Mississippi Child and Family Services Review

Round 3 Program Improvement Plan

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Overview

The Mississippi Department of Child Protection Services (MDCPS) is Mississippi's lead child welfare agency, responsible for administering Mississippi's programs under Title IV-B and Title IV-E of Social Security Act. MDCPS is a "subagency independent of, though housed within, the Mississippi Department of Human Services" (MDHS). MDCPS is led by a Commissioner who is appointed by the Governor, and who exercises complete and exclusive operational control of the Department's functions, independent of MDHS, except where he and the Executive Director of MDHS agree to share administrative support services.[1] At this time, pursuant to a memorandum of understanding between the two agencies, MDHS provides administrative support services for MDCPS in the following areas: accounts payable, accounts receivable, purchasing, travel reimbursement, employee benefit coordination, subgrant monitoring and audit, cost allocation, property management, and network and hardware information technology services. MDCPS maintains sole responsibility for its programmatic functions.

Mississippi law assigns MDCPS responsibility for "[t]he programs and services [formerly] provided by the Office of Family and Children's Services of the Department of Human Services."[2] This statutory authority includes primary responsibility for protective services for children, foster care, adoption, interstate compact, and licensure.[3] MDCPS is led by an Executive Leadership Team, which includes the Commissioner, Chief of Staff, Director of Communications, Deputy Commissioner of Child Welfare, Deputy Commissioner of Child Safety, Deputy Commissioner of Administration, and Chief Legal Counsel.

CSFR Findings

Mississippi had its Round 3 Child and Family Services Review in September 2018. The review determined that Mississippi was not in substantial conformity with all seven outcomes and five of seven systemic factors. At a deeper level, the CFSR results showed clear themes in both the State's successes and areas of needed improvement. On the positive side, the CFSR final report recognized that MDCPS had implemented a robust CQI system, engaged stakeholders in strategic planning, and achieved successes related to the quality of its foster care: placement stability, placement with siblings, placement with relatives, consistent application of licensure standards and background check processes, effective use of corrective action plans, and educational continuity for children in care. On the other hand, the review showed improvements were needed in several interrelated and interdependent areas of practice, particularly family engagement, assessment, and service delivery.

Family Engagement

[1] Miss. Code Ann. 43-26-1.
[2] *Id.*
[3] Miss. Code Ann. 43-1-51.

The CFSR found that concerted efforts were made to prevent removal in only 37% of applicable cases and to achieve reunification in only 25% of applicable cases, with the failure often resulting from a lack of parental engagement. Eighteen cases had inadequate documented efforts to locate parents. When parents were located, there was a lack of frequent and quality contacts between caseworkers and parents. Caseworker/parent visits occurred less than once per month in most cases. 7.55% of mothers and 28.13% of fathers never had a documented visit from a caseworker. For mothers, caseworker visits were sufficiently frequent only 43.4% of the time and of sufficient quality only 36.17% of the time. For fathers, that performance was 21.88% and 28.57% respectively. Poor quality visits included failures to discuss relevant issues and address underlying needs. Some of the poor quality resulted from holding visits in locations which were not conducive to open conversation. There also were failures to involve parents in case planning. Mothers were involved in the development of a case plan only 37.74% of the time and fathers 28.13%. There was an observed lack of effort to involve parents as well as a lack of communication about the plan. Caseworkers also failed to evaluate progress and imposed unreasonable expectations on parents, often because parents had no opportunity to provide input on their strengths, needs, concerns, and progress. In 17% of cases, a case plan was presented to the parent with no input from that parent. Overall, these inadequate efforts for family engagement impeded reunification and led to untimely transition to a plan of adoption.

The statewide CFSR item performance below encapsulates the need for improved family engagement:

Caseworker Visits With Parents: **23.64%**	Child and Family Involvement in Case Planning: **35.94%**	Visiting With Parents and Siblings in Foster Care: **41.94%**	Relationship of Child in Care With Parents: **46.43%**

And the impact on permanency is reflected here:

Permanency Goal for Child: **40.00%**	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement: **27.50%**

Additional Data

The deficits in family engagement described above are mirrored beyond the CFSR data. During 2018, ORSI data from MDCPS CQI reviews of 495 randomly selected cases statewide reached similar conclusions. Satisfactory performance was identified for child and family involvement in case planning in 38.82% of cases, for caseworker visits with parents in 32.27% of cases, for visiting with parents and siblings in foster care in 48.67% of cases, and for relationship of child in care with parents in 38.52% of cases. Similar concerns existed in MDCPS CQI review data related to its Olivia Y monitoring for Q1 2019. There, only 22% of 189 applicable cases had diligent

searches for an unknown parent. Likewise, caseworkers conducted visits of sufficient quality with mothers in 47% of 323 applicable cases and 32% of 246 applicable cases.

Likewise, during Mississippi's post-CFSR joint planning meetings, participants opined that the lack of family engagement served as a barrier to achieving timely reunification. Caseworker turnover was cited as a main driver of the lack of engagement. The participants discussed causes of caseworker turnover, including the stress of the job, inadequate pay, and adverse relationships with courts. MDCPS employee exit survey data confirms that pay and stress are the primary drivers of employees' decisions to leave the agency. In fact, only the prevalence of workplace stress and the inadequacy of pay receive net-negative ratings. During the post-CFSR meetings, anecdotes also were shared of parents showing up to court without knowing the contents of their case plan and having had no pre-court communication with their caseworkers.

For these reasons, the first area of focus in this PIP is improvement in family engagement.

Complete and Accurate Assessment

Appropriate risk and safety assessment occurred in only 46% of applicable cases, and only 33.33% of the cases had appropriate safety plans. Needs assessment struggled with only 44% of 25 applicable in-home cases having an adequate assessment of the child's needs and only 24% having an adequate assessment of the parents' needs. In five in-home cases, no needs assessment occurred, or the assessment occurred late. In cases where needs assessment occurred, some assessments were superficial, some lacked consideration of collateral contacts, some involved minimal contact with the children in question, and some failed to identify and address underlying needs or causes of the maltreatment report. Accurate initial and ongoing assessment of risk, safety, and needs suffered because of a lack of family contact in eight cases. Comprehensive and accurate needs assessment occurred only 40.74% of the time for mothers and 18.76% of the time for fathers.

The performance on the CFSR items below also reflects in the need for improved assessment:

Needs Assessment and Services to Parents: **19.30%** Risk and Safety Assessment and Management: **46.15%**

Additional Data

MDCPS CQI review data confirms the need for improved assessment. The 2018 OSRI data from MDCPS CQI reviews found that 58.59% of 290 applicable cases had sufficient risk and safety assessment and management. Only 29.58% of 134 applicable cases had satisfactory needs assessment for parents. Likewise, CQI data from Olivia Y-related qualitative reviews determined that only 50% of cases had initial family service plans developed that addressed all strengths and needs, owing in part to inadequate assessment of those strengths and needs.

For these reasons, improved assessment is an area of focus in this PIP.

Service Array & Delivery

Of the 64% of applicable cases in which concerted efforts were not made to prevent removal, necessary services were not explored in nine cases. In five cases, a child remained in a home without necessary services. Appropriate services were delivered in only 33.33% of cases for mothers and 17.07% of cases for fathers. The final report recognized that the failure to deliver appropriate services was attributable in part to the problems with needs assessment discussed above, but also the array of services available. An inadequate service array of mental health and substance abuse treatment was cited, as was the waitlist for MDCPS's in-CIRCLE intensive in-home service program. The lack of adequate service delivery contributed to both inadequate efforts to prevent removal as well as inadequate efforts to achieve reunification.

The performance on the CFSR items below also reflects in the need for improved service array and delivery:

Needs and Services of Child, Parents, and Foster Parents: **20.00%**	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care: **36.84%**	Mental/Behavioral Health of the Child: **48.78%**

Additional Data

The MDCPS CQI review data confirms this need for improvement as well. The 2018 OSRI data from MDCPS CQI reviews found that service delivery to parents struggled, 32.27% of applicable, as did the services necessary to meet the mental and behavioral needs of children, 55.17% of applicable cases. And while these reviews showed better performance on efforts to prevent removal than did the CFSR, the waitlist for in-CIRCLE remains a challenge.

For these reasons, improved service array and delivery is an area of focus in this PIP.

Cross-Cutting Issues

While family engagement, assessment, and service delivery are three specific areas of practice needing improvement, two cross-cutting, systemic issues have become apparent from the CFSR data and other sources that impact the performance of Mississippi's child welfare system.

First, through a variety of mechanisms—surveys, focus groups, strategic planning initiatives—MDCPS has internally assessed a need for enhanced supervisory practices. Case staffing practices have been informal and varied greatly across the State. MDCPS's experience

has been that inconsistent case staffing practices have led to inconsistent levels of direction and accountability. Moreover, staff have expressed frustration with the lack of active support they receive from immediate supervisors. Success in all areas of practice—including family engagement, assessment, and service delivery—depends on active and effective supervisory support. Considering the turnover present in MDCPS's workforce, effective supervisory support is especially important for the constant of flow of new staff in the field, and the lack of that support if a contributing cause to the turnover itself. For this reason, efforts to enhance supervisory support are included in this PIP.

Second, the need for continued and increased collaboration with courts has been identified as another important front to improve practice in the areas addressed by this PIP, and to achieve timely permanency for children entering foster care. In the CFSR, Mississippi's performance on permanency outcome one was a strength in only 13% of 40 applicable cases. As discussed above, increased effectiveness in assessment and engagement are needed to improve timely permanency. But to do so, assessment and engagement must inform agency and court decisions. Effective collaboration to make the right decision for the children and families we serve requires a common understanding of the efforts we must make to achieve family stability and permanence. In 2018, a MDCPS planning group dedicated to an effective partnership with the courts understood that facilitating this well-informed judicial decision making based on agency efforts with families required common education between courts and agency staff on the trauma inflicted by removing a child to foster care, and MDCPS's trauma-informed and family-centric practice model. As will be discussed below, several Mississippi counties have successfully implemented this joint training model and have seen radically positive changes in their outcomes. For this reason, efforts to replicate and expand this collaboration also are included in this PIP,

Goals, Strategies, and Key Activities

As discussed above, Mississippi's goals in this PIP are crafted to improve the core practice areas of family engagement, assessment, and service delivery, as well as to address the systemic concerns related to supervisory practices and collaboration with courts. MDCPS believes that by improvement in these core practice areas and systemic supports will drive improvement across the CFSR's outcomes and systemic factors. MDHS/MDCPS has utilized the support of CSF coaches to support improvement in practice and changes in culture. The collaboration began in 2008 and has included developing and delivering a comprehensive statewide child welfare practice model. This model has been used to guide practice and interventions used in day-to-day operations. CSF has been instrumental in leading coaching efforts that strengthen practice and align with Olivia Y settlement agreement requirements.

The approach of implementation through use of structured learning modules developed by CSF has afforded MDCPS ongoing development and rollout spanning employee turnover and ensuring consistent information is being shared. The practice model coaching concept includes virtual learning along with face-to-face engagement for the staff involved. One of the learning cycles regarding Trauma Focused Care and how that impacts children and families has been one of the most in-depth modules to date. This module was exposed to a select court in Mississippi as a pilot and has since gained traction within the judicial arena. MDCPS was afforded the opportunity

to present spotlight trauma informed practice using concepts from this module at the state's judicial conference and with the exposure, our court improvement program has partnered with some courts to offer the modules to other courts. Using the support of our court improvement project, the work of CSF will span throughout the judicial system.

The work of CSF through a "train the trainer" model will allow MDCPS's professional development unit to carry out with fidelity, the modules developed by CSF. By doing this, MDCPS will gain the capacity to sustain the work of enhanced practice through the use of structured learning modules. MDCPS professional development unit will be able to support the work of field staff through on-the-job observations, ongoing modeling, individual as well as group coaching.

Based on CSF's current work with the agency, assessments of agency practice, outcomes, and needs CSF will support MDCPS during PIP implementation. CSF will continue to provide coaching and use additional developmental strategies in collaboration with MDCPS professional development unit to support achievement of key activities. Mississippi's strategies for improvement are organized in this fashion.[4]

Goal 1: Increase Family Engagement

Outcomes and Systemic Factors Addressed: *Permanency 1; Permanency 2; Wellbeing 1; Foster and Adoptive Parent Licensing, Recruitment, and Retention; Staff and Provider Training*

Strategy 1: Implement a comprehensive workforce wellbeing initiative that stabilizes MDCPS's workforce and models supportive, empathetic, and strengths-focused relationships which can be replicated by staff with the families we serve.

Basis for including this strategy: Both the CFSR and MDCPS CQI data reveal that improvement is needed in several areas of practice related to effective family engagement: i.e. family involvement in case planning, caseworker/parent contracts, maintenance of the relationship between a child in custody and their parent. MDCPS policy requires these practices and MDCPS provides extensive education for caseworkers on how to implement them through preservice training, ongoing coaching, and the Practice Model Learning Cycle. Given that these practices are currently required and taught, the barrier to their completion is either logistical—staff do not have sufficient time to engage fully in these practices—or adaptive—staff have not yet internalized the belief that these practices are necessary to achieving success in their work.

Following the CFSR, MDCPS began work on a comprehensive organizational health assessment designed to take an in-depth look at its current performance in certain key contributing factors to organizational success—organizational culture, professional development, supervisory support, tangible resources, and relationships with community stakeholders—and to illuminate potential strategies for

[4] All strategies will be statewide efforts unless otherwise noted.

improvement. In May 2019, MDCPS began the organizational health assessment by conducting an agency-wide online survey. The survey asked a series of questions related to the Agency's mission and vision, organizational values and guiding principles, prioritization of outcomes and measures of success, barriers to success, supervisory support, training, tangible resources, community support, and employee value and voice. The survey received 1278 responses, representing approximately 90% of all MDCPS staff. The responses to the survey's multiple-choice questions provided valuable insight about MDCPS's organizational health. But a discussion of greater depth was needed. So, as a follow up to the survey, MDCPS developed a series of focus-group questions designed to flesh out the survey's results. The questions were crafted to generate a dialogue about the core elements of our organizational health and to illuminate opportunities for continued growth in those areas. The questions probed the why and the detail underlying the survey results.

MDCPS conducted five organizational health assessment focus groups in August 2019. Focus group locations were selected to ensure as much geographic representation as possible across the State. They were held in Meridian on August 1st, Tupelo on August 8th, Gulfport on August 15th, Jackson on August 22nd, and Greenville on August 29th. In each location, staff were invited not only from the host county, but also from surrounding counties. Participation in the focus groups also was crafted to ensure a diverse representation of functional areas in the Agency. Each focus group included staff from frontline, licensure, adoption, special investigations, and CQI. Also, at each site, two separate sessions were held: one for line staff and one for supervisors. At the outset of each focus group, the participants were encouraged to share "the good, the bad, and the ugly" and were assured anonymity in their responses.

Among the focus groups' feedback, the strongest and clearest theme that emerged centered on MDCPS's organizational culture and exposed an unexpected adaptive challenge to effective family engagement. The survey responses in May had indicated the existence of some dissatisfaction among staff with the supervisory support they receive, and that most staff did not feel valued by the Agency. When these responses were fleshed out in the focus groups, a common causal connection emerged. Focus group participants consistently cited the need for a more supportive and empathetic work environment within the Agency.

Some of this response was tied to the stress and trauma staff experience in their work. Exit survey data has consistently shown that workplace stress is one of the main factors leading to staff attrition from the Agency. In the focus groups, staff expressed their belief that more could be done manage this stress and trauma and reduce its impact. For instance, some participants stated that more permissive leave practices were needed so that staff had sufficient time to decompress. Several groups stated that due to the volume of the work that must be done, supervisors are reluctant to ever approve leave, and commonly continued to call and text about work even when staff were on approved leave. Similarly, staff expressed frustration with the loss of compressed work schedules, which set aside one weekday every two weeks for them to be away from work. In addition to leave practices, participants expressed a need for more peer support and employee assistance services to help address the effects of trauma and stress. While all focus groups were aware of the Agency's existing employee assistance program, more education on available services is needed. Staff also felt that the most effective support was peer support, and that time should be set aside to facilitate this intervention as well.

In addition to managing stress and trauma, staff tied their view that they lacked a supportive environment to a predominantly negative atmosphere. Specifically, participants felt that the overwhelming focus—both internally and externally—concentrated primarily on their failures, not their successes. Participants cited a need for greater recognition of both individual and Agency successes. A common refrain in the focus groups was that even when successes far outnumber failures, the failures receive all the attention.

Staff's relationships with their immediate supervisors also play a role in the described absence of a supportive work environment. Many people expressed that there is a vast disparity in the way supervisors treat and manage the staff assigned to them. While some supervisors were described as actively supportive of their staff's work, others were described as unwilling to assist staff with work even when it was evident their staff needed that help to get the job done. Some staff also described hostility and a lack of respect on the part of their immediate supervisor.

Finally, the focus groups echoed the survey's responses showing that 70% of staff feel that their voice and opinions are not heard. Participants expressed feeling that their opinions are not requested or expected by their immediate supervisor or higher levels of the Agency's leadership. This, in turn, led them to feel that decisions are made which consequentially affect their work—and about which they believe they have the best knowledge—without them having an opportunity to provide input. Participants also felt that voicing disagreement could lead to consequences or retribution, and that the Agency lacked sufficient mechanisms for that feedback to be provided.

In all areas, family engagement included, organizational effectiveness hinges on having the right organizational culture internalized by all frontline staff. Regarding family engagement, this means that the staff tasked with carrying out our day-to-day work must be sincerely committed to MDCPS's family-centric, trauma-informed practice model. Unfortunately, the organizational health assessment has revealed that the practices necessary for effective family engagement are not consistently modeled within the Agency. A positive parallel process should exist: practices fostering a supportive work environment should be mirrored by staff in practices facilitating effective family engagement. But the opposite appears to be true. Employees whose voices are heard by the Agency will be more likely to make space for hearing family's voices in the development of case plans. Employees whose strengths and successes are recognized by the Agency will be more likely to recognize and build upon parents' strengths. And, most importantly, employees whose trauma is effectively understood and addressed by the Agency will be more likely to recognize and address the trauma experienced by the families they serve. Reality, however, is that far too often those who are on fire are sent out as our firefighters.

So, MDCPS's primary strategy for addressing deficits in family engagement is to develop and implement a comprehensive workforce wellbeing initiative that stabilizes MDCPS's workforce and models supportive, empathetic, and strengths-focused relationships which can be replicated by staff with the families we serve. To foster real family engagement, the Agency first must model the behavior it expects staff to parallel in their interactions with family. MDCPS plans to use coaching, peer to peer support and interactive learning

modules to achieve this strategy. MDCPS will determine training effectiveness through ongoing organizational health assessments, surveys, focus groups, evaluations and any available outcome data.

Key Activity	**Timetable**
Develop and adopt a vision defining workforce wellbeing and an aspirational philosophy for the work environment MDCPS seeks to foster and the standards of conduct its expects in employee interactions.	Quarter 1
Hold a kickoff for the workforce wellbeing initiative and an initial workforce wellbeing training at a quarterly leadership meeting.	Quarter 2
Facilitate the development of peer-to-peer support groups	Quarter 3
Develop workforce wellbeing training modules.	Quarter 4
Provide workforce wellbeing training to mid and upper level management.	Quarter 4
Monitor workforce wellbeing through ongoing organizational health assessment surveys and focus groups and evaluations.	Quarter 4 & ongoing
Implement coaching support focused on supervisory practices that advance workforce wellbeing.	Quarter 5 & ongoing

Strategy 2: Increase commitment to shared parenting among resource parents to enhance family engagement and support reunification.

Basis for including this strategy: As with the focus on workforce wellbeing, this strategy for improving family engagement also emerged from the comprehensive organizational health assessment focus groups. Another consistent theme in the focus group feedback was the perception that foster parents often served as a barrier to reunification, rather than a support for it. Staff expressed that foster parents' motivation for, or focus in, becoming foster parents sometimes was to rescue children from bad situations. This motivation, while well-intentioned, placed the foster parents at odds with the child's biological parents, who they perceived as a threat to the child from which they sought to protect the child. Staff also expressed that some foster parents saw their role as simply to house the children placed with them, not to be actively involved in a child's case. While neither of these attitudes is universal—staff expressed that there are great foster parents who actively support the parents of children placed in their home—the focus groups clearly expressed that additional efforts were needed to ensure that all foster parents embraced shared parenting and function as a part of the family's team working towards reunification.

Rescue 100 is Mississippi's primary mechanism for recruiting new resource homes. Rescue 100 focuses recruitment in churches, where MDCPS can reach large numbers of potential foster parents at once. This model provides all training in one weekend, leading to efficiency in the licensing process, and builds on pre-existing community as a support for foster parents. With this model in place,

MDCPS has been successful in meeting targets for foster home development. However, the focus group feedback described above shows that more attention must be paid to quality without sacrificing needed quantity. While MDCPS believes it has the right infrastructure in place to identify potential homes, more time and attention must be devoted to the messaging used in recruiting and training those homes to ensure a commitment to shared parenting among the foster parent community.

Foster parent support groups create a safe place for foster parents to share their experiences with one another, to ask questions and to build supportive connections. Providing foster parents with this opportunity also provides the agency with an opportunity to educate foster parents on the importance of preserving connections when possible and the importance of participation in family team meetings, court hearings, etc. Foster parents have presented open and honest feedback during focus groups. MDCPS believes by continuing these focus groups the foster parent liaison who is a previous foster parent will be able to express the significance of reunification and shared parenting using a peer approach. Focus groups will also provide an opportunity for those foster parents that currently support reunification and shared parenting to provide coaching and support in these areas.

The Foster Parent Liaison position also gives Mississippi's foster parents a central point of contact within the agency to share concerns and provide input about needed improvements. The role of the Foster Parent Liaison is to promote foster parent engagement and retention through open communication. By opening additional lines of communication, MDCPS can better support and retain our foster parents by addressing their concerns. The Liaison utilizes foster parent forums, newsletters, and an online portal as well as through individual contacts by phone or email to encourage communication. This additional line of communication with our foster parents creates a consistent way to educate foster parents about agency goals. The liaison shall collect information from foster parents that will help inform training needs and provide insight on the effectiveness of available foster parent training. The Foster Parent Liaison will serve as liaison between foster parents and agency departments and focus foster parent activities around achieving key activities as described.

Key Activity	**Timetable**
Develop and implement a comprehensive internal and external communications campaign consistently messaging the importance of shared parenting.	Quarter 1 & ongoing
Refocus statewide foster parent recruitment activities to prioritize clear expectations for shared parenting.	Quarter 1 & ongoing
Utilize foster parent support groups and focus groups to encourage foster parent participation in family team meetings, court hearings, foster care reviews, and meaningful shared parenting opportunities.	Quarter 1 & ongoing
Imbed shared parenting focus in the case staffing tools addressed in Goal 3.	Quarter 3
Monitor foster parent commitment to shared parenting through CQI reviews, staff focus groups addressed in Strategy 1, and foster parent focus groups.	Quarter 4 & ongoing

Develop and implement trauma-focused training for foster parents.	Quarter 5
Increase judicial focus on foster parent participation through joint trainings and judicial conferences.	Quarter 6

Goal 2: Ensure Complete and Accurate Assessment

Outcomes and Systemic Factors Addressed: *Safety 2*

Strategy 1: Enhance staff understanding of, and ability to perform, risk and safety assessment through revised policy and training, and enhanced coaching supports.

Basis for including strategy: Both the CFSR and CQI data expose the need for improved assessment. Complete and accurate assessment depends on two basic components: the quality of the assessment tool utilized and staff's competence to perform the assessment. In follow up to the CFSR, MDCPS sought to better judge whether its deficits in assessment were more attributable to the quality of the tool used or staff's ability to perform the assessments. To do so, a workgroup was formed to first evaluate the quality of MDCPS's assessment tools in comparison to other tools commonly in use by other jurisdictions.

The workgroup consisted of MDCPS staff and an experienced Mississippi youth court judge. The participants were provided an assessment tool score sheet and tasked with performing a review of six different assessments. This included MDCPS's current assessment as well as the Child and Adolescent Needs and Strengths (CANS), the Functional Assessment Systems' (FAS) suite of tools, the Family Advocacy and Support Tool (MAT), Signs of Safety (SOS), and Structured Decision Making (SDM). After scoring each tool, the workgroup compared the results and prepared a report summarizing their findings. Ultimately, the workgroup concluded that MDCPS's current tool scored close to the top of those evaluated, indicating that staff's ability to use the tool is primary cause of deficits in assessment.

The comprehensive organizational health assessment focus groups provided feedback that mirrored this conclusion. In the May 2019 survey, respondents were asked about how well the Agency's focus on safely maintaining children in their homes had taken root. The survey responses indicated that further work was needed in this area. So, during the focus groups, participants were asked to explain why they thought that was the case. One of the common answers received was that staff lacked confidence in their ability to perform risk and safety assessments. And because they lack confidence in their assessment skills, they often erred on the side of caution removing children when it may not be necessary. When asked to explain why staff lacked confidence in their risk and safety assessment skills, two explanations were provided. First, some participants expressed a lack of clarity about the two concepts. Second, participants felt too little attention was given to skills training. While participants felt that training sufficiently explained what policy requires staff to do, more time needed to be devoted to teaching staff how to do it. This strategy seeks to address both concerns.

Key Activity	Timetable
Review and revise the definitions of risk and safety for consistency, clarity, and common understanding.	Quarter 1
Revamp risk and safety training: a) Incorporate revised definitions and concepts into preservice training; b) Incorporate revised definitions and concepts into ongoing coaching support; and c) Incorporate revised definitions and concepts into collaborative training with courts.	a) Quarter 2 & ongoing b) Quarter 2 & ongoing d) Quarter 4 & ongoing
Imbed quality risk and safety assessment practice in the case staffing tools addressed in Goal 3.	Quarter 3 & ongoing
Monitor ongoing risk and safety assessment practice through CQI regional reviews.	Quarter 4 & ongoing

Goal 3: Improve Supervisory Support

Outcomes and Systemic Factors Addressed: *Safety 1; Statewide Information System*

Strategy 1: Support efforts to improve family engagement and assessment with enhanced supervisory support through effective case staffing.

Basis for including this strategy: Because direct supervisors have the greatest input and influence over the day-to-day practice of frontline staff, all other efforts to improve practice ultimately hinge on whether direct supervisors reinforce the right practice and support staff in the performance of their work. Throughout MDCPS's strategic planning processes over the past two years, a common point of concern emerged: MDCPS lacks consistent supervisory and case staffing practices across the State. Instead, case staffing and supervisory practices have occurred on an ad hoc basis and varied widely from region to region and county to county.

The comprehensive organizational health assessment survey and focus groups also expressed concern about the quality of supervision received by staff in the field. Focus group participants expressed that supervisory support was overwhelming focused on compliance, ensuring that the requisite tasks were completed, rather than being focused on the quality of the work completed. Participants also expressed dissatisfaction with the degree to which supervisors actively provided support for the work being performed and felt that supervisors did not really know the cases their staff were working because case staffing often occurred in a cursory manner.

To address the initial concern with the consistency of case staffing practices, an MDCPS workgroup was formed in early 2019 to develop uniform case staffing tools for MDCPS's frontline, licensure, and adoption units. The workgroup gathered tools used in various parts of the State and compiled the best of what they found, with their own additions, into the first iteration of the tool. The tool was tested in select locations, and then launched statewide at MDCPS's annual leadership conference in June 2019, where training was provided on the tool's use. When the focus groups were conducted in August, some initial feedback was available about the new tool's use. Some

staff felt that the tool had improved case staffing practice. Others found it too time consuming. Still others found that despite the tool's rollout, staffing remained cursory.

MDCPS has set the expectation that the tool be used to staff every case at least monthly. Through the tool's use, and with additional guidance and suggested questions, supervisors are now expected to be intimately involved in casework at least this frequently. For ongoing casework, the tool directs supervisory focus to core areas of practice including timely and complete investigation, service plan development and progress; the suitability of a child's placement; caseworker contacts with children, parents, and resource parents; independent living services for transitional age youth; diligent searches; emerging issues of concern; and mental, dental, and other services for children. By doing so, supervisors are provided with the time and the means to both provide direction and support for practice. The staffing also provides an opportunity for supervisors to ensure that data entered in MACWIS to document this work fully represents the work discussed in the staffing and providing an opportunity to identify any needed corrections. The supervisor also has their own staffing narrative to complete in MACWIS following the staffing.

This strategy is geared toward both improving on MDCPS's first iteration of the case staffing tool and improving supervisors' ability to effectively use the tool to facilitate high quality case staffing. If high quality staffing can be achieved, the staffing tool has the potential to increase the quality of work in all aspects of practice.

Key Activity	**Timetable**
Establish and implement ongoing monitoring of the case staffing tools' usage by the regional leadership, ensuring that the tools are being used and having the intended impact. A report summarizing the regional leadership's findings will be provided periodically.	Quarter 1 & ongoing
Gather feedback from supervisors and caseworkers about successes and barriers in tool usage, and make changes as needed.	Quarter 3
Development case staffing tool training.	Quarter 3
Provide staffing tool training: a) IT training on the technical aspects of the tools' use; b) Train the trainer to build coaching capacity among regional leadership on the tools' use; c) Case staffing training incorporated into initial supervisory training; and d) Ongoing coaching support based on identified needs.	a) Quarter 2 & ongoing; b) Quarter 4 c) Quarter 5 & ongoing d) Ongoing

Goal 4: Improve Service Array and Delivery

Outcomes and Systemic Factors Addressed: *Wellbeing 2, Wellbeing 3; Service Array and Resource Development*

Strategy 1: Diversifying Intensive In-home Services

Basis for including strategy: MDCPS does not presently possess the state funds necessary to grow its service array through the commitment of additional funds. This financial situation has led to an analysis of how MDCPS can increase the number of children and families served with level-funded resources. MDCPS's in-Circle intensive in-home services program, by construct, currently imposes significant staffing requirements. One of MDCPS's in-Circle providers has approached the agency about adopting an alternative model of in-home services—one which the provider currently implements in other states—that utilizes less intensive staffing and would allow more families to be served for the same cost. The model will allow for families to step down from the most intensive service model allowing for a warm handoff. The providers using this model will work closely with MDCPS to identify families meeting the criteria to participate in this model program. The pool of providers will work together to ensure there is a transition plan in place, assisting families moving from one model to another. The model will continue to ensure the programs/services are person centered and family driven. Adding the pool of providers delivering this model will assist in the elimination of the in-Circle waitlist issues currently existing in the program. Another provider has indicated its intent to have staff trained in another in-home services model. While current in-Circle contracts do not allow this shift, a procurement of a diversified array of in-home services programs will allow MDCPS to do more and to serve more families with the same level of financial resources. MDCPS will clearly indicate the agency is seeking providers to deliver the current in-Circle intensive model and/or the less intensive model (discussed above) in the request for proposals (RFP). The interested providers will respond by indicating they can provide services by using both models. Or the provider can elect to only respond to one model. That said, MDCPS intends to maintain most of its resources in support of its proven in-Circle program.

Key Activity	**Timeline**
Develop requirements for alternative intensive in-home services programs.	Quarter 4
Procure various evidence-based intensive in-home services programs.	Quarter 6
Develop a protocol or assessment for determining the appropriate referral among the pool of in-home services programs.	Quarter 6
Train internal and external stakeholders on the new in-home services array.	Quarter 8
Develop a manual of in-home services interventions.	Quarter 8

Strategy 2: Expand available funding for services by implementing the Families First Prevention Services Act.

Basis for including this strategy: The CFSR's findings recognize that a primary barrier to service delivery in Mississippi is the lack of a sufficient quantity of services. This is true for mental health and substance abuse treatment. It also is true for MDCPS's intensive in-

home services program, which sometimes develops waitlists. Ultimately, the lack of a sufficient quantity of services is largely attributable to limited funding.

The Families First Prevention Services Act represents an opportunity to add an additional funding source for such services. The categories of services reimbursable under the Act—mental health treatment, substance abuse treatment, and in-home parenting skills building—are precisely those for which an increased volume is needed. While Mississippi has elected the full two-year delay for implementation of the Act, that timeframe now falls within the period of this PIP and the State's efforts towards implementation are incorporated herein.

Key Activity	**Timetable**
Identify all stakeholders that will be directly impacted by FFPSA implementation and engage them in discussions about their obligations and responsibilities under the Act.	Quarter 2
Establish a FFPSA implementation team.	Quarter 3
Conduct an agency readiness assessment with currently contracted providers impacted by FFPSA.	Quarter 4
Develop a Mississippi FFPSA implementation plan, including recommendations for effectively integrating FFPSA requirements into MDCPS practice and Mississippi law.	Quarter 4
Develop and submit the first five-year prevention plan.	Quarter 6

Goal 5: Improve collaboration with courts that supports effective practice and timely permanency.

Outcomes and Systemic Factors Addressed: *Case Review System*

Strategy 1: Expand judicial involvement in the Practice Model Learning Cycle to additional jurisdictions selected for maximum impact.

Basis for including this strategy: In 2015, the Mississippi Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER) conducted a review and issued a report entitled "Issues Related to the Increase in the Number of Children in the Department of Human Services' Custody in Hancock County." The report found that between 2007 and 2013 Hancock County had a rate of children entering state custody higher than the state average and that the number of children in custody grew by 47% during that time. The report also found that between April 1, 2014, and September 30, 2014, Hancock County had a smaller percentage of children leaving state custody than the state average. Moreover, the report concluded that the difference in the rate of children entering custody in Hancock County as compared to the rest of the state could not be explained by the rate of substantiated child maltreatment. In fact, the rate of entry in Hancock County exceeded the state average even among substantiated victims. Among other causes, the report cited

the Hancock County Youth Court's risk reduction policies related to drug tests and investigations by court staff as primary drivers of the number of children in custody.

In January 2018, change came to the Hancock County Youth Court. Previously, the Hancock County Youth Court docket had been heard by a referee appointed by the chancery court for that district. At the beginning of 2018, Hancock County established its first elected county court judgeship, which assumed responsibility for the youth court docket. Around that same time, the MDCPS staff in Hancock County began the Practice Model Learning Cycle (PMLC). To maximize the impact of the new judgeship for Hancock County's children, and to develop a collaborative relationship that had not existed with the prior court, the MDCPS regional director over Hancock County, with the support of a practice model coach from the Center for Support of Families, approached the new youth court judge to propose that he and his court staff participate in a modified version of the trauma-informed PMLC training being completed by the MDCPS staff. The new judge agreed, and positive results came quickly.

Mississippi's practice model was developed in 2010 and updated in 2016 to reflect MDCPS's commitment to a trauma focused practice. The model rests on six core components: involving children and families in case planning, assuring safety and managing risk, strengths and needs assessment, individualized case planning, mobilizing services timely, and preserving and maintaining connections. The PMLC includes content on trauma focused child welfare practice within the context of the six practice model components. To support the revamped practice model with a trauma focus, CSF developed and implemented in coordination with MDCPS the PMLC which is a learning model that includes preparation activities, multiple virtual learning modules, and structured practice application opportunities. The preparation activities are geared toward regional leadership and supervisors, giving them an overview of the content of the module and how they should introduce and support their staff for meaningful participation in the module. The virtual learning modules include a virtual learning tutorial, akin to a traditional classroom learning environment, and virtual practice scenarios, where users are given the opportunity to practice the key behaviors they have just learned in the module. The structured application sessions for all staff led by CSF coaches provide opportunities to further practice the key behaviors, better understand how to monitor fidelity to those key behaviors, and better understand how the behaviors can be applied in the field. The anticipated change in practice resulting from PMLC is greater consistency across the state in terms of applying the practice model components as exhibited through enacting the key behaviors defined and reinforced throughout the PMLC. For example, the key behaviors promoted in the PMLC module for individualized case planning are:

1. Use information from **family members and their team** to prepare written service plans based upon a statement of need, brainstorming solutions, identifying tasks, time frames and the person responsible for each task.
2. Include the **family and team's voice i**n decision making and selecting trauma informed services that lead to the expected outcomes (healing and behavior change).

When this training is provided to courts and court staff, the intended result is the development of an atmosphere and focus in judicial proceedings that reinforces the practice being implemented by MDCPS staff. Some of this change relates to the atmosphere in courts: the strengths focus of the practice model should be reflected in a supportive and restorative atmosphere in judicial proceedings. Some addresses the focus of questions and conversations in court proceedings, ensuring that questions are asked which ensure MDCPS staff are making the necessary efforts to employ the practice model with fidelity and achieve timely permanency. And most importantly, this parallel training for court staff, mirroring that received by MDCPS staff, should create a common set of goals and expectations focusing on family engagement, accurate assessment, and comprehensive efforts to achieve permanency.

The change brought through this work quickly impacted outcomes for children and families in Hancock County. Since then, the foster care population in Hancock County has been reduced to almost half its peak custody number. The training has enhanced communication, understanding, and respect between the judge, court staff, and MDCPS. Providing education on MDCPS's trauma-informed and family-centric practice for the court has provided a common language, focus, and set expectations. It focused all parties on ensuring all efforts are made to prevent removal to foster care and to achieve reunification. And, arguably most importantly, the cross training engrained in all parties a focus on trauma and helped to create an empathetic atmosphere for all parties in that court that has enhanced family support and engagement—improving families' trust and buy in in the system—and increased confidence among MDCPS staff. This improved atmosphere and collaboration has had a positive impact on morale among Agency staff, providing an additional advantage in increasing workforce wellbeing.

Having experienced the success of this endeavor in Hancock County throughout 2018, MDCPS decided to replicate the model in additional jurisdictions during 2019. During 2019, the model was replicated in Harrison, Jackson, Jones, Lauderdale, Lamar, Forrest, and Stone counties. These counties also have seen improvement. For instance, in Harrison County the number of children in custody has been reduced from 792 on January 1, 2019, to 511 on October 1, 2019. This reduction in the number of children in state custody coincides with the election of a new judge and the beginning of collaborative judicial PMLC in that county.

Another fascinating and encouraging aspect of this work has been its organic growth. In Hancock County, the entire endeavor was organic—an MDCPS regional director and the youth court judge began the work without any direction from State Office. In the 2019 counties, that was not the case—State Office directed and facilitated the replication of this effort. But even now, the initiative grows organically in other ways. For instance, in Harrison County, the youth court judge has actively sought to expand the work to other groups, including CASAs and resource parents.

Overall this model has proven effective at improving outcomes for children and families, and at improving relationships and cooperation between all involved in youth court proceedings. To further this improvement across the State, additional counties will be provided the opportunity to go through the judicial PMLC during the PIP implementation period. The counties to be invited will be strategically targeted to maximize the impact of this work on Mississippi's child welfare system. For instance, during the first year of the PIP, some

of this work will be targeted for a cluster of rural counties adding parent representation. One of the advantages to the judicial PMLC is that it provides a common language and understanding surrounding trauma and efforts towards family preservation and reunification for all court participants. Targeting counties with newly established parent representation will maximize the impact of that parent representation by bringing them into this common understanding. Other counties will be targeted based on disproportionality high numbers of children in custody as compared to population, as was the case in Hancock and Harrison before the new judges took office and the judicial PMLC was implemented.

In year two of the PIP, Hinds County will be targeted for the judicial PMLC. MDCPS had hoped to bring Hinds County onboard during 2019, but limited capacity and competing priorities on both the part of the court and the Agency prevented that from happening. And additional capacity building time is still needed before Hinds County will be prepared to participate, leading to the decision to target that county in the PIP's second year. However, for this work to reach its full potential, Mississippi's most populous county must be included.

Key Activity	**Timetable**
Gather feedback on the judicial PMLC's effectiveness from courts completing the cycle this year and make changes to the process as needed.	Quarter 1
Identify courts that will commit to the next round of the judicial PMLC in 2020.	Quarter 1
Implement the judicial PMLC in the counties that commit through contract and MDCPS coaches.	Quarter 4
Evaluate and monitor impact of judicial PMLC on casework through foster care reviews, ongoing focus groups, and review of data related to judicial decisions to remove children from their homes and reunify children with their families.	Quarter 4 and ongoing
Implement judicial the PMLC in Hinds County.	Quarter 8

Strategy 2: Implement progress monitoring and CIP/MDCPS State Office support for local court team improvement plans.

Basis for including this strategy: MDCPS and court staff have attended joint trainings facilitated by the CIP/Administrative Office of Courts in 2018 and 2019, which will continue in the future. At these trainings, the local teams—judges, attorneys, court staff, MDCPS staff—were provided planning time to develop localized improvement plans specific to their counties' needs. Neither the CIP/AOC nor MDCPS State Office dictated the content of these plans. Rather, the trainings simply provided a set aside time for the local teams' planning efforts, and education on content pertinent to pressing issues in Mississippi's child welfare system, particularly reasonable efforts to prevent removal.

At this point, there is no systemic monitoring or support of these plans from CIP or MDCPS State Office. To ensure the effectiveness of this work, that monitoring and support will be provided as a strategy in this PIP. CIP has committed to establish a process for monitoring progress on some of the plans for Mississippi's 82 counties. That monitoring will then inform whether support is needed for the plans' implantation and what that support should be. Counties will be selected for monitoring based on the opportunity for impact. Given that the plans were developed in conjunction with training on reasonable efforts to prevent removal, rates of removal will be a primary consideration.

Key Activity	**Timeframe**
Identify counties where monitoring and support will have the greatest potential for impact, including both county court and referee counties.	Quarter 2
Develop procedures for CIP progress monitoring on local court team action plans that consider whether the plans are be implemented and whether they are having their intended effect.	Quarter 2
Develop process for CIP to identify counties needing support in the implementation of their local action plan.	Quarter 2
Provide any needed support to local plan implementation.	Quarter 3 & ongoing
Reconvene local court teams at future trainings for further guidance in the directions of their local action plans.	Quarter 8

Strategy 3: Improve guardian ad litem practice through new standards for guardians ad litem.

Basis for including this strategy: Recently, an interdisciplinary team of Mississippi child welfare professionals—judges, attorneys, MDCPS representatives—has developed a new handbook for guardian ad litem practice in Mississippi. The handbook's development came in response to concerns about the quality of guardian ad litem work in Mississippi courts—particularly the degree to which guardians ad litem independently investigate and consider the facts of a case—as well as a desire to engrain Mississippi's shift towards a family preservation focused system among guardians ad litem. In this way, the handbook works to support other efforts towards preventing family separation in Mississippi's child welfare system. While the handbook has been created, its rollout will occur during the PIP implementation period, and the steps of that rollout are included a strategy in this PIP.

Key Activity	**Timeframe**
Provide GAL training based on the new handbook at the University of Mississippi School of Law	Quarter 1
Provide GAL training based on the new handbook at the Mississippi College School of Law	Quarter 4

Provide public comment period on guardian ad litem handbook and incorporate any necessary revisions from the comments into the handbook.	Quarter 4