafford Disaster Relief and Emergency Assistance Act (P.L. 93-288);
- The Child and Family Services Improvement Act of 2006 (P.L. 109-288);
- the National Preparedness Goal (NPG);
- National Preparedness System and Planning Frameworks;
• FEMA guidance and doctrine
• National Incident Management System (NIMS);
• Incident Command System (ICS);
• The State of Mississippi Comprehensive Emergency Management Plan (CEMP) and supporting annexes;
• Applicable Mississippi law Title 43.
• Assist State Refugee Coordinator with developing the State Emergency Repatriation Plan in accordance with guidance provided within the National Emergency Repatriation Plan, Operational Guide.

Training and collaboration for our Emergency Manager have been occurring with the Mississippi Department of Human Services (MDHS) Director of Emergency Management and State Emergency Support Function (ESF) #6 Mass Care Coordinator, the Mississippi Emergency Management Agency (MEMA), as well as state and local law enforcement/emergency management agencies such as the Mississippi Bureau of Investigations (MBI), the Mississippi Office of Homeland Security, City of Jackson Capitol Police, the State Fire Marshall’s Office, and the Mississippi Analysis and Information Center (MSAIC). Additionally, daily review of National Weather Service reporting, along with FEMA and MEMA daily operations update briefings help to also shape information and incidents that impacted the agency operations.

The Emergency Manager has access and is linked to various web-based sites such as the Homeland Security Information Network, FEMA Alerts and newsletters, MEMA’s Virtual Situation Rooms (daily and significant weather or disaster events), and WebEOC for monitoring Damage Reports and manmade/natural disasters such as Hazmat spillage, boil water notices, and weather-related incidents throughout the state. When significant weather events are identified in advance by the National Weather Service, severe weather bulletins and alerts are published agency-wide to alert all to potential weather impacts on facilities, employees and our children/resource families. These advisories and alerts are updated throughout the duration of the event and include:

• County office closures and delayed openings when applicable.
• Reminders to update Emergency telephone trees and check with resource families and group homes on disaster preparation actions/sheltering the children.
• Significant weather threats and risk levels from weather Risk Analysis.
• NWS/NHC Weather summaries for each portion of the State that may be impacted by the significant weather event.
• Protective Actions and Safety Messages as applicable.
• Reporting severe weather impacts to children/resource families, MDCPS employees and facilities should they occur.
• Making contact with local County Emergency Managers as needed for specific instructions relating to shelter openings and support, road closures, contraflow, resources needed or available, etc.
• Emergency Points of Contact for local community resources, the Mississippi Emergency Alert System, State primary radio stations and various web links for information and instructions before, during, and after the significant event.

In an effort to inform and educate our stakeholders about disaster planning and preparedness, newsletters are published for such events as National Shakeout Earthquake Week, Mississippi Severe Weather Preparedness Week (flooding and tornadoes), National Hurricane Week, and our State Winter Storm season. Links to FEMA, MEMA and Ready.gov are provided for further information and research on individual and family preparedness, response and recovery from the impacts of significant weather events. Building safety and emergency evacuation plans covering employee actions during incidents such as fire evacuation, response to extreme weather events (tornadoes, flooding, earthquakes), active shooter situations, bomb threats, personal and physical security, etc. have been developed for each of our State office locations but remain unpublished due to delay in the review and approval process. Once approved, these plans will become the model for our MDCPS County locations. National Fire Prevention Association (NFPA) Personal Emergency Evacuation plans (PEEP) for Persons with Disabilities and access/functional needs are also considered and developed for these employees.

MDCPS’s Disaster Preparedness Plan identified during the 2018 reporting period is under revision, along with development of a State-level All Hazards Continuation of Operations Plan (COOP). The revision is incorporating lessons learned from recent disasters and significant weather events since 2018 APSR reporting. Our goal is to incorporate elements of:

• Robert T. Stafford Disaster Relief and Emergency Assistance Act (P.L. 93-288),
• The National Preparedness Goal;
• National Planning Frameworks and National Incident Management System;
• FEMA guidance and doctrine;
• State of Mississippi Comprehensive Emergency Management Plan and Supporting Annexes;
• The Mississippi Statewide Standard Mitigation Plan;
• Requirements of the Child and Family Services Improvement Act of 2006 (P.L 109-228);
• Specific Guidance and policy from the Children’s Bureau;
Mississippi State Laws

Topics under consideration for inclusion in the MDCPS Disaster Preparedness plan:

- A clear chain of command with an order of succession for the administrative and field operations staff with an established Incident Commander/Command and General Staff for Agency decision-making and planning;
- Use of FEMA Incident Command System planning forms;
- Establishing a timeline for decision trigger points and information requirements;
- Specific All Hazards Preparedness, Response, and Recovery procedures;
- Serious Incident and Critical Incident Reporting requirements;
- Initial incident planning and daily conference call agenda for key leadership;
- alternate methods of communication with MDCPS staff and children/families we support to include scrolling alerts on our website, and statewide call in numbers for emergency information or contact;
- Alternate and supplementary locations for State offices impacted by disaster;
- Importance of establishing Interim Disaster Preparedness Plans with Resource Families during the Licensure process;
- Use of the Children’s Bureau Disaster Information Collection Plan during and after significant disaster events to identify impact issues and lessons learned;
- Use of support and incident specific annexes to the base plan;
- An annex for Refugees in custody with a Repatriation Emergency Plan;
- Strategy and tactics for post-disaster reunification of children;
- An After-Action Review and analysis process;
- Agency training and exercise strategy.

During the early 2019 APSR Reporting timeframe, the State experienced ten major weather events with one declared as a Federal Disaster and one declared by the State Governor as a State of Emergency. In no instances were there any reports of children in MDCPS custody or resource families and group homes reported to be impacted or evacuated as a result of these significant weather events. Please see below:

- The first significant weather threat to the Mississippi Gulf Coast was Tropical Storm/Hurricane Harvey (Category 4), covering an incident period from 17-25 August 2017. While Harvey made landfall in Texas on 25 August 2017, there was no significant impact to Mississippi Coastal Counties. Collaboration throughout the event was conducted with the MDHS Emergency Management Coordinator, the Mississippi Emergency Management Agency, MDCPS Regional Directors, local MDHS County Director and County Emergency Manager.
The second significant weather threat to possibly impact the Mississippi Gulf Coast and central Mississippi was Tropical Storm/Hurricane Irma (Category 5), covering an incident period from 11-16 September 2017. Irma turned to the East, making landfall on the 11th of September at Naples, FL and traveled up through the western Florida coast into Georgia and Alabama. There was no significant impact to Mississippi Counties. Collaboration throughout the event was conducted with the MDHS Emergency Management Coordinator, the Mississippi Emergency Management Agency, MDCPS Regional Directors, local MDHS County Director, and County Emergency Manager.

The third significant weather threat that turned into a Federal Disaster Declaration for Mississippi was Tropical Storm/Hurricane Nate (Category 1), covering an incident period from 6-11 October 2017. While not as damaging as expected, the affected areas received significant storm surge, heavy rains, flooding and high winds with some coastline destruction of buildings, beaches and piers. Many coastal counties experienced power outages as well. Affected Counties were: George, Greene, Harrison, Hancock, and Jackson. Jackson County was hardest hit. There were no reports of any children or families injured by the event, though some homes sustained damage from falling trees. One Group home was tracked during evacuation to a location 100 miles inland prior to the storm. At one point 17 shelters were opened on the 7th of October but closed the following day when the weather cleared to the Northeast. Collaboration throughout the event was conducted with the MDHS Emergency Management Coordinator, Mississippi Emergency Management Agency, MDCPS Regional Directors, local MDHS County Manager, and affected County Emergency Management Coordinators. This was the first and only instance the MDCPS’s Disaster Preparedness Plan was put into effect along with a requirement for Emergency Shelter support under Emergency Support Function (ESF) #6, Mass Care and Housing. Specific planning actions and protocols will be addressed below after coverage of significant weather events.

The fourth significant weather event was Winter Storm Benji, covering an incident period from 7-8 December 2017. A winter storm warning was in effect for 8 December 2017 with forecasts of three to six inches of snow for the following counties: Clarke, Covington, Forrest, Jasper, Jeff Davis, Jones, Lamar, Lawrence, Lincoln, Marion, Simpson, Smith, Greene, Perry, Wayne. A winter weather advisory was in effect for 8 December with forecasts of sleet and freezing rain for the following counties: Adams, Amite, Copiah, Franklin, George, Hancock, Harrison, Jackson, Jefferson, Kemper, Lauderdale, Newton, Pearl River, Pike, Rankin, Scott, Stone, Walthall. As a result, 37 counties of 82 in Mississippi were closed or had delayed openings on 8 December only. Closed offices
implemented their after-hours protocol by going on-call status with the Mississippi Centralized Intake staff or by working remotely. No reporting of children or families impacted by the event. Collaboration throughout the event was conducted with the MDHS Emergency Management Coordinator, Mississippi Department of Transportation, Mississippi Emergency Management Agency, the local MDHS County Director, and County Emergency Manager.

- The fifth significant weather event was Winter Storm Grayson causing an extreme arctic blast of cold weather moving into the South covering an incident period of 1-4 January 2018. Affected counties were Jones, Jefferson, Rankin, and Sunflower due to issues relating to no heat or water in those locations. These county locations adapted by working remotely from other counties within their region. Collaboration throughout the event was conducted with the MDHS Emergency Management Coordinator and MDHS County Directors at those locations.

- The sixth significant weather event to impact the State was Winter Storm Hunter bringing sleet, snow, ice, strong winds and extreme cold temperatures to much of the State covering an incident period from 11-12 January 2018. Affected counties were: Alcorn, Benton, Bolivar West, Coahoma, Desoto, Itawamba, Lafayette, Marshall, Panola, Prentiss, Pontotoc, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, and Yalobusha. These offices were closed on 12 January only. Closed offices implemented their after-hours protocol by going on-call status with the Mississippi Centralized Intake staff or by working remotely. Collaboration throughout the event was conducted with the MDHS Emergency Management Coordinator, local MDHS County Directors, the Mississippi Department of Transportation, County Emergency Manager, and the Mississippi Emergency Management Agency.

- The seventh significant weather event impacting the State was Winter Storm Inga, bringing more sleet, snow, ice, strong winds and extreme cold temperatures to much of the State covering an incident period from 15-18 January 2018. 67 MDCPS offices to include State offices were closed early on the 15th of January and remained closed through the 18th of January by order of the Governor. Closed offices implemented their after-hours protocol by going on-call status with the Mississippi Centralized Intake staff or by working remotely. Collaboration throughout the event was conducted with the MDHS Emergency Management Coordinator, local MDHS County Directors, the Mississippi Department of Transportation, County Emergency Managers, and the Mississippi Emergency Management Agency.
• The eighth significant weather event impacting the State was Spring Flooding 2018 from 27 February through 12 April 2018. Strong storms in late February through early April began dumping large amounts of rain across the Ohio Valley, Central Arkansas and upper Mississippi Valley causing state rivers, lakes, and tributaries to either flood or become elevated as much as 10-20 feet above flood stage, especially along the Mississippi River. MEMA began virtual monitoring and issuing initial alerts on 27 February 2018. Affected roads were closed by MDOT, sandbags were emplaced by County and City workers, and waterways/dams were closely monitored by MEMA, the U.S. Coast Guard and Army Corps of Engineers. No shelters were opened in any affected counties. Recreational boating activities statewide were suspended, especially on the Mississippi River. Wake speeds on the Mississippi were closely monitored by the Coast Guard. Affected counties were: Adams, Calhoun, Claiborne, Grenada, Issaquena, Newton, Quitman, Sharkey, Sunflower, Tallahatchie, Tate, Warren, Washington, Wilkinson, Tunica, Yazoo and Yalobusha. There were no impacts to MDCPS County facilities in affected counties except Washington County, where heavy rains and roof leaks caused temporary closure of the facility until repairs/remediation could be accomplished by the County. No reports of any children/families displaced as a result of the flooding. Collaboration throughout the event was conducted with the MDHS Emergency Management Coordinator, local MDHS County Directors, County Emergency Managers, and the Mississippi Emergency Management Agency.

• The ninth significant weather event was severe weather and tornadic activities impacting statewide during the month of April 2018, most happening on weekends. Heavy rains, thunderstorms, hail, flash flooding, and high winds occurred throughout most of the month with an EF-2 Tornado touching down in Lauderdale County (City Of Meridian) on 14 April 2018. Several water spouts were sighted on 14 April at various locations in Jackson, Harrison and Hancock Counties along the Mississippi coast. Counties that were most impacted by weather events were: Lafayette, Lauderdale, Lowndes, Pike, Rankin, and Winston Counties. No MDCPS County facilities reported any damage. No children/families were reported to be impacted by the weather events. Collaboration throughout the event was conducted with the MDHS Emergency Management Coordinator, local MDHS County Directors, County Emergency Managers, and the Mississippi Emergency Management Agency.

• The tenth significant weather event was Subtropical Storm (STS) Alberto from 25-31 May 2018. MDCPS tracking of Subtropical Storm Alberto began on 22 May as an unnamed tropical disturbance traveling 6 mph with sustained winds of 40 mph while it was still
below the Yucatan peninsula. MEMA called for a partial activation of all Emergency Support Functions (ESF) on 24 May to begin statewide planning and preparations but taking a “wait and see” approach as the system was still 4-5 days out from the Gulf coast, and projections on its strength and day/time of landfall were not final. A Severe Weather bulletin was published on 25 May to all MDCPS statewide to inform employees of the event and to provide initial instructions, protective actions and safety information. A determination was made to simply continue monitoring the event, but the MDCPS Emergency Manager did contact the Regional Directors of Hancock, Harrison, and Jackson Counties to discuss their preparations, and to ensure coordination occurred with the local MDHS County Directors and local County Emergency Managers. By the morning of the 27th, STS Alberto at 40 mph sustained winds was making a Northeasterly turn toward the Alabama and Florida coasts, so became more of a non-event for Mississippi. MEMA and all ESF’s continued to monitor the storm and its effects on the Mississippi coast of heavy rains of 6-12 inches, 2-4 feet storm surge, 35-45 mph wind gusts, and potential for tornadoes along the Eastern edge of the State as it traveled Northeast across Alabama, Georgia, Tennessee, and upwards along the Atlantic seaboard. No MDCPS facilities, children/families were reported as impacted by the event. Collaboration throughout the event was conducted with the MDHS Emergency Management Coordinator, local MDHS County Directors, the Mississippi Department of Transportation, County Emergency Managers, and the Mississippi Emergency Management Agency.

As previously mentioned, the first and only instance the MDHS Disaster Preparedness Guide was put into effect was prior to and during Hurricane Nate during October 6-11th 2017. As our Emergency Manager had just come on board the previous month, the guide was already in place to work with and had been used in previous disaster events. Initial Agency planning and preparation began three (3) days prior to Oct. 6, 2017 prior to the National Hurricane Center (NHC) projection for Hurricane Nate’s landfall along the Gulf coast from Louisiana to the Western Florida Panhandle forecast for Sunday morning on Oct. 8, 2017. A conference call was conducted with members of the State Office Executive team, key staff from IT, Administration, Procurement and Child Welfare as well as Regional Directors for 3-N, 3-S, 4-S, 5-E, 5-W, 6, 7-W, 7-C, and 7-E which were all counties anticipated to be affected by the storm. The meeting was opened with a roolcall and agenda topics were:

- Opening remarks providing purpose and scope of meeting;
- Update on current and forecast weather situation;
• Review and discussion of the MDHS Disaster Preparedness Plan as our base plan with specific actions for each County office to take, including:
  o Make the MDHS Disaster Preparedness Plan required staff reading (only 10 pages);
  o Begin contacting resource families, group homes, etc. to verify their disaster and emergency evacuation plans, remind them of preparation actions, provided an emergency contact number (1-800-222-8000) in case they could not reach their case manager, and that they should follow the safety directives of their local government and County Emergency Managers office;
  o Address Staff professional responsibilities;
  o For flood-prone areas, unplug desktops and other devices and place them on desks, remove any debris that could become a projectile in high winds, request sandbagging from the County, securing network closets, etc.
  o Update emergency telephone trees;
  o Regional Directors and County ASWS’s needed to make direct contact with their MDHS County Director and County Emergency Managers to discuss county preparedness and response, evacuation, shelters and shelter operations, food and water points of distribution if needed, etc.;
  o Time for next planning session and conference call scheduled for each following day at 12:30 p.m. until danger had passed or determined no longer necessary;
  o Opportunity for questions, clarifications, and comments.

Following the meeting, an MDCPS E. bulletin was sent to all to inform and remind each employee of their responsibilities before and during the significant weather event:

• MDCPS’s overarching Priorities and Goals:
  o Ensure the safety of children in our care;
  o Ensure the essential functions of the Agency continue;
  o Maintain effective communication with staff at all levels.

• Instructions for all MDCPS essential staff and a call-in message line:
  o Remain available to respond to phone calls and to perform activities to disaster efforts/response if needed;
  o Keep state cell phones and tablets charged.

• Preparation Activities:
  o Contacting families on their workloads to discuss their disaster plans;
  o Verifying lists of children in MDCPS custody within each Region;
  o Updating employee phone lists with personal and state cellphone numbers.
• ESF #6 Shelter Support responsibilities only after the safety of our children has been confirmed and any incoming investigations have been addressed
• Conference call scheduling for the next two days limiting the attendees to key leadership and Regions 7-W, 7-C, 7-E and 6 (those in the path of the storm). Key information to discuss:
  o Verification of family contact to ensure the safety of children;
  o Any families evacuating to a local shelter;
  o Any families evacuating to another county, or out of state;
  o Any unmet needs identified, or support information needed;
  o Any known Serious Incidents involving children, families or employees.
• The Mississippi Centralized Intake Call Center was also placed on notice to implement the disaster plan and begin Hotline Response Protocols to serve as the point of contact between resource families and on-call workers for their respective MDCPS county office in the event they could not reach their caseworker.

Over the next two days, the MDCPS Emergency Manager monitored MEMA conference calls, NWS and NHS weather reports/briefings and forecasts, and provided alerts and updates to key leadership and all employees. Our Agency conference call on Saturday Oct. 7, 2017 addressed an update of the weather situation and anticipated time of landfall, any pending issues remaining to be completed or resources needed by the MDCPS County offices in affected areas, and information reporting through the Regional Directors back to State Office.

D. TRAINING PLAN

The Office of Professional Development continues to provide training and technical assistance to the state’s workforce regarding training and workforce development. To prepare staff for the child welfare system, the Office of Professional Development continued to collaborate with the following stakeholders for this reporting period:
• University of Mississippi, Child Welfare Training Academy
• University of Southern Mississippi
• Administrative Office of the Courts
• MDCPS Internal program areas as such as Policy, Therapeutic Services, Field Programs

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 2017-2018 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 MDCPS 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 impacts 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 MDCPS staff who have completed Pre-Service training and one year’s service on the job with MDCPS. 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 MDCPS 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.

- **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.

- **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.

- **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.

- **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.

- **DFC099 CAR SEAT SAFETY** -
  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.

- **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.

• **Self-Care (Filling our Buckets)** –
  Develop an understanding of the ethical importance of self-care and learn strategies to combat compassion fatigue.

• **Childhood / Adolescent Mental Health Issues and the Child Welfare Professional** –
  This two-day training provides a deeper understand of the need to be aware of children and adolescent mental health issues, diagnosis, treatment and medications as well as methods of engaging clients and professionals who need services.

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

With the procurement and implementation of Cornerstone, OPD can proficiently track and deliver professional development outcomes. With the launch of Cornerstone, MDCPS has offered training sessions to staff without having to schedule a day to pull them out of the field and bring them into a classroom. The training courses that have been launched through Cornerstone are: Active Shooter; Sexual Harassment; Comprehensive Addiction and Recovery Act; Licensure Policy; Adoption Policy; 7 Practice Model Learning Cycles; and Termination of Parental Rights. Upcoming training activities consist of online training related to reasonable efforts, confirming placements, ethics, engaging incarcerated parents; locating fathers; and professionalism. The desire was to put these courses in the learning management system, so they are readily available to staff and they do not have to wait for a classroom setting to come to their area. In addition, MDPS has added online modules to pre-service and clinical supervisory training.

During the 2018 APSR reporting period, OPD used Smartsheet to track any training completion. Effective January 1, 2018, this monitoring in this capacity has shifted to
Cornerstone. The Office of Professional Development now has the reporting abilities to produce reports on completion of training at any given point in time. Currently, this report is filtered by county. This provides the ability to share with leadership and supervisors the status of each person's training or the status of completion of a certain learning object. PD will soon be pushing data dashboard reports to the supervisors. This goal would give supervisors the capabilities of monitoring the status of their staff from Cornerstone and not rely on a state level report to be pushed down. Presently, reports are produced weekly on all past due training and provided to leadership. Each learning assignment that is pushed has a deadline, that staff can be notified past due training needs. Reports are still being developed that will provide more efficient data to agency leadership.

Prior to February 28, 2018, all classroom training (including Pre-Service training for new employees) was delivered through contractual agreement with the University of Mississippi and Professional Development training coordinators around the state. Beginning March 1, 2018, the structure of the office changed in that the Practice Model Coaching team merged with the Training Coordinators. Therefore, for training purposes, the state has been divided into six substructures (areas) to better meet the training needs of staff. The areas encompass the regions as follows: Area 1 – Regions 1N and 1S, Area 2 – Regions 2E, 2W and 4N, Area 3 – Regions 3N, 3S and 5W, Area 4 – Regions 4S and 5E, Area 5 – Regions 6 and 7W, and Area 6 – Regions 7C and 7E. This merge was to give added support and continuity of support for staff as they come on board with the agency. In addition to this change, Professional Development now reports to the Deputy Commissioner of Administration and Human Resources. The joined team will deliver all agency training moving forward. This office prepares MDCPS employees to assume their responsibilities and enhances their knowledge, skills, and abilities through many training opportunities. MDCPS has made a commitment to training and developing staff by providing training, workshops, coaching, mentoring and other learning opportunities to challenge and motivate them to perform their job responsibilities to the best of their ability.
XVIII. STATISTICAL AND SUPPORTING INFORMATION

A. INFORMATION ON CHILD PROTECTION SERVICE WORKFORCE:

This information below is regarding the education, qualifications, and training requirements that are established by the state for child protection service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions:

<table>
<thead>
<tr>
<th>Position</th>
<th>Function</th>
<th>Minimum Qualifications</th>
<th>Training Requirements</th>
</tr>
</thead>
</table>
| DHS Family Protection Worker I | Frontline Caseworker, Adoption Specialist, and Licensure Specialist | BS/BA in related field | Pre-service Training – 270 hours  
Ongoing Training – 40 hours annually |
| DHS Family Protection Worker II | Frontline Caseworker, Adoption Specialist, Licensure Specialist, Regional Independent Living worker, | BS/BA in related field year + 1 year of experience | Pre-service Training – 270 hours  
Ongoing Training – 40 hours annually |
| DHS Family Protection Specialist | Frontline Caseworker, Adoption Specialist and Licensure Specialist | BSW | Pre-service Training – 270 hours  
Ongoing Training – 40 hours annually |
<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 Specialist Senior</td>
<td>Frontline Caseworker Adoption Specialist, Licensure Specialist</td>
<td>LSW +2 years of experience or LSW and MSW</td>
<td>Pre-service Training – 270 hours Ongoing Training – 40 hours annually</td>
</tr>
<tr>
<td>DHS Family Protection Specialist Advanced</td>
<td>Frontline Caseworker Adoption Specialist, Licensure Specialist</td>
<td>LSW +4 years of experience or LSW and MSW +2 years of experience</td>
<td>Pre-Service Training – 270 hours Ongoing Training – 40 hours annually</td>
</tr>
<tr>
<td>DHS Area Social Work Supervisor</td>
<td>County or unit level supervisor</td>
<td>LSW +4 years of experience or LSW and in graduate school + 3 years of experience or LSW and MSW +2 years of experience</td>
<td>Pre-Service Training – 270 hours Clinical Supervisory Training – 40 hours Ongoing Training – 24 hours annually</td>
</tr>
<tr>
<td>DHS Regional Social Work Supervisors</td>
<td>Regional level supervisor</td>
<td>LSW + 6 years of experience OR LSW and MSW + 3 years of experience</td>
<td>Pre-Service Training – 270 hours Clinical Supervisory Training – 40 hours</td>
</tr>
</tbody>
</table>
In accordance to the state’s 2\textsuperscript{ND} MSA, which went into effect this calendar year. MDCPS caseworkers shall receive a minimum of 20 hours of in-service training, and all supervisors shall receive a minimum of 12 hours of in-service training. Also, beginning in 2019, MDCPS caseworkers shall receive a minimum of 40 hours of in-service training each year, and all supervisors shall receive a minimum of 24 hours of in-service training each year. MDCPS caseworker supervisors, within 90 days of hire or promotion, shall receive a minimum of 40 hours of training, directed specifically at the supervision of child welfare case workers. Also, to mention, as of July 10, 2018, the workforce demographic information of MDCPS consisted of the state having employed total of 1589 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>2</td>
<td>Less than 1%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>421</td>
<td>26%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2</td>
<td>Less than 1%</td>
</tr>
<tr>
<td>African American</td>
<td>1155</td>
<td>73%</td>
</tr>
<tr>
<td>Asian</td>
<td>4</td>
<td>Less than 1%</td>
</tr>
<tr>
<td>Other</td>
<td>5</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>115</td>
<td>7%</td>
</tr>
<tr>
<td>Female</td>
<td>1474</td>
<td>93%</td>
</tr>
</tbody>
</table>
According to 2nd 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 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</td>
<td>15 Homes</td>
<td>0.0667</td>
</tr>
</tbody>
</table>
Also, to mention, Intake staff are employed through a contract which provides centralized intake services for MDCPS. Intake staff responsibilities consist of collecting initial receipts of child abuse and neglect reports and use of standardized screening tool for initial screening. There have been no changes in responsibilities since the 2018 APSR submission. The requirements for the intake staff also remain the same and 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 regard 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. training and education is coordinated with MDCPS administrative staff. Additionally, MDCPS Centralized Intake social workers are 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.

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 for this reporting period, there was only (1) child that was 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 ten (10) youth on probation through DYS with an open prevention case by MDCPS. 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 (MCI). Reports of child deaths can come from any source and be routed through the normal child abuse intake hotline at MCI. The intake worker is responsible for indicating (via checkbox) in MACWIS whether a child death is suspected to have been as a result of maltreatment. This indication is verified at the close 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 (CRDP) 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, including MDCPS, are involved in the Child Death Review Panel. The primary purpose of the Panel is to foster the reduction of infant and child mortality and morbidity in Mississippi, and to improve the health status of infants and children. A listing of all child deaths, deemed to be preventable, 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 respective 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 requests have now been honored and CPS is receiving complete listing of child deaths upon request from the Office of Vital Statistics through the State Health Department.

As a result of MDCPS regular involvement in the CDRP and thorough obtaining the listing reference above, it has been discovered that not all child deaths are being reported to MDCPS by other agencies as they should be. There is currently a MS State Statute, 41-61-59, that requires the State Medical Examiner's office to report to CPS any death of a child under two years old where the cause of death unknown or may be a result of Sudden Infant Death Syndrome. This is not happening. CPS is currently taking steps to increase the timely reporting of child deaths including working with the Children’s Justice Act Task Force, and the Mississippi Commission on Children’s Justice to explore legislative changes that may be needed to require child death reports to CPS. In addition, on July 18, 2017, a letter was mailed to all medical providers in the state, through the Mississippi Hospital Association, on when and how to notify
MDCPS of child deaths. Active steps are being taken to ensure that all possible relevant sources of data are being utilized to report completely and accurately to NCANDS.

D. EDUCATION AND TRAINING VOUCHERS:
Please see the format below that identifies the number of unduplicated youth who received ETV awards from July 1, 2016 through June 30, 2017 (the 2016-2017 school year) and July 1, 2017 through June 30, 2018 (the 2017-2018 school year).

<table>
<thead>
<tr>
<th>Fiscal Period</th>
<th>Total ETVs Awarded</th>
<th>Number of New ETVs</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2016 to June 30, 2017</td>
<td>96</td>
<td>48</td>
</tr>
<tr>
<td>July 1, 2017 to June 30, 2018</td>
<td>97</td>
<td>53</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.
XIX. 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 FY2016 state and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 was $4,157,419 (FFP) / $1,385,806 (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.
XX. APSR STATE CONTACT:

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XXI. 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