

Presentation to the 2015 Health and Human Services Joint Appropriation Subcommittee

CHILD AND FAMILY SERVICES DIVISION

Economic Security Services Branch
Department of Public Health and Human Services

Reference:

Legislative Fiscal Division Budget Analysis, Volume 4, Pages B18-B26

OVERVIEW

The Child and Family Services Division (CFSD) provides critical services to protect children in Montana from child abuse and neglect. CFSD operates a child welfare system that works 24 hours a day 365 days a year, from 37 different offices across the entire state of Montana, to fulfill its mission of “keeping children safe and families strong.” In addition to ensuring safety of Montana’s most vulnerable children, CFSD must also work to achieve high quality permanency and well-being outcomes for the children and families it serves.

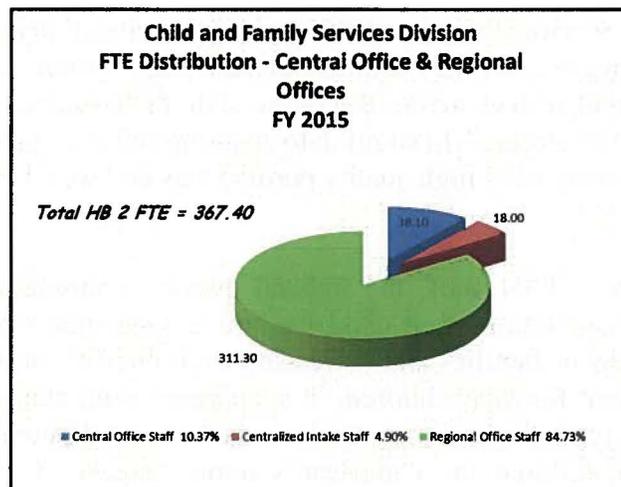
To keep children safe, CFSD staff, the judicial system, community service providers, and others collaborate to provide a continuum of child welfare services that ensure the safety of children while supporting the strengths of families and increasing each family’s ability to nurture and provide a safe and healthy environment for their children, in accordance with state and federal laws. The nature of federal and state laws regarding child protection, various jurisdictional authorities, and the complexity of providing care for children on a moment’s notice requires CFSD to rely upon the successful integration of many systems to achieve its mission.

As CFSD cannot place children in foster care for more than 30 days without having the District Court overseeing the case, County Attorneys’ Offices or the Attorney General’s Office must represent CFSD in State District Court. Furthermore, parents and children are represented by Attorneys and/or Guardian ad litem and/or Court Appointed Special Advocates (CASAs) in all proceedings in State District Court.

In addition, CFSD has cases that fall under the jurisdiction of the Indian Child Welfare Act; therefore, an Attorney for the child's Tribe and the Tribe's Social Services Department may also be parties in these cases. In addition to these legal system partners, CFSD relies upon other state and county agencies and community service providers to provide direct services to children and families in these cases; such as, education, parenting classes, child care, mental health, substance abuse, medical, and dental services. CFSD cases require ongoing communication and interaction among the myriad of stakeholders involved to achieve positive safety, permanency, and well-being outcomes for children.

The number of children in foster care has reached a historic high of nearly 2,400 in state fiscal year 2015. The foster care caseload has increased over 20% in the past biennium and near 60% from a base line in 2008. This growth has significantly increased the caseload for staff, and with the increased caseload, the growth has increased associated work related stress. Despite facing the challenges associated with the large caseload and resulting increased workload, CFSD continues to work diligently to improve its child welfare practice model; to develop a comprehensive work force development plan to recruit, train, and retain high-quality staff; and to implement a continuous quality improvement system that ensures rapid cycle feedback loops are in place to make the work more efficient and effective. The core services provided by CFSD and the initiatives aimed to improve outcomes are more fully described in the following sections.

Despite the traumatic and difficult issues underlying the work of CFSD, and the growing number of children in need of CFSD services, committed and amazing staff continue to do this truly life-changing work to protect Montana's children from abuse and neglect. As one family wrote to their Child Protection Specialist, "We appreciate everything you have done for us along this journey, and I will keep you in the loop with his growing up and we will send pictures just as we have been doing, you have played an amazing part of this child's life, and he will know all about what you have done for him when he is older so he can learn that there are wonderful people like you in this world that go out of their way to help others."



SUMMARY OF MAJOR FUNCTIONS

1. Child Abuse Reporting and Investigation/Assessment

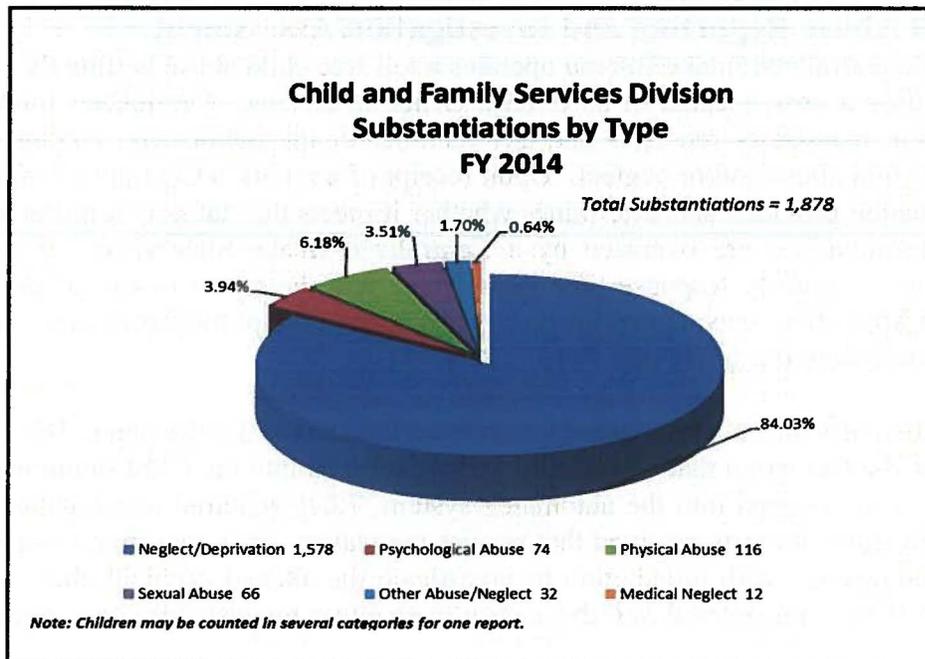
The CFSD Centralized Intake Bureau operates a toll free child abuse hotline that takes calls 24 hours a day, 365 days a year, located in its Central Office in Helena. Centralized Intake Specialists receive reports from mandatory reporters and any member of the public who chooses to make a report of suspected child abuse and/or neglect. Upon receipt of a report, a Centralized Intake Specialist reviews the information provided and determines whether it meets the statutory requirements for investigation. These determinations are overseen by a Centralized Intake Supervisor. If the report requires an investigation, a priority response time is assigned, and the report is sent to the field. On call Child Protection Specialists respond to emergency calls at any time of the day or night they are received when necessary to ensure the safety of a child.

In SFY 2014, Montana citizens called Centralized Intake (CI) 33,500 times; 16,612 of the calls made to CI contained information that required them to be entered into the CFSD automated CAPS system. Of the 16,612 calls entered into the automated system, 7,679 required investigation by a member of the CFSD field staff. Reports received that require mandatory cross-reporting are also reported to the law enforcement agency with jurisdiction to investigate the alleged criminal child abuse or neglect. The remainder of the calls entered into the system were either requests for services referrals or information only.

<u>Centralized Intake</u>	<u>FY 2014</u>
Total All Calls Received	33,500
Total Reports Entered	16,612
Total Requiring Investigation	7,679
Total Placements	1,491

11,046 Children involved in Investigations

Children and families receive direct child protective services border-to-border from CFSD staff located in 5 Regions served by the 36 county offices. Using an evidence-informed safety assessment practice model, titled the Montana Safety Assessment and Management System (SAMS), CFSD field staff investigate/assess the reports of suspected child abuse, neglect, and abandonment referred by the Centralized Intake Specialists. CFSD must determine whether the child may be safely maintained in his/her home and whether the suspected child maltreatment actually occurred. In SFY 2014, Child Protection Specialists substantiated Child Maltreatment 1,878 times. Substantiations are separate determinations made in accordance with Administrative Rules. Substantiations may be made for multiple types of child maltreatment with regards to one child. Child neglect constitutes to be far the most prevalent type of child maltreatment substantiated in Montana as illustrated in the following graph.



2. Safety and Reunification Services

The Child and Family Services Division is mandated by state statute to provide protective services to children who are abused, neglected, or abandoned. In addition to receiving and investigating/assessing reports of child abuse and neglect, CFSD also provides in-home safety services to prevent placement of children into foster care, out-of-home safety services; such as, placing the child in a foster or kinship care home, and reunification services that include working with the parents to identify those services needed to reunite the parents and child safely.

State and federal law require that efforts be made by CFSD to keep children safe within the home whenever possible or to safely return the child to the home. To this end, CFSD provides in-home services, primarily through contracted service providers, to preserve, strengthen, and stabilize families at any point in a case. In addition, upon a child's placement in out-of-home care, the Child Protection Specialist works with the child's parents to develop and implement a voluntary protective services agreement or court-ordered treatment plan designed to provide the services necessary to address and resolve those issues that led to the out-of-home placement thereby allowing the child to safely return to the home. Those services may include, among other things: drug and alcohol monitoring, substance abuse treatment, mental health treatment, parenting classes, stress and anger management, budgeting, transportation, child care/respice, and home visiting services.

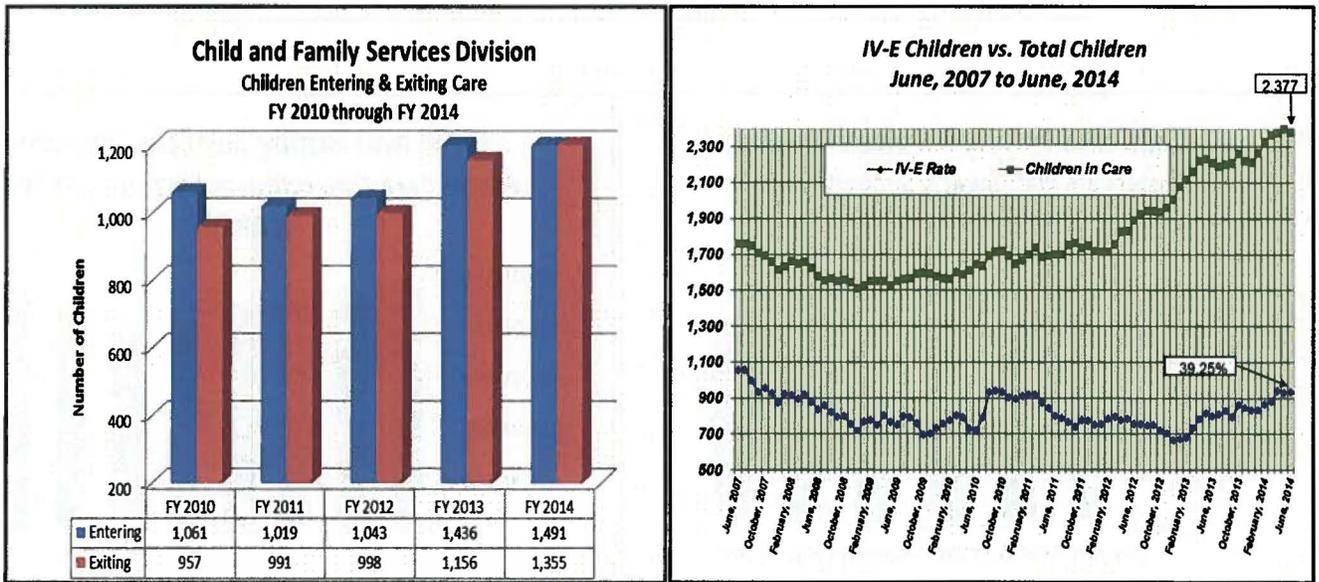
Reunification with the parent from whom the child was removed, if it can be safely achieved, is mandated by state and federal law as the primary permanency goal for the child in the majority of CFSD cases. In order to forego working toward reunification, a District Court Judge must make required findings and issue an order indicating that CFSD is not required to make such efforts. Therefore, in most cases, CFSD provides the support services, some of which are identified above, in a voluntary protective services agreement or court ordered treatment plan to allow children to safely return home.

When children cannot safely remain in their home, they experience less trauma and disruption when they are placed in a kinship placement with relatives or families with whom they have prior significant

relationships. Federal and State law require that CFSD make diligent efforts to locate relatives and place children with them whenever possible and in the best interests of the child. On June 30, 2014, unlicensed kinship families were providing out-of-home care to 365 children. Licensed kinship families were providing out-of-home care to 459 children. Licensed and unlicensed kinship care for children in need of out of home placement has grown significantly and now represents almost 40% of children placed in out of home care.

If a safe and appropriate kinship placement is not able to be identified, a child may be placed in a licensed foster family or a licensed youth care facility. As of June 30, 2014, Family Resource Specialists had licensed 1,089 foster, kinship, and therapeutic families. As of June 30, 2014, CFSD made foster care maintenance payments and support services payments on behalf of 2,109 children under the jurisdiction of either State District Court or Tribal Court. Of these children, an average of 39% utilize Social Security Act Title IV-E funding, a federal entitlement program based upon financial eligibility. The amount paid for foster care placements is based upon the Rate Matrix funding levels set by the Department; in accordance with the Legislative appropriation. As of July 1, 2014, a foster family caring for a child age 0-12 receives, \$18.46 per day.

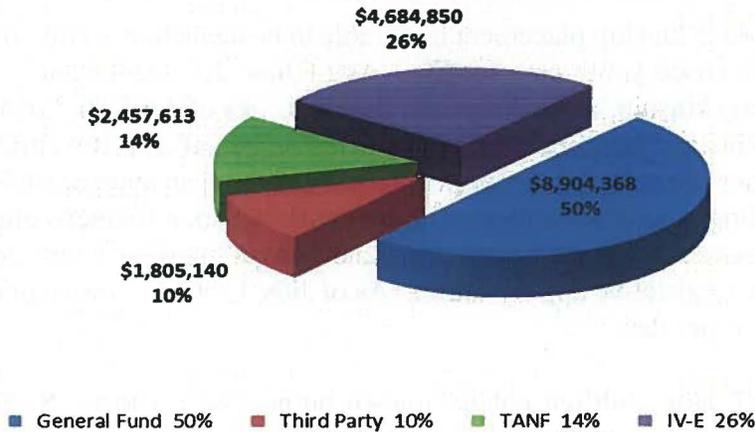
In SFY 2014, 1,491 new children entered out-of-home care. During SFY 2014, CFSD field staff provided out-of-home services to a total of 3,674 children.



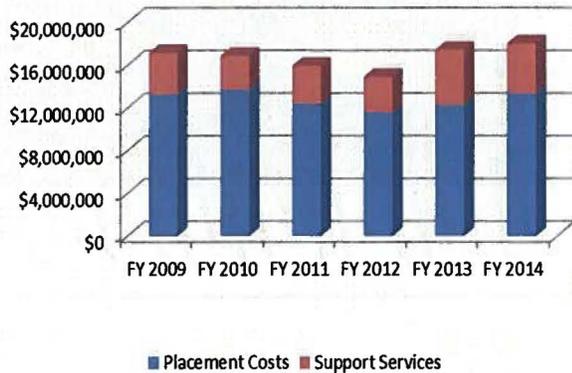
NOTE: The foster care appropriation funds all types of in-home and out-of-home care and support services. The following charts and graphs illustrate the foster care appropriation funding sources and expenditures as reported in SABHRS and CAPS.

Child and Family Services Division Foster Care Funding Sources (SABHRS) FY 2014

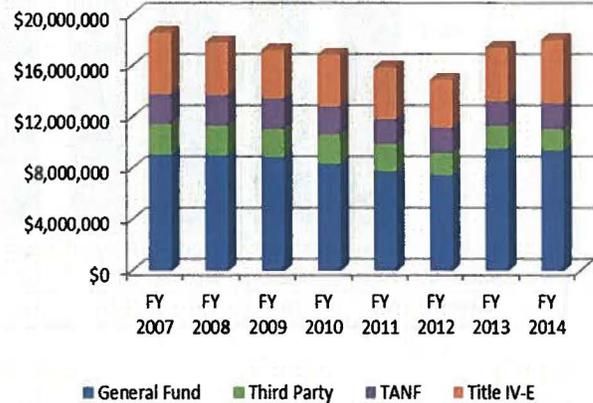
Total Funding = \$17,851,971



Child and Family Services Division Foster Care Placement & Support Services Expenditures (CAPS) FY 2009 - FY 2012



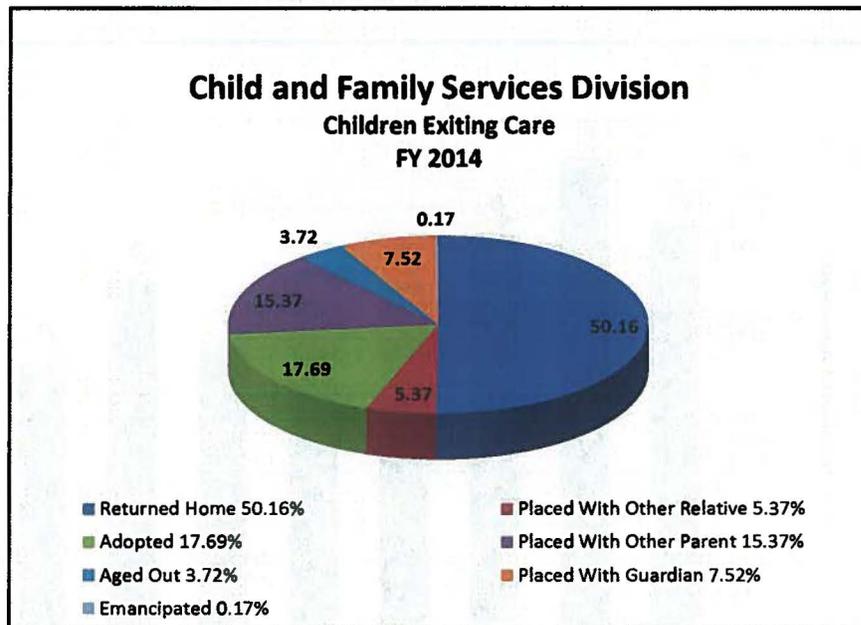
Child and Family Services Division Foster Care Expenditures FY 2007 - FY 2014 (CAPS)



3. Permanency for Youth

Permanency for youth can be achieved in different ways. For most children, permanency occurs through reunification with the parent(s) from whom that child was removed. However, every child deserves a “forever home” that is safe and permanent; therefore, if a child cannot safely return to his or her home, CFSD staff identify and implement an alternative permanency plan for the child, giving the child permanency in his or her life as quickly as possible. CFSD staff conduct foster and adoptive home studies, provide permanency support services, facilitate family group decision-making meetings, and

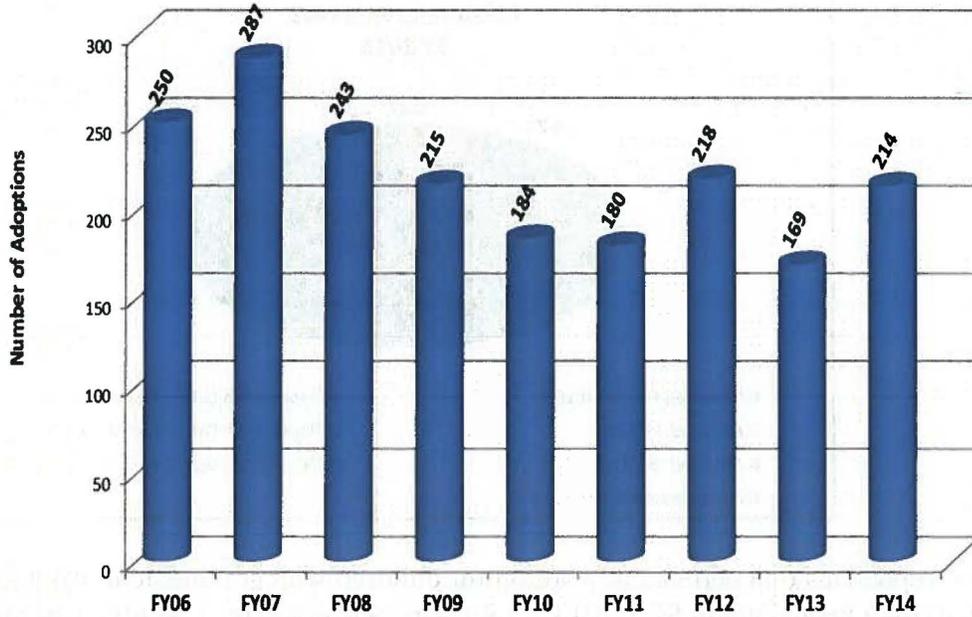
help coordinate services to youth aging out of the foster care system in an effort to support and achieve permanency for all youth. In SFY 2014, 50% of children returned to the home from which they were removed, 15% were placed with their noncustodial parent, and 7% were permanently placed with kin. This means that over 70% of children achieved permanency with family.



Adoption represents one permanency option for children who are unable to safely return home. Of the children exiting foster care in SFY 2014, 17.69% were adopted by a family. Children who are available for adoption through CFSD were removed from their birth families because of child abuse or neglect and a District Court has determined that the child cannot be safely reunited with the birth parents. The legal rights of their parents have been terminated, so the children are available for adoption. As of October, 2014, 294 children in the foster care system had adoption as their permanency goal because their parents' rights had been terminated.

Adoptions may be finalized with or without a subsidy. The adoption subsidy encourages and promotes the adoption of children with special needs from the state and tribal foster care systems. Subsidies may be negotiated to maintain the adoption. The negotiated amount of the adoption subsidy payment is based upon the child's identified special needs; however, the maximum payment must be \$10 below what the child would have received in a regular or specialized foster family home. This results in a savings when a child moves from a foster care placement into a subsidized adoption. Adoption subsidies are currently paid on approximately 2,202 children. Of the 2,202 monthly adoption subsidies, an average of 80.46% utilize Title IV-E funding.

Child and Family Services Division Completed Adoptions FY 2006 through FY 2014

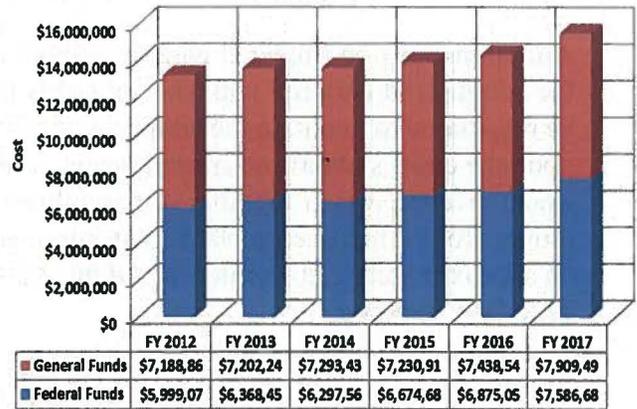


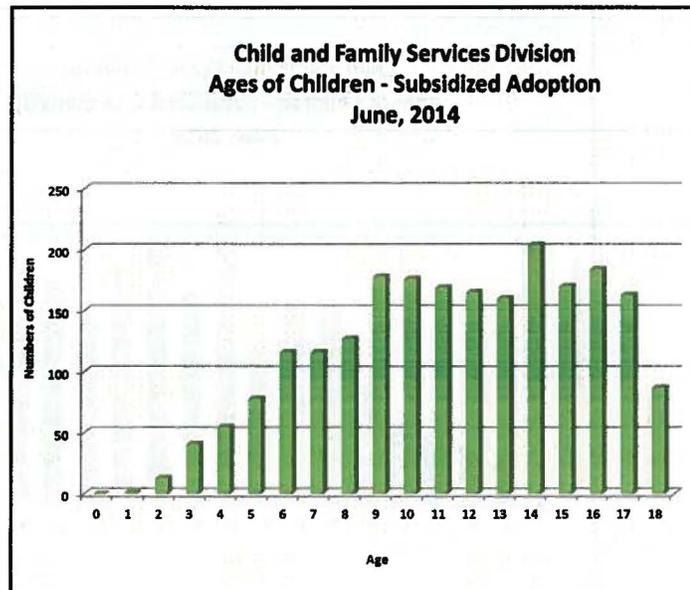
Child and Family Services Division Subsidized Adoption FY 2014 Funding (SABHRS)



■ General Fund ■ Federal Funds

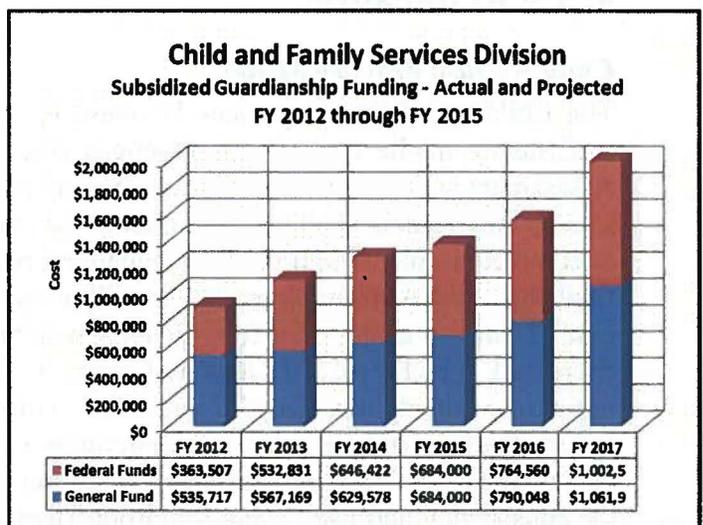
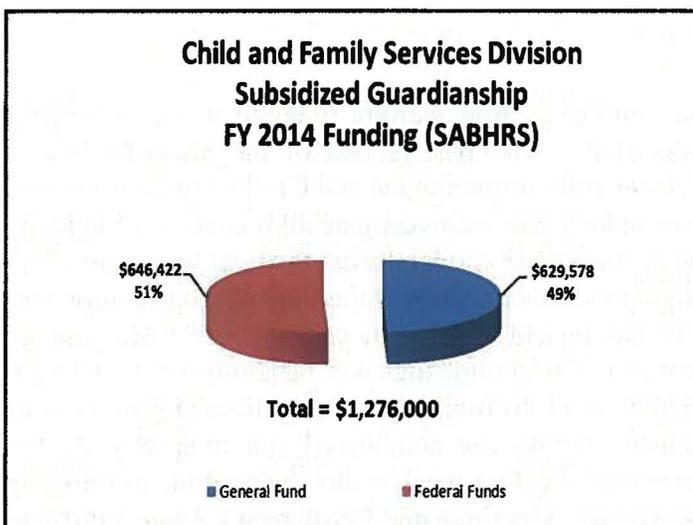
Child and Family Services Division Subsidized Adoption Funding - Actual and Projected (SABHRS) FY 2012 through FY 2017

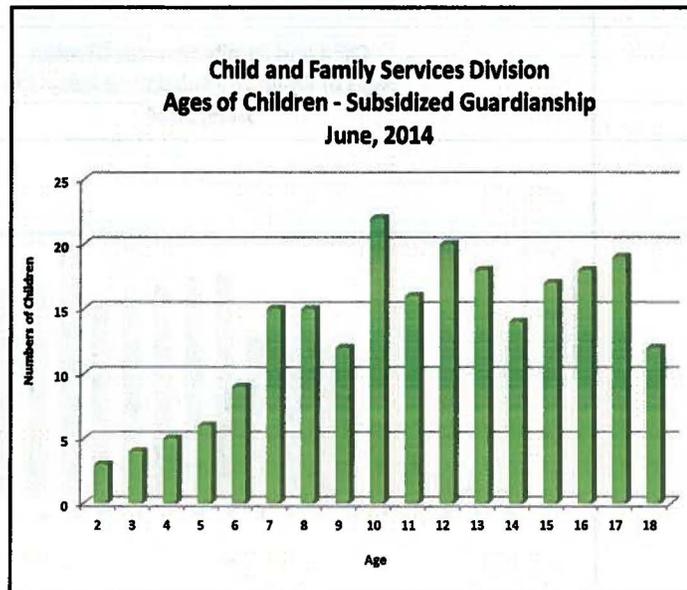




Guardianship represents another potential permanency goal for children who cannot be safely reunified with the birth parents. Often guardianships are used in cases where significant ties exist between the youth and the birth parent(s), and the placement may also have a significant and ongoing relationship with the birth parent(s). Of the children exiting foster care SFY 2014, 7.52% were placed permanent in a guardianship placement. As of June 30, 2014, a total of 249 subsidized guardianships had been established in State District Court and/or Tribal Courts. Since July 1, 2010, federal Title IV-E funding has been available for subsidized kinship guardianships for children under the jurisdiction of both State District Court and Tribal Court.

Guardianships can be finalized either with a subsidy or without a subsidy. Beginning in October 2010, the Guardianship program was funded through its own appropriation. Prior to this time, guardianships were funded through the foster care appropriation. In the past biennium, the increase in funding for the CFSD Guardianship caseload was approved as one time only funding.





For youth who age out of foster care, or are age 16 and older and are at risk of aging out of foster care without being adopted or placed in a legal guardianship, CFSD contracts with community service providers to provide these youth with Chafee transitional living services as part of the Montana Foster Care Independence Program. These services include helping to build life skills, mentoring, college Education and Training Vouchers (ETVs), potential assistance with independent living costs, and more. Each year, there are approximately 20 youth who attend post-secondary education schools with the assistance of the ETV program. Last year, one youth who received a holiday care package from CFSD wrote, “I just received your care package in the mail today. I have to tell you – it brought me to tears... You have no idea how much it means to be thought of and to know you are always there to help me and others like me. Without you, I wouldn’t be in my third year of college...” Without this program, CFSD would be unable to provide these at risk youth with the services they need to help achieve a successful transition into adulthood.

4. CFSD Initiatives

Child Welfare Practice Model

The Child and Family Services Division is implementing a child welfare practice model to ensure consistency in the use of best practices across the state. The first phases of the Montana Safety Assessment and Management System (SAMS) have been fully implemented and CFSD now uses Present Danger Assessments and Family Functioning Assessments to assess/investigate all reports. CFSD plans to complete implementation of the remaining phase of the SAMS model during the next biennium. The final phase of SAMS implementation will revise safety assessments done at the time of reunification and case closure to ensure that reunification is achieved safely and the risk of re-entry into foster care is decreased. The Protective Capacity Family Assessment (PCFA) pilot sites will be identified in 2015 for initial implementation. In addition, CFSD continues to work to revise its kinship licensing process to ensure that the unique needs and strengths of kinship homes are considered and integrated as the percentage of children in this type of placement increases. Further work is also being done to improve the consistency and use of Family Group Decision-Making Meetings and Permanency Team Staffings that are provided by the Intensive Services Unit within CFSD. Additionally, CFSD hopes to revise the format and content of the policy manual to make it more useful for staff. Work groups that include all

levels of staff from line staff to management team members help design, oversee, and implement these changes and improvements. The CFSD practice model is a combination of evidence-informed best practices that have been adapted for use in Montana. These adapted practices were developed with input from all staff levels with the goal to improve the quality and consistency of the work done with children and families as demonstrated by improved safety, permanency, and well-being outcomes.

Workforce Development

During the 2013 biennium, CFSD completed a workforce survey with the University of Montana in an effort to better understand the reasons for staff turnover and to improve recruitment and retention of high-quality staff. Some of the resulting changes aimed at improvement that have been undertaken in the 2015 biennium include: the development of a comprehensive training plan for CFSD staff; the redesign of the new worker training in 2013 and 2014; additional training for all supervisors on interviewing, hiring, and conducting meaningful performance appraisals; a change in the administrative support staff structure to ensure that all frontline staff have the same level of administrative support in the field; and creation of reports to monitor and assign reports and cases to ensure equity in workload and caseloads among workers across the state.

Continuous Quality Improvement

The final major initiative being undertaken at CFSD in the 2015 biennium is a shift from a Quality Assurance (QA) model of program monitoring and performance assessment to one of Continuous Quality Improvement (CQI). CQI is an approach to quality management that expands traditional quality assurance methods. It focuses on “process” rather than the individual, recognizes both internal and external “clients,” and promotes the need for objective data to analyze and improve processes in real time. CQI is a philosophy that understands the importance of change management and that change results from a multi-tiered feedback loop that involves all levels of CFSD staff and external stakeholders. CQI relies on the expertise, participation, and feedback of everyone involved in the process to attain meaningful changes and grow as an organization. CFSD’s CQI initiative involves both internal staff and external stakeholders and continues to develop throughout the ongoing implementation process.

**Department of Public Health and Human Services
Child and Family Services Division**

**Goals and Objectives for the 2017 Biennium
Submitted October 2014**

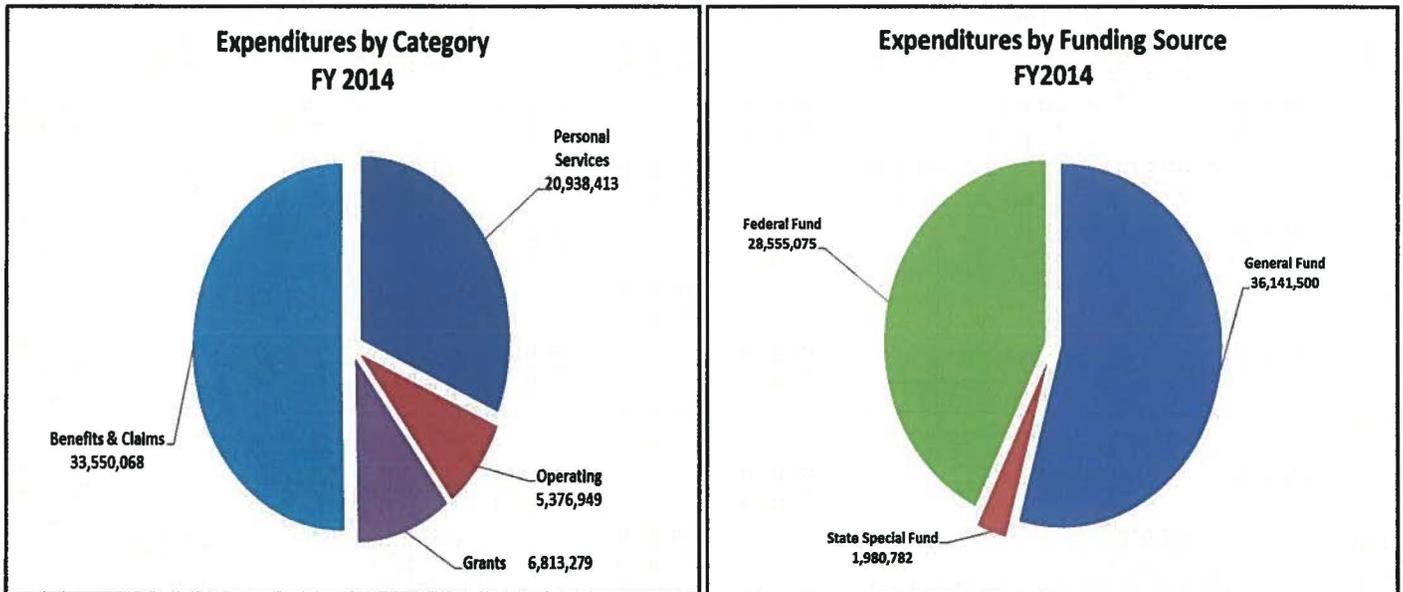
Goal: Improve the safety, permanency, and well-being outcomes for children who are at risk of or have been a victim of child maltreatment.

Objective	Measures
Safety: After investigation, safely maintain children in their homes whenever possible and appropriate.	<ul style="list-style-type: none"> • Through ongoing review and analysis, the division determines whether the required efforts were made to provide and arrange appropriate services for families to maintain children in their homes whenever possible and appropriate.
Permanency: If removal from a home is necessary, establish and achieve appropriate permanency goals for children in a timely manner.	<ul style="list-style-type: none"> • Through ongoing review and analysis, the division determines whether identified permanency goals were achieved in a timely manner.
Well-being: While in foster care, maintain children's connections with birth parents and siblings and meet each child's physical and mental health needs.	<ul style="list-style-type: none"> • Through ongoing review and analysis, the division determines whether children's connections with birth parents and siblings were maintained and whether the physical and mental health needs of children were met.

FUNDING AND FTE INFORMATION

	2014 Actual Expenditures	FY 2016 Request	FY 2017 Request
CHILD AND FAMILY SERVICES DIVISION			
FTE	368.40	353.65	353.65
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Personal Services	20,938,413	22,179,809	22,165,518
Operating	5,376,949	5,346,338	5,389,153
Grants	6,813,279	6,813,280	6,813,280
Benefits & Claims	33,311,975	36,069,079	38,079,508
Transfers	238,091	238,091	238,091
Debt Service/Leases	1,158	1,158	1,158
	66,679,866	70,647,755	72,686,708
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General Fund	36,141,500	39,186,187	40,853,799
State Special Fund	1,980,782	1,897,708	1,897,708
Federal Fund	28,557,585	29,563,860	29,935,201
	66,679,867	70,647,755	72,686,708

THE FOLLOWING FIGURES PROVIDE FUNDING AND EXPENDITURE INFORMATION FOR FY 2014 FOR CHILD AND FAMILY SERVICES



LEGISLATION

Transparency/Required Public Disclosure of Child Abuse/Neglect Findings

Purpose

CFSD proposes to enact legislation in accordance with the requirements of CAPTA that would create a child fatality review commission similar to the Domestic Violence Fatality Review Commission used by the Department of Justice under MCA § 2-15-2017.

Background

Section 106(b)(2)(B)(x) of the federal Child Abuse Prevention and Treatment Act (CAPTA) requires states to provide for the public disclosure of findings or information about a case of child abuse or neglect which results in a child fatality or near fatality. States must develop procedures for the release of information. The DPHHS-CFSD state plan had indicated that we would request legislation to meet this federal requirement during the 2015 session as it is a requirement to continue to receive funding.

Costs associated with this model of fatality review commission would be covered by the CAPTA grant received by CFSD. The grant covers activities related to CAPTA requirements and has a sufficient level of funds to cover any expenses related to a commission.

No prior similar legislation has been introduced in Montana as this is a recent federal requirement.