Child & Family Services Plan

State of Montana

2020 - 2024

Table of Contents

GENERAL INFORMATION 1

State Agency Administering the Programs 1

Vision Statement 2

Guiding Principles 2

I. COLLABORATION 3

Strategic Plan 3

Focus Groups 3

Partner Engagement 3

State Advisory Council 3

Judicial System Partners 4

Public Health Partnerships 5

Workforce Development 6

Additional Collaborations 6

II. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES 8

Child and Family Outcomes 8

Systemic Factors 17

Quality Assurance System 18

Staff Training 21

III. PLAN FOR IMPROVEMENT 22

GOALS, OBJECTIVES, AND MEASURES OF PROGRESS 22

Staff Training, Technical Assistance and Evaluation 25

Implementation Supports 25

IV. SERVICES 26

Child and Family Services Coordination 26

Services Description 28

Stephanie Tubbs Jones Child Welfare Services Program (IV-B subpart 1) 28

Services for Children Adopted from Other Countries 28

Services for Children Under the Age of Five 29

Efforts to Track and Prevent Child Maltreatment Deaths 30

Promoting Safe and Stable Families (PSSF) (Title IV-B subpart 2) and Services Decision-Making Process for Family Support Services 30

Family Support/Preservation and Preservation Services 34

Reunification Services 34

Adoption Promotion and Support Services 34

Population at Greatest Risk of Maltreatment 35

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits 36

Additional Service Information 37

V. CONSULTATION AND COORDINATION BETWEEN STATE AND TRIBES 39

VI. JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM) 42

Agency Administering Chafee 42

Description of Program Design and Delivery 42

Serving Youth Across the State 45

Serving Youth of Various Ages and States of Achieving Independence 46

Collaboration with Other Private and Public Agencies 47

Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act) 48

Cooperation in National Evaluations 49

Chafee Training 49

Education and Training Vouchers (ETV) Program 49

Consultation with Tribes (section 477(b)(3)G)) 50

VII. TARGETED PLANS WITHIN CFSP 52

Foster and Adoptive Parent Diligent Recruitment Plan 53

Health Care Oversight and Coordination Plan 59

Disaster Plan Summary 78

Training Plan 108

MONTANA DPHHS

Healthy People. Healthy Communities.

Department of Public Health & Human Services

State of Montana
2020-2024
Child & Family Services Plan (CFSP)

GENERAL INFORMATION

Montana's contact for the 2020 – 2024 CFSP is:
Mick Leary, Program Bureau Chief
mileary@mt.gov
406-841-2483

State Agency Administering the Programs

The Montana Department of Public Health and Human Services' (DPHHS) Child and Family Services Division (CFSD) is the state agency responsible for administering the Title IV-B programs. CFSD provides state and federally mandated protective services to children who are abused, neglected, or abandoned. CFSD's responsibilities include receiving and investigating reports of child abuse and neglect, working to prevent domestic violence, helping families to stay together or reunite, and finding placements in foster, kinship, guardianship, or adoptive homes.

The CFSP and subsequent Annual Progress and Services Reports (APSR) are written by CFSD's Central Office administrative staff located in Helena, Montana and include the CFSD Deputy Division Administrator, Program Bureau staff, and Operations and Fiscal Bureau staff. CFSD's Central Office organizational chart is attached to the CFSP as a separate PDF attachment.

The CFSP will be posted to the DPHHS website after notice is received that it has been reviewed and approved by the ACF Regional Office. The CFSP will be posted to the CFSD website and notice will be sent out to the SAC and CIP as required under 45 CRF 1357.16(d). We will highlight the plan with other stakeholders as appropriate. The final CFSP will be sent to Montana's seven federally recognized tribal governments for review and comment.

To allow for enough time to review the entire document, Montana's comment period extends beyond June 30, 2019. Comments received from all stakeholders will be collected and any changes resulting from the stakeholder comments will be reported in the June 2020 APSR. Over the last five years, stakeholders have had an opportunity for ongoing review and input into the CFSP and APSRs. Moving forward, CFSD will continue to demonstrate increased stakeholder engagement in the implementation of the CFSP. These efforts will be reported on in future APSR.

The final document is formatted so it is accessible to individuals with visual impairments per Americans with Disabilities Act (ADA) requirements.

Vision Statement

Keeping Children Safe and Families Strong is the vision that drives CFSD's work in Montana and complements the Division's Statement of Purpose, which is to protect children who have been or are at substantial risk of abuse, neglect or abandonment. We strive to assure that all children have a family who will protect them from harm. We recognize the protective capacities of families and incorporate them in assessments, decision-making, and actions with the goal of improving safety, permanency and well-being for children. We encourage our communities to strengthen their prevention efforts and to share responsibility for the safety of its children and families.

Guiding Principles

In August 2018, CFSD's new leadership team developed Guiding Principles to support our vision statement in practice:

- Clear Objectives - We are committed to setting clear and measurable goals that are based on data, resources, and thoughtful deliberation to improve outcomes for children and families. Team decisions and actions are recorded and clearly communicated to our staff and stakeholders.

- Leadership - We are progressive leaders who impact positive change for Montana children and families. We have a clear understanding of who we are and why we do what we do. We are trustworthy and transparent with community partners and employees.

- Teamwork & Shared Decision Making - We approach our work in an engaged and empowered manner. Team members understand their role and their responsibility to participate. We follow a process of shared decision making by seeking and appreciating input in a nonjudgmental environment that promotes thoughtful decision-making for which we all take ownership.

- Respect - We are committed to creating a respectful work environment through collaboration with all staff. We provide opportunities for professional development to maximize potential and we recognize the expertise within our agency. This collaboration inspires creative and innovative solutions to better serve children and families.

- Continuous Improvement - We take personal responsibility for continuous learning and improvement. We deliberately gather information and feedback to evaluate and course correct our work to reach the best outcome for those we serve.

- Celebrate Success - We take pride in our work. We recognize and acknowledge our success and the successes of others.

These principles align our leadership team and workforce in achieving the best possible outcomes for families. In addition, it has created a platform for conversation with the broader child welfare system.

I. COLLABORATION

Meaningful collaboration is a focus of Montana's 2020-2024 CFSP. CFSD collaborates with multiple agencies and stakeholders on an ongoing basis to fulfill its vision.

Strategic Plan

In July, CFSD conducted strategic planning on the prevention of child abuse and neglect in Montana. A diverse group of participants included State Advisory Council members, Community-Based Child Abuse Prevention (CBCAP) director, Children Trust Funds representatives, Court Improvement Program (CIP) representation, Child and Family Services Ombudsman, and others. The plan will help guide prevention efforts for the greater child welfare system in Montana over the next five years.

Focus Groups

Montana has a high rate of removal and limited in-home case. CFSD held focus groups with service providers and staff across the state in summer of 2017 to gain a greater understanding of services needed to safely maintain children in their homes when abuse and neglect has occurred. The Center for States provided technical assistance for this project. The results of this project have informed our PIP development and the CFSP.

Partner Engagement

Greater efforts are needed to increase meaningful consultation and collaboration with families, children, and youth for the CFSP, as well as to improve throughout the child welfare system. The Montana 2017 Child and Families Services Review (CFSR) highlighted improved engagement with both internal and external partners as an area for improvement. In order to achieve improved outcomes throughout this upcoming five-year period, CFSD will focus on strengthening existing feedback loops and developing additional feedback loops by engaging stakeholders in a meaningful way. CFSD and tribal social services leaders have engaged in bi-annual in-person meetings to increase communication, collaboration and impact positive change for Indian families in Montana. See page 39 for more on CFSD and tribal collaboration.

State Advisory Council

CFSD uses its State Advisory Council (SAC) to provide feedback on the CFSP and for on-going coordination and collaboration across the entire child welfare system. The SAC Council also functions as the State's Citizen Review Panel and Children's Justice Act (CJA) State Task Force. The SAC receives information about CFSD activities and provides feedback regarding those activities. The Council's feedback was considered in the development of the goals and objectives listed in the 2020-2024 CFSP. SAC is comprised of those members required under the CJA Task Force requirements, as well as representatives from Montana's tribal social services agencies, stakeholders from the CFSD Title IV-E Waiver Steering Committee and one representative from Governor Steve Bullock's Protecting Montana Kids Commission (PMK). A new member representing attorneys for children is being recruited.

Judicial System Partners

CFSD also collaborates with the judicial system on child welfare.

Montana Court Improvement Project
On the state level, the director of the Montana Court Improvement Project (MCIP) is a key stakeholder in CFSD's work with the Courts and serves on the SAC. CFSD leadership participates in quarterly MCIP meetings. MCIP advised on the development of the PIP strategies included in the state's final plan. In January 2019, CFSD, MCIP, Region 8 ACYF, Center for States staff, and Center for Court Improvement staff met for two days in Denver to develop goals and theories of change to improve permanency outcomes for foster children. The discussion focused on how to expand use of pre-hearing conferences and how to streamline CFSD's processes to promote timely adoptions. Details on the pre-hearing conference program are below.

In addition, CFSD leadership and the MCIP team traveled to Washington D.C. to coordinate efforts on the CFSP. One new effort initiated through the CFSD/CIP partnership is a parent survey. Also, stakeholder interviews will coincide with the local case reviews conducted each month and MCIP offered to help with interviews that impact systemic factors. As a team, CFSD and MCIP will be exploring the idea of a pre-filing pilot which aligns with our goal of safely maintaining children in their home. MCIP is also actively involved in the planning and coordination of CFSD's annual CAN Conference and has historically been involved in other court related trainings for CFSD staff, stakeholders, and court personnel.

Pre-Hearing Conference model
The Pre-Hearing Conference model (PHC) was originally developed in Yellowstone County district courts. The expansion of the pilot court model is part of the PIP and will also include inclusion of a very similar pre-hearing process used in Missoula County. Since launching in Yellowstone County, the MCIP program has funded and trained the Pre-Hearing Conference model in six additional judicial districts. Data collected to date supports the use of PHC in order to achieve the following improved outcomes:

- Increased rate of family reunification
- Decreased number of days to effective resolution (the date on which the case is resolved in some manner, e.g., terminating parental rights and thus granting the State permanent legal custody; dismissing the case with a return to a parent or parents; establishing a guardianship; establishing long-term foster care; or dismissing the case for any other reason)
- Increased buy-in from the parties by providing a safe and neutral environment
- Decreased judicial workload.

Montana Board of Crime Control
Several DPHHS divisions, including CFSD, continue to collaborate with the Montana Board of Crime Control (MBCC) on Vision 21: Linking Systems of Care for Children across Montana. The project is a cooperative agreement between the MBCC and the Office of Victims of Crime (OVC) in Washington D.C. The purpose of the project is to improve the response to every child victim and their family by providing consistent, coordinated responses that address the presenting issues and the full range of victim's needs. Using the System of Care committee and other state partner agencies as stakeholder partners, the MBCC will conduct a gap analysis and needs assessment of the current

state of services across Montana to inform the policy and procedure recommendations in the final report to the OVC. There are three primary goals for the project:

- Every child who needs physical and mental health care in Montana will be assessed for victimization.
- Children and their families will be provided comprehensive and coordinated services to fully address their needs.
- Practices and policies will be established to sustain this approach.

Examples of Regional Collaboration
CFSD staff members also continue to collaborate with the judicial system on the regional level in other forums. In judicial districts with family drug treatment courts, CFSD staff coordinate with other family drug treatment court stakeholders. Many local communities have on-going meetings involving CFSD staff and county attorneys to discuss local judicial issues and cases. Within the last year Billings has instituted an Indian Child Welfare Court (ICWA) court to facilitate improved collaboration among the court, the tribes and CFSD to ensure ICWA requirements are met and Indian children maintain connection with their culture and the tribal community to the greatest extent possible. MCIP and CFSD, together are exploring expanding ICWA courts to other communities.

Public Health Partnerships

SafeCare Augmented
CFSD continues to partner with the Public Health and Safety Division (PHSD) of DPHHS to implement SafeCare Augmented in counties across Montana. SafeCare Augmented is a trauma-informed, evidence-based program for use with families with children five years of age and younger identified as having issues concerning neglect of the children in the home. PHSD leveraged Maternal Early Childhood Home Visitation Grant (MECHV) funding and CFSD used IV-B funding to support the collaborative implementation of the SafeCare Augmented model.

First Years Initiative
In January 2018, DPHHS launched the First Years Initiative in an effort to provide targeted resources, education, and services during the early critical period in the lives of children and their parents. The focused goal of FYI is to reduce child abuse, neglect, and child deaths.

The goal of this home visiting collaboration is to provide a more comprehensive approach to child safety and family preservation and reunification. The Family and Community Health Bureau and Child and Family Services provided new home visitors in 14 established, existing home visiting sites. These home visitors cover 16 counties across Montana specifically targeting families at risk of child protective services involvement and children in foster care who are reuniting with their families. These home visitors are exclusively dedicated to the most at-risk families in their communities. The local home visitors will also make referrals to local Part C providers to have children under the age of two years old screened under that entitlement program. Within the first year of the launch of the high-risk home visitors, 217 families are already engaged in the program with a total of over 1800 home visits.

This project aligns with the CFSP's goal of increased stakeholder engagement and feedback, as well as promoting child abuse and neglect prevention as a multi-system-wide responsibility. Several projects have developed through this collaboration. Mineral County coordinated with the First Years

Initiative and CFSD for delivery of services. In Missoula County, the Court, CFSD, and Vision 21 are partnering on assessment and service alignment. Most interesting, a work group was created to design a statewide approach to Trauma Informed services and agencies. This project also aligns with Family First Services Prevention Act implementation in Montana.

Workforce Development

CFSD's workforce is the driving force behind everything the agency does to serve children and families. Over the past year, CFSD strengthened its relationship with the University of Montana (UM), specifically through the IV-E stipend program and on-going workforce development. UM created six Workforce Training Consultants (WTC) and CFSD launched six Field Lead Training Specialists to partner in educating, coaching, and training CFSD staff. Increased access to IV-E stipends, updating MCAN curriculum, engaging community and internal partners are all efforts to stabilize our workforce. The PIP and the Workforce Development Plan will result in more changes in the upcoming year.

Additional Collaborations

The following lists are statewide and regional teams that CFSD staff participate on with a focus of improving outcomes for children and families.

Statewide:

- CFSD representation on the State Systems of Care Statutory
- Montana Alliance for Families Touched by Incarceration
- Shaken Baby Prevention Task Force (State-level coordination)
- Delta Advisory Board (Family violence prevention)
- Early Childhood Comprehensive System School Readiness Task Force
- Best Beginnings Governor's Advisory Council (To develop comprehensive early childhood systems in communities statewide)
- Montana Fetal, Infant, Child Mortality Review Board
- Family Support Services Advisory Council (Services for children with developmental disabilities)
- Lifespan Respite Committee (In coordination with DPHHS Senior and Long-Term Care Division)
- Office of Public Instruction Special Education Advisory Panel
- Montana Department of Justice Domestic Violence Fatality Review Commission

Regional:

- Local regional advisory boards (Region 5 and Region 1)
- United Way Youth Impact Council (Region 3)
- Western Montana Addition Services Board (Region 5)
- Youth Services Center Board (Region 3)
- Prevent Child Abuse and Neglect (P-CAN) (Region 2)
- Domestic violence prevention boards
- Children's advocacy center boards
- Local drug task force groups
- Best Beginnings Advisory Councils/Early Childhood Coalitions
- Local CASA boards

- Malmstrom Air Force Base quarterly interdisciplinary team meetings
- Montana Alliance for Families Touched by Incarceration
- Shaken Baby Prevention Task Force
- Delta Advisory Board
- Family violence prevention
- Early Childhood Comprehensive System School Readiness Task Force
- Best Beginnings Governor's Advisory Council
- Fetal, Infant, Child and Maternal Mortality Review (FICMMR) Boards
- Family Support Services Advisory Council
- Lifespan Respite Committee
- Office of Public Instruction Special Education Advisory Panel
- Montana Department of Justice Domestic Violence Fatality Review Commission
- Other multi-disciplinary teams

II. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

Once Montana's PIP is negotiated the information in this section will change to reflect the specific areas address by the PIP. Reporting related to the PIP will be provided in future APSR.

As a requirement in this plan, the state must provide relevant and reliable data on its performance on each of the seven federal measures and each of the seven CFSR systemic factors. Montana has included the following analysis of data regarding these factors, highlighting the areas needing improvement that may inform state decisions about goals, objectives, interventions, and target populations. This section has been updated with the Montana ROM federal performance measures reports and the use of the State Data Profile of September 2018 provided by the Children's Bureau.

Child and Family Outcomes

Safety Outcomes
The Children's Bureau uses two safety-related statewide data indicators which focus on maltreatment of children in foster care and the recurrence of maltreatment. The results provided in the CFSR Round 3 Statewide Data Profile released January 2019 and the 2017 CFSR results by ACF serve as the baseline for Montana's CFSR child and family outcome measures. Montana was not in substantial conformity with either of the two safety outcomes. Updated data is provided within the tables.

Safety Outcome 1:
Children are, first and foremost, protected from abuse and neglect.
The CFSR findings noted that while Montana did not meet the 90% standard set by Children's Bureau for Safety Outcome 1 (Children are, first and foremost protected from abuse and neglect), CPS staff do a good job of initiating reports of child abuse or neglect based on priorities assigned. (Table 1) Data from MT ROM reflects relatively the same findings and may be slightly lower considering ROM cannot consider 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. (Table 2)

Table 1:

Safety Outcome 1	Children are, first and foremost, protected from abuse and neglect.
	Timeliness of Initiating Investigations of Reports of Child Maltreatment
2017 CFSR	81.58%
MT Case Reviews October '18 through March '19	84.62%

Table 2:

Investigations of Child Abuse/Neglect			
Report Period	FFY2016	FFY2017	FFY2018
Total number of CPS Reports	9,832	10,289	10,408
Total Substantiated Reports	1,951	2,302	2,407
% Of Reports Investigation was Initiated Within Required Time frames	77.9%	80.3%	78.3%

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

Services to families to protect children in the home and prevent removal or re-entry into foster care.
Services the state provided to the families to keep their children in the home are assessed. If the child was removed without services being provided, was this necessary to protect the children? This item also looks to ensure when children are returned to their parents, the family has been provided services necessary to prevent the children from coming back into state care.

Initial and on-going risk and safety assessment and management.
The intent is to ensure that risk and safety was adequately assessed at the onset of a case (typically during the investigation) to ensure a child was not left in an unsafe environment or conversely, that a child was not removed from an environment where safety was either not a concern or safety could have been mitigated so that the child could remain in the home.

Safety Outcome 2	Children are maintained in their homes whenever possible and appropriate.
	Services to families to protect children in the home and prevent removal or re-entry into foster care.
2017 CFSR	78.79%
MT Case Reviews	82.35%
	Risk and Safety Assessment and Management
2017 CFSR	47.69%
MT Case Reviews	41.49%

As the data indicates, Montana is not in substantial conformity with this safety outcome. While Montana did not meet the 90% standard set by Children's Bureau, it was noted that documentation supported work towards providing services to prevent removal or re-entry into care occurred in over three-fourths of the reports. During the CFSR, reviewers indicated that initial assessment of risk and safety was being accurately assessed more often than not. However, on-going risk and safety assessments were either not being completed or not being followed up on to ensure safety was being adequately managed. This conclusion aligns with our Maltreatment in Foster Care and Repeat Maltreatment data as well.

CFSR Round 3 - Montana Statewide Data Indicators Baseline and Subsequent Years									
	Observed Performance - MTROM				Risk Adjustment & Risk			RSP Relative To	
	Served	Demon.	Numer.	Unadjusted Observed Perfor-mance	Risk Adjustor Median Age (unless otherwise indicated)	State's RSP Relative to National Standard	95% CI of State's RSP	National Standard September 2017 Updates	Met National Standard
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.									
Maltreatment in Foster Care: Of all children in foster care during a 12-month period, what was the rate of victimization per day of foster care? (Cohort 12 months, FFY 2013)	4,867	1,116,234	88	7.9 victim-ization per 1,000,000 days in care	(At entry) 5	9.59 victim-ization per 100,000	7.77 - 11.85	9.67 victim-ization per 100,000	Better
Comparison to FFY2017*	5,657	1,321,092	168	12.72					
Comparison to FFY2018*	6,103	1,426,301	161	11.29					
Recurrence of Maltreatment: Of all children with a screened-in report of alleged maltreatment in a 12-month period, what percent had another screened-in report within 12 months of their initial report? (Victims of a substantiated or founded report in 12 months, FFY2013)		2,254	198	8.80%	(At victim-ization) 5	(FY16) 10.1%	8.8 - 11.6	<9.1	No Dif
Comparison to FFY2017*		2,790	356	11.30%					
Comparison to FFY2018*		3,273	462	12.40%					
*Data for each federal fiscal year are extracted from MTROM in June of the report due date using Federal definitions and no risk adjustment can be provided.									

Both data points indicate that either safety was not being adequately assessed or managed or that the services needed to mitigate safety threats were not provided and/or available. Looking at maltreatment in foster care with data from MT ROM, many of the reports of maltreatment concern a child on a trial home visit, reinforcing the need of increased oversight to ensure the safety threats that led to the agency involvement have been adequately addressed.

Maltreatment while in Foster Care			
	FFY16	FFY17	FFY18
MT ROM	7.88	12.71	11.43
Foster care provider is maltreater	17%	17.3%	23.9%
Foster care provider is not maltreater	83%	82.7%	76.1%

To summarize the data, Montana has seen a steady increase in the number of reports, along with a steady increase in the number of children in foster care. These trends are having a negative impact on the safety outcome measures of maltreatment in foster care and recurrence of maltreatment with the adjusted rates showing performance that is below the national standards.

Caseworker visits are another area that aligns with safety. Children's Bureau has set a standard that 95% of children in foster care will be seen at least monthly by the worker who has primary responsibility for the case. When children are not seen regularly, safety concerns can go unnoticed and the child may be more reluctant to reach out as necessary.

Montana's data indicates that while the frequency of caseworker visits has increased, we are still below the standard and the CFSR data reveals that the quality of visits is not enough to assess for safety in 48% of the cases. The overall focus of Montana's PIP is creating and sustaining meaningful engagement to ensure case practice improves safety, permanency, and well-being of children and families involved with the agency.

Permanency Outcomes

Montana's permanency measures, while improving slightly, continue to be lower than the standards set by Children's Bureau. In looking at permanency in 12 months, Montana's numbers show that of all children who achieve permanency, roughly 28% were returned home within 6 months. Children under the age of 1 have a permanency in 12 months rate of 96.5%, with 81.4% returning home within 6 months of coming into care. With the passing of the Families First Preventions Services Act and the First Years Initiative developed by DPHHS, the focus will be finding ways to allow these children to stay with their parents ,while ensuring for safety, to assure an intact and health attachment between the mother and child.

CFSR Round 3 - Montana Statewide Data Indicators Baseline and Subsequent Years									
	Observed Performance - MTROM				Risk Adjustment & Risk			RSP Relative To	
	Served	Demon.	Numer.	Unadjusted Observed Perfor-mance	Risk Adjustor Median Age (unless otherwise indicated)	State's RSP Relative to National Standard	95% CI of State's RSP	National Standard September 2017 Updates	Met National Standard
Permanency Outcome 1: Children have permanency and stability in their living situations									
Permanency in 12 months: Of all children in foster care during a 12-month period, what percentage are discharged to permanency within 12 months of entering FC? Included reunification with parent, living with relative, guardianship or adoption (AFCARS 11b & 12a) Baseline		1,347	559	44.5%		(FFY16) 38.50%	36.5 - 40.4	≥42.7%	Not met
Comparison to FFY2017*		2,633	1,176	44.7%					
Comparison to FFY2018*		2,231	1,012	45.4%					
Children in care 12-23 months - permanency in next 12 months: Of all children in foster care between 12-23 months, what percentage discharged to permanency within 12 months of 1st day of the period? (AFCARS 13b & 14a)		636	279	43.9		(FY16) 38.3%	34.8 - 41.9	≥45.9%	Not met
Comparison to FFY2017*		975	407	41.7%		37.2%	34.5 - 40	≥45.9%	Not met
Comparison to FFY2018*		1,052	459	43.6%		39.1%	36.4 - 41.8	≥45.9%	Not met
Children in care 2+ years - permanency in next 12 months: Of all children in foster care on the 1st day of a 12 month period who had been in FC for 24 months or more, what percentage discharged to permanency within 12 months of 1st day? (AFCARS 13b & 14a)		640	239	37.3%		(FFY16) 27.6%	25 - 30.2	≥31.8%	Not met
Comparison to FFY2017*		707	253	35.8%		25.7%	23.4 - 28.2	≥31.8%	Not met

CFSR Round 3 - Montana Statewide Data Indicators Baseline and Subsequent Years									
	Observed Performance - MTROM				Risk Adjustment & Risk			RSP Relative To	
	Served	Demon.	Numer.	Unadjusted Observed Perfor-mance	Risk Adjustor Median Age (unless otherwise indicated)	State's RSP Relative to National Standard	95% CI of State's RSP	National Standard September 2017 Updates	Met National Standard
Permanency Outcome 1: Children have permanency and stability in their living situations									
Comparison to FFY2018*		958	407	42.5%		31.2%	29 - 33.3	≥31.8%	No Dif
Re-entry to foster care in 12 months: Of all children who enter foster care in a 12-month period who were discharged within the period, what percentage re-entered FC within 12 months of their discharge? (AFCARS 11b & 12a)		598	87	14.5%		(FFY16) 6.5%	5.2 - 8	≤8.1%	Better
Comparison to FFY2017*		753	111	14.7%					
Comparison to FFY2018*		906	117	12.9%					
Placement Stability: Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of FC? (AFCARS 13b & 14a)	**5,019	1,125,910	2,460	2.20 moves		(FFY16) 4.58 moves	4.34 - 4.83	4.44	No Dif
Comparison to FFY2017*	**5,797	1,307,421	2,797	2.14		4.18	3.97 - 4.41	4.44	Better
Comparison to FFY2018*	**6,223	1,414,287	2,903	2.05		4.30	4.08 - 4.53	4.44	No Dif

*Data for each federal fiscal year are extracted from MTROM in June of the report due date using Federal definitions and no risk adjustment can be provided.
**MTROM data is based on all children in care during the time period, not just those that entered care during the year. It is likely that this measure overestimates the number of moves per child.
Note: FFY refers to NCANDS data. NCANDS data are submitted for federal fiscal years, October 1 - September 30. All others refer to AFCARS data "a" refers to the 6-month report period Oct. 1 - March 31 of the two-digit calendar year in which the period begins and "b" refers to the respective 6-month report period April 1 - Sept. 30.

Placement with Relatives

Federal policy expressed in the Adoption Assistance and Child Welfare Act of 1980[1] and the Indian Child Welfare Act of 1978[2] codify the principle that children who enter the child welfare system must be placed in the "least restrictive setting" possible and one that is most like a family. As shown in the table below, in FFY2018, more than one-half of all children who entered care during this period had an initial placement with relatives or families.

[1] For more information: see the Adoption Assistance and Child Welfare Act of 1980, Pub. L. 96-272, 42 USC §675 (2012), at https://www.acf.hhs.gov/cb/faq/adoption3; [2]The Indian Child Welfare Act of 1978, 25 USC §1902, at https://www.acf.hhs.gov/cb/resource/cfsr-fact-sheet-tribal-child-welfare-officials

	Statewide FFY2018	
	N	%
Initial placement with relative of those entering care period	1,450	61.6%
Not placed with relative at entry into foster care	904	38.4%
Total	2,354	
Total family-like setting at end of period	3,613	91.3%
Total group care at end of period	344	8.7%
Total	3,957	
Source: MTROM, 4/19/2019. Data include family foster care, kinship foster care, out-of-state foster care, specialized family foster care and therapeutic family foster care, and exclude runaways in all categories.		

For all children who were in out-of-home placements at the end of this period, nine in ten (91.3%) were in a family or kinship placement. Montana also places over 80% of children with their siblings while in out of home care. Outcomes tend to fall with the remaining items as current practice relies heavily on foster care providers to ensure these connections remain, especially when the child is placed with relatives. Montana's performance is likely to improve further with the adoption of the Kinship Navigator Program aimed at providing support and services to family members who might otherwise not have the resources to be a placement option for their kin.

Permanency Outcome 2	The continuity of family relationships and connections is preserved for children.
	Placement With Siblings
2017 CFSR	80.77%
MT Case Reviews	86.67%
	Visiting With Parents and Siblings in Foster Care
2017 CFSR	51.35%
MT Case Reviews	44.74%
	Preserving Connections
2017 CFSR	75.00%
MT Case Reviews	53.66%
	Relationship of Child in Care With Parents
2017 CFSR	51.61%
MT Case Reviews	29.73%

The Residential Program Specialist and Intensive Services Unit has been working on keeping children in Montana whenever possible and finding alternatives to group care. This will continue to be a focus within our CFSP and PIP as we work collaboratively with our service providers to ensure we have the services and supports necessary for children with high needs who would otherwise be placed in congregate care in state or out of state.

Wellbeing Outcomes

Wellbeing Outcome 1:
Families have enhanced capacity to provide for their children's needs.
Wellbeing Outcome 1 is well below the National Standard of 90%. This outcome has multiple items that are measures of how involved children, parents, and foster providers are in the case, as well as how involved parents are with their children while the child is in care.

		Performance Item Ratings			Outcome Ratings				Applicable Cases
		S	ANI	NA	SA	PA	NACH	NA	
Well-Being Outcome 1	Families have enhanced capacity to provide for their children's needs.				33.85% n=22	32.31% n=21	33.85% n=22	n=0	n=65
Well-Being Outcome 2	Children receive appropriate services to meet their educational needs.				84.21% n=32	2.63% n=1	13.16% n=5	n=27	n=38
Well-Being Outcome 3	Children receive adequate services to address their physical and mental health needs.				49.09% n=27	25.45% n=14	25.45% n=14	n=10	n=55

The first three items look at Needs Assessments and Services.

Needs assessment and services to children	61.54% n=40
Needs assessment and services to parents	41.38% n=24
Needs assessment and services to foster parents	57.89% n=22

Assessing how a child interacts with their peers, siblings, foster providers; how a child responds to structure, boundaries set by care providers; and how a child functions within group or sport settings is not assessed or addressed as often as the standard set by Children's Bureau. Understanding where a child is functioning and that it will most likely regress when a child is separated from their parents, especially when not placed with someone with whom the child already has relationship, can have lasting affects for the child. As Montana's current CCWIS system does not contain an electronic case plan, this area can easily get overlooked or left to the foster providers to identify and address. While this strategy may be successful for some children, the standard needs to be that every child will be assessed, and when appropriate, services will be provided.

Montana statute states that every parent will have a treatment plan to address those areas of concern that led to the agency's involvement. In developing these plans, workers require that parents get assessments around mental health and chemical dependency as appropriate and follow

all recommendations. Follow through on the part of the agency is lacking because this is viewed as a responsibility of the parents. However, parents do not always have the capacity to manage all that is required on their own and need support from the agency and community.

Montana's PIP will focus on creating meaningful engagement with parents where they become active members of their case and advocates for the needs of their children. Lasting results can be achieved by partnering with families and empowering them to provide their own solutions, so their children can safely stay in their families. When parents become involved in a CPS case, they often struggle with shame, embarrassment, and grief at being separated from their children and can manifest as anger, resistance, or apathy. These emotions are magnified when drug and alcohol are involved. The focus on engaging parents as active members reflect a cultural shift in how the agency and communities view parents who are involved with CPS. This will tie back into our safety outcomes as we ensure we are assessing the needs of the parents and addressing the situations that led to the involvement of the state. Trial home visits will be crucial to provide parents and children time to readjust to living together and to avoid old patterns of behaviors that can undo any success the parents have achieved. Montana's data around quality caseworker visits with children (52.31%) and parents (33.33%) illustrates the importance of engagement with families to ensure needs are accurately assessed and the correct services are provided at the correct time within the case. As workers increase their contacts with children and families, it is Montana's belief that the items under Well-Being Outcome 1 will increase as well.

Foster Parents provide a crucial service to children, some of whom are traumatized and disruptive to the home environment. If the foster parent's needs are not assessed and met, there is an increased chance of the placement breaking down and the foster parents choosing not to foster more children. Children who move placements have increased trauma-related behaviors and the chance for permanency declines with every placement move. Being sensitive to the challenges that foster parents experience and responding to their need for support, respite or additional services will go a long way in supporting the child in that placement.

Well-Being Outcome 2:
Children receive appropriate services to meet their educational needs.
Well-Being Outcome 2, meeting the educational needs of the child, while achieved 84.2% of the time during the 2017 CFSR, is still below the 90% standard set by Children's Bureau. The agency needs to do a better job with engaging with our schools to ensure that every child's educational needs are being met. When children must change schools due to coming into foster care or moving placements while in care, they may begin to fall behind in their classwork. Different material and schedules at different schools the trauma of having to move away from what is familiar, and the embarrassment of having people know you are in foster care all can have a negative impact on a child's abilities in the classroom.

Well-Being Outcome 3:
Children receive adequate services to address their physical and mental health needs.
Well-Being Outcome 3, Physical (61.54%) and Mental Health (59.46%) needs of the child are also below the 90% National Standard. Foster parents primarily take on responsibility for ensuring children have regular checkups and follow up with any needs or services identified, the records are not always maintained within the child's case file. This can cause a delay in services when a child moves placements or is returned home. Worker engagement with the child and foster provider on a consistent basis can ensure Well-Being Outcomes 2 and 3 are met. On-going conversations

about school, friends, sports, relationships, health can alert workers on areas of concern or requiring follow-up to ensure basic needs are being met.

Systemic Factors

Information System

Montana's current system of record, CAPS (Child Adult Protective System), does contain the status, demographic characteristics, location, and goals for the placement of every child who is or who has been in foster care. However, the system is not easy to navigate and information is not collected in a logical fashion because it was never intended to be a case management system. Screens within the system are designed to capture data that is required to be reported through NCANDS, AFCARS, NYTD or case reviews. CAPS is also built around a client and not a case, which can make it difficult to determine who is all involved in a foster care case.

Montana is in the process of developing a new system, MFSIS (Montana Family Safety Information System) that will eventually replace CAPS. Due to the cost of a total replacement, the decision was made to develop the system in modules. On December 1, 2018 the first module when into production. This module covers intake and investigation of reports of child abuse and neglect and also houses the Family Functioning Assessment used to determine if children are safe from abuse/neglect or if agency involvement is required to ensure the safety of children. Moving forward, the next few modules will focus on developing a case plan for the family, as well as individual plans for all members of the family. Until the new system is complete, data collected in MFSIS will be transferred back into CAPS as CAPS will remain our system of record. Data integrity within the system is an on-going focus of the agency. The contractor for CAPS, Northrup Grumman, run AFCARS and NCANDS exception reports throughout the year which outline missing or incorrect data. These reports are then provided to the field offices where the correct data can be entered. While these reports do not capture all of the data in the system, it does capture those elements that are required for Federal reporting.

Montana is one of the states who utilize ROM (Reports Oriented Management) through the University of Kansas. Data is updated weekly within ROM giving the agency the ability to provide data around allegations and conclusions of reports of child abuse and neglect, in-home cases, foster care cases, ICPC, and licenses for foster providers. Federal Indicators, Outcomes and Key Practice Indicators are also available within the system. As modules are developed in MFSIS, new reports will be created to assist with Quality Assurance and CQI efforts of the division.

Case Review System

CFSD adopted use of the federal Onsite Review Instrument (OSRI) as a case review tool and an ongoing part of Montana's QA/CQI process after completing the CFSR (final week of September 2017). The ease with which the OSRI captures the federal data elements in a format that can be quickly disseminated to regional and management staff furthers Montana's goal of utilizing case reviews as a real-time tool to result in real-time improvements for children and families being served by CFSD. Montana is reviewing 65 cases (40 Foster Care Cases and 25 In Home cases) every 6 months and is structuring the review process in accordance with the Federal CFSR Procedures Manual.

Case reviews have traditionally been conducted by CQI staff out of Central Office. While this practice has facilitated data collection, it has also limited the training and performance improvement

opportunities that could result from having a wider range of internal and external stakeholders directly involved in conducting reviews. Accordingly, CFSD has developed a reviewer pool recruited from the state's child welfare system and stakeholder populations. Initial and secondary QA of reviewed cases is conducted by CFSD CQI staff.

Reviews take place in each of CFSD's six regions once every six months, so that each region is host to a review twice a year. The use of data obtained from case reviews to improve case practice has initially focused on structured out briefings at the end of each review. Out briefings are attended by Regional Administrators and Child Protection Specialist Supervisors and include review outcomes, examination, and discussion of case practice that contribute to both problematic and desirous outcomes.

Emergent themes (consistent with Montana's CFSR results) targeted in Montana's PIP include:

- Incident-based safety assessment and the need for ongoing/holistic assessment throughout the life of a given case
- Insufficient coaching/mentoring/transfer of learning processes for Child Protection Specialists and Child Protection Specialist Supervisors
- Lack of engagement with family and resource providers contributing to imprecise assessment and identification of targeted/individualized supportive services,
- Case work and court-related practice contributing to delays in achieving permanency
- Lack of capacity to support field staff in assessing and identifying circumstances when it might be possible to utilize in-home services to ensure safety.

A detailed description of Montana's case review process is included in Montana's Round 3 CFSR Measurement Plan (Review Process-Approach to Measurement).

Quality Assurance System

Foundational Administrative Structure
Montana continues to develop a formalized CQI process and has effectuated policy and procedure toward using information from all areas of CFSD in a structured "Plan, Do, Check and Act" process. CFSD currently has two full time staff in the Program Bureau devoted to CQI (including the IT and Data Systems Manager). CFSD additionally employs six Child Welfare Managers (CWM) that are responsible for ensuring safety, permanency, and well-being outcomes are monitored and achieved in all foster care cases. CWMs also supervise Family Engagement Meeting (FEM) facilitators and Permanency Planning Specialists (PPS) to guide case practices designed to improve safety, permanency, and well-being outcomes, including oversight of Safety, Permanency, and Well-Being Roundtables. Traditionally the Montana Legislature has rejected the expansion of state government, so it is uncertain whether additional CQI/QA staff will be approved. CFSD does not have an approved CQI training in place currently.

Quality Data Collection
Montana completed Round 3 of the CFSR (final week of September 2017), participated in the CFSR Final Results Meeting (April 17th, 2018), while also preparing for the June 30, 2018 PIP submission and contributing development of goals and objectives for the 2020-2024 CFSP. Throughout, CFSD's CQI Unit has provided data from several sources, including Management Information Systems,

focus groups and surveys of targeted stakeholders, and analysis of program assessments including legislative audits, accreditation readiness assessments, and comprehensive workforce studies.

Due to budget constraints, CFSD's Research and Data Analyst position was eliminated. CFSD's IT and Data Systems Manager now assists the division in to develop reports that help field staff identify and complete missing data elements in the system to ensure data is entered in a timely and accurate manner.

CFSD has opted to use the federal Onsite Review Instrument as a case review tool. Use of the OSRI will assist with timely and accurate data entry, timely access to data, and development of a baseline that can be used to inform program and policy needs going forward. Other data sources include CAPS, AFCARS, NCANDS, and National Youth in Transition Database (NYTD), with reports from these sources applied to achieve maximum efficiency and effectiveness from these currently available resources. CFSD has also been working with the Court Improvement Program (CIP) in the development of a collaborative PIP submission and to ensure data used by CIP, the Drug Court Pilot, and the CASA programs are consistent with agency data and that these entities are working collectively toward the same end goal. CFSD continues to explore ways to remedy AIP issues in CAPS and to make what changes it can in CAPS to improve data quality, adhere to AFCARS/NCANDS, and better support field practices/services. Given the limited resources for making changes to CAPS, CFSD cannot predict how quickly many of the AIP changes could be made given competing priorities.

Montana contracts with the University of Kansas and utilizes the Results Oriented Management in Child Welfare (ROM) program. ROM integrates data from multiple data systems into reports that can easily be shared with managers, staff, and other stakeholders. Development of a data dashboard has progressed such that a test bed for the dashboard has been developed prior to actual implementation.

Case Record Review Data and Process

Montana used the federal Onsite Review Instrument (OSRI) during the September 2017 CFSR and will continue to use the OSRI as an ongoing part of Montana's Case Review/QA/CQI process. The OSRI captures the federal data elements in a format that can be quickly disseminated to regional and management staff and furthers Montana's goal of utilizing case reviews as a real-time tool to result in real-time improvements for children and families being served by CFSD. Montana is reviewing 65 cases (40 Foster Care Cases and 25 In Home cases) every 6 months and is structuring the review process in accordance with the Federal CFSR Procedures Manual.

Case reviews have traditionally been conducted by CQI staff out of Central Office. While this practice has facilitated data collection, it has limited the training and performance improvement opportunities that might result from having a wider range of internal and external stakeholders directly involved in conducting reviews. Accordingly, CFSD has developed a reviewer pool recruited from the state's child welfare system and stakeholder populations. Initial and secondary QA of reviewed cases is conducted by CFSD CQI staff.

Reviews take place in each of CFSD's six regions once every six months (so that each region is host to a review twice a year) and use of data obtained from case reviews toward improving case practice has initially focused on structured out briefings at the end of each review. Out briefings are attended by Regional Administrators and Child Protection Specialist Supervisors and include sharing review

outcomes and examination and discussion of case practice that contributes to both problematic and desirous outcomes.

Staff members involved in the current case review processes have extensive practice and supervision backgrounds within CFSD and the current cadre of reviewers, including Workforce Training Consultants (WTC) from the University of Montana, have participated in a monthly rotation of case reviews that are directly overseen by the CQI Unit as a preparatory training process. CFSD recognizes that moving forward, training and qualifications will need to be further developed to ensure sustainability.

A detailed description of Montana's case review process is included in Montana's Round 3 CFSR Measurement Plan (Review Process-Approach to Measurement).

Analysis and Dissemination of Quality Data
While CFDS does not consistently translate results and trends for a wide variety of stakeholders, CFSD does provide data to Tribes and Courts upon request. CFSD additionally provides access to data in understandable reports to community stakeholders (upon request) across the state via CFSDDataRequest@mt.gov. This process ensures accurate information is disseminated in a format that is understandable and meets the needs of stakeholders.

As mentioned, CFSD has been working with the CIP in the development of a collaborative PIP submission and to ensure data used by CIP, the Drug Court Pilot, and the CASA programs are consistent with agency data and that these entities are working collectively toward the same end goal. Also, through the Grants and Contracts Program Manager with Central Office, CFSD is in the initial stages of enhancing involvement of contracted services providers (i.e. Title IV-B/in-home, Access and Visitation and SafeCare) in a process that will include identification/provision of data outcome measurements and participation in discussion of data analysis and conclusions.

Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Process
A more robust CQI system would encompass more well-defined and formalized feedback loops with internal and external stakeholders. While Montana does have feedback loops in place with stakeholder groups, including the CJA Task Force/CAPTA Citizen Review Panel (SAC), Regional Advisory Councils (RAC), Leadership Meetings, Management Team, and the Montana Court Improvement Program (MCIP), focus has been on making information available to stakeholders as opposed to soliciting their input regarding their analysis and conclusions drawn from data. Formalized and tracked inclusion of stakeholder input into the ongoing CQI process (adjusting program changes over time based upon measured results) would enhance CFSD's ability to make better informed decisions regarding changes to case practice and program innovations.

As noted above, progress in this area is exemplified by CFSD's work with the State's Court Improvement Program (CIP) in the development of a collaborative PIP submission to ensure data used by CIP, the Drug Court Pilot, and the CASA programs are consistent with agency data and that these entities are working collectively toward the same end goal. Another example of progress in this area would be the aforementioned case review out briefings where management and supervisors learn of case review results (regionally and statewide) and links between data and daily case practice.

Staff Training

Workforce development on all levels, including staff training, is an essential part of our PIP and CFSP goals. This systemic factor will be addressed in Plan for Enacting the State's Vision (Section D3) and Targeted Training Plan (Section D7).

Service Array
Service Array is address in the Service Description (Section D4).

Agency Responsiveness to the Community
CFSD greatly values partnerships with all stakeholders. This is identified throughout the CFSP. See Collaboration (Section D1) and Plan for Enacting the State's Vision (Section D3) and Service Coordination (Section D4) for more specific information

Foster and Adoptive Parenting Licensing, Recruitment, and Retention
Information regarding this systemic factor is described in the Foster and Adoptive Parent Diligent Recruitment Plan (Section D7). Enhancing our system's understanding of the importance of foster care as a support to families, not a substitute, will be a focus over the next five years.

III. PLAN FOR IMPROVEMENT

GOALS, OBJECTIVES, AND MEASURES OF PROGRESS

Goal 1:
Safely reduce the removal rate of children to align with or fall below the national average.
Montana's removal rate increased significantly between SFY14 (5.6) and SFY18 (10.4). Over the past year, it has decreased to 10.2, which is still one of the highest per capta rates in the nation. Currently in SFY19, 38% of children are returned home within three months; therefore, CFSD must strive to prevent removal and to increase safety resources to support families in a time of crisis.

Objectives:

i. Implement a Plan of Safe Care statewide through the partnership with the Montana Perinatal Behavioral Health Initiative.

ii. Increase use of in-home service model through improved implementation of the safety model (PIP focus).

iii. Through partnership with CIP, implement a pre-filing model to provide preventative legal and social work advocacy to families who are at risk of entering the Dependent Neglect legal system.

iv. Utilize FFPSA to develop and implement evidence-based in-home parent skill building, substance use disorder treatment, mental health services, and Kinship Navigator services to impact help children safely remain in their home.

Measure: The rate of children entering foster care in Montana will match or fall below the national average by SFY 2024. The source of this data will be taken from CAPS (Montana's SACWIS) and the most current population data available. Number of In-Home Cases will increase by 5% each year through SFY2024.

Goal 2:
Increase permanency outcomes for children and families.
As noted it the CFSR Round 3, Montana is below the Children's Bureau performance standards in permanency outcomes. As we improve permanency outcomes, well-being outcomes will also be positively affected. Family engagement is essential to good case work which leads to better outcomes. Due to the inexperience of our staff, we must build their skills of engagement.

Objectives:

i. Improve Family-Centered Practice through meaningful engagement with parents and children. (PIP focus) CFSD will implement Motivational Interviewing as a competency to increase engagement skills. This will help CPS workers develop targeted treatment plan specific to Conditions for Return.

ii. Increase quality home visits with children and parents by providing a tool outlining the specific areas of assessment and building the tool into MFSIS. Skills learned in Motivational Interviewing will assist in this achieving this objective, as well as the transfer of learning process in the Training Plan.

iii. Improve service array through partnerships with service providers to increase reunification rates and decrease time to permanency. (PIP focus) CFSD is implementing Visit Coaching as the primary model for parent/child interaction time. Providers and staff are trained to coach parents to increase their parenting skills, so reunification can occur timely.

iv. Utilize CIP strategic plan to impact quality legal representation to improve efficiency and effectiveness of the court process within the Dependent Neglect proceedings which will positively effect family's outcomes.

Measure: The number of children exiting care will increase by 2% each year through 2024. Monthly home visits will increase to 75% by 2021, and 85% by 202, and 95% by 2024.

Goal 3:
Increase collaboration with primary prevention organization locally and statewide.
Montana has multiple primary prevention organizations statewide. To make true progress in reducing abuse and neglect in Montana, we must all coordinate efforts and communication.

Objectives:

i. CFSD will participate with primary prevention goals related to safe sleep as implemented through Health Mothers Health Babies Coalition, Children's Trust Fund, and Family and Community Health Bureau.

ii. CFSD will participate with primary prevention goals related to maternal mental health as implemented through Health Mothers Health Babies Coalition, Children's Trust Fund, Perinatal Behavioral Health Initiative, and Family and Community Health Bureau.

Measure: Child deaths related to unsafe sleep environments will decrease by 1% each year. Baseline data from FICMR will be utilized.

Goal 4:
Stabilize and increased competency of workforce
Montana has a 35% turnover rate, with an average length of employment of CPS staff being 2.2 years. The instability of our workforce negatively impacts safety, permanency and well- being outcomes as reported in the CFSR Round 3. Child welfare is one of the most important, yet challenging jobs. Our staff report it takes a minimum of 2 years to feel truly capable as a CPS, at which time they are leaving due to the stress of the job or other factors. Developing a stable, quality workforce will improve outcomes for families.

Objectives:

i. Establish a supportive learning culture within the division as a framework to effectuate and sustain effective child welfare practice. This is supported by the PIP. In addition, each of the following objectives are immediately necessary to truly impacted outcomes for families. (PIP focus)

ii. Develop a recruitment plan for degreed and non-degreed employees by expanding the types of degree supported by the IV-E Waiver program through the University of Montana. In addition, expand to other State Universities so workforce can be improved statewide. (See Section D7 Training Plan)

iii. Develop and evaluate the on-boarding program for new CPS workers to support their transfer of learning throughout the first year of employment. Use the Workforce Development Team to develop on-going training system that leads to increase skills and job satisfaction. (See Section D7 Training Plan)

iv. Develop and evaluate a supervisor training in collaboration with University of Montana's Center for Children, Family and Workforce Development that includes administrative, educational and supportive domains. (NASW 2013) (See Section D7 Training Plan)

Measure: Agency turnover will decrease to 30% by 2022 and 25% by 2024, and average length of employment will increase to 3 years by 2021 and 5 years by 2023.

Goal 5:
Incorporate Continuous Quality Improvement throughout the division to allow for real-time improvement to practice and outcomes for children and families.
We believe institutionalizing a learning culture will improve the child welfare system at all levels. To do so, we must have quantitative and qualitative data from a variety of source to inform strengths and needs of the agency and system. CFSD has progressed in its use of CQI and the following objectives will continue to support this goal.

Objectives:

i. Implement case review process using the OSRI with a team of supervisors, field trainings and CQI specialists. Interview parents, providers, and children (when appropriate). See the systemic factors Case Review System and Quality Assurance (Section D2).

ii. Develop parent stakeholder group with the support of Casey Family Programs to ensure a constructive process that impacts positive change for families and the agency.

iii. Develop dashboards to track improvements and identify when changes may be needed by partnering with the University of Montana for technical support. Management will review dashboards and assist the supervisors in utilizing data to improve practice.

iv. Utilize Youth Advisory Board (YAB) to inform needs and improvements of the agency from the youth perspective. Incorporate a YAB member on to our State Advisory Council to create a voice within the council from the youth perspective.

v. Hold quarterly meeting across the state for stakeholder input regarding the CFSP, APSR and other collaborative projects. In preparation of the next legislative session, CFSD leadership will meet with legislators to educate and problem-solve issues throughout the state.

Measure: Montana will utilize the OSRI to conduct 130 case reviews each year. CFSD will track dates of meetings and input from stakeholder regarding topics relevant to improved outcomes for families. Data collected in 2020 will be a baseline for the CFSP, as we have never tracked this data. If necessary, improved measurements will be outlined in APRSs.

Staff Training, Technical Assistance and Evaluation

The goals listed above align with Montana's Program Improvement Plan and are associated with national standards. The 2020-2024 CFSP Training Plan (Section D7) outlines specific trainings that support the goals and objectives of the CFSP and PIP. The transfer of learning facilitated by the FLTS and WTC will increase staffs' ability to positive impact the goals. The trainings such as Motivational Interviewing and Family Engagement will assist in achieving Goals 1 and 2, including multiple objectives. The on-board process aligns with Goal 4. CFSD will be evaluating our initial CPS and CPS Supervisor training, which will support the overall success of all goals.

Implementation Supports

Implementation efforts are aligned between the PIP and CFSP, as described above. Implementation of several goals and objectives have begun. CFSD will utilize Center for States and Casey Family Programs implementation of the PIP and specific CFSP goals.

IV. SERVICES

Child and Family Services Continuum
The services to be provided over the next five years will be closely linked to the goals of the CFSR PIP (specific goals have been detailed in previous sections of the CFSP). The overarching theme across the entire CFSR PIP is engagement. The services provided by CFSD under this plan will focus on improving meaningful engagement with birth families, children, legal communities, and service providers.

Child and Family Services Coordination

Centralized Intake
CFSD is responsible for providing all child protection services in Montana. Child protection services are initiated when reports are received by Centralized Intake (CI). CI is a 24/7 hotline for all reports of child abuse and neglect. CI staff triage the calls and categorize and prioritize the responses based on the information in the report. Reports that contain enough information indicating children are not safe are referred to field offices for investigation. Reports sent to the field to be investigated are given a response time to initiate the investigation. The investigation initiation times varies depending on the safety risks presented in the report.

Safety and Management System
Montana has developed a safety model that is based on the Safety and Management System (SAMS) developed by Action 4 Child Protection. Montana's safety model is still commonly referred to as SAMS; however, Montana's model is not utilized to fidelity with the Action 4 Child Protection model. Montana uses its SAMS model for conducting investigations and assessing safety of the children in the home. CI also uses the model to determine potential safety risks to children in reports received by the hotline. CPS investigations can result in several outcomes including: closing the report determining no abuse or neglect occurred; determining no abuse/neglect occurred, but referring family for In-Home services; determining abuse/neglect occurred and children remain in the home; or determining abuse/neglect occurred and removing the children from the home. If children are removed from the home, the case will be filed in District Court, and the family will be provided a court ordered treatment plan. The plan will specify the changes that must be made by the adults in the home for the children to be returned in accordance with Montana statute. Services the child will receive while in foster care include, but are not limited to medical care, mental health care, and dental care. The family can also receive family preservation, family support, or time-limited reunification services as described below. In the event removal from the home is required, CFSD is required to make diligent efforts to find willing and appropriate kinship placements for children. More than 60% of all children in foster care in Montana are placed with kin.

Guardianship and Adoption
When children cannot be safely reunified with their birth family, CFSD does make efforts to identify adoptive or guardianship families for the children. Kin are our first permanency option when reunification is not possible. When fit and willing relatives cannot be identified, CFSD will look to foster parents to adopt or become guardians for children. Montana also uses national search tools, such as Wendy's Wonderful Kids to identify potential adoptive families for children. The definition of "kin" in the state's Title IV-E Plan includes not only blood relations, but also people who had a significant emotional attachment to the children prior to CPS involvement (e.g. god-parents or close family friends) and when applicable members of a children's or parents' Indian Tribe. Montana will be

making efforts to expand the use of subsidized guardianships over the next five years. This is being done because in many cases permanency can be achieved more quickly through guardianship than adoption. National data indicates children who are adopted and children placed in guardianship families see virtually identical improved outcomes. The exact strategies for expanding the use of guardianships have not been created. Internal data and outreach to local courts and CPS staff to identify potential barriers will need to be examined to develop successful strategies. The strategies will likely vary from county to county depending on what the data and "locals" identify as potential barriers. Information on efforts to expand the state's use of subsidized guardianship will be provided in future APSR. Montana does provide post adoption and guardianship services using Title IV-B subpart 2 and adoption incentive funding.

Substance Use Disorders

Substance use disorders (SUD) play a significant role in the removal of children from their parents. SUD In-patient and out-patient treatment services are limited in Montana. CFSD has developed Addiction Recovery Teams (ART) in Missoula and Billings to make SUD services more readily available to families. ART provide coordinated multi-disciplinary services to families with substance abuse issues. Each team consists of an alcohol and drug counselor, a peer support, and a CPS. Team members assist by providing an initial response to family members' SUD, assessment, referral to treatment, and relapse prevention. CFSD is making efforts to expand ART into other locations in the state. CFSD's expansion of ART will be detailed in future Annual Progress Services Reports.

Independent Living

CFSD does not often use supervised independent living placements with older youth. The outcomes of these placements over the years have been mixed, at best. Some youth have been successful in these placements, but a good number have also failed. Anecdotally, the factors often leading these placements to break down are social isolation, previously unidentified substance abuse issues, and lack of ability to maintain good boundaries. CFSD will continue to use these placements when it is determined to be in children's best interests. In addition, CFSD does not routinely seek other planned permanent living arrangements (locally referred to planned permanent living arrangements – PPLA or long-term foster care). In most cases ongoing efforts are made to locate adoptive or kinship families, rather than long-term foster care placement.

In-home Prevention Services

Prevention services provided through CFSD are comprised mainly of in-home services by contracted service providers using Title IV-B funds. Expanding the use of services to allow children to remain in their homes both prior to and following legal intervention by CFSD was noted as a need in the CFSR.

- Family Support Teams highlight one innovation implemented in Cascade County. The goals of the FST are described in more detail in the IV-B subpart 2 section of this CFSP. Expansion of FST to other communities in the state will be part of the CFSR PIP and progress toward this goal will be provided in future APSR. Primary prevention services are typically not provided by CFSD at this time.
- Primary prevention services are funded through other divisions with DPHHS such as Healthy Montana Families within the Public Health and Safety Division, which funds programs such as SafeCare with volunteer families and the state's First Years Initiative (FYI). FYI goal is to reduce child abuse, neglect and child deaths in Montana through issue specific early education, prevention, and services. All interventions funded through FYI are evidence-based models.

- Primary Prevention Services are also funded through contract with the Montana Children's Trust Fund (MTCTF). MTCTF is administratively attached to the DPHHS director's office and uses Community-Based Child Abuse Prevention Grant (CBCAP) funds among others to provide three-year grants to community-based organizations to provide evidence-based and evidence-informed practices to provide primary and secondary child abuse and neglect prevention services in communities throughout Montana.
- DPHHS is taking steps to address co-sleeping deaths in the state by purchasing portable cribs (i.e. pack and plays) and making them available to families at no cost. Training on the proper use of the cribs is being provided across the state late spring and early summer 2019.
- The Families First Prevention Services Act (FFPSA) provides states with opportunity to utilize Title IV-E funding to provide evidence-based services to families to prevent child abuse and neglect and entries into the foster care system. Montana has delayed full implementation of FFPSA. Updates on the state's efforts to fully implement FFPSA will be provided in future APSR.

Services Description

An assessment of Montana's strengths and gaps in services is being conducted in conjunctions with the CFSR findings and the CFSR PIP. Detailed information on the CFSR results and CFSR PIP are provided in other sections of this CFSP. Montana is still negotiating the CFSR PIP with the federal Administration for Children Youth and Families (ACYF). Until the CFSR PIP negotiations are complete, it is difficult to know what two-year goals will be addressed in the CFSR PIP and what goals will be part of the five-year CFSP.

Anticipated components to be addressed include:

- Engagement with families, youth, and stakeholders to include structured feedback loops, workforce development
- Permanency for children in foster care in a timely manner
- Improved utilization of in-home services to prevent or minimize children's stay in foster care

A more detailed delineation of CFSR PIP and CFSP goals will be provided in future APSR. It is recognized that the two-year period of the CFSR PIP will be insufficient to adequately address these issues, so CFSD anticipates much of the CFSP will be devoted to continuation and expansion of the goals eventually approved in the CFSR PIP.

Stephanie Tubbs Jones Child Welfare Services Program (IV-B subpart 1)

Montana does not use IV-B subpart 1 for child care, foster care, foster care maintenance or adoption assistance. Use of these funds is limited to child welfare services that are cost allocated through the state's federally-approved cost allocation plan.

Services for Children Adopted from Other Countries

Families who adopt internationally with one of Montana's State-licensed private adoption agencies should receive services and post-adoption support from these agencies upon request. These agencies are required under state licensing requirements to offer post-placement services when

requested from adoptive families. These services could include support groups, mentoring by other adoptive families, and referrals to counseling. In cases where state intervention is requested or deemed necessary, family preservation or reunification continues to be the primary goal in working with all adoptive families. Family preservation services are offered when appropriate. If the children enter the child welfare system, they are provided the necessary services based on their level of need, including regular foster care, therapeutic foster care, therapeutic group home placement, or residential placement.

Services for Children Under the Age of Five

SafeCare

CFSD partners with Montana Health Care Foundation to develop Plans of Safe Care with hospitals to reduce the removal of children at birth and to support the healthy development of infants. Department-wide initiatives such as First Years Initiative, which aims to reduce co-sleeping deaths through the provision of portable cribs and the collaboration between CFSD and Public Health and Safety Division which provides SafeCare voluntarily and through court ordered treatment plans to families are examples of services specifically targeting children under the age of five. CFSD will also assess the appropriateness of guardianships for children placed with relatives when parents may have long-term substance use disorders that may affect the development needs of young children.

Developmental Delay Screenings

CFSD has strengthened collaboration with the Disability Services Division IDEA Part C Early Intervention Program to better coordinate referrals from CFSD to local Part C providers to ensure screening for developmental delays. To date, the collaboration has primarily focused on the department's First Years Initiative; however, specific barriers to timely referral and screening of children who have come to the attention of CFSD will be explored in more detail moving forward. Efforts to address the barriers will be provided in future APSR.

Family Support Teams

While Cascade County's Family Support Teams (FST) and similar teams in other communities across the state are not intended to serve only children under age five, further development of FST will provide better in-home services to prevent removals or limit the time in out-of-home placement for children age five and younger

Governor's Best Beginnings Advisory Council

CFSD also continues to play an active role in the Governor's Best Beginnings Advisory Council. The task of this Council is to identify gaps in services for children ages zero to five in the state of Montana and to make recommendations and plans to fill in these gaps to ensure that the developmental needs of all children 0-5 in the state of Montana are being met by building comprehensive early childhood service systems in communities. This state council focuses on the services and needs of all children 0-5, not just children in the custody of CFSD, but through its work, it has improved access to evidence-based interventions, such as home visiting models like Parents as Teachers, Nurse Family Partnership, and Early Head Start. By continuing to build strong partnerships between programs, including Head Start, Stars to Quality Child Care (a QRIS system), Home Visiting, Part C, and CFSD, children age 0-5 are targeted to receive these services. The Best Beginnings Council continues to meet and develop its strategic plan for providing early childhood services to all children in Montana.

Efforts to Track and Prevent Child Maltreatment Deaths

CFSD has made inquiries to a variety of entities in recent years to accurately count and report child maltreatment deaths. In the past year, CFSD has strengthened its internal review process to accurately identify, track, and report maltreatment fatalities internally through reports provided to Centralized Intake. The process requires all reports called into Centralized Intake involving a child fatality be sent to the CFSD Critical Incidents Program Manager. The program manager and other division staff review the incident to determine if the child fatality was a result of child abuse or neglect as defined in Montana statute. If the fatality is determined to be the result of abuse or neglect, it is reported to the Child Abuse and Neglect Review Commission. The commission is the mechanism by which Montana complies with the public reporting requirements of child maltreatment fatalities under CAPTA. The commission does not formally review all cases involving a child maltreatment fatality, but all maltreatment fatalities (and near fatalities) are included in the commission's annual report made available to the public. One area for improvement involves cross checking CFSD's child fatality information provided to the commission with information from the DPHHS Public Health and Safety Division Fetal, Infant Child and Maternal Mortality Review (FICMMR) data. The two divisions continue to develop best practices for collaborating on the crosschecking of maltreatment fatality data. Updates on the progress of collecting FICMMR data will be provided in future APSR.

Montana has taken a variety of initiatives to reduce child maltreatment fatalities, including:

- The First Year's Initiative, to provide portable cribs to families
- The Child Abuse and Neglect Review Commission recommendations for policies, practices and services that may encourage collaboration and reduce child maltreatment fatalities and near fatalities
- Enhanced staffing of all reports for children age two and under and providing SafeCare voluntarily to families

However, all these individual efforts have not been developed into a comprehensive statewide plan to prevent maltreatment fatalities. DPHHS recognizes the need to develop a comprehensive plan and efforts to do so will be provided in future APSR.

Promoting Safe and Stable Families (PSSF) (Title IV-B subpart 2) and Services Decision-Making Process for Family Support Services

Montana's allocation of Title IV-B subpart 2 funds for the FY 2019 is $712,316.00. The Division continues to see decreased federal participation in this program each year. The Division continues a matching ratio of general funds to federal funds above the required 25% federal match rate to provide for a continuum of services. Due to the Division's inability to meet the national standard for conducting face-to-face visits between Child Protection Specialist (CPS) staff and children in foster care the Division's Title IV-B match rate has increased.

CFSD allocates equitable amounts of its Title IV-B subpart 2 funding and required the division match to family support, family preservation, family reunification, and adoption promotion and support services to provide a balance of services. CFSD continues to ensure that final expenditures in each service category reach a minimum of 20% of the total Title IV-B subpart 2 allocation and require the division match. The division continues to combine its report on the family support and family preservation services and report separately on the family reunification and adoption promotion and

support services. At the same time, CFSD continues to analyze the services provided with these funds to ensure that the allocation of the funds maximized the benefits that can be derived from this funding.

CFSD continues to explore ways it can leverage services for our families through collaborative work with our Office of Public Assistance (TANF) and through our office of Medical Assistance Programs (Medicaid) to augment its Title IV-B subpart 2 services by identifying services currently being paid from IV-B that can be shifted to Medicaid to maximize available IV-B funding. CFSD will continue to work closely with the Human and Community Services Division (HCSD) (.the division that houses the TANF Program) and look for opportunities to increase the provision of services to families through the programs housed in HCSD. Updates on progress made toward these goals will be provided in future APSR/CFSP.

Title IV-B subpart 2 family support, preservation, and family reunification services have been typically provided through in-home services contracts with private sector providers across the state. The in-home services contracts require all providers to have the ability to provide the family support, preservation, and family reunification services listed below. The actual services provided are dependent upon the individual needs of the family referred for services. A family must be referred to one of these providers by the Division's CPS worker for the family to be served using Title IV-B subpart 2 funding. Referrals from outside agencies cannot utilize Title IV-B subpart 2 funding. Safety factors, measured goals, defined expected outcomes, and family involvement in case planning are all required to be reported by these service providers

Geographical accessibility continues to be a factor in providing and sustaining effective services in Montana. As reported in the 2015 – 2019 CFSP and prior APSR, CFSD's goals were to provide services to at least fifty-one of the fifty-six counties where services had previously been provided. The current number of IV-B subpart 2 services decreased to thirty-nine counties this state fiscal year due to Montana's very large geographic area and relatively small population. Though there are limited providers in the rural areas that are not contracted with the division, CFSD works with the providers in contracted counties to provide services if the need arises. Staff may occasionally provide a limited number of trauma-informed evidence-based programs referenced below; however, these types of services provided by Division staff are rarely paid from Title IV-B subpart 2 funds. Adoption support services are predicated on the needs of the individual family or child, and this funding may be accessed by families in all counties.

While CFSD has been successful in maintaining services for children and families, the agency continues to look for ways to increase the use of trauma-informed evidence-based or evidence-informed services purchased with this funding. This work is done primarily through the Division's System Innovation and Integration Unit within the Program Bureau. This unit was developed after CFSD opted out of the Title IV-E Waiver and is charged with working with field staff and non-agency service providers to identify trauma-informed evidence-based or evidence-informed program models for use by the division. It is also responsible for developing strategies for implementing and sustaining these services. The long-range goals of this program are:

- Increase the percentage of Title IV-B subpart 2 funding used to provide trauma- informed evidence-based or evidence-informed services.
- Develop a service array of trauma-informed evidence-based or evidence-informed service models available across the state.

Another agency goal outlined last year was to significantly increase the number of children safely maintained and provided services in their home while parents are completing treatment plans to reduce the number of children placed into foster care. To meet this goal, the agency needed to review the current array of services and to collaborate with current providers to provide a more robust array of services designed to maintain children in their homes. The department worked with the Pew-MacArthur Results First Initiative to implement an innovative evidence-based policymaking approach to invest in policies and programs that are proven to work. The Pew collaborated with providers to provide a more robust array of services designed to maintain children in their homes. The PEW also helped identify evidence-based and trauma- focused services currently provided across the state of Montana and coordinated focus groups with our stakeholders and community partners to identify ways to improve the services offered by providers. These focus groups discussions brought together staff and community partners in the six regions of the state to discuss ways of improving the services provided using the Title IV-B subpart 2 funding. These focus groups were facilitated by the Center for States. The results of the focus groups are discussed more in the collaboration section.

These collaborative efforts led to the development of the Family Support Team (FST), which was created to allow children to remain in their own homes or be returned quickly to their home, while managing for the safety threat. The goal is to lessen impacts on children's self-esteem, security, stability, learning abilities, development, family and natural connections. The FST aligns with the CFSD's mission to keep children safe, while strengthening their family. The FST meetings started in August of 2018 in Region II and are continuing on a weekly basis with 16 providers ranging from early childhood intervention services, domestic violence counselors, mental health counselors, in-home services providers, and substance abuse counselors. Data elements are being tracked and the Center for States is working with CFSD on readiness for change and implementation procedures.

In addition, the CFSD developed two major efforts to improve serviced arrays and delivery of the Title IV-B, in-home services across the state:

Contract Monitoring

Contract monitoring program of the Title IV-B subpart 2 in-home services, which was put in place September 2014. The goal was to implement a contract monitoring system that moves from a purely quality assurance function to a CQI process. The IV-B PM and System Integrations and Innovation Unit Supervisor reached out to field offices and local providers throughout the state to support the IV-B in-home services and evidence-based programs currently being implemented. Training around how to refer, and when to refer was provided, as well as education on approved uses of Title IV-B subpart 2 funding. The IV-B PM worked with providers to identify trauma-informed evidence-based or evidence-informed models to be used by contracted service providers and to develop feedback loops between providers, field offices, and program staff to ensure quality services and improved outcomes for children and families. The IV-B PM conducted site visits to contractors to review randomly selected files, as well as discuss contract questions.

Rate Matrix

CFSD developed a service and rate matrix to support more providers to use evidenced based and trauma informed practices,. The rate matrix provides universal fees for specific types of services. The goal of the rate matrix is to reduce the need for RFPs in the future and to begin paying the

same rate for services no matter the geographic location of the provider, similar to Medicaid. The rate matrix describes the services to be provided in detail. The provider should use well-supported, supported, promising, and general practice/models when serving families referred by the Department whenever applicable. However, not all the services included in the service array are required to be well-supported, supported, promising, and general practice/models (evidence-based, trauma focused, or evidence-informed). Any provider who can provide the service can collaborate with CPS staff. Preference will be given to such models and providers who can provide services in accordance with the well-supported, supported, promising, and general practice/models (evidence-based, trauma focused, or evidence-informed) or who can demonstrate a plan for implementation of these practice/models. The rate matrix offers increased flexibility and competition among providers and will result in improved services and outcomes for children and families. Also, opening the delivery of services to a broader group of providers will assist in creating greater flexibility in the service system and contribute to the goal of significantly increasing the number of children maintained safely in their homes while parents are completing treatment plans.

This matrix does not replace the need for umbrella contracts for service providers as common outcomes will be tracked for services provided to ensure those services are meeting the needs of families they serve. The rate matrix has been developed through discussions with the Office of Legal Assistance (OLA) and procurement office. Research on Medicaid rates, Casey Family Intervention Catalog, and current rates of Title IV-B subpart 2 provider was conducted. The models focused on are identified by Families First Prevention Services Act, the California Clearing House, and models currently being utilized by Title IV-B subpart 2 providers. The rate matrix and services were presented to providers at the Child Abuse and Neglect Conference in April of 2019. We will work with providers to establish who is able, and willing to ensure services are provided in a timely, flexible, coordinated and accessible to families and individuals, principally delivered in the home or community, and are delivered in a manner that is respectful and builds on the strengths of the community and cultural groups. The goal is to enter into contracts using the rate matrix and umbrella contracts the next fiscal year starting July 1, 2019. Implementation of the rate matrix is viewed as a precursor step to full implementation of the FFPSA allowing Montana to utilize Title IV-E funding for prevention services. The rate matrix will likely be a component of the state's Prevention Services and Programs Five-Year Plan.

The matrix will also play a critical role in allowing staff to select the most appropriate service to address the needs of the family and ensure the services being provided are linked to the court order treatment plan and address the issues that will allow for children to be safely returned to their homes as quickly as possible. Also, the matrix will allow CPS staff to more easily identify services that may be provided to avoid removal, whether the department is legally involved with the family or the services are voluntary. The matrix will also play a key role service decision making process for Family Support Services. The matrix allows for a wider array of providers and more flexible avenues for providing services, evidence-based or evidence-informed services. All providers issued contracts under the rate matrix will be community-based programs.

Moving forward, in addition to this quality assurance monitoring, the IV-B PM will also monitor the new matrix contracts and support regions implementing the FSTs. A new data system is being developed to help capture more data related to the services provided and monitor those services more effectively between annual site visits. These feedback loops and an enhanced CQI process will ultimately replace the current case monitoring program and adherence to contractual and statutory requirements will remain a component of the process.

Below is a description of the services currently provided using Title IV-B subpart 2 funding. These services can be made available as necessary to non-family and kinship foster care providers. These services focus on in-home services and a strength-based approach to building on a family's focused goals and abilities designed to ensure the safety of children. Montana's array of family support and family preservation services provided through CFSD includes, but is not limited to the following:

Family Support/Preservation and Preservation Services

1. Child and Family Assessment
2. Home Visiting
3. Parenting Skill Building (appropriate discipline, role modeling, age appropriate expectations, bonding
4. Educational Classes (GED, occupational, parenting)
5. Family Engagement Meetings (FEM)
6. Organizational Skills (budgeting, housekeeping, shopping, meal preparation)
7. Family Behavior Skills (anger management, communication, role modeling)
8. Mental Health Therapy for individuals and families and other mental health services
9. Preventive Health Services
10. Resource Linkage for housing, job services, basic needs, substance abuse, and other mental health issues
11. Transportation for access to services or activities provided by CFSD
12. Accessing and Providing Hard Services
13. Mentoring for birth parents and children
14. Inpatient, residential or outpatient substance abuse treatment services
15. Assistance to address domestic violence
16. Services and activities designed to facilitate access to and visitation of children by parents and siblings
17. Services designed to provide temporary child care and therapeutic services for families including crisis nurseries
18. Well-supported, supported, promising, and general practice models as appropriate (i.e. evidenced-based and trauma-focused models)

Reunification Services

Family reunification services include the same array of services listed above and provide for family preservation and support services with the addition of supervised visitation. These services are provided by contractors and CFSD in specific service areas of the state where contract providers are limited or not available. Contract compliance procedures and protocols, as described earlier for family support and family preservation services, also apply to family reunification services.

Adoption Promotion and Support Services

Adoption promotions and support services provided CFSD include recruitment of adoptive homes, adoption specific training (Creating a Lifelong Family), and the provision of post-adoption services. Adoption promotion and support services activities also include services and activities designed to

encourage more adoptions out of the foster care system when adoptions promote the best interests of children. This includes pre- or post-adoptive services and activities designed to expedite the adoption process and support adoptive families. Specific examples include completing records searches, renegotiations for adoption assistance, and communication between birth families and adoptive families. The potential number of families served increases monthly.

Further plans are in process to establish or support existing foster care/adoptive parent peer to peer groups. There are also plans to offer scholarships to fund attendance at training and conferences for adoptive parents. CFSD hosts an annual conference on the Prevention of Child Abuse and Neglect, which offers several training sessions on current practices in the world of child welfare and addressing needs of children from difficult places.

To support and promote adoption, funding is also used to cover the cost of travel to and from pre-adoptive visits for the child and both current and potential placements. There has also been increased spending to support day care needs for families out of state who will be a permanent placement for a child. The largest portion of adoption promotion and support funding continues to go towards assisting families with the cost of room and board for out-of-home, therapeutic treatment. An increase in funding has also occurred for families participating in therapy and alternate, non-Medicaid covered interventions and treatments, such as Neurofeedback and equine therapy.

Internally, the process of finalizing adoptions has undergone major changes during SFY19 to expedite permanency for children, as well as to address the increase in numbers of adoptions processed. More of this work will be address in the PIP.

Population at Greatest Risk of Maltreatment

The population at greatest risk of maltreatment in Montana continues to be children ages zero through five. This age group represents the most vulnerable population with the least ability to protect itself from child maltreatment. Children ages zero through five have historically represented the largest group of children in out-of-home placements. Since FFY 2005 children age zero through five have made-up more than 50% of the state's foster care population. FFY 2018 data shows this age group made-up 53.3% of Montana's total foster care populations. A particularly vulnerable subset of this group are infants under age one. The state's Child Abuse and Neglect Review Commission report states that from May 1, 2017 through June 30, 2018, there were eleven instances of child fatalities or near fatalities resulting from child abuse or neglect and seven, or 63.6%, of those fatalities or near fatalities involved infants under the age of one.

As reported in other places in this CFSP, Montana is attempting to address this fatality rate through programs such as the First Years Initiative and providing portable cribs. Also, within the last year CFSD has instituted an enhanced staffing procedure for all reports involving children under the age of two years that are sent to the field from Centralized Intake (CI). Some areas of the state use the enhanced staffing for all reports involving children age five and younger. The staffing involves all the local office intake staff and supervisors. In rural offices, the staffing involves all staff and supervisors since there are no separate intake and ongoing units. In many areas the region's Child Welfare Manager (CWM) is also involved in the staffing. Regional Administrators (RA) may be involved when staffing highly complex cases or cases involving fatalities or serious injuries. The enhanced staffing takes place weekly and looks specifically at the appropriateness of any in-home or out-of-home safety plans put into place. The group also looks at any injuries to the child and compares those to

the parents' account of how the injuries took place, as well as any medical information available on the injuries to identify inconsistencies. The group also identifies appropriate services available for the family. The enhanced staffing serves several purposes including: assist less experienced workers and supervisors become more skilled in identifying potential safety issues; better evaluate the use of in-home safety plans and if the components of the plan are sufficient to ensure safety for children; better identify appropriate services for families and children, and expose the case to as much experience and expertise as is available given the vulnerability of these very young children.

CFSD's collaboration with Child Advocacy Centers and Multiple Disciplinary Teams is expanding to address serious non-accidental trauma in a real time manner and to accreditation standards. Team decision making creates better outcomes for children when abuse and neglect is present. If Montana can target our most vulnerable population of children, we have a greater likelihood of preventing maltreatment.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

CFSD policy requires, at a minimum, that all children in foster care (including children in trial home visits) will be visited by the CPS face-to-face, every month that the child is in care. At least 50 percent of these monthly visits need to take place in the child's current residence. Visitation between the CPS and children in foster care (including trial home visits) is essential in promoting placement stability. Regular contact allows the CPS to observe and assess the impact of the emotional trauma resulting from the child's maltreatment and removal, the child's progress, and to involve the child in case planning. The CPS must maintain regular contact with the child(ren) and foster care providers to routinely assess the child's safety, permanency, and wellbeing and to ensure that the child's needs are being met. The vulnerability of the child and the protective capacities of the foster care provider must be assessed and documented. Frequent contact further allows the child the opportunity to express concerns, fears, problems with the placement, or other issues. Contacts more frequent than every month are dependent upon the CPS's assessment of the child's vulnerability and needs, the protective capacities of the provider, and whether other professionals have routine contact with the child.

CFSD continues to struggle to achieve the national performance standard of 95% of children seen each month with most of those visits occurring in the child's place of residence. High caseloads and staff turnover continue to be issue preventing Montana from achieving the federal benchmark. Also, family engagement was cited as a significant issue in the 2017 CFSR and identified as an area for improvement. Despite not achieving the federal performance standard, the state is performing better in this area. In FFY 2014, Montana conducted 54% of the required monthly visits. As reported previously in the 2015-2019 Final APSR, CFSD conducted 66% of the required visits of which 82% occurred in the child's residence.

2018 Federal Visitation Measures	
	FY2018
	Federal Counts/Percentages
The total number of unique children in care for at least one full month in the FFY	5,622
The total number of visit months for children who were in foster care during the FFY	45,036

2018 Federal Visitation Measures	
The total number of visit months in which at least one child visit was in the home	24,229
The percentage of child visits	66%
The percentage of visits that occurred in the residence of the child	82%

The state plans to use the Monthly Caseworker Visit Grant over the next five years to improve the quality of caseworker visits, to meet state and federal standards for caseworker visits, and to improve caseworker recruitment, retention and training. Funding from this grant may be used to support Montana's CFSR PIP by providing training to enhance CPS engagement skills and supervisor case staffing skills. It is believed that the CFSR PIP engagement strategies that are being developed and eventually implemented will result in improved outcomes in many areas including the number and quality of caseworker visits with children. Workforce development is also anticipated to be a component of Montana's CFSR PIP. Components of this include developing greater coaching and mentoring skill set in CPS supervisors to improve youth engagement. Motivational interviewing is an example of training that may be provided to staff with this funding to enhance engagement skills.

Additional Service Information

Child Welfare Waiver Demonstrations Activities: Not applicable

Adoption and Legal Guardianship Incentive Payments:
The Department received $116,250 for FFY 2015 (FFY 2014 earning year), $515,000 for FFY 2016 (FFY 2015 earning year), $360,500 for FFY 2017 (FFY 2016 earning year), and $50,458 for FFY 2018 (FFY 2017 earning year). Funds were divided between the State and the Tribes based on the following Title IV-E contract language:

> "The Department may receive adoption incentive payments in accordance with Section 473 of the Social Security Act [42 U.S.C. 673(b)]. If the Department receives adoption incentive funding and if the children included in the calculation of the amount of adoption incentive funds received include eligible children under the jurisdiction of tribal court, the Department will provide the tribe with a payment equal to a pro-rated share of the adoption incentive funding based on the percentage of their tribal court children in the total number of adopted children used in calculating the amount of adoption incentive funds received."

This calculation will include both the finalized adoptions and guardianships included in the incentive payments.

Adoption and Legal Guardianship Incentive funds that are available after the allocations to tribes are spent on services to support families and for general administrative costs related to the adoption and guardianship programs. Examples of services for adoptive and guardianship families which have been funded with incentive funds include room and board costs for youth who require residential treatment or group home placement; therapeutic services for families, such as evaluations and family counseling to maintain and stabilize the placement; travel costs for pre-placement visit; child care services; respite care; and home studies and post-placement evaluations. The Department

is also funding some additional positions to license/approve foster, adoptive, and guardianship families and to compile paperwork for children being adopted. Any additional Adoption and Legal Guardianship Incentive funds will be expended for these same types of services to support adoptive and guardianship families and for the costs of maintaining programs. However, the uses of the funding are much broader and can be used to provide any Titles IV-B or IV-E allowable services. Montana's incentive funding has increased significantly in recent years because of continued increases in adoption finalizations. This increased funding is being used to enhance family and sibling connections in efforts towards permanency and staff training for central office and field staff, as well as foster and adoptive parents. The training is part of CFSD's larger overall goal of enhancing family engagement through workforce development. As has been and will continue to be referenced throughout this CFSP, workforce development is a critical component for Montana to realize improved CFSR PIP outcomes and the longer five-year goals of this plan.

The funding may also be utilized to support in-home service models typically provided through CFSD's in-home services contracts.

Adoption Savings: The total unexpended balance as reported on the FFY2018 CB-496, Part 4 is $239,508. It is estimated that 100% of the unused savings will be spent in FFY2019. Montana did not experience any challenges in accessing or spending the funds. Montana is not required to complete an Adoption Savings Methodology form because a notification form was submitted on August 9, 2017.

V. CONSULTATION AND COORDINATION BETWEEN STATE AND TRIBES

The 2020-2024 CFSP will be distributed to the Tribal Social Services Directors of Blackfeet Nation, Chippewa Cree Tribe (CCT), Confederated Salish and Kootenai Tribes (CSKT), Fort Belknap Assiniboine and Gros Ventre Tribes, Fort Peck Assiniboine and Sioux Tribes, Crow Nation, and Northern Cheyenne Tribal social service agencies prior to submission to ACF. CFSD will request tribal review and feedback of the CFSP. Once CFSD receives word from ACYF that Montana's CFSP has been approved, CFSD will send a copy of the link to the website where the approved plan is located to approved plan to each tribal social services agency.

The CFSD ICWA Program Manager will provide routine communication between Montana's seven Tribal Social Services agencies and CFSD to ensure the implementation and assessment of the CFSP is an ongoing process. The CFSD Program Bureau Chief, Licensing Unit Supervisor, and Title-IVE Eligibility Unit Supervisor also have ongoing and regular communication with tribal social services staff and directors on a wide variety of issues related to tribal agreements, licensure, Title IV-E eligibility, and payments made to families. The DPHHS Tribal Relations Manager, located in the DPHHS director's office, provides another resource and contact person for the tribes. The most significant barrier to ongoing coordination and collaboration is turnover within the ICWA Program Manager position. Currently, the position is vacant and has been since November 2018. CFSD continues to recruit for the position and has conducted several interviews. Efforts to fill the position will continue and be reported on in future APSR. In the interim, the Program Bureau Chief assumes primary responsibility for ensuring the implementation and assessment of the CFSP is an ongoing process.

Tribal social services, Bureau of Indian Affairs (BIA) (on reservations where the BIA has offices), and tribal courts have exclusive jurisdiction and are responsible for providing child welfare services and child protection services to tribal children residing on the reservations. CFSD and state district courts have exclusive jurisdiction and is responsible for providing child welfare services and child protection services for tribal children residing off-reservations. CFSD and state courts are also responsible for providing child welfare services for non-Indians residing on the reservations. Fort Peck is an anomaly in that CFSD staff provide case management services to Title IV-E eligible Native American youth residing on that reservation. This is accomplished through an agreement between the tribe, DPHHS, and the BIA. The child welfare and child protections services reference above include: operations of a case review system for children in foster care; pre-placement preventative services program for children at risk of entering foster care to remain safely with their families; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home or legal guardianship or other planned, permanent living arrangement.

All of Montana's federally recognized tribes have work with Region 8 ACYF to submit IV-B plans and directly access IV-B funding to provide culturally appropriate services approved under those plans. Six of the seven federally recognized tribes also have non-IVE agreements with DPHHS. The agreements provide a capped allocation of state funds to offset costs for services that are not Title IV-E reimbursable. This includes costs that are approved under the tribe's Title IV-B Plan with ACYF and costs associated with children participating in cultural activities and events. The seventh tribe, Fort Peck, accesses these services via the agreement between the tribe, DPHHS, and BIA referenced previously in this section. CFSD will continue to recognize and respect tribal sovereignty, rights, and abilities to create and monitor a child welfare and child protection system conforming to

the unique culture of their communities. CFSD also recognizes and respects the unique government-to-government relationship between tribes and the federal government as a result CFSD does not interject itself into tribal programs funded through Title IV-B or other tribal programs receiving direct funding through ACYF. CFSD does not interject itself into compliance issues for these programs and does not hold tribe accountable to state requirements under Title IV-B or CAPTA. Montana believes tribal matters related to Title IV-B and CAPTA compliance are most appropriately addressed through direct conversations between tribes and ACYF Region 8 staff.

Montana has Title IV-E pass-through agreements with all seven federally recognized tribes. These contracts have been in place for approximately three decades. The tribes are required to conform to all Title IV-E eligibility and program requirements. These agreements do not hold tribes accountable to any requirements beyond those necessary to receive Title IV-E reimbursement. Under the agreements, tribes receive Title IV-E reimbursement for eligible case management costs, including personnel, fringe and operating expenses, incurred on behalf of Title IV-E eligible children and for Title IV-E eligible training costs. Tribes also receive a capped allocation of state funding to use as match to offset part of their administrative expenses. Supplemental support services (i.e. clothing allowances, diaper allowances, child care and transportation) approved under Montana's Title IV-E State Plan and foster care maintenance payments are also reimbursed under the contract. Tribes receive the federal match percentage (FMAP) for their out of home placement costs and supplemental support services for Title IV-E eligible children, and the state provides the remaining required match toward these costs. This is also the case for adoption and guardianship assistance agreement payments. As a result, Montana tribes do not incur costs for IV-E state plan approved supplemental support services or payments to foster families, adoptive families or legal guardianship families made on behalf of IV-E eligible children. CFSD recognizes and respects the customs and traditions of the tribal communities regarding the issue of terminating parental rights. If customary adoptions that suspend parental rights instead of terminating parental rights are allowed under tribal code, these adoptions are eligible for a Title IV-E subsidy. CFSD's responsibilities under the agreements is to determine Title IV-E eligibility, process contract payments, and provide technical assistance and training as request by the tribes on Title IV-E eligibility, program and compliance issues.

Indian Child Welfare Act (ICWA) compliance is of utmost importance to CFSD. The agency goal is to improve all aspects of ICWA compliance. The ICWA Program Manager will promote the state's ICWA compliance by providing technical assistance and programmatic advice to CFSD, tribal social services, and any court personnel. ICWA training is provided to all newly hired CFSD staff. Ongoing training takes place in local offices. Training to support and identify ICWA Qualified Expert Witnesses occurs annually.

CFSD has discussed ICWA compliance with all seven federally recognized tribes. The most recent discussion took place on May 14, 2019 when CFSD Management Team met with tribal social services leaders from all seven federally recognized tribes. The general themes from the discussion include a need on the part of CFSD staff to recognize division processes can be intimidating and do not reflect cultural norms of tribes, such as offices where families are greeted by staff behind safety glass and the lack of artwork or pictures in offices and meeting rooms that are inclusive of tribal people. Receptionists speaking to families through safety glass is unfortunate, but necessary given the erratic behavior exhibited by a some individuals. Regional Administrators agreed to look for opportunities incorporate artwork and pictures into their office buildings that are inclusive of tribal people. The second major concern was related to completing paperwork to allow for tribal enrollment

of Indian children. Some tribes have difficulties in enrolling children after termination of parental rights or adoptions have taken place and children's names and birth certificates are changed. The third issue was the need for CFSD staff to go onto reservations and become regular participants in meetings where case planning, etc., are discussed. Currently, Hill County has staff going to CCT and Fort Belknap to meet regularly with ICWA staff and other tribal social services staff. The Big Horn County staff meet regularly with Crow social services staff. Yellowstone County staff meet routinely with staff from Crow, Northern Cheyenne, and Fort Peck. This is due in some part to the development of an ICWA Court in Yellowstone County. Lake County and CSKT participate in each's child protection teams, foster care reviews and other community meetings. They are in regular contact regarding investigation and other child welfare issues. Flathead County and Cascade County are areas that will look to improve outreach to tribes over the next five years under this CFSP. CFSD Management Team intends to meet twice annually with social services leaders to discuss areas of concern and things that are going well. The meetings will take place in May (held in conjunction with the annual Tribal Social Services Conference) and October. ICWA compliance will be a standing topic at these meetings.

A description of how CFSD coordinates Chafee services with tribes is provided under the John H. Chafee Program for Successful Transition to Adulthood (Chafee Program) section of this CFSR.

VI. JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)

Agency Administering Chafee

The Montana Chafee Foster Care Independence Program (CFCIP) is administered, supervised, and overseen by the Montana Child and Family Services Division (CFSD). CFSD works collaboratively with local CFCIP service providers to ensure effective programming and service delivery. The local CFCIP service providers are describe in detail in the Serving Youth Across the State section.

Technical assistance, education, and training regarding CFCIP requirements and services happen formally and informally on an ongoing basis between CFSD and local service providers. Montana actively works towards compliance with federal requirements. CFCIP communicates regularly with local providers to set expectations regarding data collection, service delivery, NYTD requirements, and youth engagement. Typical discussions include: NYTD survey collection and strategies to engage youth in survey completion; CFCIP service recording and service code definitions; federal requirements; work plan progress and planning to ensure service delivery; and upcoming events or requirements.

These occur at the CFCIP discretion and upon request from local providers. At a minimum, annual site visits occur with the CFCIP Program Manager at the CFSD office and local CFCIP providers. In addition, Skype meetings are held as necessary, with supplemental email communication and conference calls. The CFCIP also has annual Business Process Meetings in the fall of each year to allow the CFCIP local providers to meet with CFCIP state staff to review program requirements and work on the CFCIP program plan for the upcoming state fiscal year.

CFSD also developed a comprehensive contract review process for the CFCIP. These reviews happen quarterly, at a minimum, and cover a variety of factors including: increasing youth engagement, service provision and availability, and compliance with federal and state regulations. Montana has also made efforts to improve CFCIP service data collection. To ensure ease of service tracking and to have data driven service delivery information, CFSD developed and continues to utilize a new data tracking system called Service Organization and Reporting System (SOARS). Local CFCIP providers can enter all services and associated documentation into one system with the ability to easily pull and analyze service information. This allows CFSD to more easily ensure appropriate reporting and data collection.

Description of Program Design and Delivery

The Montana CFCIP will continue to work collaboratively with stakeholders to ensure the following service delivery for eligible youth:

- Transitional services such as assistance obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills, substance abuse prevention and preventative health activities;
- Opportunities to engage in developmentally appropriate activities, Positive Youth Development (PYD) and experiential learning that reflects what their peers in intact family's experience;
- Provide financial, housing, counseling, employment, education and other appropriate support to

complement the youth's efforts to achieve self-sufficiency; and
- Make available Education and Training Vouchers (ETV).

Mentorship Program
Strengthening service delivery and service array will be a major focus for the CFCIP in coordination with stakeholders. Over the next five years, the CFCIP will work to develop more flexible, innovative, and targeted mentoring, education, and housing services. The CFCIP will implement a mentorship program that will engage eligible youth in positive experiences, relationships, and in positive environments. The goal of the mentoring project is to have an intentional, positive approach to engage a youth in a manner that is constructive and strength-based. These services will start in targeted areas and expand as services are available and the process is streamlined.

Housing Pilot
The housing pilot program developed in the previous Child and Family Services Plan showed great success. The CFCIP will continue this pilot in the Billings area and hopes to have up to ten youth a year participate in the program. The housing pilot offers intensive and targeted life skill development, financial assistance as it relates to housing, and mentorship to youth who wish to participate in the program. Successful youth participants are more apt to have stable housing and living conditions because of their participation in the project.

Educational Goals
Finally, to increase educational outcomes for youth currently attending high school and to prepare them to achieve their post-secondary educational goals, the CFCIP will work with Reach Higher Montana to provide targeted, local services in the schools to eligible youth. These services will focus on the classes and abilities needed to graduate timely, apply for and attend the post-secondary program of their choice, and plans to secure funding towards these pursuits.

Special Services
The CFICP will also work to provide intensive technical assistance and service coordination for youth that are placed in Supervised Independent Living Services (SILS), have voluntarily extended foster care past age eighteen, and youth who do not have identified meaningful, permanent connections.

These services will be provided by specialized staff trained in meaningful youth engagement; promoting permanency and meaningful connections; promoting PYD activities and relationships; and advanced knowledge of services and supports most valuable to eligible youth. These efforts tie directly back to the CFSD's Program Improvement Plan (PIP) goals of providing a more comprehensive service array to eligible youth and families, staff education and training and improving permanency outcomes. Additional details can be found in the PIP service array section.

Youth Advisory Board
CFCIP was successful in the creation and subsequent sustainability of a Youth Advisory Board (YAB) beginning in 2015. The YAB continues their activities and a new board, selected annually, begins each January. The YAB has a minimum of ten active Chafee eligible youth members from across Montana. Montana has begun working with FosterClub to support and train the YAB to ensure youth voice and input on CFSD programs and policies. The YAB is the most involved youth group in the development of the CFCIP plan. The activities of the YAB are funded through Chafee dollars received by the state.

The YAB is consulted about the CFCIP plan and involved in continuous quality improvement discussions at each in-person meeting. These meetings occur, at a minimum, three times per year. Pieces of the plan are reviewed at each meeting and a roundtable discussion, facilitated by FosterClub, is completed to gather feedback regarding the plan and continuous quality improvement efforts. While less frequent, this information is also received during YAB Skype meetings as necessary.

Additional input was received from an educational survey conducted by the CFICP to gather information to influence and drive the CFCIP plan. Over one-hundred Chafee eligible youth participated in the survey and provided input on the educational components of the CFICP plan. In addition, NYTD survey information, provided by eligible youth, is also reviewed and considered when developing the plan.

Positive Youth Development

CFSD is incorporating the principals of Positive Youth Development (PYD) into the CFCIP in a variety of ways. CFSD strives to engage eligible youth in positive experiences, relationships and in positive environments. The goal of the PYD efforts is to have an intentional, positive approach that engages a youth within their school, community, local organizations, peer groups and in families in a manner that is constructive and strength-based.

Specifically, CFSD will:

- Offer individualized services through the local CFCIP providers to identify, secure, and fund appropriate PYD activities;
- Make available funding within the CFCIP budget to allocate to PYD activities and events;
- Implement local PYD activities through the CFCIP programs such as: life skill classes, field trips and volunteer opportunities. Many local CFCIP providers offer these activities at a minimum monthly;
- Collaborate locally and on a state level to educate schools and communities about the Chafee program and identify ways in which to engage eligible youth in services;
- Offer PYD activities at each YAB meeting and event;
- Execute an annual summit, described in detail in the collaboration section below, to offer PYD opportunities to at least forty eligible youth;
- Provide education and technical assistance to supportive adults regarding the importance of PYD activities for youth in ways in which they can facilitate that engagement; and
- Implement and sustain a peer or positive adult mentoring system and program to encourage positive outcomes for young people by providing opportunities, fostering positive relationships, and offering the support needed to build on a youth's leadership strengths.

NYTD Reporting

CFSD works collaboratively with local providers to offer technical assistance and training regarding NYTD reporting to ensure compliance with federal requirements. CFCIP communicates regularly with local providers to set expectations regarding data collection. Typical discussions include: NYTD survey collection and strategies to engage youth in survey completion; CFCIP service recording and service code definitions; federal requirements; work plan progress and planning to ensure service

delivery; and upcoming events or requirements.

Information to stakeholders regarding NYTD data results will be facilitated as needed and at a minimum annually. CFSD will specifically provide information regarding the results of NYTD data collection with families, children and youth; tribes, courts and other partners; CFCIP providers and the public. This information will be posted on the CFSD CFCIP website for easy access and review.

These results are also discussed with the YAB at in-person meetings and with local CFCIP providers at the annual business process meeting. These discussions review the data results, information regarding data trends and subsequent continuous quality improvement efforts to ensure comprehensive and appropriate service delivery and availability. In addition to NYTD data, CFSD conducts evaluation and data collection through surveys provided to eligible youth on a variety of topics. CFSD has executed surveys regarding education before and, based off the identified program design and delivery goals, will reproduce similar surveys and strategies to garner feedback and improve service delivery.

Montana has also made efforts, and will continue to make efforts, to improve NYTD data collection. To ensure ease of service tracking and to have data driven service delivery information, CFSD has developed and continues to utilize a new data tracking system called Service Organization and Reporting System (SOARS). Local CFCIP providers can enter all services and associated documentation into one system with the ability to easily pull and analyze service information. This allows CFSD to more easily ensure appropriate reporting and data collection. CFSD will continue with the existing data collection system to meet the requirements of NYTD. Education for stakeholders regarding the importance of data collection and NYTD requirements is part of the program's continuous quality improvement.

Serving Youth Across the State

The Montana Chafee Foster Care Independence Program (CFCIP) continues to serve eligible youth as allowed in the Chafee Foster Care Independence Grant requirements. Specifically, the populations eligible to be served under the Montana CFCIP are youth between the ages of fourteen to twenty-one who are currently in foster care, have aged out of foster care, or have achieved adoption or guardianship after the age of sixteen and have not yet reached age twenty-one. Over the past year, CFSD had approximately 500 Chafee eligible youth in foster care ages fourteen to eighteen. This number does not include Chafee eligible youth who have aged out of foster care and remained in the State. Per NYTD reporting, CFSD serves upwards of 400 unduplicated Chafee eligible youth each year.

Montana has designated CFCIP service areas, broken up into five Regions and covering all counties in the state, and are as follows to ensure statewide service coverage and that all political subdivisions in the state are served:

- **Region One:** Phillips, Valley, Daniels, Sheridan, Roosevelt, Richland, McCone, Garfield, Dawson, Prairie, Wibaux, Fallow, Custer, Rosebud, Powder River, Carter, Fort Peck
- **Region Two:** Glacier, Toole, Liberty, Hill, Blaine, Choteau, Pondera, Teton, Cascade, Judith Basin, Fergus, Petroleum, Fort Belknap, Rocky Boy, Blackfeet
- **Region Three:** Wheatland, Golden Valley, Musselshell, Yellowstone, Stillwater, Sweet Grass, Carbon, Big Horn, Crow, Northern Cheyenne

- **Region Four:** Lewis & Clark, Powell, Granite, Deer Lodge, Silver bow, Beaverhead, Madison, Gallatin, Park, Jefferson, Broadwater, Meagher
- **Region Five:** Lincoln, Flathead, Sanders, Lake, Mineral, Missoula, Ravalli

Current contracted local service providers include: DEAP in Region One; Kairos Youth Services in Region Two; Tumbleweed in Region Three; Action Inc. in Region Four; and Youth Homes covers Region Five. These contracts are renewable for up to seven years. Local service providers receive referrals from across the state and are expected to provide services to youth residing in the areas in which they have been contracted to cover. This allows CFSD to ensure comprehensive service coverage.

In addition to these regional contracts, Montana also contracts with the Confederated Salish and Kootenai Tribes (CSKT) to administer services for eligible tribal youth residing on the reservation. Additional information about collaboration with tribal communities is below.

The activities in which eligible youth participate are determined on an individual and are developed based on completion of an annual Casey Life Skill Assessment (CLSA) and bi-annual Transitional Living Plan (TLP). Some of the activities eligible youth participate in include: education and work-related activities, such as job readiness assistance and vocational training; transportation assistance; housing assistance and household setup; transitional living plan goal development and completion; assistance with entering post-secondary education and achieving a high school diploma; and PYD activities meaning the youth can participate in activities such as school sports, participation in school clubs, or driver's education.

Services are individualized and based off a youth's current needs and situation. While service availability in the communities across the state varies, the way CFCIP services are provided does not largely change In more rural areas, often CFCIP local providers need to travel great distances to engage youth in community services which may not be available in their area.

Serving Youth of Various Ages and States of Achieving Independence

Montana will not extend title IV-E foster care assistance to young people ages eighteen to twenty-one other than in individual circumstances. CFSD does extent title IV-E foster care assistance from eighteen to twenty-one-year-olds if the youth has special considerations or is working to finalize their high school education. These are individualized agreements and processes and is not standard for youth in this age group across the state. Montana will not be extending Chafee services to age twenty-three.

NYTD reporting shows differences in services for youth of varying ages and stages of achieving independence. Eligible youth currently in foster care as opposed to having exited the foster care system often receive different types and intensity of services because they have an additional support system as they move towards independence. Specifically, housing, employment, and budgeting services are not provided as frequently to youth currently in the foster care system. There is a vast increase in these types of services as youth becomes more independent.

Youth who have achieved adoption or were placed into a guardianship from foster care after age sixteen and are otherwise eligible, also receive additional assistance from their permanency connection when it comes to life skill development and financial assistance.

Montana utilizes the Casey Life Skill Assessment (CLSA) on an annual basis when determining appropriate life skill development. This assessment is a companion to each youth's individualized Transitional Living Plan which is updated bi-annually. This process ensures specific, comprehensive, continuous service delivery for each eligible youth. Eligible youth may receive additional assessments but those are not facilitated through the CFCIP and would be considered, as needed, to ensure comprehensive service delivery and supports.

Collaboration with Other Private and Public Agencies

To meet the needs of eligible youth and provide services eligible under the grant, CFSD and CFCIP staff work closely with a variety of community and statewide agencies and organizations to assist youth in accessing services. These agencies and organizations include, but are not limited to: Human Resource Development Councils (HRDC), Job Corps, Boys and Girls Clubs, Big Brothers and Sisters, Job Service, Human Resource Development Councils, housing authorities, Workforce Investment and Opportunities Act (WIOA) Programs and tribal employment offices, public school systems, and other programs such as Montana Career Information Systems regarding resume writing and career planning, Department of Labor, local Pediatricians, managing credit, taxes, and budgeting, and Job Corp opportunities. CFSD also collaborates with the Adult Mental Disorders Division and Children's Mental Health Division to ensure appropriate and available therapeutic services.

DPHHS Partners
Staff also work closely with other divisions within the Montana Department of Health and Human Services (DPHHS) including, but not limited to: Human and Community Services (which includes Offices of Public Assistance), the Office of Public Instruction, and the Disability Services Division (which includes Vocational Rehabilitation and Blind and Low Vision Services). Montana CFCIP providers work closely with community health (including mental health agencies) and Social Security Offices. CFCIP providers serving youth on reservations continue to assist youth in accessing services through the tribe as well as non-tribal services. While these collaborations currently exist, the CFCIP will work to strengthen relationships and offer additional services as needed.

Employment skills
CFSD continues working on a state level to partner with Job Corps and Youth Build programs to refer Chafee youth to the program if they are a right fit for services. Many youths have entered these programs to finish their high school education and develop relationships and interests which may not have been identified. They also receive specialized skills or certificates in their chosen field. CFSD is also working with various Human Resource Development Councils (HRDCs), which are also contracted Montana CFCIP providers, to engage youth in work programs to provide them necessary employment skills. Many Chafee youth are also enrolled in the Workforce Investment Act (WIOA) programs administered by the HRDCs, to provide employment skills and paid internships.

State-to-State Support
CFSD continues to be vigilant when connecting with other states regarding youth who are eighteen to twenty-one and moving from state-to-state. In some specific instances, the Chafee Program Manager was made aware of a Chafee eligible youth's plans to move just prior to or upon aging out of care and has been able to assist in assuring Chafee services would be made available to the transitioning youth in their new location. CFSD has built relationships with these states to make sure

youth are not losing services for long periods of time so that their transition might be as smooth as possible.

Education and Training Vouchers
CFCIP continues to partner with Reach Higher Montana to distribute the Education and Training Vouchers (ETVs) and to improve educational outcomes for Chafee eligible youth. Reach Higher Montana is an organization that helps students identify, secure, and succeed in post-secondary education institutions. They help both foster and non-foster youth complete their financial aid requirements including the Free Application for Federal Student Aid (FAFSA) and identify scholarship opportunities. Reach Higher Montana has offices in most high schools around Montana engages youth early on regarding the possibility of attending post-secondary education. Additional information specific to the ETV program is below.

"Reach Higher Montana" Teen Summit
In addition to the ETV partnership, CFSD and Reach Higher Montana collaborate to hold the annual "Reach Higher Montana" Teen Summit for Chafee eligible youth ages sixteen to nineteen. Each annual summit focuses on the following items: motivational and inspirational speakers; life skill development sessions; providing the opportunity for youth to stay on a college campus and experience college life; PYD activities; peer connections; opportunities to receive feedback from youth regarding Chafee services and programming; post-secondary educational opportunities; employment skills and resources; and leadership opportunities. CFCIP expects fifty youth to attend each Summit.

Red Scarves Project
The annual Red Scarves Project is another youth engagement project completed by the CFCIP. In partnership with Reach Higher Montana, this project asks individuals or groups to donate homemade red scarves or other items to be included in care packages for youth attending post-secondary education. These packages are sent out at the end of the first semester to provide youth with educational and donated materials, as well as offer them encouragement and a sense that someone is supportive of their educational efforts.

Youth Advisory Board (YAB)
The CFCIP also has a Youth Advisory Board (YAB), selected annually, has a minimum of ten active youth members from across Montana. Most recently, Montana has begun working with FosterClub to support and train the YAB to ensure youth voice and input on CFSD programs and policies. Montana is very excited about this new partnership with FosterClub, the nation's network for youth in foster care. Montana also collaborates with FosterClub to send two youth to be trained as advocates as part of their FosterClub All Star Program and the agency also provides many sessions at the annual Teen Summit.

Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)

Montana determines eligibility for benefits and services in a variety of ways. At a minimum of quarterly, the Montana CFCIP Program Manager pulls a list of youth in the Montana foster care system ages thirteen and a half and up to distribute to local providers. This notification and list serve as CFSD's referral to the local provider for services. CFSD case workers also complete referrals to local providers which contain additional details as needed to ensure effective service delivery.

If a youth is outside of the Montana foster care system and is otherwise Chafee eligible, Montana has a standardized process for determining eligibility for benefits and services. The CFCIP Program Manager, in collaboration with the local provider, will reach out to the referring party and request specific information, including but not limited to: court orders and/or documentation to demonstrate a youth's eligibility for the program; proof of residency; referral and contact information; and any appropriate releases of information or consents.

This process is used for any youth outside of the state administered foster care system and, most typically, is applied to youth under the jurisdiction of the tribal social services, Bureau of Indian Affairs, or youth residing in Montana which were in foster care in another state.

Cooperation in National Evaluations

The State of Montana will cooperate in any national evaluation of the effects of the programs in achieving the purposes of CFCIP.

Chafee Training

For additional information regarding the Chafee training plan, please reference the Training Plan.

Education and Training Vouchers (ETV) Program

Montana's Education and Training Voucher (ETV) program will continue to comply with the conditions specified in subsection 477(i) of the Act. CFSD continues to contract with Reach Higher Montana to administer ETV funds and collaborate to ensure the ETV program runs efficiently. Reach Higher Montana is the public benefit partnership between Student Assistance Foundation and the Montana Higher Education Student Assistance Corporation. Reach Higher Montana is a 501(c)3 organization which helps students strategically pursue educational opportunities. Reach Higher Montana is uniquely qualified to administer ETV funding and programs.

CFSD and Reach Higher Montana work collaboratively to administer the program efficiently. CFSD ensures youth eligibility for the program, while Reach Higher Montana works directly with each post-secondary institution and their financial aid offices to ensure each institution meets all federal criteria and the youth are in good academic standing. CFSD and Reach Higher Montana also collaborate to ensure stakeholders are aware of the programs and services and to eliminate barriers, through transitional living services or otherwise, and ensure eligible youth are able to pursue their post-secondary educational goals.

ETV stipends are distributed bi-annually at the start of each academic semester. Reach Higher Montana, in conjunction with CFSD, utilizes a written application and formal award process when distributing ETV funds. The application requires information regarding the youth's contributions to his/her education, the cost of tuition and fees, and the total amount of financial aid the youth is eligible to receive. Youth must be in good academic standing and maintain the equivalency of a 2.0 GPA to remain eligible for ETV assistance.

Eligible youth may receive up to $5,000 per year to attend a qualifying post-secondary program that meets the criteria of the Higher Education Act of 1965. The actual amount of assistance to be provided is dependent on other assistance available to the youth, the "cost of attendance" as defined

under the Higher Education Act, the academic status of the youth and the need of youth that apply for assistance. Reach Higher Montana works closely with the financial aid office and other academic partners to identify additional assistance such as scholarships and FAFSA for eligible youth.

In addition to ETV funding distribution and as part of the program administration functions, Reach Higher Montana will work with each financial aid office to: ensure that total amount of educational assistance to a youth under the ETV program and any other federal assistance program does not exceed the total cost of attendance and to avoid duplication of benefits under this and any other federal or federally assisted benefit program. Reach Higher Montana releases ETV funding directly to each financial aid office to ensure a non-duplicative process and no funding excess.

Montana has made great strides in coordinating ETV programs with other educational and training programs. Over the next five years, Montana will continue to grow these partnerships on a variety of levels. While Montana does not have any state tuition waiver program, Reach Higher Montana and CFSD have actively worked to collaborate with scholarship programs throughout the state. Reach Higher Montana has a vast knowledge of scholarship programs and even offers scholarships as part of their overall service delivery. The Office of Public Instruction and Hopa Mountain also continue to be great partners in identifying, providing, and educating partners about scholarship opportunities available to eligible youth.

The goals and outcomes for the ETV program over the next five years include:

- Increase the percentage of ETV eligible youth which participate in the program. This will be completed through educational and recruitment activities and events.
- Increase the percentage of youth receiving ETVs in completing their academic programs.

This will be completed with additional, individualized attention from Reach Higher Montana staff and outreach to ETV recipients at a minimum mid-term, within the first month of them starting a program year, and education on how to navigate resource on campus and troubleshoot any barriers to competing their post-secondary educational programs.

Consultation with Tribes (section 477(b)(3)G))

CFSD continues to work very closely with Montana's tribes to provide Chafee services to eligible youth residing on or off Montana's reservations. Each tribal government has been provided education regarding the Chafee program, eligibility requirements, services provided under the program and ways in which eligible tribal youth can access services. Each tribe is offered the opportunity to work with the state to enter into a contract to administer Chafee services through their agency or the process by which to refer to a Chafee provider, if a contract is not procured. The benefits and services under the CFCIP program are made available to all youth, regardless of tribal status, throughout the state.

CFSD will continue to have individual and ongoing discussions with each of the tribes about the best way to serve their Chafee eligible youth. Currently, six of Montana's tribes have requested that the Chafee eligible youth residing on their reservations receive transition services from CFSD's local contracted service providers as described above. The state's agreements with the service providers have been written to accommodate each tribe's requests. Tribes can opt out of this arrangement at any time and negotiate to receive a prorated portion of the State's Chafee allocation (based on the

State's foster care population) to provide Chafee on their individual reservations. Tribal youth served by the State's contracted service providers have access to the same services as Chafee eligible youth residing off-reservation.

The state has successfully negotiated, in good faith, an agreement with the Confederated Salish and Kootenai Tribes (CSKT) to administer and supervise the CFCIP to eligible tribal children residing on the reservation and to receive an appropriate portion of the state's allotment for the administration and supervision of such agreement. Confederated Salish and Kootenai Tribes (CSKT) is the only tribe requesting funding from Montana's Chafee allocation to provide transition services on their reservation.

CSKT has developed their own program to best meet the needs of transitioning youth on their reservation so CSKT's services may look somewhat different than those provided by the state's contracted service providers. CSKT could choose to opt out of their agreement at any time and request services be provided by the state's contracted service provider. The CFIP Program Manager is always available to CSKT, as requested, as a resource to provide technical assistance or answer questions related to the grant or the provision of services. CFCIP staff will also complete, at a minimum, annual site visits and consultation with CSKT representatives. The amount of funding allocated to CSKT is negotiated to ensure the tribe will receive a prorated portion of the state's Chafee allocation (based on the State's foster care population) to provide services in their area.

All tribal youth, including CSKT youth, access Education and Training Vouchers (ETV) services and funding through the state's contract with Reach Higher Montana. Tribal youth receiving ETV services through Reach Higher Montana have access to the same services and benefits as any non-tribal eligible youth.

The CFCIP Program Manager also works closely with the CFSD's ICWA Program Manager to administer training and technical assistance to the tribes or when answering questions from Tribal Social Services staff. These discussions include: the goals of the Chafee program; services offered by each provider and contact information; determining eligible youth and eligibility criteria; federal reporting requirements; improving outcomes for young adults in foster care; and referral procedures. These trainings and meetings are provided at a minimum annually, on an as needed basis and most frequently in person. Conversations and service interventions for individual youth most frequently happen over the phone to ensure timely service delivery.

Services provided through the CFCIP continue to be individualized to the youth's needs as described above in the services section. The same services are accessible to tribal youth as non-tribal youth in the area in which they are located. Montana encourages and educates local CFCIP providers regarding offering culturally-specific Positive Youth Development opportunities for tribal youth in the area in which they are located. Eligible tribal youth also can participate in state sponsored activities such as the Youth Advisory Board, apply for All Star Internships and the Annual Reach Higher Summit.

Montana sees great participation by tribal youth in the CFCIP and will continue to facilitate and provide education to both tribal and non-tribal partners regarding the importance to all youth participation in the program. CFSD has a well-developed referral system with the Tribal Social Service Agencies and work to engage all possible eligible youth. The tribes can facilitate referrals to local service providers through the state agency and/or local program as convenient for them.

Currently, tribes are not expressing concerns with the Chafee program or service provision. Also, there has been no mention of barriers to tribal youth accessing services. Should any issue of this nature arise or be brought to CFSD's attention they will be addressed immediately by the CFICP Program Manager, in consultation with the ICWA Program Manager, Unit Supervisor, and Program Bureau Chief as needed.

VII. TARGETED PLANS WITHIN CFSP

A. Foster and Adoptive Parent Diligent Recruitment Plan

B. Health Care Oversight and Coordination Plan

C. Disaster Plan Summary

D. Training Plan

Foster and Adoptive Parent Diligent Recruitment Plan

A. Foster and Adoptive Parent Diligent Recruitment Plan

Currently, foster homes are provided for approximately 4000 children in out-of-home care in Montana. One-third of the children in out-o-f home placement are 5 years old or younger, and approximately 31% of the children in care are Native American. CFSD's uses a variety of strategies to diligently recruit members of the community to provide care for children in our system.

Kinship Placements

Montana currently ranks in the top third of states for kinship placements. CFSD will continue to use Family Engagement Meetings, as well as Seneca Searches, to identify and recruit extended family members during the lifetime of a case. Montana will continue to use its current licensing and approval process for kinship placement that includes approval for foster care, guardianship, adoption. CFSD also uses non-agency providers to assist in the written assessment process. CFSD received a Kinship Navigator Grant, which was awarded to the Montana Kinship Navigator Project (Navigator), previously known as Grandparents Raising Grandchildren. Navigator will provide support and resources for all kinship providers, including those outside of CFSD's system, across the state and will expand their outreach and services through different areas of the state to include tribal communities. Navigator has hired a program manager to coordinate its efforts. The program is in development and will be incorporated into the kinship recruitment and retention process by CFSD. Regular collaboration between the Navigator program manager and the Foster Care Program Manager (FCPM) occurs to ensure accurate and timely information is provided to kinship resource families from both sides of the process.

Bridging the Gap

Throughout the next five years, CFSD will be developing messaging and training to support the Children's Bureau vision of foster care as a support to families, not a substitute. CFSD supports the vision and previously piloted the "Bridging the Gap" model. Deeper assessment is needed to understand the outcomes of the pilot. Interaction between foster and birth parents can be uncomfortable or scary for both, all CFSD staff must help guide the importance of positive relationship between caregivers for better outcomes for children.

Outreach CFSD uses several mediums for outreach and assess the efficacy of the various recruitment campaigns. CFSD will continue enhancement of two web pages: "Becoming a Foster Parent" and "Becoming an Adoptive Parent,". both located on the CFSD website. CFSD Resource Family Specialists (RFS) are in the beginning stages of work with AdoptUSKids and the National Center for Diligent Recruitment (NCDR) to create a greater social media presence to increase recruitment and retention of resource families. CFSD will continue the use of specific statewide promotional projects; such as Public Service Announcements, interviews with resource families, and working with RFS on television and radio outlets, posters and flyers, newspaper articles and social media.

Statewide CFSD will continue to use multiple styles of media presentations for foster parent recruitment in the months of April (Child Abuse and Neglect Month), May (Foster Parent Month) and November (Adoption Month). Articles and interviews in local newspapers and on social media will feature foster and adoptive families who share their experiences caring for our children along with RFS and CPS staff. CFSD will also raise awareness through events co-sponsored by other agencies

such as Wendy's Wonderful Kids, Child Bridge, L.O.V.E, Missoula Alliance Church, CASA, Child Wise, Montana Children's Trust Fund and the various foster parent support groups across the state. CFSD RFS staff will continue to provide personal outreach through community events, health fairs, faith-based communities, and foster parent gatherings. Regional staff work with tribal licensing staff to coordinate efforts and resources for the recruitment of Native American families.

Serving Vulnerable Youth

The statewide Licensing Workgroup includes five Resource Family Specialist Supervisors (RFSS), the Foster Care Licensing and Guardianship Program Manager (FCPM), and the Program Bureau Chief. The Residential Program Specialist and members of the guardianship and adoption programs are included in the work process as appropriate. The group focuses on ways to recruit Native American, LGBTQ, foster homes, as well as specialized foster homes to serve children with serious emotional disturbances and those previously directed to congregate care. The Workgroup also to identify permanent resources for those children as well.

The Workgroup engages resource families and community stakeholders to identify the best methods to provide training and support to increase retention of all families. It will serve as a vehicle of communication in breaking down barriers and expression of needs for other cultures.
The Consortium for Children's LGBTQ-specific family assessment questionnaire will be incorporated into resources available and used by RFS. Modification to the Montana version of the SAFE study will be assessed to consider the most effective method of identifying an applicant family's willingness and ability to care for LGBTQ youth.

Efforts to maintain regular and specific contact with tribal licensing staff will continue through individual contacts, regular visitation to tribal social services agencies, and participation in the Tribal Social Services Association and ICWA law conferences by RFS. RFS staff in Region 3 (South Central Montana) will continue to have regular contact with members of the ICWA court project. RFS staff will continue to collaborate with tribal licensing staff on approvals for resource families for adoption and guardianship when tribal program does not have the ability to do so. RFS staff will also collaborate with the ICWA program manager and IVE unit staff provide technical assistance to tribal staff on the MFSIS and CAPS systems.

Resources for Foster Families

CFSD will continue to review the ongoing use and distribution of resources made available to families in all phases of foster care licensing. The Resource Parent Handbook (updated June 2018), My First Placement Guide (currently in draft), the foster parent inquiry, and background check pamphlets are available online as well as in hard copy (when requested) and are available to the field offices for distribution at tribal and local community events and Family Engagement Meetings.

Efforts to Decrease Licensing Wait Times

CFSD will continue efforts to make the licensing process more accessible to a broader number of people through the development of an online application portal. The development of a portal could increase timely access to the application as well as expedite the timelines for approval. Electronic applications will also diminish the amount of time required to process and mail inquiry packets refocusing staff time to recruitment and retention as well as completion of licensing.

CFSD modified the Administrative Rule relating to obtaining CPS checks to match those required under the Social Security Act, resulting in timelier approval for licensure.

CFSD will continue to use the comprehensive request for criminal background checks that allows for the use of results for emergency placement, as well as approval for foster care and guardianship/ adoption for kin and foster care and adoption for non-relative caregivers. This decreases the timelines to licensure, as well as permanency by not requiring additional fingerprinting. CFSD is also looking into additional opportunities for methods of fingerprinting applicants that will enhance timelines for the receipt of results and decrease wait times for licensing assessment and approval.

CFSD will continue use media programs to circulate information about waiting children statewide (and nationally when appropriate) to increase awareness of the need for permanency and adoption for children when traditional approaches are not adequate. These programs include: A Waiting Child, a monthly television segment featured through local news; the AdoptUSKids Website; the Heart Gallery, which is a portrait exhibit shown at local shopping malls in two separate locations; the Follow Me Home campaign, a mobile gallery of children awaiting permanent families that focuses on recruitment in churches and faith-based communities; Wendy's Wonderful Kids, and A Family for Every Child, a national web-based recruitment. These programs continue to heighten public awareness of the need for families for children that are older and those who have greater special needs. These media resources; however, are limited to non-native children who are free for adoption as tribal programs are hesitant to feature children, particularly when many of the parental rights remain intact. CFSD maintains links to the photo galleries of children awaiting permanent families on the Ask About Adoption Website to increase exposure, as well as provide families with information regarding the children currently needing permanent homes.

CFSD centralized collaboration with Child Placing Agencies (CPA) to allow permanency for children when placed with therapeutically licensed families. Regular contact will continue between CFSD RFS staff and CPA staff, including agency-specific meetings for recruitment and training of families with a focus on therapeutic needs of children. RFS staff will continue to collaborate with CPA's to provide the adoption and guardianship assessment process for four of the six CPA's who are not also licensed as adoption agencies. This allows children, when appropriate, to remain with therapeutically-trained and supported families to achieve permanency.

Local offices will continue to collaborate with community partners in ongoing recruitment and retention events and will incorporate tribal involvement where feasible. Events include: appreciation dinners, bowling parties, and activities for kids, Christmas celebrations, and summer potlucks that promote support and retention of families. Recruitment was difficult to coordinate with tribal staff in 2018 due to the government shut down and weather-related challenges (fires, snow and floods). Regional staff continues outreach to local churches and community groups to provide information regarding the need for resource families. Many of these groups support children in foster care through donations and events. There will be continued collaboration for targeted recruitment and support through Child Placing Agencies, local resource parent support groups and programs such as Child Bridge, and Wendy's Wonderful Kids (through Lutheran and Catholic Social Services) that focus on specific high-needs children needing permanency.

CFSD will continue to use of Answer.net call-in service and the" Ask About Foster Care" website to generate ongoing inquiries that will be referred to CFSD RFS and tribal licensing staff. The FCPM will continue membership in the National Association of Foster Care Mangers and the AdoptUSKids

peer recruitment group to provide access to other states innovative and effective recruitment efforts to determine what if any portions those efforts could be replicated in Montana.

CFSD will continue the process that allows CFSD licensed kin resource families to apply to change their license to allow for placement of non-relative children using the SAFE update process and for CFSD and CPA licensed families to transfer licenses between programs using the same SAFE update process.

Training

CFSD will maintain their current training process for kin and non-relative caregivers. Families now complete an eight hour in-person training and finish with 10 hours of online training (CORE). The training curriculum was developed to decrease time to complete licensure, while ensuring families had the capacity to meet the needs of children placed by our agency and to allow access to the training at times and formats more conducive to today's family's lifestyles. The CORE training is currently housed on the University of Montana Center for Children, Families and Workforce Development (the Center) website. CFSD RFS staff collaborated with the Center to create the CORE training for families.

The collaboration between CFSD and the Center will include the ongoing assessment of the available training and review of the need for additional training. The Center will continue to provide additional educational resources for families that can be accessed by CFSD, CPA and tribally-licensed families. CFSD is also working on a collaboration with the Early Childhood Services Division to develop training specific to the care of children under the age of 3 and safe sleep. That collaboration will also involve the Center staff who will assist in the development of a web-based training resource for families. The Center will continue to provide technical expertise in the development and presentation of the training resources across the spectrum of mediums.

Discussions have begun to reassess the location of the CORE training materials and consider a move to an alternate web-based site to allow increased access to information about parenting children who have experienced the trauma of abuse and neglect, as well as flexibility in adding materials.

Youth Advisory Board

The Montana Youth Advisory Board (YAB) under the auspices of the Chafee Program will develop video training for parents focused on the Reasonable and Prudent Parenting Standard. Foster Club is providing mentorship to the YAB in this project. The Center will make the finished product available on the web training site. The youth board, Chafee staff and CFSD RFS are discussing ways to develop other resources to assist in the training, recruitment, and retention of resource families. The YAB has approached Foster Club and the National Center for Diligent Recruitment regarding the development of a youth speaker's bureau. That discussion specific to Montana CFSD needs will be ongoing. The YAB will continue to provide presentations at the annual MT CAN conference as a resource for parents attending the conference.

Project Echo Keep (PEEK)

Project Echo Keep (PEEK), out of Oregon, initiated a pilot training project in Montana this past year. The project altered PEEK from a site-based resource family training to a virtual training. Three families successfully completed the 14-week program. Evaluation of the virtual training format will

be forthcoming from Project Echo Keep and will determine further use of the KEEP program in Montana.

North American Council on Adoptable Children
In addition, CFSD is sending four foster families to the North American Council on Adoptable Children (NACAC) in July 2019. One of these families will then become a member of our State Advisory Council, as we continue to build a stronger feedback loop with this stakeholder group.

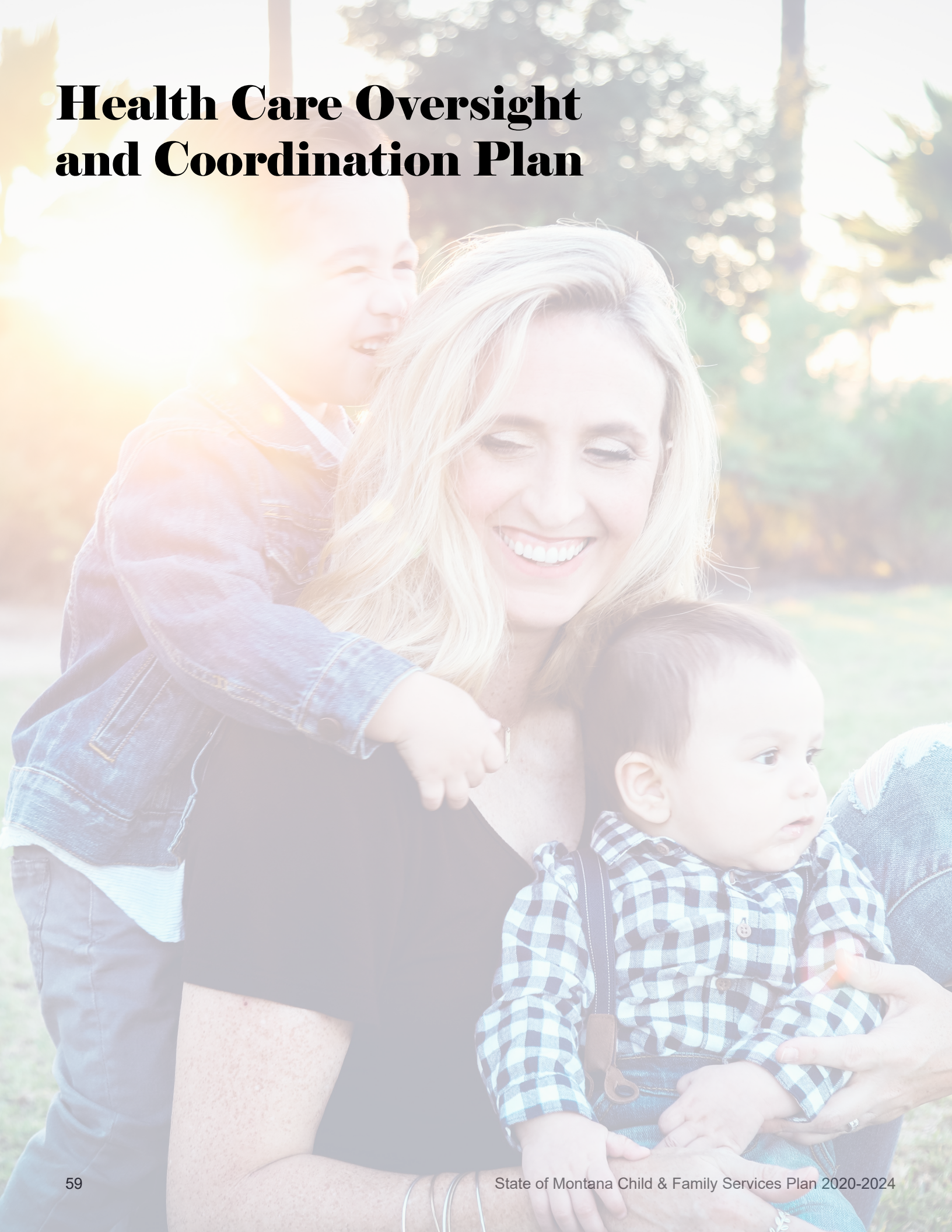
Increased Training Staff
CFSD RFS staff numbers will increase in two regions in the coming year. CFSD will use the additional staff to focus on increasing the number of initial trainings available as wll as class capacity for participation. This staffing will also decrease timelines for licensing assessment and approval. CFSD will continue to use and consider increasing the number of non-agency providers completing kinship assessments who will help achieve decreased timelines to approval. This process will also decrease the timelines to placement stability, as well as permanency.

CFSD FCPM and RFS staff will continue to work with Adoption and Guardianship Program Unit staff to identify potential changes/improvements in the licensing, approval and adoption/guardianship finalization process to make the process more transparent, timely, and effective. CFSD FCPM and RFS staff will maintain active communication and continued collaboration with those program staff, as well as other state agencies (Vital Statistics, Department of Justice, Early Childhood Services). Throughout the next five years, CFSD will be developing a series of community trainings in areas that do not have support groups to develop sustainable supports for foster/adopt parents. The peer to peer support model is most effective with providers.

At the present, Montana does not have a significant number of Spanish-speaking families or families that speak languages other than English. CFSD recognizes that the Spanish-speaking population is becoming more prevalent. As this population continues to grow in Montana, the division will look for ways to provide information on foster parent recruitment and retention in Spanish.

CFSD has worked over the last year to make the application form for foster care ADA compliant. Ongoing efforts will be made to ensure resources and materials are ADA compliant when feasible. CFSD does not charge fees to individuals wishing to become a foster or adoptive parent and adoption subsidy agreements allow for up to $2,000 in one-time attorney fees to be covered by the agency.

Health Care Oversight and Coordination Plan



B. Health Care Oversight and Coordination Plan

A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice

CFSD continues to use the existing Montana Medicaid schedule for initial and follow-up health screenings in conjunction with the Administrative Rule in Montana that requires all youth entering foster care receive an EPSDT screening within 30 days. If any mental health or dental needs are identified during this EPSDT screening, these services are eligible for Medicaid payment. Furthermore, investigation policy states that any child "should be examined by a physician when there is reason to believe the child is a victim of serious physical or sexual abuse, has been removed from a methamphetamine lab, or there is reason to believe the child may have drugs in their system due to actions by the parent." This policy will continue to be evaluated to determine if changes or enhancements should be made in the future.

Several years ago, CFSD changed its policy to require that more children are referred for Part C screening to determine eligibility for these services. Due to a reduction in substantiations related to the PIP and SAMS implementation, CFSD policy now requires that not only children with substantiated abuse and/or neglect allegations, but also all children being served by CFSD in an in-home or out-of-home safety plan be referred to Part C. By making these screenings universal for the foster care population, more children with developmental disabilities, whether related to emotional trauma or cognitively-based, will access entitlement services that will improve the well-being of the child. The change in policy did not result in the sustained overall increases in referrals that had been hoped for. However, over the past year CFSD has reengaged the Part C program staff within DPHHS and the Part C providers to identify barriers to making referrals and barriers to ensuring comprehensive screening for children. Under the First Year's Initiative (FYI). the voluntary, in-home services will bring another group of trained staff into contact with families who could potential referrals to Part C services. The goal is to expand the opportunities for referrals to create a more sustainable referral network.

In the 2014-2019 CFSR, CFSD reported working with Children's Mental Health Bureau (CMHB) to implement the CANS functional assessment with children and families served by CFSD. The use of CANS was discontinued by CMHB, so CFSD also discontinued use of the assessment. In the most recent CFSR ,the lack of an ongoing assessment to determine family and children needs was identified as an area that would potentially help Montana achieve better wellbeing outcomes. Montana is exploring options for ongoing assessments and expects that implementation of an ongoing assessment will be part of the state's PIP. Details on this will be provided in future APSR.

How health needs are identified through screenings will be monitored and treated

CFSD will continue to work with the Medicaid Division to obtain ongoing reports on foster children that list the health physical, mental, and dental health needs identified through required screenings; as well as the treatment and services received. CFSD analyzed the use of CAPS screens and determined that the Medicaid system data is far superior to anything that could be captured by CFSD workers; therefore, moving forward, the goal continues to be developing efficient processes that allow the various computer systems to share information in an efficient manner as new DPHHS systems are constructed and completed. As CFSD works to replace the current CCWIS (i.e. CAPS), opportunities to include an interface with the MMIS system will be explored.

Another anticipated component of the state's CFSR PIP is improving field practice around the overall supervision of cases. CFSD has seen the depth of its workforce diminish in recent years, leaving more workers with less experience. The wellbeing of foster youth improve as supervisors become more skilled in assisting the less experienced workforce to effectively connect treatment and case plans to screenings and assessments.

How medical information will be updated and appropriately shared, which may include establishing developing and implementing an electronic health record

The state's 2017 legislature changed statute to require enrollment of all Montana foster children in the DPHHS Medicaid Division's Passport to Health Program. This program includes medical homes for its patients. Over the past two years, barriers surfaced related to the development of an efficient process to change primary care physicians when children move from one service area to another. CFSD continues to work with the state's Medicaid program to find ways to use this system more efficiently to develop an electronic health record for all foster youth.

In 2015 the state legislature provided funding to expand the County Public Health Program pilots. These pilots run medical home programs for foster children and have been successful in assisting CFSD to improve its ability to improve wellbeing outcomes for foster youth receiving these services. The key component of these programs, which does not currently exist in the Medicaid Program, is that each child is assigned a registered public health nurse who develops a medical home and health care plan for the child and then monitors the health care plan. The program was initialed piloted in Missoula County and was eventually expanded to Cascade and Yellowstone counties. The programs in Cascade and Yellowstone counties were temporarily discontinued due to funding issues within DPHHS. Currently, all three programs are operating in some capacity. CFSD is not planning to expand the program into other counties. The program is labor intensive for public health offices and it may not be feasible for smaller public health offices, particularly in rural areas of the state, to sustain the program. The goal over the next five years is to continue to work with the three county health departments currently offering the program to develop consistency in the services provided and to ensure a sustainable funding mechanism for the services. Also, over the next five years, CFSD will collect data on outcomes to determine the effectiveness of the programs and assist in determining the feasibility of expanding to other locations.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care

CFSD continues to work with the Medicaid Division on implementation of medical homes for every child in care, as well as further developing and refining the public health programs in Missoula, Cascade, and Yellowstone counties. CFSD does not have sufficient funding to accomplish this goal without the Medicaid Division's continued support and involvement. Also, as the state's new CCWIS system continues to be developed and opportunities for effective interfaces with MMIS will be explored.

The oversight of prescription medicines (including psychotropic medications)

The Health Resources Division has a Behavioral Pharmacy Management Program, which meets monthly to review the use of psychotropic medications for all children receiving Medicaid. The

committee reviews the types of medications used and the number of children receiving the medication. The committee also reviews any case that is outside the preferred recommended usage for that particular medication. These may include dosages above the recommended dosage, use of 2 or more medications of the same class of drug, use of 2 or more medications of different classes within the same time frame, and multiple prescribers for the same client. This committee then will provide the prescriber with a finding of their concerns and educational material that relate to the specified issue. This service has been greatly expanded for foster children in the past year as described in the following proposal:

> Through its various contractors, Mountain-Pacific Quality Health manages pharmaceutical services for Montana Medicaid recipients through the Drug Utilization Review (DUR) and administration of the Drug Utilization Review Board, Formulary Management, Prior Authorization (PA), and Pharmacy Case Management (PCM). These contracted services share information about recipient drug use with providers and restrict utilization of some medications or therapeutic categories through benefit-design implementation. Mountain-Pacific has been providing DUR and Prior Authorization services to the Department for nearly 20 years. The Pharmacy Case Management Program, the newest addition to services, was piloted to Montana Medicaid in 2002 and fully implemented in 2003. Initially the program focused on high utilizers of Medicaid services and patients with polypharmacy. DPHHS is very interested in expanding this program to help curb the huge increases in pharmacy costs while maintaining the clinical integrity of the provider community.

Psychotropic Medications for Youth in Foster Care

CFSD has become increasingly concerned about the safe, appropriate, and effective use of psychotropic medications among children in foster care. A sixteen-state study revealed foster children were prescribed antipsychotics at nine times the rate of other Medicaid recipients. While medications can be an important component of treatment, strengthened oversight of psychotropic medication use is necessary to responsibly and effectively attend to the clinical needs of children who have experienced maltreatment. A glaring area of vulnerability for foster children is polypharmacy, which may lead to significant drug interactions. Additionally, although clinically effective, psychotropic medications are highly potent agents with the potential for significant adverse effects such as metabolic syndrome. Metabolic syndrome is known to increase the risk of developing cardiovascular disease, particularly heart failure, and diabetes. The purpose of these requirements is to ensure that children in foster care receive high-quality, coordinated medical services, including appropriate medication, even as their placements change.

The purpose of the project between CFSD, Montana Medicaid, and Mountain Pacific Quality Health (MPQH) is to evaluate the use of psychotropic medications in Montana Medicaid children, with a focus on foster care children, using a Clinical Pharmacist, to evaluate and improve the prescribing and monitoring of psychotropic medication through educational and clinical interventions.

Review Process

1. Monthly MPQH receive a list of all children under 18 Years of age that are in the custody of Child and Family Services for the particular month requested.
    a. The list generally has about 2000-2500 children
        i. Placements include:
            1. Family Foster Care
            2. Kinship Foster Care
            3. Therapeutic Group Home
            4. Residential Treatment Center
            5. Foster Care Group Homes
    b. This list of names are sent to HID to be matched against the following predetermined criteria:
        i. Child Well Check- This category will check to see if the recipient has had a well check visit within the last 365 days
        ii. ≥ 1 Antipsychotic- This category includes all the atypical antipsychotics and the typical antipsychotics
        iii. ≥ 2 Atypical Antipsychotic
        iv. ≥ 3 Psychotropics- This category includes all psychotropic medications, including; anti-anxiety/sedatives, ADHD treatments, antidepressants, antipsychotics.
        v. > 1 ADHD Treatment- This category includes stimulant medications, as well as non-stimulant medications.
        vi. ≥ 2 Psychotropic Prescriber- This category will check to see if patients are receiving medication from more than two prescribers.
        vii. ≤ 6 YOA on Atypical- This category checks to see if a patient 6 years of age receiving an Atypical Antipsychotic. (See below for a description of an adjunctive Medicaid program that goes along with this search parameter.)
    c. For those IDs that hit against the above criteria, we review the claims data for the following:
        i. Indication/Diagnosis: Medications are consistent with the diagnosis in database
        ii. Dosage: Appropriate for age and started with lowest effective dose
        iii. Laboratory Monitoring: Baseline and ongoing metabolic monitoring labs being monitored.
        iv. Polypharmacy: Single drugs should be tried before multiple drug regimens are started.
        v. Multiple Pharmacies/Physicians: Checking to see if patients are receiving duplicate drug therapy from different prescribers or pharmacies.
        vi. Medication Compliance: Monitoring for medication compliance and monthly fills of maintenance medications.
        vii. Drug-drug interactions: Monitoring for any potential drug interactions.
        viii. Medication Misuse/Abuse: Monitor for early refill requests on controlled substances or drugs with potential for abuse.
2. If any of the above conditions are present, MPQH reaches out to the provider with a phone call or a letter requesting a telephone conference to discuss and/or additional information to be submitted back to us via fax. We are then able to:
    a. Share case-specific medication, lab monitoring and side effect information with prescribers to improve prescribing and quality of care.
    b. Create and share psychotropic medication education resources with prescribers
    c. Serve as a medical resource on medication information for prescribers /CPS workers

d. Continue to identify quality improvement opportunities
e. Establish a collaborative working relationship between Montana Child Psychiatrists, CFSD, and Montana Medicaid

MPQH has also created a created a secondary review program that goes hand in hand with our foster care psychotropic program. This program requires all children under 6 years of age prescribed an atypical antipsychotic by a non-fellowship trained pediatric psychiatrist to have a consent form and baseline laboratory requirements prior to initiating the medication and receiving approval. The provider and legal guardian must review the medication together, the side effects, and both consent before initiating the medication, as well as obtain the necessary laboratory monitoring requirements. They must also continue to follow continued laboratory monitoring requirements, as well as form renewal. This process enables oversight of prescribing, as well as medication and lab monitoring education and compliance with the providers. CFSD currently has around 90 children in this program and all of these interventions are also followed by case management staff.

The contract with Mountain-Pacific Quality Health (MPQH) and the work done by their staff continues to be very well received by CFSD staff and clinicians across the state and is considered one of the most impactful components of the Health Care Oversight & Coordination Plan. Data from calendar year 2018 shows the case management team made 293 clinical interventions on 170 individual children for psychotropic oversight. The data from 2018 demonstrates that 59 (34%) of the children did not have current metabolic syndrome lab monitoring in claims databases. Case management clinical interventions provided under this project in 2018 were able to obtain metabolic labs (or drug discontinuation) in forty-seven (80%) of those patients. The significance in this testing is it may lead to decreased long term risks (e.g. diabetes, heart disease, obesity and joint problems) associated with these medications.

In 2018, MPQH additionally collected data on current psychotherapy dates, as therapy is an important part of the mental health treatment picture. Therapy can be beneficial in the treatment of a psychiatric disorder, behaviors, home/school relationships, and family situations. Therapy can be used alone or in conjunction with medication. An analysis of the 2018 claims data for this metric in the 170 children reviewed showed that only thirty-four (20%) of the Medicaid foster children did not have current psychotherapy claims. After case management clinical interventions, of those thirty-four who were missing current psychotherapy claims, an additional nineteen children (56%) started psychotherapy (an additional two providers responded stating that therapy was not appropriate in their patients).

Response rates with providers was collected again in 2018 and show providers respond and resolve the issue 68% of the time when contacted about an intervention (i.e. labs, drug-drug interaction, dosage, duplicate therapy). Prescribers are responding to and have appreciation for the information provided by the pharmacist overseeing this project. The program continues to show growth and success over the years, but there are still barriers to overcome and work to be done to improve our successes (see information below).

Total Clinical Interventions	Total Individual Children	Children without Metabolic Labs	Children with Labs Completed (or medication DC'd)	Children without Current Therapy	Children with Therapy Completed
293	170	59 (35%)	47 (80%)	34 (20%)	19* (56%)

*an additional 2 providers responded stating therapy was not appropriate in their patients

The program is working very well and has for several years, but some barriers have been identified:

- Some patients move to an inpatient facility or residential treatment facility after an intervention by MPQH and that impacts the data making outcomes appear less favorable.
- MPQH does not have access to inpatient/institutionalized Medicaid claims.
- MPQH does not have access to chart notes
- Certain providers consistently do not adhere to lab monitoring guidelines when prescribing atypical antipsychotics.
- The same providers typically do not respond when contacted impacting response percentages.
- MPQH does not have a child psychiatrist on staff to perform higher level case reviews when needed.

The barriers do not significantly impact the effectiveness of the program but they are issues that CFSD and MPQH will continue to address over the next five years.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for children

In 2017, the state legislature passed a bill requiring children in foster to be enrolled in the state's Medicaid Passport to Health Program. This program includes medical homes for its patients. CFSD and Medicaid staff have worked over the last two years to address implementation issues related to children changing primary providers when they move from one area of the state to another. As foster youth become fully integrated into this program, this will provide enhanced opportunities for foster youth's medical records to be more readily available for review within the Medicaid system.

In 2015, the state legislature provided funding to expand the County Public Health Program pilots. Medical home programs for foster children are run through these pilots and have been successful in improving wellbeing outcomes for foster youth receiving these services. The key component to these programs, which does not currently exist in the Medicaid Program, is that each child is assigned a registered public health nurse who develops a medical home and a health care plan for the child and then monitors the health care plan. The goal over the next five years is to continue to work with these county health departments to develop consistency in the services being provided and ensure a sustainable funding mechanism for the services and make determinations on the feasibility of expanding the program into counties with smaller public health offices.

Given that nearly all children in foster care in Montana receive Medicaid, CFSD already has access to nearly complete medical record files on these children, except for the records that exist prior to a

child coining into care if he or she was not a Medicaid recipient. The bigger issue is gaining access to those records for CFSD employees and the current treating medical professionals. DPHHS's development of MFSIS, the web-based case management system, that will replace CAPS (current CCWIS system) may provide some answers as it will be possible to interfaces with other systems to capture information.

Engagement is expected to be a major components of the state's CFSR PIP. The CFSR PIP will focus primarily on children, family, courts, and non-agency, in-home service providers due to immediate impact these groups will have in the short, two-year timeframe of the CFSR PIP. However, engaging more frequently and effectively with a more diverse group, such as physicians and other physical and mental health providers, is an area that CFSD will work towards in the five-year cycle of the CFSP.

The procedures and protocols the state has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medical fragile conditions or developmental disabilities, and placed in settings that are not family foster homes as a result of the inappropriate diagnosis

The DPHHS Disability Services Division's Children's Mental Health Bureau (CMHD) and Developmental Disability Program (DDP) are responsible for determining children's Medicaid eligibility for placement in youth therapeutic group homes (TGH), private residential treatment facilities (PRTF), and youth developmental disabilities (DD) group homes. CFSD does not make the determination to place a child in a DD group home. That process is reviewed by DDP to ensure the placement is appropriate and the waiver services are designed to meet the individual's needs.

CMHB's clinical guidelines require a youth to have a Severe Emotional Disturbance (SED) and functional impairment to be eligible for placement in a TGH. Children who do not meet these criteria cannot access Medicaid for treatment costs. Below is information on how SED is defined. This definition is taken from CMHB's Medicaid Services Provider Manual.

The following clinical guidelines must be employed for each covered Medicaid mental health service. Current forms required for utilization management are available on the CMHB website at Provider Forms, land on the website of the Utilization Management Contractor. The forms for each service include the information regarding where and how to submit the form for the specific service. A licensed mental health professional must certify the youth continues to meet the criteria for having a serious emotional disturbance annually. The clinical assessment must document how the youth meets the criteria for having a serious emotional disturbance, including specific functional impairment criteria.

Serious Emotional Disturbance (SED)

(1) To qualify with a Serious emotional disturbance (SED), youth age six and older must:
  (a) have been determined by a licensed mental health professional as having at least one of the mental disorders in the table below as a primary diagnosis with a severity specifier of moderate to severe when applied to the current condition of the youth; and
  (b) meet the *functional impairment criteria requirements listed in this section.

(2) Youth under the age of six must:
(a) have a diagnosis or condition that may be a focus of clinical attention as listed in the current Diagnostic and Statistical Manual of Mental Disorders (DSM); a primary diagnosis from the table below is not required for youth under the age of 6; and
(b) meet the *functional impairment criteria requirements listed in this section.

(3) A youth must be re-assessed annually (within 12 calendar months of the last determination) by a licensed mental health professional to determine the youth still meets the criteria in (1) or (2) above.

(4) A youth who continues to meet the SED criteria who is receiving children's mental health services, with the exception of PRTF services, may continue to receive services up to age 20 if the youth demonstrates:
(a) a continued need for the services; and
(b) attendance at an *accredited secondary school.

ICD-10 Diagnostic Codes

Category	DIAGNOSIS	ICD-10
Schizophrenia Spectrum	Schizophrenia	F20.9
	Paranoid schizophrenia	F20.0
	Disorganized schizophrenia	F20.1
	Catatonic schizophrenia	F20.2
	Undifferentiated schizophrenia	F20.3
	Residual schizophrenia	F20.5
	Schizophreniform disorder	F20.81
	Schizoaffective disorder, bi-polar type	F25.0
	Schizoaffective disorder, depressive type	F25.1
	Other Schizoaffective disorders	F25.8

Category	DIAGNOSIS	ICD-10
Bipolar and Related Disorders	Bipolar I disorder, current episode manic w/out psychotic features, moderate	F31.12
	Bipolar I disorder, current episode manic w/out psychotic features, severe	F31.13
	Bipolar I disorder, current episode manic, severe with psychotic features	F31.2
	Bipolar I disorder, current episode depressed, moderate	F31.32

Category	DIAGNOSIS	ICD-10
	Bipolar I disorder, current episode depressed, severe, w/out psychotic features	F31.4
	Bipolar I disorder, current episode depressed, severe, with psychotic features	F31.5
	Bipolar I disorder, current episode mixed, moderate	F31.62
	Bipolar I disorder, current episode mixed, severe, w/out psychotic features	F31.63
	Bipolar I disorder, current episode mixed, severe, with psychotic features	F31.64
	Bipolar I disorder in partial remission, most recent episode manic	F31.73
	Bipolar I disorder, in partial remission, most recent episode depressed	F31.75
	Bipolar I disorder, in partial remission, most recent episode mixed	F31.77
	Bipolar II disorder	F31.81
	Other bipolar disorder	F31.89
	Cyclothymic Disorder	F34.0
Category	DIAGNOSIS	ICD-10
Depressive Disorders	Major depressive disorder, single episode, moderate	F32.1
	Major depressive disorder, single episode, severe with psychotic features	F32.3
	Major depressive disorder, single episode, in partial remission	F32.4
	Major depressive disorder, recurrent, moderate	F33.1
	Major depressive disorder, recurrent, severe w/out psychotic symptoms	F33.2
	Major depressive disorder, recurrent, severe, with psychotic symptoms	F33.3

Category	DIAGNOSIS	ICD-10
	Major depressive disorder, recurrent, in partial remission	F33.41
	Persistent depressive disorder (dysthymia)	F34.1
	Disruptive mood dysregulation disorder	F34.8
Category	DIAGNOSIS	ICD-10
Anxiety Disorders	Panic Disorder	F41.0
	Generalized anxiety disorder	F41.1
	Separation anxiety disorder	F93.0

Category	DIAGNOSIS	ICD-10
Obsessive-Compulsive and Related Disorders	Obsessive-compulsive disorder	F42
Category	DIAGNOSIS	ICD-10
Trauma and Stressor Related Disorders	Posttraumatic stress disorder	F43.10
	Posttraumatic stress disorder, acute	F43.11
	Posttraumatic stress disorder, chronic	F43.12
	Reactive attachment disorder	F94.1
	Disinhibited social engagement disorder	F94.2
Category	DIAGNOSIS	ICD-10
Dissociative Disorder	Dissociative identity disorder	F44.81
Category	DIAGNOSIS	ICD-10
Feeding and Eating Disorders	Anorexia nervosa, restricting type	F50.01
	Bulimia nervosa	F50.2
	Avoidant/Restrictive food intake disorder	F50.8
Category	DIAGNOSIS	ICD-10
Gender Dysphoria	Gender dysphoria in adolescents and adults	F64.1
	Gender dysphoria in children	F64.2
	Other specified gender dysphoria	F64.8
Category	DIAGNOSIS	ICD-10
Neurodevelopmental Disorder	Autism spectrum disorder	F84.0

	Attention Deficit/Hyperactivity Disorder, predominantly inattentive presentation, when accompanied by another SED diagnosis	F90.0
	Attention Deficit/Hyperactivity Disorder, predominantly hyperactive/ impulsive presentation, when accompanied by another SED diagnosis	F90.1
	Attention Deficit/Hyperactivity Disorder, combined presentation, when accompanied by another SED diagnosis	F90.2
Category	DIAGNOSIS	ICD-10
Disruptive, Impulse-Control, and Conduct Disorders	Oppositional defiant disorder	F91.3
	Intermittent Explosive Disorder	F63.81

Serious Emotional Disturbance (SED) *Functional Impairment

(1) As a result of the diagnosis of the youth as determined above and for a period of at least six months, or for a predictable period over six months. The youth must also consistently and persistently demonstrate behavioral abnormalities in two or more spheres, to a significant degree, well outside normative developmental expectations. The behavioral abnormalities must have either been in existence for six months or must be reasonably predicted to last six months. They cannot be attributed to intellectual, sensory, or health factors.

To qualify a youth must have displayed two or more of the following:

(a) failure to establish or maintain developmentally and culturally appropriate relationships with adult care givers or authority figures;
(b) failure to demonstrate or maintain developmentally and culturally appropriate peer relationships;
(c) failure to demonstrate a developmentally appropriate range and expression of emotion or mood;
(d) disruptive behavior sufficient to lead to isolation in or from school, home, therapeutic, or recreation settings;
(e) behavior that is seriously detrimental to the youth's growth, development, safety, or welfare, or to the safety or welfare of others; or
(f) behavior resulting in substantial documented disruption to the family including, but not limited to, adverse impact on the ability of family members to secure or maintain gainful employment.

(2) Serious emotional disturbance (SED) means with respect to a youth under six years of age means the youth exhibits a severe behavioral abnormality that cannot be attributed to intellectual,

sensory, or health factors and that results in substantial impairment in functioning for a period of at least six months and obviously predictable to continue for a period of at least six months, as manifested by one or more of the following:

(a) atypical, disruptive, or dangerous behavior which is aggressive or self-injurious;
(b) atypical emotional responses which interfere with the child's functioning, such as an inability to communicate emotional needs and to tolerate normal frustrations;
(c) atypical thinking patterns which, considering age and developmental expectations, are bizarre, violent, or hypersexual;
(d) lack of positive interests in adults and peers or a failure to initiate or respond to most social interaction;
(e) indiscriminate sociability (e.g., excessive familiarity with strangers) that results in a risk of personal safety of the child; or
(f) inappropriate and extreme fearfulness or other distress which does not respond to comfort by care givers.

The following criteria is taken from CMHB Medicaid Services Provider Manual and details benchmarks for authorization for payment of placement in a PRTF. These requirements are found in the Administrative Rules of Montana (ARM).

Definition "Psychiatric Residential Treatment Facility" means a facility accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), Council on Accreditation (COA), or the Commission on Accreditation of Rehabilitation Facilities (CARF) or any other organizations designated by the Secretary of the United States Department of Health and Human Services as authorized to accredit psychiatric hospitals for Medicaid participation, and which operates for the primary purpose of providing residential psychiatric care to persons under 21 years of age. (The youth must meet the Montana Medicaid SED criteria for PRTF services.)

Youth must meet the SED criteria as described in this manual and:

(1) The referring provider must document what specific treatment needs will be addressed with PRTF services.

(2) The youth must require:

(a) intensive psychiatric review and intervention, which may include adjustment of psychotropic medications, evidenced by either rapid deterioration or failure to improve despite clinically appropriate treatment in a less restrictive level of care; and
(b) medical supervision seven days per week/24 hours per day to develop skills necessary for daily living and to develop the adaptive and functional behavior that will allow the youth to live outside of the PRTF;

(3) Less restrictive services are insufficient to meet the severe and persistent clinical and treatment needs of the youth and prohibits treatment in a lower level of care which is evidenced by at least one of the following:

(a) the youth has behavior that puts the youth at substantial documented risk of harm to self;
(b) the youth has persistent, pervasive, and frequently occurring oppositional defiant behavior, aggression, or impulsive behavior related to the SED diagnosis which represents a disregard for the wellbeing or safety of self or others; or
(c) there is a need for continued treatment beyond the reasonable duration of an acute care hospital and documented evidence that appropriate intensity of treatment cannot be provided in a

community setting.
(4) The prognosis for treatment at PRTF level of care can reasonably be expected to improve the clinical condition/ SED of the youth or prevent further regression based upon the physician's evaluation.
(5) In the absence of PRTF treatment, the youth is at risk of acute psychiatric hospitalization or a readmission within 30 days of previous admission to an acute psychiatric hospital.

Certificate of Need (CON)
A CON is required. The provider must submit a CON in accordance with 42 CFR 441.152 and 441.153 to the Utilization Review Contractor no later than two business days prior to admission to the facility. The CON must be completed within 30 days before the admission of the youth to the requested level of care and signed before the youth receives treatment. The provider must maintain the original signed CON and send a copy to the department or the Utilization Review Contractor.

Prior Authorization
Prior authorization is required.
(1) The provider must submit to the Utilization Review Contractor a Prior Authorization Request form no later than two business days prior to admission which includes an adequate demographic and clinical assessment. The clinical assessment must be sufficient for the clinical reviewer to make a determination regarding medical necessity.
(2) If the youth becomes Medicaid eligible while at the facility, the provider must submit a prior authorization and a CON to the Utilization Review Contractor immediately upon learning the youth is Medicaid eligible.
(3) Upon receipt of the above documentation, the Utilization Review Contractor will complete the following review process:
(a) A clinical reviewer will complete the authorization review within two business days from receipt of the original review request and clinical information if the information submitted is sufficient for the clinical reviewer to make a determination regarding medical necessity.
(b) If the clinical reviewer determines that additional information is needed to complete the review, the review is pended and the provider must submit the requested information within five business days of the request for additional information. If the requested information is not received within this time frame, the clinical reviewer will issue a technical denial.
(c) The clinical reviewer will complete the authorization review within two business days from receipt of additional information.
(d) The clinical reviewer will authorize the admission and generate notification to all relevant parties if medical necessity criteria are met and the CON has been completed at least two business days prior to admission.
(e) The clinical reviewer will defer the case to a board certified psychiatrist for review and determination if medical necessity criteria are not met.

For a youth to be admitted into an out-of-state PRTF:
(1) The provider must request admission from of all Montana PRTFs and be denied admission. The provider must document the denials in the file of the youth.
(2) The Montana PRTFs may deny services for one of the following reasons:
(a) the facility cannot meet the clinical and/or treatment needs of the youth; or
(b) an opening is not available.
(3) The Montana PRTFs must specify the reasons the facility is unable to meet the needs of the youth or state when the next bed opening will be available for the youth.

(4) Legal representatives of all Montana Medicaid youth who are admitted to OOS PRTFs must complete an Interstate Compact Agreement before the youth leaves the state as part of the prior authorization process. The form is located on the department's website at: Interstate Compact on the Placement of Children (ICPC).

Service Requirements

The Psychiatric Residential Treatment Facility must provide services in accordance with all applicable state and federal regulations and meet the following requirements:

(1) A physician must:

(a) complete an evaluation of the youth within 24 hours of admission; and

(b) provide weekly treatment to the youth in order to make treatment adjustments to stabilize the psychiatric disorder of the youth.

(2) All legal representatives of the youth must be consulted and invited to participate in the development and review of the treatment plan. The reasons must be documented if it is not clinically appropriate or feasible to consult and invite the legal representatives.

(3) A comprehensive discharge plan directly linked to the behaviors and/or symptoms that resulted in admission and estimated length of stay must be developed upon admission.

(4) As part of the discharge planning requirements, PRTFs must ensure the youth has a minimum of a seven-day supply of needed medication and a written prescription for medication to last through the first outpatient visit in the community with a prescribing provider. Prior to discharge, the PRTF must identify a prescribing provider in the community and schedule an outpatient visit. Documentation of the medication plan and arrangements for the outpatient visit must be included in the medical record for the youth. If medication has been used during the PRTF treatment of the youth, but is not needed upon discharge, the reason the medication is being discontinued must be documented in the medical record for the youth.

(5) If the youth is a student with disabilities, an IEP must be in place that provides programs and services consistent with requirements under IDEA and state special education requirements. If the youth is not a student with disabilities, educational services and programs must designed to meet the educational needs of the youth.

(6) PRTF services must meet the educational goals of the youth. The PRTF must:

(a) follow as closely as possible an already existing Individualized Educational Plan (IEP) until the IEP is revised or a new IEP is developed; OR

(b) develop an educational plan for a youth without an IEP appropriate to the needs of the youth.

(7) A written notification that includes any credits the youth earned while in the PRTF must be provided to the school in which the youth will be attending upon discharge prior to the discharge of the youth. For youth not returning to school, send transcripts and credits earned to the home school of record for the youth.

Continued Stay Criteria

(1) The youth continues to meet all Medical Necessity Criteria and all of the following:

(a) The medical record documents progress toward identified treatment goals and the reasonable likelihood of continued progress as;

(b) The youth and family, if appropriate, are demonstrating documented progress toward identified treatment goals and are cooperating with the treatment plan; and

(c) Demonstrated and documented progress is being made on a comprehensive and viable discharge plan. The treatment team must document a clinical rationale for any recommended changes in the discharge plan or anticipated discharge

(2) The UR contractor may approve up to 30 additional days to complete discharge planning per

stay. The provider must document all previous attempts to secure appropriate discharge for the youth.

Continued Stay Review

The provider facility must contact the Utilization Review Contractor no more than ten business days before and no less than five business days prior to the termination of the current certification.

(1) The following information must be submitted for a continued stay review:

(a) changes to current DSM diagnosis;

(b) justification for continued services at this level of care;

(c) description of behavioral management interventions and critical incidents;

(d) assessment of treatment progress related to admitting symptoms and identified treatment goals;

(e) list of current medications and rationale for medication changes, if applicable; and

(f) projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan.

(2) Upon receipt of the above information, the clinical reviewer will complete the continued stay review process:

(a) The continued stay review will be completed within two business days from receipt of the original review request provided the information submitted is sufficient for the clinical reviewer to make a determination regarding medical necessity.

(b) If the reviewer determines that additional information is needed to complete the review, the provider must submit the requested information within five business days of the request for additional information.

(c) The continued stay review will be completed within two business days from receipt of additional information.

(d) The clinical reviewer will authorize the continued stay and generate notification to all appropriate parties if the continued stay meets the medical necessity criteria.

(e) The clinical reviewer defers the case to a board certified psychiatrist for review and determination if the continued stay does not meet the medical necessity criteria.

For PRTF services, the Continued Stay Request form, when completed in its entirety by a physician, physician assistant, or a nurse practitioner, may serve as the CON recertification as required under 42 CFR 456.60 (b).

Benefit Exclusion Criteria

(1) The primary problem is social, economic, or one of physical health without concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration or legal system intervention.

(2)) A youth may not be placed in a PRTF due to lack of room and board funding in lower levels of care.

Required Forms

In-State:

- Certificate of Need (PRTF/PRTF-AS) Prior Authorization Request Form (PRTF)
- Continued Stay Authorization Request Form (PRTF) Authorization Request Form (Therapeutic Home Visit)
- Discharge Notification Form, must be submitted to the Utilization Review Contractor within 1 business day of discharge.

- Out of State
- Interstate Compact Agreement
- Certificate of Need (Acute Inpatient Hospital/PRTF/PRTF-AS) Prior Authorization Request Form (PRTF)
- Continued Stay Authorization Request Form (PRTF)
- Discharge Notification Form, must be submitted to the Utilization Review Contractor within 1 business day of discharge.

Additional Information
For youth with SED and Developmental Disability:
(1) The PRTF must submit a request for an eligibility determination to the department's Developmental Disability Program (DDP) for youth suspected of having a developmental disability for youth 8 to 18 years of age if a request has not already been made. An eligibility determination for adult services may be requested for youth 16 years or older.

(a) the PRTF must complete and submit to the DDP a cover letter along with the psychological testing and assessments required by the DDP; and
(b) the PRTF must complete and submit additional documentation, if requested by the DDP.

Corrections to Information
To correct any information provided to the Utilization Review Contractor, the provider must fax the correction on the Corrections to Youth Information form to the department or the Utilization Review Contractor.

The following information provides the operational eligibility criteria for DD services in Montana.
A. The person has an IQ score of 70 or below. If a person is diagnosed with an intellectual disability based on an IQ greater than 70, the psychologist should provide a specific rationale as to why the person is being considered intellectually disabled (e.g., based on the 95% confidence interval related to 2 standard errors of measurement for a particular test).

B. The person has an Adaptive Behavior Composite score of 70 or less. Here again, the psychologist should provide a specific rationale as to why the person is considered intellectually disabled if the composite score for the adaptive behavior measure is greater than 70.

C. The effect of the person's intellectual disability needs to result in functional limitations in three or more of the following areas of a major life activity:

1. Self care
2. Receptive and expressive language
3. Learning
4. Mobility
5. Self-direction
6. Capacity for independent living
7. Economic self-sufficiency

D. There must be documentation that the developmental disability originated before the person turned age 18.

E. There must be a statement that the developmental disability has continued or can be expected to continue indefinitely.

F. The person must be in need of treatment required by intellectually disabled persons. In accordance with the federal definition of a developmental disability, this treatment reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

G. For persons from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided, medical records and documentation from the child's physician will be used to make the eligibility determination.

Determining Eligibility In Relation To Autism:
In order to determine developmental disability eligibility in relation to autism spectrum disorder, a person must be determined to meet letter A or letter B, and letter C as described below:

A. Level 2 guidelines (requiring substantial support) for both social communication and restricted, repetitive behaviors.

B. Level 3 guidelines (requiring very substantial support) for both social communication and restricted, repetitive behaviors.

C. Significant impairment of intellectual functioning that is similar to an intellectual disability and requires similar treatment. Level 2 and Level 3 descriptors are clearly delineated on page 52 of the DSM-5 manual.

Determining Eligibility In Relation To Cerebral Palsy:
In order to determine developmental disability eligibility in relation to cerebral palsy, a person must be determined to demonstrate significant impairment of intellectual functioning that is similar to an intellectual disability and requires similar treatment.

Determining Eligibility In Relation To Epilepsy:
Most persons with epilepsy do not have a developmental disability. In order to determine developmental disability in relation to epilepsy, a person will typically have uncontrolled seizures and be determined to demonstrate significant impairment of intellectual functioning that is similar to an intellectual disability and requires similar treatment.

Determining Eligibility In Relation To Other Neurological Conditions:
In order to determine developmental disability eligibility in relation to a person with another neurological condition, the person must be determined in accordance with this Manual to have such a condition and to exhibit significant impairment of intellectual functioning that is similar to an intellectual disability and requires similar treatment.

Determining Eligibility Where There Is An Apparent Combination of Developmental Disabilities and Mental Illness:
A person with an apparent combination of developmental disabilities and mental illness diagnoses may be determined to be eligible for developmental disability services if either number 1 or 2 below are satisfied:

1. The validity section of the person's psychological evaluation report definitively states that the obtained test results were not significantly impacted by behaviors associated with the person's mental disorder (e.g., inattention, lack of motivation, disruptive behaviors, etc.).
2. If a person with a mental disorder in an appeals process is referred for an independent psychological evaluation, then the psychologist should be specifically asked whether or not the mental illness affected the intelligence test scores and to what extent.

Substantial Disability - A "substantial disability" as stated in the Montana Code Annotated 53-20-202(3) is defined as meeting the requirements for I-A, I-B, and I-C under the guidelines for an intellectual disability noted above.

Defining Treatment Needs - Treatment similar to that required by intellectually disabled persons is described in I-F above.

The effectiveness of the processes detailed above can be demonstrated by looking at the number of foster youths in TGH, PRTF and DD group home compared to the overall foster care population. Currently, Montana has 3980 children in out-of-home placement. 148 (3.7%) are in TGH and DD Group homes and 57 (1.4%) are in PRTF. The state's CCWIS does not have the ability to distinguish between TGH and DD group home placements.

Steps to ensure that the components of the transition plan development process required under section 475(5)(h) that relate to health care needs of children aging out of foster care, including the new requirement to include options of health insurance, information about a health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document, are met

CFSD contracted Chafee service providers have been trained on the above-requirement at mandatory training. The providers submit service logs documenting that this requirement has been met and note whether the child exercised his or her option to execute a health care proxy. This will be a standing agenda item for the annual business process meeting with the Chafee contractors.

Disaster Plan Summary

C. Disaster Plan Summary

HHS ESSB CFSD Program Bureau Business Continuity Plan
Plan Last Updated: 06 Nov 2018

This plan [or report] contains confidential information (as defined in 2-6-1002(1), MCA) that under applicable Montana law is accorded confidential status or is prohibited from disclosure. Specifically, information is included that : (1) relates to individual privacy interests that clearly exceeds the merits of public disclosure (2-6-1002(1)(a), MCA) ; (2) relates to individual or public safety (2-6-1003(2), MCA); or (3) references internal policies and procedures necessary to maintain the security and integrity of secure facilities or information systems owned by or serving the state of Montana (2-6-1002(1)(c), MCA).

HHS ESSB CFSD Program Bureau Business Continuity Plan
Exported By: Angela Smith
Exported On: 18 Mar 2019
BCP
Business Continuity

Table Of Contents

- **BCP Plan Location and Sign-Off**

Plan name, physical location, planner(s), plan owner, executive authority and sign-off dates.

- **BCP Plan Overview**

Plan scope, assumptions, purpose, objectives, strategy and comments

- **BCP Orders of Succession Report**

A line of successors that are enabled to act for and exercise the powers of a principal in the event of that principals death, incapacity, or resignation.

- **BCP Key Contacts**

Key internal and external contacts for this plan.

- **BCP Processes with Criticality, RTO, Dependencies, Tasks, Response Strategies**

Processes with Criticality, RTO and Dependencies necessary for the routine performance of the process and Response Strategies.

BCP Plan Location and Sign-Off

Plan name, physical location, planner(s), plan owner, executive authority and sign-off dates.
Exported On: 18 Mar 2019

Plan Name: HHS ESSB CFSD Program Bureau Business Continuity Plan
PLANNER (MAINTAINS PLAN): Angela Smith
BUSINESS PHONE - PLANNER (MAINTAINS PLAN): (406) 841-2452
WORK EMAIL - PLANNER (MAINTAINS PLAN): AngelaSmith@mt.gov

PLANNER (ALTERNATE): Dana Barnicoat
BUSINESS PHONE - PLANNER (ALTERNATE): (406) 444-1305
WORK EMAIL - PLANNER (ALTERNATE): Dana.Barnicoat@mt.gov

PLAN OWNER (RESPONSIBLE FOR PLAN): Mick Leary
BUSINESS PHONE - PLAN OWNER (RESPONSIBLE FOR PLAN): 406/841-2483
WORK EMAIL - PLAN OWNER (RESPONSIBLE FOR PLAN): mileary@mt.gov
PLAN OWNER (SIGNOFF DATE)

EXECUTIVE AUTHORITY (OVERALL RESPONSIBILITY FOR PLAN): Marti Vining
BUSINESS PHONE -
EXECUTIVE AUTHORITY (OVERALL RESPONSIBILITY FOR PLAN): 406/268-3755
WORK EMAIL -
EXECUTIVE AUTHORITY (OVERALL RESPONSIBILITY FOR PLAN): mvining@mt.gov
EXECUTIVE AUTHORITY (SIGNOFF DATE)

BCP Plan Overview
Plan scope, assumptions, purpose, objectives, strategy and comments
Exported On: 18 Mar 2019

Scope
All continuity resumption requirements using this plan for the department, division and specific business units identified on the plan cover page are in scope. Exercises will be used to simulate this plan's process alignment with recovery resources.

Assumptions
- This continuity plan is up-to-date, published and available to team members with assignments in this plan
- This continuity plan is exercised regularly and familiar to the team members with assignments in this plan.
- An Emergency Action Plan (EAP) is in place for the normal production location identified in this plan to minimize injury and loss of life at the time of an incident.
- Team members in this plan are available to support Priority 1 processes.
- Alternate site(s) will be allocated at time of event unless identified in this plan and a memorandum of agreement is attached.
- All dependent resources (e.g. applications, telecoms, equipment, essential records, etc) needed for recovery of Priority 1 processes are available within 12 hours of activation of this plan.
- Senior management or their successors are available.

Purpose
We cannot perform the essential functions of government if we do not exist or have been significantly impacted. This plan exists to strategically address recovery of processes according to priority when, in spite of best protective efforts, State government becomes threatened by a serious incident.

The purpose of this continuity plan is to provide procedures that facilitate organized decision making at unique times that might otherwise be chaotic. Its aim is to:
- Focus decision making on priority issues in a potentially volatile environment
- Provide process ranking information to assist in the allocation of limited recovery resources at the time of an incident
- Provide procedures to recover from a variety of incidents in an organized manner Protect State assets

- Preserve the State image and public confidence
- Communicate appropriately to the press and staff the nature and resolution of the incident

Objective
This plan is to establish and support an on-going continuity planning process that will:

- Evaluate the impact of significant incidents that may adversely affect the processes identified in this plan
- Develop and maintain a plan to ensure the organization can restore the processes according to the priority identified in this plan
- Support the National Essential Functions of Government for the citizens and businesses in the state of Montana in a timely manner.

Strategy
Overall, the strategy is to restore a required minimum level of functionality to Priority 1 processes in this plan within 12 hours following an incident. Recovery strategies differ from process to process.

All personnel not actively required for process recovery teams will be expected to stand down until notified of the need for their activation.

This continuity plan is reviewed and updated at the following times:

- On initial development of the plan
- When there is a change to the processes or dependencies
- When there is a change to an employee's responsibilities in the plan
- When the plan is exercised or after an actual event resulting in modifications At scheduled annual review

BCP Orders of Succession Report
A line of successors that are enabled to act for and exercise the powers of a principal in the event of that principals death, incapacity, or resignation.
Exported On: 18 Mar 2019

Position Name: 1.1-Program Bureau Chief - Primary
First Name: Mick
Alternate First Name: No Alternate First Name defined
Last Name: Leary
WORK EMAIL: mileary@mt.gov
BUSINESS PHONE: (406) 841-2483
WORK MOBILE
ADDRESS 1 - WORK LOCATION ID: 301 S PARK AVE
CITY - WORK LOCATION ID: HELENA
ZIP CODE - WORK LOCATION ID: 59601-6282

Position Name: 1.2-Program Bureau Chief - Successor No 1
First Name: Theresa
Alternate First Name: No Alternate First Name defined
Last Name: Becker

WORK EMAIL: tbecker@mt.gov
BUSINESS PHONE: (406) 827-2415
WORK MOBILE
ADDRESS 1 - WORK LOCATION ID: 301 S PARK AVE
CITY - WORK LOCATION ID: HELENA
ZIP CODE - WORK LOCATION ID: 59601-6282

Position Name: 1.3-Program Bureau Chief - Successor No2
First Name: Kandice
Alternate First Name: No Alternate First Name defined
Last Name: Morse
WORK EMAIL: kmorse@mt.gov
BUSINESS PHONE: (406) 841-2417
WORK MOBILE
ADDRESS 1 - WORK LOCATION ID: 301 S PARK AVE
CITY - WORK LOCATION ID: HELENA
ZIP CODE - WORK LOCATION ID: 59601-6282

Position Name: 1.4-Program Bureau Chief - Successor No3
First Name: Erin
Alternate First Name: No Alternate First Name defined
Last Name: Kintop
WORK EMAIL: EKintop@mt.gov
BUSINESS PHONE:
WORK MOBILE
ADDRESS 1 - WORK LOCATION ID: 301 S PARK AVE
CITY - WORK LOCATION ID: HELENA
ZIP CODE - WORK LOCATION ID: 59601-6282

BCP Key Contacts
Key internal and external contacts for this plan.
Exported On: 18 Mar 2019

Position Name: 1-State Employees or State Functional Contacts
State Employees / Functional Contacts

FIRST NAME: Erin
ALTERNATE FIRST NAME:
LAST NAME: Kintop
WORK EMAIL: EKintop@mt.gov
BUSINESS PHONE: (406) 841-2421
WORK MOBILE:

FIRST NAME: Kandice
ALTERNATE FIRST NAME:
LAST NAME: Morse
WORK EMAIL: kmorse@mt.gov

BUSINESS PHONE: (406) 841-2417
WORK MOBILE:

FIRST NAME: Laura
ALTERNATE FIRST NAME: Laura
LAST NAME: Smith
WORK EMAIL: Laura.Smith@mt.gov
BUSINESS PHONE:
WORK MOBILE:

FIRST NAME: Marti
ALTERNATE FIRST NAME:
LAST NAME: Vining
WORK EMAIL: mvining@mt.gov
BUSINESS PHONE: (406) 268-3755
WORK MOBILE:

FIRST NAME: Mick
ALTERNATE FIRST NAME:
LAST NAME: Leary
WORK EMAIL: mileary@mt.gov
BUSINESS PHONE: (406) 841-2483
WORK MOBILE:

FIRST NAME: Nicole
ALTERNATE FIRST NAME:
LAST NAME: Grossberg
WORK EMAIL: ngrossberg@mt.gov
BUSINESS PHONE: (406) 841-2455
WORK MOBILE:

FIRST NAME: Theresa
ALTERNATE FIRST NAME:
LAST NAME: Becker
WORK EMAIL: tbecker@mt.gov
BUSINESS PHONE: (406) 827-2415
WORK MOBILE:

External Contacts
This section does not have data to display.

Position Name: 2-Key External Contacts; Not part of State Government
State Employees / Functional Contacts
This section does not have data to display.

External Contacts

EXTERNAL ORG: CMS Region 8 (Centers for Medicare & Medicaid Services)

REP FIRST NAME: Eric
REP LAST NAME: Busch
REP WORK EMAIL:
REP WORK PHONE: (303) 844-1134
REP MOBILE DEVICE: (303) 844-2313

EXTERNAL ORG: HHS (U.S Dept. of Health and Human Services)
REP FIRST NAME: Sam
REP LAST NAME: Martinez
REP WORK EMAIL: sam.martinez@acf.hhs.gov
REP WORK PHONE: (303) 844-1204
REP MOBILE DEVICE:

EXTERNAL ORG: HHS (U.S Dept. of Health and Human Services)
REP FIRST NAME: Tim
REP LAST NAME: Koehn
REP WORK EMAIL: timothy.koehn@acf.hhs.gov
REP WORK PHONE: (303) 844-1209
REP MOBILE DEVICE:

BCP Processes with Criticality, RTO, Dependencies, Tasks, Response Strategies
Processes with Criticality, RTO and Dependencies necessary for the routine performance of the process and Response Strategies.
Exported On: 18 Mar 2019

Assessment Criticality: Priority 2
RTO: 2 Days (24h) Process Name: Management Function

LEGAL AUTHORITIES / RESOURCES MCA Title 41 child protective services
DESCRIPTION
PROCESS OWNER: Mick Leary
BUSINESS PHONE - PROCESS OWNER: (406) 841-2483
WORK EMAIL - PROCESS OWNER: mileary@mt.gov
WORK MOBILE - PROCESS OWNER

Team Members - Employees
Team Name: Management Function Team
Position Name: Team Lead
FIRST NAME: Mick
ALTERNATE FIRST NAME:
LAST NAME: Leary
DEPARTMENT: HHS
WORK EMAIL: mileary@mt.gov
BUSINESS PHONE: (406) 841-2483
WORK MOBILE:

Position Name: Team Lead Alternate
FIRST NAME: Erin

ALTERNATE FIRST NAME:
LAST NAME: Kintop
DEPARTMENT: HHS
WORK EMAIL: EKintop@mt.gov
BUSINESS PHONE: (406) 841-2421
WORK MOBILE:

Team Members - External Org Reps
This section does not have data to display.

Applications
UPSTREAM APPLICATION NAME: Child and Adult Protective Services (CAPS)
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION:

UPSTREAM APPLICATION NAME: Doc Gen - CAPS
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Oracle Database - interconnects with CAPS

UPSTREAM APPLICATION NAME: Document Direct
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Mainframe Software

UPSTREAM APPLICATION NAME: ISERV
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Timesheet Tracking; Application ISERV

UPSTREAM APPLICATION NAME: ISERV Travel
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION:

UPSTREAM APPLICATION NAME: MCA (Montana Codes Annotated) - Access to (Search Engine)
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Provides Access to MCA (Montana Codes Annotated); Search Engine

UPSTREAM APPLICATION NAME: MCA Online (Montana Code Annotated) - Source
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Contains Contents of MCA

UPSTREAM APPLICATION NAME: Microsoft Exchange
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: State of Montana's Email System

UPSTREAM APPLICATION NAME: MINE (Montana Information Network for Employees)
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: State of MT Intranet

UPSTREAM APPLICATION NAME: RDS (Report Distribution System)
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Report Distribution System RDS on the Mainframe; Also known as ViewDirect for MVS;; * prefix indicates software commonly required

UPSTREAM APPLICATION NAME: SEARCHS
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION:

UPSTREAM APPLICATION NAME: SummitNet State Network
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION:

UPSTREAM APPLICATION NAME: TEAMS (The Economic Assistance Management System)
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: The Economic Assistance Management System (TEAMS); New Medicaid Eligibility Verification

Essential Records
This section does not have data to display.

Software
SOFTWARE NAME
Citrix - HHS
BlueZone
DocuAnalyzer
Microsoft Project

Equipment
EQUIPMENT NAME
Calculator - Basic with Paper roll tape
Copier - High Volume
Disaster Recovery Laptop
Date Stamps
Printer - Laser

Supplies
SUPPLY NAME
Disaster Recovery Tote
*SUPPLY STARTER PACKAGE FOR A TEAM OR WORKGROUP
Stamps - Book of Postage
Thumb Drive (Encrypted)

Workstations
WORKSTATION NAME: Work Space, PC & Individual Phone
DESCRIPTION: Work Surface, Chair, PC & Individual Phone

Telecom

TELECOM ID: 1-866-820-5437
TELECOM NAME: 1-866-820-5437
CIRCUIT NO./ID
DESCRIPTION: Centralized Intake
EMPLOYEE / FUNCTIONAL CONTACT
BUSINESS PHONE - EMPLOYEE / FUNCTIONAL CONTACT
WORK EMAIL - EMPLOYEE / FUNCTIONAL CONTACT
WORK MOBILE - EMPLOYEE / FUNCTIONAL CONTACT
STATE SERVICE PROVIDER
BUSINESS PHONE - STATE SERVICE PROVIDER
EXTERNAL SERVICE PROVIDER
MAIN PHONE - EXTERNAL SERVICE PROVIDER
VOICE MAIL: No
VOICE RECORDING: No
IVR/UNATTENDED CALL ROUTING: No
TPS (TELECOM PRIORITY SERVICE): No
SHORT TERM TIME REQUIREMENT
SHORT TERM RE-ROUTE LOCATION OR STRATEGY
LONG TERM
RE-ROUTE LOCATION OR STRATEGY
COMMENTS/SPECIA L CONSIDERATION FOR RE-ROUTING

Routinely performed tasks assigned to team position(s)
Team Name: Management Function Team
Position Name: Team Lead
Order No: 1
TASK NAME: MANAGE RESOURCES
TASK DESCRIPTION: Administration functions comprise vital parts of an organization's structure, helping the organization to manage resources and people in an efficient manner. Planning, budgeting and organizing are the three primary administration functions.
TASK DOCUMENT:

PROCESS RESPONSE STRATEGIES assigned at time of event
This section does not have data to display.

Assessment Criticality: Priority 3
RTO: 5 Days (24h) Process Name: Program Management - Adoption/Guardianship Services

LEGAL AUTHORITIES / RESOURCES: MCA Title 41 child protective services
DESCRIPTION: Reporting, Customer Relations, Service Provider Relations, Contract Over-sight, Education and Awareness, Budget Management, Policy Lifecycle;Guidelines
PROCESS OWNER: Mick Leary
BUSINESS PHONE - PROCESS OWNER: (406) 841-2483
WORK EMAIL - PROCESS OWNER: mileary@mt.gov
WORK MOBILE - PROCESS OWNER:

Team Members - Employees
Team Name: Program Management - Adoption/Guardianship Services Team

Position Name: Team Lead
FIRST NAME: Kandice
ALTERNATE FIRST NAME:
LAST NAME: Morse
DEPARTMENT: HHS
WORK EMAIL: kmorse@mt.gov
BUSINESS PHONE: (406) 841-2417
WORK MOBILE:

Position Name: Team Lead Alternate
FIRST NAME: Kyla
ALTERNATE FIRST NAME: Kyla
LAST NAME: Rock
DEPARTMENT: HHS
WORK EMAIL: krock@mt.gov
BUSINESS PHONE: (406) 841-2464
WORK MOBILE:

FIRST NAME: Roberta
ALTERNATE FIRST NAME: Jeanie
LAST NAME: Weasel Tail
DEPARTMENT: HHS
WORK EMAIL: JWeaselTail@mt.gov
BUSINESS PHONE:
WORK MOBILE:

Position Name: Team Members
FIRST NAME: Gena
ALTERNATE FIRST NAME:
LAST NAME: Geiss-Marton
DEPARTMENT: HHS
WORK EMAIL: Gena.Geiss- Marton@mt.gov
BUSINESS PHONE: (406) 841-2453
WORK MOBILE:

FIRST NAME: Janine
ALTERNATE FIRST NAME:
LAST NAME: Whitley
DEPARTMENT: HHS
WORK EMAIL: JWhitley@mt.gov
BUSINESS PHONE: (406) 841-2473
WORK MOBILE:

Team Members - External Org Reps
This section does not have data to display.

Applications

UPSTREAM APPLICATION NAME: Child and Adult Protective Services (CAPS)
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION:

UPSTREAM APPLICATION NAME: Doc Gen - CAPS
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Oracle Database - interconnects with CAPS

UPSTREAM APPLICATION NAME: ISERV
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Timesheet Tracking; Application ISERV

UPSTREAM APPLICATION NAME: Microsoft Exchange
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: State of Montana's Email System

UPSTREAM APPLICATION NAME: SummitNet State Network
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION:

Essential Records
OFFICIAL RECORD TITLE: Adoption Files
RECORD DESCRIPTION:

OFFICIAL RECORD TITLE: Permanent Custody Files
RECORD DESCRIPTION:

Software
SOFTWARE NAME
BlueZone
DocuAnalyzer

Equipment
This section does not have data to display.

Supplies
This section does not have data to display.

Workstations
This section does not have data to display.

Telecom
This section does not have data to display.

Routinely performed tasks assigned to team position(s)
Team Name: Program Management - Adoption/Guardianship Services Team
Position Name: Team Lead
Order No: 1

TASK NAME: PLANNING
TASK DESCRIPTION: Process of identifying a family that will make a permanent, lifetime commitment to the child and will provide a planned permanent living arrangement for the child. (301-2; 402-2)
TASK DOCUMENT:

Team Name: Program Management - Adoption/Guardianship Services Team
Position Name: Team Lead
Order No: 2
TASK NAME: HEART GALLERY
TASK DESCRIPTION: Process for older youth who are available for adoption and want to be adopted to be featured for eligible adoptive families.
TASK DOCUMENT:

Team Name: Program Management - Adoption/Guardianship Services Team
Position Name: Team Lead
Order No: 3
TASK NAME: ADOPTION/GUARDIANSHIP RECORDS MANAGEMENT
TASK DESCRIPTION: The systematic application of efficient methods to manage the creation, utilization, maintenance, retention, disposal and preservation of records. Policy 502-1
TASK DOCUMENT:

Team Name: Program Management - Adoption/Guardianship Services Team
Position Name: Team Lead
Order No: 4
TASK NAME: ADOPTIVE PARENT SERVICES
TASK DESCRIPTION: Adoptive families should be provided information on adoption support groups and services that are available through agencies or organizations.Once the central office has received a certified copy of the decree of adoption, payment of the adoption subsidy will be initiated. The subsidy will be sent automatically to the adoptive parent(s) near the beginning of each month.
TASK DOCUMENT:

Team Name: Program Management - Adoption/Guardianship Services Team
Position Name: Team Lead
Order No: 5
TASK NAME: ADOPTION/GUARDIANSHIP PROCESS AND FINALIZATION
TASK DESCRIPTION: A person qualifies as a prospective guardian by having a positive guardianship home assessment recommending that they become the legal guardian for a child or children who have lived with the prospective guardian for at least six months.When a family is selected as the prospective adoptive family through the selection process found in section 603-2, the child's child protective services specialist and the family resource specialist serving the prospective adoptive family will coordinate a pre-placement process that best meets the needs of the child.
TASK DOCUMENT:

Team Name: Program Management - Adoption/Guardianship Services Team
Position Name: Team Lead
Order No: 6
TASK NAME: AUDIT/COMPLIANCE

TASK DESCRIPTION: CFSD participates in the Children's Bureau reviews to assure conformity with federal child welfare requirements, to determine what is actually happening to children and families in child welfare services, and to assist states in helping children and families achieve positive outcomes.
TASK DOCUMENT:

Team Name: Program Management - Adoption/Guardianship Services Team
Position Name: Team Lead
Order No: 7
TASK NAME: REPORTING
TASK DESCRIPTION: Compliance and performance reporting to stakeholders and governmental bodies according to CFSD policies and procedures.
TASK DOCUMENT:

Team Name: Program Management - Adoption/Guardianship Services Team
Position Name: Team Lead
Order No: 8
TASK NAME: CUSTOMER RELATIONS
TASK DESCRIPTION: Develops, establishes, and maintains relationships with CFSD customers.
TASK DOCUMENT:

Team Name: Program Management - Adoption/Guardianship Services Team
Position Name: Team Lead
Order No: 9
TASK NAME: SERVICE PROVIDER RELATIONS
TASK DESCRIPTION: Provide solutions and answer questions regarding any CFSD related topics.
TASK DOCUMENT:
Team Name: Program Management - Adoption/Guardianship Services Team
Position Name: Team Lead
Order No: 10
TASK NAME: CONTRACT OVER-SIGHT
TASK DESCRIPTION: Ensure contract compliance with statutory and regulative requirements; develop process and system enhancements for monitoring contracts.
TASK DOCUMENT:

Team Name: Program Management - Adoption/Guardianship Services Team
Position Name: Team Lead
Order No: 11
TASK NAME: EDUCATION AND AWARENESS
TASK DESCRIPTION: All CFSD staff except Administrative Support and Fiscal Bureau staff are required to complete all required training per CFSD Required Training Policy 110-1.
TASK DOCUMENT:

Team Name: Program Management - Adoption/Guardianship Services Team
Position Name: Team Lead
Order No: 12
TASK NAME: BUDGET MANAGEMENT
TASK DESCRIPTION: Analysis, organization, and oversight of costs and expenditures for Child &

Family Services Division as it applies to State policies and procedures.
TASK DOCUMENT:

Team Name: Program Management - Adoption/Guardianship Services Team
Position Name: Team Lead
Order No: 13
TASK NAME: POLICY LIFECYCLE; GUIDELINES
TASK DESCRIPTION: Ensuring each case follows CFSD Policy and Procedure and MCA Title 41 Child Protective Services.
TASK DOCUMENT:

PROCESS RESPONSE STRATEGIES assigned at time of event
This section does not have data to display.

Assessment Criticality: Priority 3
RTO: 5 Days (24h) Process Name: Program Management - Child Protective Services

LEGAL AUTHORITIES / RESOURCES: MCA Title 41 child protective services
DESCRIPTION: This process is responsible for Planning, Policy Lifecycle/Guidelines, Budget Management, Grant Writing and Administration, Administrative Hearing Process(Substantiation), Program Assessment(QA), Education and Awareness, Service Provider Relations, Customer Relations, Reporting, Audit/Compliance, Incident Management, and Family Functioning Assessment, in compliance with CFSD Policy and Procedures and MCA Title 41 child protection services.
PROCESS OWNER: Mick Leary
BUSINESS PHONE - PROCESS OWNER: (406) 841-2483
WORK EMAIL - PROCESS OWNER: mileary@mt.gov
WORK MOBILE - PROCESS OWNER:

Team Members - Employees
Team Name: Program Management - Child Protective Services Team
Position Name: Team Lead
FIRST NAME: Erin
ALTERNATE FIRST NAME:
LAST NAME: Kintop
DEPARTMENT: HHS
WORK EMAIL: EKintop@mt.gov
BUSINESS PHONE : (406) 841-2421
WORK MOBILE:

Position Name: Team Lead Alternate
FIRST NAME: Autumn
ALTERNATE FIRST NAME:
LAST NAME: Beattie
DEPARTMENT: HHS
WORK EMAIL: ABeattie@mt.gov
BUSINESS PHONE : (406) 268-3780
WORK MOBILE:
FIRST NAME: Staci

ALTERNATE FIRST NAME:
LAST NAME: Blankenship
DEPARTMENT: HHS
WORK EMAIL: SBlankenship2@mt.gov
BUSINESS PHONE:
WORK MOBILE:

Position Name: Team Member(s)

Team Members - External Org Reps
This section does not have data to display.

Applications
UPSTREAM APPLICATION NAME: Child and Adult Protective Services (CAPS)
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION:

UPSTREAM APPLICATION NAME: Doc Gen - CAPS
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Oracle Database - interconnects with CAPS

UPSTREAM APPLICATION NAME: ISERV
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Timesheet Tracking; Application ISERV

UPSTREAM APPLICATION NAME: Microsoft Exchange
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: State of Montana's Email System

UPSTREAM APPLICATION NAME: SummitNet State Network
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION:

Essential Records
OFFICIAL RECORD TITLE: Child Protective Services Case Files- Field Offices
RECORD DESCRIPTION:

Software
SOFTWARE NAME
BlueZone
DocuAnalyzer

Equipment
This section does not have data to display.

Supplies
This section does not have data to display.
Workstations

This section does not have data to display.

Telecom
This section does not have data to display.

Routinely performed tasks assigned to team position(s)
Team Name: Program Management - Child Protective Services Team
Position Name: Team Lead
Order No: 1
TASK NAME: PLANNING
TASK DESCRIPTION: Process of identifying a family that will make a permanent, lifetime commitment to the child and will provide a planned permanent living arrangement for the child. (301-2; 402-2)
TASK DOCUMENT:

Team Name: Program Management - Child Protective Services Team
Position Name: Team Lead
Order No: 2
TASK NAME: POLICY LIFECYCLE; GUIDELINES
TASK DESCRIPTION: Ensuring each case follows CFSD Policy and Procedure and MCA Title 41 Child Protective Services.
TASK DOCUMENT:

Team Name: Program Management - Child Protective Services Team
Position Name: Team Lead
Order No: 3
TASK NAME: BUDGET MANAGEMENT
TASK DESCRIPTION: Analysis, organization, and oversight of costs and expenditures for Child & Family Services Division as it applies to State policies and procedures.
TASK DOCUMENT:

Team Name: Program Management - Child Protective Services Team
Position Name: Team Lead
Order No: 4
TASK NAME: EDUCATION AND AWARENESS
TASK DESCRIPTION: All CFSD staff except Administrative Support and Fiscal Bureau staff are required to complete all required training per CFSD Required Training Policy 110-1.
TASK DOCUMENT:

Team Name: Program Management - Child Protective Services Team
Position Name: Team Lead
Order No: 5
TASK NAME: CONTRACT OVER-SIGHT
TASK DESCRIPTION: Ensure contract compliance with statutory and regulative requirements; develop process and system enhancements for monitoring contracts.
TASK DOCUMENT:

Team Name: Program Management - Child Protective Services Team

Position Name: Team Lead
Order No: 6
TASK NAME: SERVICE PROVIDER RELATIONS
TASK DESCRIPTION: Provide solutions and answer questions regarding any CFSD related topics.
TASK DOCUMENT:

Team Name: Program Management - Child Protective Services Team
Position Name: Team Lead
Order No: 7
TASK NAME: CUSTOMER RELATIONS
TASK DESCRIPTION: Develops, establishes, and maintains relationships with CFSD customers.
TASK DOCUMENT:

Team Name: Program Management - Child Protective Services Team
Position Name: Team Lead
Order No: 8
TASK NAME: REPORTING
TASK DESCRIPTION: Compliance and performance reporting to stakeholders and governmental bodies according to CFSD policies and procedures.
TASK DOCUMENT:

Team Name: Program Management - Child Protective Services Team
Position Name: Team Lead
Order No: 9
TASK NAME: AUDIT/COMPLIANCE
TASK DESCRIPTION: CFSD participates in the Children's Bureau reviews to assure conformity with federal child welfare requirements, to determine what is actually happening to children and families in child welfare services, and to assist states in helping children and families achieve positive outcomes.
TASK DOCUMENT:

Team Name: Program Management - Child Protective Services Team
Position Name: Team Lead
Order No: 10
TASK NAME: FAMILY FUNCTION ASSESSMENT
TASK DESCRIPTION: The Family Functioning Assessment forms and SAMS Family Functioning field guide shall be used as the Child Protection Specialist's guide to the investigation and assessment.
TASK DOCUMENT:

Team Name: Program Management - Child Protective Services Team
Position Name: Team Lead
Order No: 11
TASK NAME: GRANT WRITING AND ADMINISTRATION
TASK DESCRIPTION: Division Directors and Program Managers assess potential funding sources, their benefits and restrictions and develop program strategies and proposals and submit grant applications and renewals.
TASK DOCUMENT:

Team Name: Program Management - Child Protective Services Team
Position Name: Team Lead
Order No: 12
TASK NAME: ADMINISTRATIVE HEARING PROCESS (SUBSTANTIATION)
TASK DESCRIPTION: The individual against whom abuse/neglect is substantiated must be accorded the right to notice of and the opportunity to respond to the substantiation. Policy 202-4
TASK DOCUMENT:

Team Name: Program Management - Child Protective Services Team
Position Name: Team Lead
Order No: 13
TASK NAME: PROGRAM ASSESSMENT (QA)
TASK DESCRIPTION: Child and Family Services Division (CFSD) promotes excellence in child welfare practice through commitment to a Continuous Quality Improvement (CQI) program. This program engages all levels of agency employees and stakeholders in identifying and targeting opportunities to improve services, processes and outcomes for the children and families we serve.
TASK DOCUMENT:

TASK NAME PROGRAM ASSESSMENT (QA)
TASK DESCRIPTION Child and Family Services Division (CFSD) promotes excellence in child welfare practice through commitment to a Continuous Quality Improvement (CQI) program. This program engages all levels of agency employees and stakeholders in identifying and targeting opportunities to improve services, processes and outcomes for the children and families we serve.
PROCESS RESPONSE STRATEGIES assigned at time of event
This section does not have data to display.

Assessment Criticality: Priority 3
RTO: 5 Days (24h) Process Name: Program Management - Foster Care

LEGAL AUTHORITIES / RESOURCES: MCA Title 41 child protective services
DESCRIPTION: This process is responsible for Tribal Foster Parent Recruitment and Retention Program, Grant Writing and Administration, Planning, Incident Management, Audit/Compliance, Reporting, Customer Relations, Service Provider Relations, Education and Awareness, Budget Management, and Policy Lifecycle/Guidelines, in compliance with CFSD Policy and Procedures and MCA Title 41 child protection services.
PROCESS OWNER: Mick Leary
BUSINESS PHONE - PROCESS OWNER: (406) 841-2483
WORK EMAIL - PROCESS OWNER: mileary@mt.gov
WORK MOBILE - PROCESS OWNER:

Team Members - Employees

Team Name: Program Management - Foster Care Team
Position Name: Team Lead
FIRST NAME: Theresa
ALTERNATE FIRST NAME:
LAST NAME: Becker

DEPARTMENT: HHS
WORK EMAIL: tbecker@mt.gov
BUSINESS PHONE: (406) 841-2417
WORK MOBILE:

Position Name: Team Lead Alternate
FIRST NAME: Mark
ALTERNATE FIRST NAME:
LAST NAME: Girdler
DEPARTMENT: HHS
WORK EMAIL: MGirdler@mt.gov
BUSINESS PHONE: (406) 841-2411
WORK MOBILE:

Position Name: Team Members
FIRST NAME: Heather
ALTERNATE FIRST NAME:
LAST NAME: Gagnon
DEPARTMENT: HHS
WORK EMAIL: HGagnon@mt.gov
BUSINESS PHONE: (406) 841-2403
WORK MOBILE:

Team Members - External Org Reps
This section does not have data to display.

Applications
UPSTREAM APPLICATION NAME: Child and Adult Protective Services (CAPS)
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION:

UPSTREAM APPLICATION NAME: Doc Gen - CAPS
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Oracle Database - interconnects with CAPS

UPSTREAM APPLICATION NAME: ISERV
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Timesheet Tracking; Application ISERV

UPSTREAM APPLICATION NAME: Microsoft Exchange
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: State of Montana's Email System

UPSTREAM APPLICATION NAME: SummitNet State Network
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION:
Applications

Essential Records
OFFICIAL RECORD TITLE: Child Foster Care Case Files - Field Offices
RECORD DESCRIPTION:

Software
SOFTWARE NAME
BlueZone
DocuAnalyzer

Equipment
This section does not have data to display.

Supplies
This section does not have data to display.

Workstations
This section does not have data to display.

Telecom
This section does not have data to display.

Routinely performed tasks assigned to team position(s)
Team Name: Program Management - Foster Care Team
Position Name: Team Lead
Order No: 1
TASK NAME: PLANNING
TASK DESCRIPTION: Process of identifying a family that will make a permanent, lifetime commitment to the child and will provide a planned permanent living arrangement for the child. (301-2; 402-2)
TASK DOCUMENT:

Team Name: Program Management - Foster Care Team
Position Name: Team Lead
Order No: 2
TASK NAME: POLICY LIFECYCLE; GUIDELINES
TASK DESCRIPTION: Ensuring each case follows CFSD Policy and Procedure and MCA Title 41 Child Protective Services.
TASK DOCUMENT:

Team Name: Program Management - Foster Care Team
Position Name: Team Lead
Order No: 3
TASK NAME: BUDGET MANAGEMENT
TASK DESCRIPTION: Analysis, organization, and oversight of costs and expenditures for Child & Family Services Division as it applies to State policies and procedures.
TASK DOCUMENT:

Team Name: Program Management - Foster Care Team

Position Name: Team Lead
Order No: 4
TASK NAME: EDUCATION AND AWARENESS
TASK DESCRIPTION: All CFSD staff except Administrative Support and Fiscal Bureau staff are required to complete all required training per CFSD Required Training Policy 110-1.
TASK DOCUMENT:

Team Name: Program Management - Foster Care Team
Position Name: Team Lead
Order No: 5
TASK NAME: CONTRACT OVER-SIGHT
TASK DESCRIPTION: Ensure contract compliance with statutory and regulative requirements; develop process and system enhancements for monitoring contracts.
TASK DOCUMENT:

Team Name: Program Management - Foster Care Team
Position Name: Team Lead
Order No: 6
TASK NAME: SERVICE PROVIDER RELATIONS
TASK DESCRIPTION: Provide solutions and answer questions regarding any CFSD related topics.
TASK DOCUMENT:

Team Name: Program Management - Foster Care Team
Position Name: Team Lead
Order No: 7
TASK NAME: CUSTOMER RELATIONS
TASK DESCRIPTION: Develops, establishes, and maintains relationships with CFSD customers.
TASK DOCUMENT:

Team Name: Program Management - Foster Care Team
Position Name: Team Lead
Order No: 8
TASK NAME: REPORTING
TASK DESCRIPTION: Compliance and performance reporting to stakeholders and governmental bodies according to CFSD policies and procedures.
TASK DOCUMENT:

Team Name: Program Management - Foster Care Team
Position Name: Team Lead
Order No: 9
TASK NAME: AUDIT/COMPLIANCE
TASK DESCRIPTION: CFSD participates in the Children's Bureau reviews to assure conformity with federal child welfare requirements, to determine what is actually happening to children and families in child welfare services, and to assist states in helping children and families achieve positive outcomes.
TASK DOCUMENT:

Team Name: Program Management - Foster Care Team

Position Name: Team Lead
Order No: 10
TASK NAME: RESIDENTIAL FACILITIES MANAGEMENT
TASK DESCRIPTION: Placement of a child in a setting outside of the home is appropriate when a child's life or health is seriously threatened by remaining in the home. Out-of-home placement may also be used as part of a specific treatment plan. The Child Protection Specialist and his/her supervisor are responsible for placement decisions for abused and neglected children or children adjudicated youth in need of care. Policy 402-1
TASK DOCUMENT:

Team Name: Program Management - Foster Care Team
Position Name: Team Lead
Order No: 11
TASK NAME: FOSTER PARENT RECRUITMENT AND RETENTION PROGRAM
TASK DESCRIPTION: Section 422(b)(7) of the Act requires that the state provide for the diligent recruitment of foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.
TASK DOCUMENT:

Team Name: Program Management - Foster Care Team
Position Name: Team Lead
Order No: 12
TASK NAME: CHAFEE GRANT PROGRAM
TASK DESCRIPTION: Chafee Foster Care Independence Program (CFCIP) is the name of the independent living/ transitional services program in Montana. Services provided under the program are intended to assist eligible youth in attaining the attitudes, values, education, skills and experiences necessary for transitioning to adulthood. Policy 408-1
TASK DOCUMENT:

Team Name: Program Management - Foster Care Team
Position Name: Team Lead
Order No: 13
TASK NAME: TRIBAL FOSTER PARENT RECRUITMENT AND RETENTION PROGRAM
TASK DESCRIPTION: Child welfare systems serve Native American children, it is crucial to have a strong understanding of both best practices and the laws that govern policies and practices for serving Native American children and coordinating with tribes. It is also valuable to recognize the essential tribal relations of Indian people and the cultural and social standards prevailing in Indian communities and families. Developing best practices, tips, and considerations for partnering effectively with tribes and recruiting families for Native American children in foster care.
TASK DOCUMENT:

Team Name: Program Management - Foster Care Team
Position Name: Team Lead
Order No: 14
TASK NAME: GRANT WRITING AND ADMINISTRATION
TASK DESCRIPTION: Division Directors and Program Managers assess potential funding sources, their benefits and restrictions and develop program strategies and proposals and submit grant applications and renewals.

TASK DOCUMENT:

PROCESS RESPONSE STRATEGIES assigned at time of event
This section does not have data to display.

Assessment Criticality: Priority 3
RTO: 5 Days (24h) Process Name: Program Management - Interstate Compact for the Placement of Children

LEGAL AUTHORITIES / RESOURCES: MCA Title 41 child protective services
DESCRIPTION: Budget Management, Policy Lifecycle;Guidelines
PROCESS OWNER: Mick Leary
BUSINESS PHONE - PROCESS OWNER: (406) 841-2483
WORK EMAIL - PROCESS OWNER: mileary@mt.gov
WORK MOBILE - PROCESS OWNER:

Team Members - Employees

Team Name: Program Management - Interstate Compact for the Placement of Children Team

Position Name: Team Lead
FIRST NAME: Kandice
ALTERNATE FIRST NAME:
LAST NAME: Morse
DEPARTMENT: HHS
WORK EMAIL: kmorse@mt.gov
BUSINESS PHONE: (406) 841-2417
WORK MOBILE:

Position Name: Team Lead Alternate
FIRST NAME: Kyla
ALTERNATE FIRST NAME:
LAST NAME: Rock
DEPARTMENT: HHS
WORK EMAIL: KRock@mt.gov
BUSINESS PHONE: (406) 841-2464
WORK MOBILE:

Position Name: Team Lead Alternate
FIRST NAME: Roberta
ALTERNATE FIRST NAME: Jeanie
LAST NAME: Weasel Tail
DEPARTMENT: HHS
WORK EMAIL: JWeaselTail@mt.gov
BUSINESS PHONE:
WORK MOBILE:

Position Name: Team Members

FIRST NAME: Gena
ALTERNATE FIRST NAME:
LAST NAME: Geiss-Marton
DEPARTMENT: HHS
WORK EMAIL: Gena.Geiss- Marton@mt.gov
BUSINESS PHONE: (406) 841-2453
WORK MOBILE:

Position Name: Team Members
FIRST NAME: Janine
ALTERNATE FIRST NAME:
LAST NAME: Whitley
DEPARTMENT: HHS
WORK EMAIL: JWhitley@mt.gov
BUSINESS PHONE: (406) 841-2473
WORK MOBILE:

Team Members - External Org Reps
This section does not have data to display.

Applications
UPSTREAM APPLICATION NAME: Child and Adult Protective Services (CAPS)
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION:

UPSTREAM APPLICATION NAME: Doc Gen - CAPS
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Oracle Database - interconnects with CAPS

UPSTREAM APPLICATION NAME: ISERV
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Timesheet Tracking; Application ISERV

UPSTREAM APPLICATION NAME: Microsoft Exchange
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: State of Montana's Email System

UPSTREAM APPLICATION NAME: SummitNet State Network
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION:
Applications

Essential Records
OFFICIAL RECORD TITLE: Adoption Files
RECORD DESCRIPTION:

OFFICIAL RECORD TITLE: Permanent Custody Files
RECORD DESCRIPTION:

Software
SOFTWARE NAME
BlueZone
DocuAnalyzer

Equipment
This section does not have data to display.

Supplies
This section does not have data to display.

Workstations
This section does not have data to display.

Telecom
This section does not have data to display.

Routinely performed tasks assigned to team position(s)
Team Name: Program Management - Interstate Compact for the Placement of Children Team
Position Name: Team Lead
Order No: 1
TASK NAME: PLANNING
TASK DESCRIPTION: Process of identifying a family that will make a permanent, lifetime commitment to the child and will provide a planned permanent living arrangement for the child. (301-2; 402-2)
TASK DOCUMENT:

Team Name: Program Management - Interstate Compact for the Placement of Children Team
Position Name: Team Lead
Order No: 2
TASK NAME: INTERSTATE COMPACT FOR MEDICAID BENEFITS
TASK DESCRIPTION: The Interstate Compact on Adoption and Medical Assistance (ICAMA) outlines procedures for the transfer of Medicaid coverage for adoptive children residing in a state other than their adoptive assistance state.
TASK DOCUMENT:

Team Name: Program Management - Interstate Compact for the Placement of Children Team
Position Name: Team Lead
Order No: 3
TASK NAME: INTERSTATE PLACEMENT REQUEST REVIEW AND DETERMINATION
TASK DESCRIPTION: The Interstate Compact in the placement of children (ICPC) is a uniform state law used to safeguard children being placed across state lines and the parties involved in the children's placement.The ICPC provides the sending agency the opportunity to obtain a home evaluation prior to placement, allows the receiving state to ensure that the placement is not contrary to the interest of the child, guarantees that the sending agent maintains legal and financial responsibility, and provides the opportunity for the sending agency to obtain supervision and reports on the child.

TASK DOCUMENT:

Team Name: Program Management - Interstate Compact for the Placement of Children Team
Position Name: Team Lead
Order No: 4
TASK NAME: AUDIT/COMPLIANCE
TASK DESCRIPTION: CFSD participates in the Children's Bureau reviews to assure conformity with federal child welfare requirements, to determine what is actually happening to children and families in child welfare services, and to assist states in helping children and families achieve positive outcomes.
TASK DOCUMENT:

Team Name: Program Management - Interstate Compact for the Placement of Children Team
Position Name: Team Lead
Order No: 5
TASK NAME: REPORTING
TASK DESCRIPTION: Compliance and performance reporting to stakeholders and governmental bodies according to CFSD policies and procedures.
TASK DOCUMENT:

Team Name: Program Management - Interstate Compact for the Placement of Children Team
Position Name: Team Lead
Order No: 6
TASK NAME: CUSTOMER RELATIONS
TASK DESCRIPTION: Develops, establishes, and maintains relationships with CFSD customers.
TASK DOCUMENT:

Team Name: Program Management - Interstate Compact for the Placement of Children Team
Position Name: Team Lead
Order No: 7
TASK NAME: SERVICE PROVIDER RELATIONS
TASK DESCRIPTION: Provide solutions and answer questions regarding any CFSD related topics.
TASK DOCUMENT:

Team Name: Program Management - Interstate Compact for the Placement of Children Team
Position Name: Team Lead
Order No: 8
TASK NAME: CONTRACT OVER-SIGHT
TASK DESCRIPTION: Ensure contract compliance with statutory and regulative requirements; develop process and system enhancements for monitoring contracts.
TASK DOCUMENT:

Team Name: Program Management - Interstate Compact for the Placement of Children Team
Position Name: Team Lead
Order No: 9
TASK NAME: EDUCATION AND AWARENESS
TASK DESCRIPTION: All CFSD staff except Administrative Support and Fiscal Bureau staff are required to complete all required training per CFSD Required Training Policy 110-1.

TASK DOCUMENT:

Team Name: Program Management - Interstate Compact for the Placement of Children Team
Position Name: Team Lead
Order No: 10
TASK NAME: BUDGET MANAGEMENT
TASK DESCRIPTION: Analysis, organization, and oversight of costs and expenditures for Child & Family Services Division as it applies to State policies and procedures.
TASK DOCUMENT:

Team Name: Program Management - Interstate Compact for the Placement of Children Team
Position Name: Team Lead
Order No: 11
TASK NAME: POLICY LIFECYCLE; GUIDELINES
TASK DESCRIPTION: Ensuring each case follows CFSD Policy and Procedure and MCA Title 41 Child Protective Services.
TASK DOCUMENT:

PROCESS RESPONSE STRATEGIES assigned at time of event
This section does not have data to display.

Assessment Criticality: Priority 3
RTO: 5 Days (24h) Process Name: Training/Professional Development
LEGAL AUTHORITIES / RESOURCES: MCA Title 41 child protective services
DESCRIPTION:
PROCESS OWNER: Mick Leary
BUSINESS PHONE - PROCESS OWNER: (406) 841-2483
WORK EMAIL - PROCESS OWNER: mileary@mt.gov
WORK MOBILE - PROCESS OWNER:

Team Members - Employees

Team Name: Training/Professional Development Team

Position Name: Team Lead
FIRST NAME: Mick
ALTERNATE FIRST NAME:
LAST NAME: Leary
DEPARTMENT: HHS
WORK EMAIL: mileary@mt.gov
BUSINESS PHONE : (406) 841-2483
WORK MOBILE:

Position Name: Team Lead Alternate
FIRST NAME: Erin
ALTERNATE FIRST NAME:
LAST NAME: Kintop
DEPARTMENT: HHS

WORK EMAIL: EKintop@mt.gov
BUSINESS PHONE: (406) 841-2421
WORK MOBILE:

Team Members - External Org Reps
This section does not have data to display.

Applications
UPSTREAM APPLICATION NAME: Citrix Application Virtualization / Hosting (DOA)
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Secure remote access to applications and other services

UPSTREAM APPLICATION NAME: Document Direct
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: Mainframe Software

UPSTREAM APPLICATION NAME: Microsoft Exchange
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION: State of Montana's Email System

UPSTREAM APPLICATION NAME: SummitNet State Network
UPSTREAM APPLICATION PATH / URL:
UPSTREAM DESCRIPTION:
Applications

Essential Records
This section does not have data to display.

Software
SOFTWARE NAME
Citrix - HHS

Equipment
This section does not have data to display.

Supplies
This section does not have data to display.

Workstations
This section does not have data to display.

Telecom
This section does not have data to display.

Routinely performed tasks assigned to team position(s)
Team Name: Training/Professional Development Team
Position Name: Team Lead
Order No: 1

TASK NAME: COURSEWARE DEVELOPMENT
TASK DESCRIPTION: To protect children who have been or are at substantial risk of abuse, neglect or abandonment. We strive to assure that all children have a family who will protect them from harm. We recognize the protective capacities of families and incorporate them in assessments, decision making and actions with the goal of improving safety, permanency and well-being for children. We encourage our communities to strengthen their prevention efforts and to share responsibility for the safety of its children and families.
TASK DOCUMENT:

Team Name: Training/Professional Development Team
Position Name: Team Lead
Order No: 2
TASK NAME: COURSEWARE DELIVERY
TASK DESCRIPTION: MCAN Training, CAPS/MFSIS Training, Online Training with UM Staff Development Specialists, Read CFSD Policy Manual, and Read Title 41, Chapter 3 of the Montana Code Annotated and discuss with Supervisor along with the other required training and discussions with Supervisor outlined in the CPS New Worker Orientation Requirements located on the OURS site.
TASK DOCUMENT

Team Name: Training/Professional Development Team
Position Name: Team Lead
Order No: 3
TASK NAME: SCHEDULING/LOGISTICS
TASK DESCRIPTION: MCAN Training Calendar is provided by the Training and Development Specialist.
TASK DOCUMENT

Team Name: Training/Professional Development Team
Position Name: Team Lead
Order No: 4
TASK NAME: TRACKING COURSE COMPLETION
TASK DESCRIPTION: Tracking of course completion is collected from course sign in sheets and kept on Share Point.
TASK DOCUMENT

PROCESS RESPONSE STRATEGIES assigned at time of event
This section does not have data to display.

CSFP Training Plan FY 2020 - 2024

D. CFSP Training Plan FY 2020 – 2024

Workforce development is essential for successful outcomes for children and families. First, we must attract and recruit individuals who align with our agency's vision, mission, and guiding principles. Secondly, creating quality classroom training and hands-on "transfer of learning coaching" in the field will develop highly-skilled employees. Lastly, we must retain and continue the development of our staff to truly make positive, long-term, sustainable progress in our child welfare system.

Over the next five years, CFSD will be developing and implementing a robust training plan.

Recruitment

Through a partnership with the University of Montana (UM), CFSD will continue to work towards the identification and development of staff through the Title IV-E Stipend Program. To fully utilize the partnership to its fullest potential, the University of Montana and its Center for Children, Families, and Workforce Development have expanded the stipend program to include non-social work degrees through three State Universities across Montana. In addition, UM has developed a 2+2 program which we are marketing to our non-degreed staff to increase career opportunities within CFSD.

The goals for making this change are:

- To increase the number of applicants for the Title IV-E educational training program;
- To increase the number of graduates who will be applying for position vacancies outside of western Montana; and
- To decrease statewide workforce shortages by expanding the number of qualified applicants for position vacancies.

The following is a list of majors that have been added to the IV-E training program:

- University of Montana - Psychology, Sociology
- Montana State University - Billings - Human Services, Psychology, Sociology
- Montana State University - Bozeman – Human Development and Family Sciences, Psychology, Sociology

The University of Montana is currently working with these university departments to align core and elective course requirements to ensure the educational and competency needs of CFSD are being met. Similarly, memorandums of understanding are being developed to outline advising and practicum supervision expectations, financial aid, and potential credit transfer requirements. Updates on progress will be provided in future APSR.

Other steps CFSD is taking to recruit quality employees is the development of a video to help applicants know what the job of a CPS worker truly looks like and increased efforts with our Human Resource division to identify qualified applicants and streamline hiring process.

Training and On-Boarding process

CFSD established six positions, one in each of the state's six regions, to serve as Field Lead Training Specialists (FLTS). In coordination, University of Montana established six Workforce Training Consultants (WTC). These positions work hand-in-hand to assist and support new staff through the first year of their employment. These positions will allow new staff to have an

experienced CFSD staff member and a University coach to assist them in the transfer of learning and application of skills learned through in-person training. Both the FLTS and WTC assist in teaching at the in-person Montana Child Abuse and Neglect (MCAN) training, allowing new staff to interact with the FLTS and WTC in a training environment prior to application of skills in the field. A new Child Protection Specialist training manual is in development and is scheduled for implementation in the field by July 2019. The manual creates a structured approached to the first 8 weeks of an CPS's employment, targeting family engagement as a main theme from initial investigation through the life of the case. This focus aligns with the PIP and CFSP goals.

To effectively develop and maintain the workforce, CFSD established the Workforce Development Team to identify the needs of staff regarding training throughout the timeframe of employment for all CFSD staff. This team consists of Management Team, Child Welfare Managers, UM Leadership and WTC, Training Program staff and FLTS. The Workforce Development Team meets monthly to discuss the needs of field staff and address any ongoing needs for staff throughout CFSD. As part of the Workforce Development group, an evaluation team was created in a partnership with the University of Montana to provide feedback on the effectiveness of training for CFSD staff. Results of the evaluation are schedule for July 2020. The team will be developing enhanced on-boarding processes for additional position types that have hands on interactions with our clients over the next year.

The Workforce Development Team will help lead a sustained emphasis on an improved use of the Safety Assessment and Management System (SAMS) and a continuation of a range of initial and ongoing in-service trainings, conferences, foster and adoptive trainings, and the educational partnerships with the University of Montana and Confederated Salish Kootenai College.

Supervisor Training

CFSD has begun developing a sustainable child welfare supervisor training in partnership with UM's Center for Children, Families, and Workforce Development. It will be essential that training is expanded to include the three domains of child welfare supervision: 1) administrative, 2) educational and 3) supportive (NASW 2013). The first leadership academy was a pilot project in response to a request from supervisors to provide substantial feedback to guide the development of future academies, to assist in developing a comprehensive supervisory and leadership training plan to guide in the onboarding and orientation of new supervisors, and to provide professional development opportunities for more experienced supervisors. Evaluations from the academy were very good with supervisors identifying the three day in-person portion and the coaching as the most positive aspects. They identified the on-line portion as more challenging since they could not focus their time and attention on this unit because of competing priorities and time demands.

During the remainder of 2019, the Center will work with the department to finalize a comprehensive supervisory curriculum and training program to assist new and experienced supervisors to acquire specific supervisory, managerial, and leadership competencies through on-line and in-person training opportunities. The target date for implementing the program is March 1, 2020 and will largely depend on acquiring the necessary resources to develop a comprehensive training curriculum and divide the curriculum into on-line and web-based training units and creating clear pathways for new and experienced supervisors to understand expected performance measures and competencies to be achieved at designated time periods beginning from their hire date. Over the next five years, this program will have been implemented (March 2020) and functioning for a total of four years. The Center will have collected four years' worth of data to assist in ongoing program

improvement, measure supervisor participation rates, identify the impact on staff and supervisor retention and turnover rates, and analyze potential changes in such areas as placement and permanency rates, investigations, and local office morale.

Cross-System Training

See the Foster and Adoptive Parent Diligent Recruitment Plan for information regarding training of providers, licensing CFSD/Tribal staff.

Through the PIP and CFSP Goals specific to CFSD's collaboration with CIP, training with courts, attorneys, CASA, and other stakeholders will occur over the next five years.

Retention

Establishing a supportive learning culture within the division will aid in our retention efforts because staff will not feel alone and unsure of their decisions. This is the framework to effect and sustain an effective child welfare system (PIP Goal). Currently, CFSD's average length of employment of field and hotline staff is 2.2 years. This is an insufficient timeframe to impact positive outcomes for families.

CFSD Workforce Development Team supports and/or provides the following training:

- Initial Staff Training
- Ongoing In-service Training
- Conferences
- Foster and Adoptive Parent Training
- Long-term Training for Persons Employed by or Preparing for Employment
- Training Materials

See detailed information on the following pages.

Initial Staff Training

Course Title	Course Description	Setting/ Venue	Proposed Provider
MCAN (Classroom) **Funding Source: Title IV-E, General Fund**	The training will address an integrated delivery model regarding the framework for Child Protection Practice in Montana, legal issues, confidentiality, tribal cultural awareness, ICWA, specifics of child maltreatment (abuse/neglect identification), family centered practice and engagement, and the Family Functioning Assessment and Safety Assessment Management System. Additional topics will include out of home placements, case management, substantiations/fair hearings, and preparation for court. Fieldwork activities to reinforce transfer of learning are included.	CFSD Central Office	CFSD Training Officer, Field Lead Training Specialist, Workforce Training Consultants
MCAN (online)	Participants will be trained on the following: Child and Youth Development, Non-Discrimination, Cultural Competency, Adult and Child Mental Health, Substance Use Disorders, Understanding Poverty, Documentation and Professional Skills	Online	University of Montana Workforce Training Consultants
Regional Trainings **Funding Source: Title IV-E, General Fund,**	Trainings cover the following topics relevant to child welfare: Parent Engagement, Child Engagement, Visit Coaching, Ombudsman, Child Advocacy Centers, Family Engagement Meetings, ACEs, Child Welfare Trauma Training, On-going case work	In-Person, Regional offices	Field Lead Training Specialists, UM Workforce Training Consultants

Approx. Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
21 days	New Child Protection Specialist, Centralize Intake Specialist, Social Services Technicians, and Resource Family Specialists	6 times per year	Development of a case plan, case review, case management, family centered social work practice, cultural competency, permanency planning using kinship care, general substance abuse, domestic violence, and mental health issues, effects of separation, grief and loss, child development, and visitation, communication skills, family preservation, assessments regarding determination of need for removal, ethics, service referrals and approximately 8 hours of simulation lab training.
26 Hours	New Child Protection Specialist, Centralized Intake Specialist, Social Service Technician, Resource Family Specialist	4 - 6 times per year in each region/ Short-Term	Case plan documentation, case review, case management. ethics, child development, cultural competency
16 Hours	New Child Protection Specialist, Centralized Intake Specialist, Social Service Technician, Resource Family Specialist	2 times per year in each region	Development of a case plan, case review, case management, family centered social work practice, cultural competency, permanency planning using kinship care, general substance abuse, domestic violence, and mental health issues, effects of separation, grief and loss, child development, and visitation, communication skills, family preservation, assessments regarding determination of need for removal, ethics and service referrals

Initial Staff Training

Supervisor Training **Funding Source: Title IV-E, General Fund**	Online modules include: Intro to Leadership Development, Leadership Fundamentals, Supervisor as a Community Leader, Supervisor as a Team Leader, Supporting Systems Change; In-person and coaching sessions reinforced these topics	On-line and In-Person	UM staff and CFSD Leadership	
Estimated Total Cost of Training Type:	$0.00			
Cost Allocation Methodology	CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between Title IV-E allowable training and training that is allowable at the lesser funding ratio. cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only Title IV-E allowable costs are claimed on the quarterly federal reports.			

	15 hours on-line; 3 days in person; 8 coaching sessions	New Child Protection Specialist Supervisors	2 times per year	Leaderships skills to develop supervisors to be effective leaders in child welfare. Topics such as managing change, effective coaching and mentoring skills and managing group dynamics. As needs of the workforce change the sessions can be modified.

Ongoing In-Service Training

Course Title	Course Description	Setting/ Venue	Proposed Provider
Forensic Interview Training **Funding Source: CJA Grant**	Participants build skills that will help them effectively interview children alleged to be victims of child abuse or neglect. They will develop skills that will enable them to conduct interviews in a manner that will decrease the traumatic effect of the interview on the child.	Montana POST Academy, Helena	Department of Justice and contracted presenter
Family Engagement Training **Funding: IV-E Casey Family Programs, CAPTA BSG, IV-B subpart 2, Caseworker Visitation Grant, Adoption Incentive funds.**	Participants will build skills and explore practices to improve permanency outcomes for families by engaging children and parents in the process.	Conference Center	Casey Family Programs, UM WTC
Interviewing **Funding: IV-E, Case worker visitation**	Participants will learn the four core skills to communicate effectively with parents and youth; open-ended questions, affirming, reflecting, and summarizing. In addition, participants will understand the concepts of engaging, focusing, evoking and planning.	Conference Center	University of Montana Staff
Policy Training **Funding Source: CAPTA Grant**	The training focuses of new statutes and policy with review of policy as needed.	WebEx (online)	CFSD staff and guest presenters

Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
5 days	CFSD staff, Tribal staff, Law Enforcement	Two times per year	Case management, case review and documentation, communication skills, assessments to determine need for removal, confidentiality, ethics
2 days	CFSD staff and supervisors	Annually	Development of a case plan, case review, case management, family-centered social work practice, cultural competency, permanency planning using kinship care, general substance abuse, domestic violence, and mental health issues, effects of separation, grief and loss, child development, and visitation, communication skills, family preservation, assessments regarding determination of need for removal, ethics and service referrals
6 hours	Child Protection Specialist and Supervisors, Centralized Intake Specialist and Supervisors, Social Service Technician, Resource Family Specialist	Annually	Development of a case plan, case review, case management, family centered social work practice, cultural competency
4 hours	CFSD staff, in-home services providers, Tribal social services staff	Two times per year	Case management, case review, documentation

Ongoing In-Service Training

Qualified Expert Witness Training **Funding Source: CJA Grant**	Topics of training will include review of the QEW handbook, case preparation and presentation, and an overview of ICWA.	Conference center	Attorney, CFSD staff	
Resource Family Specialist Training **Funding Source: Title IV-E, General Fund**	The training offers information regarding Structured Adoption Family Evaluation (SAFE), confidentiality and sharing case records, provision of home and community services, and policy and forms updates, case scenarios,	Conference center	CFSD staff and guest presenters	
Foster, Adoptive Parent and and Guardianship Family Training **Funding Source: Title IV-E, General Fund**	Regional in-person trainings on a variety of topics specific to caring for children (e.g. discipline or managing difficult behaviors), engaging/coaching. mentoring birth parents, coping with loss when children are reunified etc.	Conference Center	CFSD Staff, UM staff and guest presenters	
Supervisor Training **Funding Source: CAPTA Grant**	Focus will continue to be implementation of the SAMS model and SUD impacts on child welfare.	Conference center	CFSD staff and guest speakers	
Cultural Competency **Funding Source: Private Grant**	The training will address the ability to increase cultural awareness and to develop skills toward more effectively understanding, communicating with, and interacting with people across cultures.		University of Montana presenter	

	12 hours		Annually	Case management, case review and documentation, cultural competency
	12 hours	CFSD RFS staff	Annually	Case management, case review, case documentation
	1-2 days	Foster/Adopt Families, CFSD staff	Annually	Family-centered practice, cultural competency, overviews of child abuse/neglect issues, effects of separation, grief/loss, child development, visitation
	16 hours	CFSD supervisory staff and Management Team	Annually	Case management, case review, case documentation, coaching and mentoring
	5 hours	CFSD staff	Annually	Cultural competency

Ongoing In-Service Training

Training for non-Agency Providers on Safety Model, FFPSA and Rate Matrix. **Funding Source: State General Fund, CPATA BSG, IVB subpart 2, Adoption Incentive funds,Casey Family funds**	Training topics include legislative and policy changes, rate changes, implementation planning contract changes.	Conference center	CFSD staff and guest speakers	
Estimated Total Cost of Training Type:	$372,775.00			
Cost Allocation Methodology	CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between Title IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only Title IV-E allowable costs are claimed on the quarterly federal reports.			

	8 hours	CFSD staff and contracted in-home provider staff	Annually	Case management, caser review, case documentation

Conferences

Course Title	Course Description	Setting/ Venue	Proposed Provider
Keeping Children Safe (KCS) Training **IV-E, General Fund**	Participants will receive training that will qualify them to become licensed foster parents. Training includes an orientation to foster parenting; licensing and medical policy; child abuse and neglect; the impact of abuse on development; attachment, grief, and loss; discipline and stress management, adoption and permanency; as well as cultural issues relating to the primary family.	CFSD offices, Community sites throughout the state	CFSD staff, foster parent co-trainers
Creating a Lifelong Family **Funding Source: Title IV-E, General Fund**		CFSD offices, Community sites throughout the state	CFSD staff
Estimated Total Cost of Training Type:	$9,000.00		
Cost Allocation Methodology	CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between Title IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only Title IV-E allowable costs are claimed on the quarterly federal reports.		

	Approx. Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
	18 hours	Current and potential foster, foster to adopt, and adoptive parents	Monthly	Recruitment and licensing of foster homes
	6 hours	Current and potential foster, foster to adopt, and adoptive parents	Monthly	Recruitment and licensing of foster homes

Foster and Adoptive Parent Training

Course Title	Course Description	Setting/ Venue	Proposed Provider
Prevent Child Abuse and Neglect Conference **Funding Source: CAPTA and CJA Grants**	Participants attend workshops that will outline current child welfare issues, identify practice guidelines, principles or skills, and address treatment or service delivery programs, services or models that may help workers address needs of their clients and provide effective case management.	Conference center	CFSD staff and guest speakers
Tribal Social Services Association Conference **Funding Source: CAPTA Grant**	Attendees participate in workshops that present current child welfare issues from a tribal perspective.	Conference center	CFSD staff, tribal
Estimated Total Cost of Training Type:	$351,450.00		
Cost Allocation Methodology	CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between Title IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only Title IV-E allowable costs are claimed on the quarterly federal reports.		

	Approx. Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
	2 days	CFSD staff, foster/ adoptive parents, law enforcement, CASA, judicial, educational, direct service providers, and medical providers	Annually	Case management, data entry and collection, cultural competency, family-centered practice, child abuse and neglect issues including impact on children, permanency planning
	2-3 days	CFSD staff, Tribal Social Services	Annually	Cultural competency

Long-term Training for Persons Employed by or Preparing for Employment

Course Title	Course Description	Setting/ Venue	Proposed Provider
University of Montana, Montana State University & MSU-Billings Title IV-E Stipend Programs. **Funding Source: IV-E**	Bachelor's level Social Work, Psychology, Sociology, Human Services, Human Development and Family Sciences curriculum emphasizes the professional competencies required for child protection practice in a public child welfare setting and includes interfacing with foster care, adoption assistance, and group home care programs and working effectively with professionals in the medical, educational, and judicial systems. Through the program, students are able to address social problems from a broad ecological and strengths-based perspective moving between fields of practice, incorporating best practices into their professional repertoire, applying critical thinking skills to all phases of the change process, critiquing themselves and professional approaches, and utilizing a framework for social justice to address complex problems at all levels of society. Significant changes in the 2019 APSR are detailed earlier in the Training Plan section.	University of Montana, Montana State University, MSU-Billings	Program Faculty
University of Montana, Title IV-E Stipend Program, Master of Social Work **Funding Source: IV-E**	Master's level Social Work curriculum emphasizes providing students with frameworks for understanding historical, political, and cultural contexts of practice, honoring difference, confronting oppression, and taking action for social justice; preparing students to bridge direct practice with individuals, groups, and families and the knowledge and skills of community building; teaching students to integrate research, policy analysis, and advocacy in their practice regardless of setting, problem area, or specific job description; and preparing students as social work leaders committed to promotion of empowering, participatory, social-justice-oriented practice.	University of Montana, School of Social Work	MSW Program Faculty

Approx. Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Students may take the stipend for a maximum of four semesters; however, the usual duration is two semesters.	Students accepted to the identified programs commit to employment with CFSD.	Annually/ Long-Term	referral to services, preparation and participation in judicial determinations, placement of children, development of a case plan, case review, case management and supervision, social work practice and methods, cultural competency, child abuse and neglect issues (the impact of child abuse and neglect on a child), permanency planning, general substance abuse, domestic violence, and mental health issues, ethics
MSW students that are CFSD employees may take the stipend for 4-6 semesters (most utilize the 2 semester option). Non-CFSD employee MSW students may take the stipend for 2 semesters.	Non-employee MSW students or MSW student employees of CFSD participating in the MSW program commit to employment with CFSD.	Annually/ Long-Term	referral to services, preparation and participation in judicial determinations, placement of children, development of a case plan, case review, case management and supervision, social work practice and methods, cultural competency, child abuse and neglect issues (the impact of child abuse and neglect on a child), permanency planning, general substance abuse, domestic violence, and mental health issues, ethics

Long-term Training for Persons Employed by or Preparing for Employment

Confederated Salish Kootenai College, Title IV-E Stipend Program, Bachelor of Social Work (SKC sub-contracts with Walla-Walla University to provide SKC students access to an accredited MSW program). **Funding Source: IV-E**	The BSW and MSW curriculums emphasize identification as a professional social worker, application of social work ethical principles to guide professional practice; critical thinking to inform and communicate professional judgments, diversity and difference in practice; human rights and social and economic justice; research-informed practice and practice-informed research; knowledge of human behavior and the social environment; policy practice to advance social and economic well-being and to deliver effective social work services; response to contexts that shape practice; and the expectation of engagement, assessment, intervention, and evaluation with individuals, families, groups, organizations, and communities.	BSW/SKC campus MSW/ Walla-Walla University Campus	SKC program faculty Walla-Walla University Program faculty	
Estimated Total Cost of Training Type:	$2,126,751.00			
Cost Allocation Methodology	CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between Title IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only Title IV-E allowable costs are claimed on the quarterly federal reports.			

	BSW students typically take the stipend for 6 quarters MSW students typically take the stipend for between 4-8 quarters	BSW students accepted into the program commit to employment in the Child Welfare System MSW students accepted into the program commit to employment in the Child Welfare System.	Annually/ Long-Term	referral to services, preparation and participation in judicial determinations, placement of children, development of a case plan, case review, case management and supervision, social work practice and methods, cultural competency, child abuse and neglect issues (the impact of child abuse and neglect on a child), permanency planning, general substance abuse, domestic violence, and mental health issues, referral to services, ethics

Training Materials

Course Title	Course Description	Setting/ Venue	Proposed Provider
Printed Resource Materials **Funding Source: CJA Grant**	Resources reprinted every year include the “School Guidelines on Child Abuse and Neglect” and the “What Happens Next? A guide to the CFSD’s child protection services (cps).” Centralized Intake (CI) brochures – The brochures explain the toll-free child abuse hotline information, includes a section on “Why Does Montana Have Centralized Intake?” What can you expect when you call CI; defines what a CI Specialist is, defines the Roles of the CI Specialists, and defines the overall purpose of CI. This brochure is distributed at conferences, trainings, and other meetings. Montana Code Annotated (MCA) – Selected Statutes	Printed materials	CFSD-Brochures are distributed to the county offices and other appropriate organizations including local schools. The “What Happens Next?” booklets are distributed to families working within the CPS system, to mandatory reporters, school districts, and other interested
Estimated Total Cost of Training Type:	$3,875.00		
Cost Allocation Methodology	CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between Title IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only Title IV-E allowable costs are claimed on the quarterly federal reports.		

Approx. Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
N/A	Current and potential foster, foster to adopt, and adoptive parents	Updated annually	Service referral