

**Montana Child and Family Services Review Round 3
Program Improvement Plan**

State/Territory: Montana

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Montana Program Improvement Plan

Executive Summary:

In September 2017, Child and Family Services Division (CFSD) and the Children's Bureau conducted the Child and Family Services Review (CFSR). This review focused on a child's safety, permanency and well-being, as well as systemic factors necessary to ensure the state has the resources, infrastructure and partnerships needed to provide for children who come to the attention of CFSD and to ensure families have the necessary services and support. The results of the review found CFSD was not substantially achieving child safety or permanency, as well as child and family well-being outcomes. The CFSR identified concerns with underlying systemic factors including high caseloads; staff turnover; insufficient caseworker and supervisor training; challenges to foster and adoptive parent recruitment, support and retention; and a lack of available and accessible resources, particularly with respect to substance abuse, mental health and in-home/prevention services for children and parents.

During the 2017 Legislative Session, House Bill 517 was passed requiring Montana's Department of Public Health and Human Services (DPHHS) to create a strategic plan that sets measurable goals and strategies for reducing child abuse and neglect in Montana over a 5-year period. Multiple stakeholders helped create this plan including but not limited to State Advisory Council member, Children's Trust Fund staff (CBCAP), Family and Community Health Bureau, and Court Improvement Program. Previously, CFSD had perfunctory relationships with these stakeholders that had little impact on the actual work being done at CFSD. With the change in leadership, in addition to the support from the Department of Public Health and Human Services Director, Sheila Hogan, inclusion and collaboration has become the way of doing business. CFSD Leadership meets regularly with each of these stakeholders to share information, get input on future planning and have real-time involvement improving the child welfare system. State Advisory Council participated in our CCWIS visioning session; Court Improvement Program is helping move forward elements of this Program Improve Plan as well as openly ready to support Family First Prevention Services legislation when Montana is ready; Family and Community Health Bureau has played integral part in implementing and sustaining First Years Initiative program, which created more resources for home visiting as a prevention strategy to prevent child abuse and neglect. Through these partnerships, thoughtful planning is occurring to increase the positive impact on families.

The House Bill 517 strategic plan addresses child abuse and neglect from three levels: primary or universal prevention (general population), secondary prevention (targeted at higher risk population), and tertiary (families already affected by maltreatment), and coordinates existing services and funding sources to achieve maximum effectiveness. Effectively responding to the complex problem of child maltreatment requires sustained engagement from a variety of public and private child and family-serving stakeholders who will coordinate their efforts to implement policies, programs and practices in a variety of sectors that strengthen families and support children over the long term. The strategic intent of the plan is to keep families intact through evidenced-based, early interventions, thereby reducing the number of children and families affected by child abuse and neglect. The plan also allows for services and supports to be tailored to children and families already affected by maltreatment in order to ensure interventions address the concerns that brought them to the attention of the agency. The creation of this strategic plan was one of the first steps in involving stakeholders in addressing the challenges of child abuse and neglect from a community perspective. This plan complements and supports CFSD's Vision of Keeping Children Safe and Families Strong.

The multiple leadership changes in Child and Family Services Division (CFSD) over the past four years have affected the public's confidence in the agency and is a key factor in a lack of continuity within the workforce. The agency finds itself experiencing high caseloads, budget constraints, scarce resources, significant criticism and a lack of control over these circumstances. The current CFSD leadership shared our vision and our new approach to child welfare in Montana to the 2019 Legislative Health and Human Services Committee with some of our strongest critics in the room. This leadership team's vision is "Keeping Children Safe and Families Strong". The foundations of this vision are the beliefs that we can do better for the children and families that we serve, for our communities, for ourselves and for our staff; we must recognize that the child welfare system is too big of a load for CFSD to carry alone and that we need to reach out and ask our community partners to help carry this load; we must envision and build a system where all community partners are working collaboratively for a common purpose with shared responsibilities; we must utilize a team approach to decision making (internal and external); we must demonstrate transparency; we must actively seek opportunities to draw our community partners into the solutions to improve outcomes for our children and families; we must encourage and support families to be a part of their case planning; we must expect families to participate in their children's lives; we must develop treatment plans with the vision that parents will be successful and celebrate every single case where we accomplish that goal; we must never lose sight of the fact that every time we decide to remove a child or intervene in a family's life, we have impacted them in a forever way; we must focus our span of control on that which we are capable of impacting; we must treat families with the same respect and compassion that we would want to be treated with while maintaining safety of children; we must support our staff and our collaborative partners during the times of duress that this work entails; and we must stay focused on the purpose of our work which is to keep children safe and families strong.

The CFSD Leadership continues to use internal and external resources and reviews to identify strengths and challenges and develop interventions that we believe effectively help us achieve our vision. Through discussions with Children's Bureau and Center for States, a review of data from the division's information management system, and information gathered during focus groups and surveys from around the state,

themes pertaining to (a) insufficient workforce development, (b) a lack of engagement with both internal and external stakeholders, and (c) lack of collaboration with the courts and service providers emerged. These themes were further supported by the findings from the Protect Montana Kids Commission and the Counsel on Accreditation Review conducted shortly before the Child and Family Services Review (CFSR).

CFSD leadership is committed to establishing a continuous learning organization culture. A key piece of establishing this culture is the development and implementation of a robust, sustainable training process for all CFSD staff with an initial focus on child protection specialist and child protection specialist supervisors. A true learning organization is supported by institutionalizing a Continuous Quality Improvement (CQI) process. CQI is a process of creating an environment in which management and workers strive to create constantly improving quality. To support our efforts in this area, CFSD strengthened our partnership with University of Montana's Children, Families and Workforce Development Center and implemented a Workforce Development Group. This group will implement a coaching and mentoring process that creates a do for, do with and observe doing with feedback role between the coach and staff. The coaches train the 3-week Montana Child Abuse and Neglect initial new staff training (MCAN) and on-going regional trainings that impact all staff. The coaches participate in the Case Review process to ensure that the delivery of training and coaching improves outcomes for children and families. This is an integral part of the development of our Continuous Quality Improvement system.

Acknowledging the need to increase engagement, Division Administrator, Marti Vining created the CORE trainings and invited providers, legislators, court personnel and advocates to learn about our practice model. These trainings have been an important part of increased transparency, an acknowledgement of needed improvements in Montana's child welfare system and willingness from all sides of the system to come together to create long-lasting, positive change for families.

Specific to the CFSR outcomes, patterns of not contacting parents and children, as well as the quality of the risk/safety and well-being assessments, emerged as important concerns and were key factors affecting CFSD's performance. The lack of engagement and incident-based approach to assessments affects the ability of staff to assess child safety over time, achieve timely permanency for children, or effectively address the well-being needs of children and parents. The lack of a holistic assessment at the onset of agency involvement may also result in caseworkers not identifying circumstances when it could be possible to offer in-home services to families while ensuring the safety of the children. The lack of a shared definition of safety or safety services, as well as the lack of shared responsibility with courts and service providers, may have parties working at cross purposes and lead to poorer outcomes for children and families. Discussions with caseworkers and stakeholders indicated that staff and external providers lack knowledge, skills and confidence around the implementation of engagement, and while there are some processes in place, there is not a structured system to support growth, skill development, and transfer of learning for staff or service providers.

CFSD sees the timing of the CFSR, Program Improvement Plan (PIP), Prevent Child Abuse and Neglect Strategic Plan and the new leadership coming together at the same time as an opportunity for the division to get the back to basics of supporting families where they are at in the process of change, ensuring integration across these plans and coordination of efforts with our internal and external partners to achieve the best possible outcomes for children and their families. In addition, new leadership within CFSD and the Court Improvement Program (CIP) has created true forward movement within Montana's complex child welfare system. The CIP has been an integral part of developing this PIP. Outside of the PIP, the CIP continually identifies ways to help improve outcomes for children and families. The Child and Family Services Annual Plan will address the on-going steps CFSD and CIP are taking to move the dial in a positive direction in Montana's child welfare system long-term.

The intent of the PIP is to incorporate the CFSR elements identified as needing improvement in a manner that integrates with the DPHHS Strategic Plan and the Child and Family Services Plan and initiates the changes necessary to lay the ground work toward realization of our long-term goals by focusing on:

1. Establishment of a continuous learning organization culture;
2. Development of assessment tools/skills that accurately identify when and how state intervention should occur;
3. Achievement of timely permanency through improved engagement with families, courts, providers and communities.

The agency believes outcomes will likely improve through (a) workforce development as an on-going process that ensures all workers have the knowledge and skills necessary to support families through-out this process, (b) focused, targeted assessments of children and families at the onset and throughout the life of the case, (c) meaningful engagement of families in development of their case plans, (d) utilizing the courts to ensure permanency goals are realistic and timely and actively being worked by both the agency and family, (e) service providers being included so that treatment plans are individualized and services are targeted to the needs of the parents and children, and (f) foster parents and relative placement providers are included in case planning to achieve better outcomes for families.

Montana's practice model starts with the Immediate Danger Assessment as the initial assessment and progresses through the Family Functioning Assessment to get at the deeper needs of the family. The Safety Plan Determination Assessment guides staff to assess if the child can remain safely in the home while abuse and neglect issues are mitigated. If not, Conditions for Return are identified, and treatment plans are implemented to create change in the parents' unsafe behavior. Safety plans are utilized to assess safety throughout the life of the case, while service providers, placement providers and the courts support the practice model by providing services to and monitoring of families so that permanency can be achieved. Through the Program Improvement Plan, CFSD will focus on helping staff and stakeholders gain a greater understanding and improved implementation of the practice model. With this knowledge, assessments and service delivery will improve outcomes for families.

The agency will utilize the Continuous Quality Improvement (CQI) process to ensure strategies achieve improved outcomes. Montana's CQI systems involves a comprehensive case review process that mirrors the CFSR review process but takes it to the next step of CQI by 1) utilizing reviewers who directly train and coach child protection workers and other frontline staff type; 2) reviewers have the ability to improve training based on the outcomes of the reviews; 3) provides data to staff and supervisors regarding outcomes so findings can be used to impact behavior change; 4) leadership will analyze data to make informed changes within the system. The Data Management Plan has more in-depth information on case reviews. The agency will utilize the CQI process of on-going case reviews to ensure strategies are achieving improved outcomes. In addition, fidelity reviews for improved implementation of the practice model will be developed and used to reach the agency's goal of improved outcome for children and families. On-going, CQI protocol (plan, do, study, act) will be developed to ensure all decisions are informed through feedback loops, data-driven and focused on outcomes. CFSD has prioritized these strategies within the Program Improvement Plan.

Policy is an important part of a strong learning organization. Policy sets expectations, keeps management accountable, ensures compliance with the law and is a helpful guide of staff if well written. CFSD has not done a full review and improvement of policy for over two decades. Historically, CSFD has continued to add policy to address individual case issues. This has created long, complicated policies that tells staff how to do it, but not the why. This negatively impacts the necessity of critical thinking which is a very important skill child welfare workers must have. Policy review and improvement is never ending process that is part of the CQI. Though within the timeframe of the PIP, policy review will be specific to the strategies as needed. Additional policy work is incorporated into our CFSP and APSR.

The CFSD Leadership Team's vision, "Keeping Children and Families Strong" seeks to transform Montana's child welfare system to one which recognizes that most families involved with CFSD want the best for their children but need and want assistance overcoming the current hurdles before them. We recognize that families in crisis have many strengths and often have a good understanding of their support needs but are struggling with accessing these supports and services. We see this transformed system as one that ensures sound and effective safety and risk assessments of children at the time they come to our attention and throughout our involvement, while making sure that families, natural supports, community service providers and CFSD staff work together to focus on keeping children at home with their families, or accomplishing reunification quickly when safety concerns require removal, by providing timely, effective in-home services and additional identified treatment services to the whole family.

CROSSWALK BETWEEN CFSR OUTCOMES AND SYSTEMIC FACTORS WITH GOALS AND STRATEGIES

Goal 1: Establish a supportive learning culture within the division as a framework to effectuate and sustain effective child welfare practice.
(Systemic Factors: QA System, Staff and Provider Training, Agency Responsiveness to the Community)

Strategy 1.1: Utilize existing and developing partnerships to address organizational learning and growth opportunities.

Strategy 1.2: Create professional development opportunities that define and train roles and expectations of Child Protection Specialist Supervisors through the partnership between the agency and the University of Montana Center for Children, Families and Workforce Development.

Strategy 1.3: Implement a coaching/mentoring program for Child Protection Specialists focused on development and utilization of engagement tools and strategies in case planning .

Strategy 1.4: Develop a Continuous Quality Improvement Program to inform implementation of process changes through-out the learning organization.

Goal #2: Improve Family Centered Practice through meaningful engagement of parents and children (Safety Outcome 1 & 2, Well-being Outcome 1,2 & 3)

Strategy 2.1: Implement Initial and On-Going assessments in adherence to the practice model, emphasizing the role of family and children in the process.

Strategy 2.2: Ensure children are safely maintained in their home whenever possible and appropriate.

Strategy 2.3: Families become partners in the development of their case plans/treatment plans.

Goal #3: Improve service array through partnerships with service providers to increase reunification rates and decrease time to permanency.
(Permanency Outcome 1 and 2; Systemic Factors: Case Review System, Statewide Information System, Service Array and Resource Development, Foster and Adoptive Parent Licensing, Recruitment and Retention)

Strategy 3.1: Hold Pre-Hearing Conferences to engage parents and stakeholders early in cases and identify needs and services to inform the case plan.

Strategy 3.2 Develop Family Support Teams to improve timely safety and support services to ensure children remain in the home or are reunified in a timely manner.

Strategy 3.3: Develop Addiction Recovery Teams to ensure timelier permanency for families dealing with chemical dependency issues.

Strategy 3.4: Improve permanency outcomes through the use of concurrent planning.

Strategy 3.5 Improve services and supports to Kin/Foster/Pre-Adoptive homes to increase placement stability and improved time to permanency.

Strategy 3.6: Decrease the time between the termination of parental rights and finalization of adoption by ensuring the adoption packet is completed without unnecessary delays.

Goal #1: Establish a supportive learning culture within the division as a framework to effectuate and sustain effective child welfare practice. (Systemic Factors: QA System, Staff and Provider Training, Agency Responsiveness to the Community)

Montana CFSR has a minimal training platform for field workers or supervisors. Over the past two years, with the statewide assessment, CFSR and subsequent focus groups, division staff have had numerous discussions around how and what is trained, when it is trained and how this training is implemented into practice. Workers and supervisors consistently state how the training is not only insufficient given the level of skill needed to perform their job duties but lacks the carry over needed to perform these duties. There is little transfer of learning occurring in the field to ensure workers understood the training and how to apply it to actual practice. There is also minimal on-going training reinforcing what was taught at the initial training. What is offered for on-going training, while beneficial in its content, is not directly tied to the practice model in a way that ensures continuity of practice. The division is also experiencing a lack of depth in our workforce. The average length of employment for field staff is currently 2.2 years, with a statewide turnover rate of 35%. This creates a cycle of putting all the energy into training new staff and not being able to focus on retaining workers through continual training and support. Along with these human impacts, there is also a fiscal impact linked to staff turnover. Casey Family Program identified a state that estimated turnover costs at \$54,000 per worker, which would be similar for most states. The point being there is significant cost to turnover both for families and agencies.

Given the agency's struggles to fully train the workforce, the quality of case work suffers as reflected in our CFSR results. During the CFSR it was noted that the initial safety assessment was a strength in 82% of the cases reviewed, while the ongoing safety assessments falls to 48%. Also,

indicative are the poor results in Permanency outcome 1 (23%) and well-being outcome 1 (34%) where engagement with children and families is critical in meeting these expectations. Caseworkers lack engagement skills to effectively deal with resistant or defensive parents.

Many of the supervisors hired in the last year have less than 3 years' experience as a Child Protection Specialist (CPS). This, along with the fact that there is no formal supervisor training outside of Human Resource functions, leave many staff and supervisors unable to articulate how they arrived at a safety decision or why that is the appropriate decision, how to ask questions to enhance workers critical thinking skills or how to articulate decisions to families/providers. During focus groups held around the state, the consensus was that CPS staff rely heavily on their supervisor for decision making while new supervisors indicated they did not feel they had adequate support or training to meet the needs of their workers. Most staff agreed that having someone available to provide hands-on, experiential mentoring when first engaging with parents and children would have been extremely helpful in understanding not only the how but the why of the practice model.

CFSD is committed to becoming a learning organization in which all workers, supervisors, and managers are encouraged to learn from their mistakes and have access to training and state-of-the-art knowledge to enable them to think critically about the challenges they face in the field and the possibilities for resolving them. Continuous Quality Improvement (CQI) is a significant element of a learning organization. Utilizing a systematic process of Plan-Do-Check-Act will create opportunities for informed, sustainable changes to practice that will positively impact children and families. Supervisors and managers will learn to utilize assessment and data as a tool to inform strategy development for necessary practice change. They will create a learning culture by demonstrating their support for applying knowledge gained through the CQI process, as well as specific training. They will provide opportunities to transfer this knowledge into field practice skills. In previous years, CFSD engaged in understanding safety science to begin creating a supportive learning culture. With changes in leadership, focus was lost, and a true learning culture was not achieved. Historically, workers and supervisors have reported a lack of confidence that negative outcomes will be assessed through a learning lens. Therefore, Leadership's response to negative outcomes must be thoughtful and non-putative to the individuals involved. Understanding, "a successful safety culture balances individual accountability with system accountability, and values open communication, feedback, and continuous learning at all levels of the organization (Cull, et. al., 2013)", CFSD has refocused efforts on developing a learning culture. Leadership embraces and models that assessment and course correction when necessary is the heart of a learning organization. Continuous Quality Improvement (CQI) is an important part of improving the whole system. Families and children will benefit when there is a healthy learning culture and a strong system-wide CQI process that encourages child welfare workers and stakeholders to be more effective and efficient in their work and to be more proactive about voicing and looking for solutions for challenging concerns. A commitment to a learning culture ultimately works for everyone in the child welfare system.

Strategy 1.1: Utilize existing and developing partnerships to address organizational learning and growth opportunities.

Problem Exploration:

The landscape of child welfare is changing at a rapid pace. In order to stay abreast of these changes and maintain an optimal level of practice, training and workforce development should be an on-going focus for the agency as well as the larger child welfare community. Historically, the agency has been focused on the front-end of child welfare to include the investigation of child abuse/neglect reports with an incident-based focus. As such, initial training for Child Protection Specialist also focuses heavily on the investigatory phase with less emphasis on the on-going aspects of case work. The agency does not have any formalized on-going training requirements for Child Protection Specialists, nor do they have any training specific to other staff roles within the agency or for our community providers. Given the agency's workload and requirements, the ability to provide such training exceeds the capabilities of the training staff.

Workforce development in any organization is essential for sustainable outcome improvements. Leadership must look across the organization, assess all roles, and create a plan for the agency. CFSD does not have training for specific roles outside of the child protection specialist. Many role types impact outcomes for families. All role types must understand the need for engagement of families throughout the life of case, this includes our resource and kinship families. As stated previously, Montana CFSD has significant turnover and limited qualified applicant pools.

With training being primarily specific to the child protection specialist role, policy becomes an important resource to all staff types to help guide case practice. Currently, CFSD policy is a mix of policy and procedure which creates confusion for staff when seeking the correct direction. In addition, many policies have been added over the years to address single, specific case issues which is not reflective of the overall guiding practice that procedure should address. When CFSD changed to its current practice model, only the initial safety assessment policy was updated. This has led to separation of practice throughout the life of the case. An all-encompassing review of policy is a very extensive project. Policy should be reviewed continuously, but due to leadership changes and limited resources, Montana CFSD has fallen behind in this area.

Root Cause Analysis:

During the CFSR and subsequent surveys and focus groups, many of the discussions around individual outcomes came back around to training needs. It became apparent it would be difficult if not impossible to begin to make meaningful changes in our practice without addressing our need for a true training platform. Traditionally, our process has been focused on the front end of child protection work. Our new staff training (MCAN) is a three- week course that emphasizes the investigation of child abuse and neglect reports and only provides an overview of placement and permanency of children who come into care. A correlation can be drawn between the focus and content of the training and the CFSR outcomes. While the agency did relatively well in timeliness of investigations (82%) and services to protect children in the home and prevent removal or re-entry into foster care (79%), the outcomes for children in care drop considerably (achieving permanency 33%, needs and services of child, parents and foster parents 38%, and physical and mental health needs of children 49%). As indicated in the CFSR final report, while the use of the Family Functioning Assessment (FFA) was effective in many cases, there continues to be an incident-based approach to assessments which has implications for addressing the on-going needs and services for children and families. The final report also indicated

initial training does not prepare new caseworkers to assume entry-level case management duties and lacks a sufficient skill-based component. The agency does not have any dedicated training programs for staff positions other than Child Protection Specialist which hinders the agency's ability to ensure consistency or support for all staff that have impact through the life of a case.

Root causes can be summarized as follows:

- Current MCAN training is focused on the initial investigation
- No formal on-going training
- No formal training for staff roles other than Child Protection Specialist
- Training unit cannot handle the demand of the necessary additions to the training platform

Selection of Intervention and Rationale:

To ensure casework is centered around best practice and is meeting the outcomes defined in the CFSR, the agency needs to create a process capable of providing all staff opportunities to develop competencies within an evolving framework. This will be best achieved by partnering with the University of Montana's Center for Children, Families and Workforce Development (Center), as the agency itself does not have the resources the University has when it comes to research and curriculum development. Working with the Center to develop and provide curriculums that stay abreast of all the changing needs of child welfare as well as adopting a culture that embraces on-going development of staff will allow the agency a platform from which all other change can occur. Utilizing on-going case reviews will not only provide data to indicate training needs but will, in and of itself, provide training to agency and University staff on effective caseworker practice and in turn, indicate whether training modifications are effective in improving outcomes. The Workforce Development Group will be the vehicle to achieve these improvements.

The Center for Children Families and Workforce Development (Center) has secured approval, and consortium agreements have been developed, to expand the IV-E Child Welfare Training Program beyond the University of Montana campus in Missoula. The program will now be open to students majoring in various human services related degrees programs on the Montana State University campuses in Bozeman and Billings. This expansion allows program eligibility to people who were previously exempt. Students in these programs will complete their practicum in Bozeman, Billings and surrounding areas. Additionally, the University of Montana, School of Social Work 2+2 Program continues to expand and is partnering with additional Tribal and Community Colleges in the middle and eastern parts of Montana. Through online education, the 2+2 Program allows students to obtain a social work degree in their home towns. The IV-E Training Program is available to 2+2 students which allows for child protection practicum students in areas where they have traditionally not been located. The Center is partnering with the Child and Family Services Division (CFSB) to survey current and past workers to determine issues related recruitment and retention. Additional research to fully understand the complexities of recruitment and retention issues are being planned. This process will then allow for strategic planning to address this issue. This intervention will continue past the 2-year PIP timeframe but will be a focus throughout the PIP.

Through the PIP process, specific areas of policy will be reviewed and improved. Policy around on-going training requirements as well as professional development opportunities will be addressed fully in the states CFSP/APSR.

Theory of Change:

Utilize existing and developing partnerships to address organizational learning and growth opportunities

SO THAT the process for curriculum development and implementation is responsive to emerging changes in child welfare practice and state/federal statute changes

SO THAT our training platform is informed by best practice/evidence- based practice

SO THAT all staff develop the skills and competencies needed to perform their job duties

SO THAT there is a shared or integrated team approach to casework

SO THAT the agency becomes a learning organization that supports the needs of the child welfare workforce

A learning organization is one in which all workers, supervisors, and leadership are encouraged to learn from their mistakes and have access to training and state-of-the-art knowledge to enable them to think critically about the challenges they face in the field and the possibilities for resolving them.

Strategy 1.1	Utilize existing and developing partnerships to address organizational learning and growth opportunities.	Responsible Party	Timeframe
Key Activity 1.1.1	Utilize the University of Montana Center for Children, Families and Workforce Development to design and administer periodic surveys to inform concerns and illuminate opportunities around workforce climate, culture and career development.	UM/Management Team	Q1
Key Activity 1.1.2	Create a Workforce Development Team to ensure curriculums stay current with best practice and use data to analyze and inform decisions.	DDA / Training Unit	Q1
Key Activity 1.1.3	Develop a Workforce Development Plan with the University of Montana Center for Children, Families and Workforce Development to address recruitment and retention of child welfare staff and expand eligibility for IV-E practicums.	UM / Program Bureau	Q4

Key Activity 1.1.4	Develop on-boarding processes for other staff types that impact outcomes for families, including centralize intake, social service technicians, and family resource specialists.	Workforce Development Group	Q5
Key Activity 1.1.5	Develop training curriculum for centralized intake, social services technicians and family resource specialists.	Workforce Development Group/UM	Q7
Key Activity 1.1.6	Update policy for necessary training for all staff types.	Workforce Development Group/UM	Q7
Key Activity 1.1.7	Develop training for community partners/stakeholders that align service provision to the agency's practice model.	Management Team	Q7

Strategy 1.2 Create professional development opportunities that define and train roles and expectations of Child Protection Specialist Supervisors through the partnership between the agency and the University of Montana Center for Children, Families and Workforce Development.

Problem Exploration:

The role of supervisor is complex and multifaceted. CFSD has never clearly articulated practice standards to guide staff who assume a supervisory role. CFSD's requirement is 5 years of direct line experience prior to being eligible for supervision, but due to turnover rarely is there an applicant that meets this level of experience. Knowing new supervisor have not had significant time as a direct line worker, on-boarding and training of this position is more critical. In addition, considering the complexity of child welfare practice, it may be unrealistic to expect new supervisors have adequate depth of experience and skill in implementing the practice model themselves, let alone the confidence and abilities necessary to successfully supervise others. 31% of Child Protection Specialist Supervisors have less than two years of supervisory experience, with 55% less than four years. Given the rate of turnover and the level of experience within the supervisory cadre, even when supervisors understand and can effectively implement the practice model, they have not been provided the opportunity to learn and develop the leadership and supervisory skills that promote effective transfer of learning and engagement. When supervisors are not highly trained, poor decision-making can occur which leads to poor outcomes for families. An example being our concurrent planning process and supervisors limited impacted on improving permanency outcomes. Case reviews show that supervisors continue to see concurrent planning as sequential and not parallel process. Supervisors impact case outcomes more than any other position in the organization. In addition, supervisor impact staff's job

satisfaction knowing that job satisfaction is linked to feelings of support, making a difference, having the skills necessary to perform well and a being part of a team.

Focus Groups and Surveys with CFSD staff and supervisors indicated a need for supervisor training as the agency does not have a defined process for staff when they assume a supervisory role leaving them ill-equipped with the knowledge or skills required to assist field staff with managing their caseloads. With better training, supervisors will be able to guide case decision-making to improve outcomes for children and families. Highly trained supervisors will be able to transfer their knowledge to their staff creating a workforce of highly skilled workers.

Root Cause Analysis:

Casey Family research indicates a turnover rate below 10 to 12% is considered optimal or healthy for an organization. Well-trained supervisors with solid practice skills as well as leadership qualities are clearly linked to a reduction of staff turnover. Children's Bureau Bulletin for Professional highlights a cadre of competent supervisory staff leads to a workforce that is more stable, which in turn creates better outcomes for children and families. Given the turnover rate for CPS workers has been 35% for the past two years and the average length of stay for a new CPS worker over the past three years is 2.2 years, supervisors find themselves overwhelmed as CPS workers are dependent on them to make critical case decisions. With the majority of supervisors have less than 4 years of supervisory experience, continually training a new workforce is extremely time consuming and leaves little focus on increasing their own supervisory skill set.

In view of these staff turnover and longevity rates, Montana finds its-self in an inverse position where the absence of supervisory case practice standards and training leaves supervisors ill-equipped to adequately guide and support CPS staff toward achievement of improved outcomes for children and families and compromised in their ability to ameliorate the issue of staff burnout or turnover.

Root causes can be summarized as follows:

- Supervisory performance is not optimized due to lack of an articulated supervisory role
- Supervisory performance is not optimized due to lack of a benchmark of supervisory practice standards
- Supervisory performance is not optimized due to lack of supervisory training and support
- Supervisory performance is not optimized due to lack of policy around training requirements for supervisors

Selection of Intervention and Rationale:

As noted in The Coaching Toolkit for Child Welfare Practice, "Supervisors influence virtually everything in child welfare. They affect how policies are followed and what practices are encouraged. They set the tone and expectations in the work environment to such an extent that they are

sometimes called the ‘keepers of the culture’ for their agencies. They influence employee turnover (or lack thereof) more than any other factor... How well supervisors do their jobs affects nearly every outcome the child welfare systems seek, including the timeliness with which we respond to reports of child maltreatment, the well-being of children in foster care, and the rate at which children are reunified with their parents.” Similarly, numerous child welfare studies as indicated in CB’s Bulletin for Professionals, April 2015, highlight supervision as the cornerstone of an effective child welfare workforce. There is an extensive body of research in the child welfare field linking effective supervisory practice to positive outcomes for staff, agencies and the children and families they serve. High quality supervision can prevent or reduce employee burnout and secondary trauma which in turn reduces staff turnover. Research has shown that good supervision is linked to worker effectiveness and quality service delivery. More specifically, improved worker capacity to define next steps and set limits in their cases led to an increase in service provision, client engagement particularly with resistant individuals and improved goal attainment. They also play an important role in increasing worker motivation, job related critical thinking, and decision-making skills so that workers better serve children and families. While several strategies could assist in reducing turnover and increasing caseworker longevity, supervision was selected as something the agency has control over and will have the cross-cutting benefit of improving outcomes associated with multiple strategies within the PIP. Besides being associated with reducing turnover, research additionally links effective supervision with key casework functions including:

- Timeliness of investigation into child maltreatment
- Well-being of children while in foster care
- Improved goal attainment
- Timeliness, continuity, and quality of service delivery
- Family engagement and relationship building
- Safety and permanency outcomes for vulnerable children and families

This intervention will impact practice across the state by improving supervisors’ skill set to teach and guide decision-making that will create improved outcomes for children and families. Implementation is already underway including development of the leadership portion of the curricula and practice profiles in collaboration with the University of Montana’s Workforce Development Program. The leadership curriculum focuses on those skills necessary for effective implementation of the practice model. Skills such as communication, delegation, conflict resolution, managing change, family engagement, time management, stress management, and emotional intelligence create the foundation for mentoring staff within the practice model. The leadership curriculum has been piloted with 14 supervisors completing the training. Feedback from supervisors was collected during each phase of the training. Supervisors spoke highly of the in-person training. “100% of the participants stated the training provided an opportunity to learn from their colleagues and 83% of the participants agreed it delivered real-life application that can be applied in their workplace.”, (2019 CFSD Leadership Academy Evaluation). In addition, many touted the follow up coaching as an impactful part of the training. “80% stated their coach helped them learn new skills on the job”, (2019 CFSD Leadership Academy Evaluation). Development of a practice focused curriculum will be developed next. This curriculum will ensure a uniform understanding and application of

the practice model through a skills-based, experiential training model that ensures competency attainment. Understanding the practice model at this level, in conjunction with the skills learned via the Leadership Academy, will allow supervisors to successfully mentor staff. Policy for initial training requirements is addressed in Strategy 1.1.

The Center for Children, Families and Workforce Development (Center) is committed to providing a comprehensive training program for all CFSD supervisors. A Supervisor Training Program will be developed and divided into three tiers. Tier 1 will focus on supervising the CFSD practice model and it will include a set of online modules and 1:1 coaching so supervisors understand their role, responsibilities, state and federal policies/procedures, practice requirements of the CFSD practice model, and how to best teach their staff new knowledge and skills. Tier 2 will involve ongoing implementation of the Center's well-developed four-month leadership academy that focuses on continued development of supervisors' supervisory, management, and leadership knowledge and skills. The leadership academy utilizes an online eLearning course (2 months), experiential and hands on training (3 days) and individualized follow-up coaching (2 months) to maximize supervisors' transfer of learning. Tier 3 of the program focuses on advanced skill development for seasoned supervisors and will use a combination of on-line modules, webinars, regional workshops, and nationally recognized speakers. The Center will employ a full-time supervisory coach to manage and further develop the program's curriculum and who will contract with experienced professionals who can provide supervisors content-specific training. The Center will evaluate and report on the training program's success with supervisor learning, transfer of learning, and the outcome goals of improving supervisory practice with CPS staff to impact better outcomes for children and families. The evaluation results will be examined and used for continued quality improvement efforts.

Tier 1 and 2 will be the focus within the 2-year PIP timeline with development of Tier 3 extending into the APSR. In effort to develop a competent base of supervisors all current Child Protection Specialist Supervisors will participate in Tier 1 and Tier 2. Moving forward each Tier will be conducted annually with new supervisors starting in Tier 1 and progressing through the Tiers. (See Attachment A)

Theory of Change:

In order to increase caseworker longevity, reduce turnover and improve case practice outcomes, the agency in partnership with the University of Montana, will develop a Supervisory Process and Protocol ensuring supervisors have the knowledge, skills, and ability to support field staff,

SO THAT supervisor competencies and expectations are clearly defined, trained and mentored

SO THAT supervisors have the skills necessary to guide uniformity in practice

SO THAT supervisors can proactively manage caseloads, workflow and responsibilities of their caseworkers

SO THAT turnover rates decrease, and longevity of field staff increases

SO THAT outcomes for children and families improve

Strategy 1.2	Create professional development opportunities that define and train roles and expectations of Child Protection Specialist Supervisors through the partnership between the agency and the U of M Center for Children, Families and Workforce Development.	Responsible Party	Timeframe
Key Activity 1.2.1	Develop Practice Profiles to define supervisory expectations around implementing and mentoring the agency's practice model.	UM/Training Unit	Q2
Key Activity 1.2.2	Develop Tier 1 of the Supervisor Training	UM / Training Unit	Q2
Key Activity 1.2.3	Conduct Tier 1 of Supervisor Training with all Child Protection Specialist Supervisor.	UM / Training Unit	Q3
Key Activity 1.2.4	Regional Administrators will develop a common training plan for supervisors that completed Tier 1 and will utilize monthly consultations to ensure transfer of learning has taken place and expectations are being met.	Regional Administrators	Q3
Key Activity 1.2.5	Develop Tier 2 of Supervisor Training	UM / Training Unit	Q4
Key Activity 1.2.6	Conduct Tier 2 of Supervisor Training with supervisors who went through Tier 1.	UM / Training Unit	Q5-Q6
Key Activity 1.2.7	Coaching and mentoring process will be employed by the Regional Administrators with these staff to ensure transfer of learning and completion of training plans.	Regional Administrators	Q5-Q8
Key Activity 1.2.8	Regional Administrators and Supervisors will identify and use data to track the progress of increased supervisory skills	Regional Administrators and Supervisor	Q5-Q8

Strategy 1.3: Implement a coaching/mentoring program for Child Protection Specialists focused on development and utilization of engagement tools and strategies in case planning

Problem Exploration:

While the agency does conduct new staff training for Child Protection Specialists, staff and stakeholders felt that this initial training did not prepare new caseworkers to assume case management duties, as it did not provide enough skill-based components regarding the “how-to” or “why” of case practice. Engagement through the life of the case is emphasized as a main theme within the practice model, though it has been marginalized to the point in time of the Family Engagement Meeting. Engagement must be a behavior that occurs at every interaction with children, parents and relatives. Without this foundation, workers struggle with effectively engaging children and families. When Leadership is addressing complaints from families increasing the basic skill of “treating others how you want to be treated” would improve families experience with CFSD. This is a common theme Leadership hears from legislators, foster parents, youth and other community stakeholders. The ability to deal with conflict respectfully is an engagement skill necessary for child welfare work. In addition, good engagement skills will help workers develop case plans with parents’ input which will help identify appropriate services. There are no formalized training or structural supports in place to assist supervisors in providing adequate oversight and support to new caseworkers. Additionally, there is not a formal feedback loop between the training officer and field supervisors while new caseworkers are in training status. The opportunity for transfer of learning is not maximized between the classroom learning environment and initiation of field practice

Root Cause Analysis:

Focus groups and surveys which included caseworkers and stakeholders indicated that staff lack knowledge, skills and confidence around the implementation of engagement and/or assessing safety and service needs. This was underscored by our CFSR results. Outcomes on the OSRI that were tied to engagement were all areas needing improvement. Reviewer commentary from the CFSR associated with items measuring caseworker visits with children and parents and child and parent involvement in case planning highlighted concerns with frequency and quality of interactions. Visits were described as not occurring often enough for the caseworker to make accurate assessments over the trajectory of the case along with concerns that this compromised making informed case decisions. Quality of visitation often was such that issues of safety, permanency, well-being, and case planning were not addressed or were addressed in a perfunctory manner. Reviewers noted concerns that engagement with children and parents tended to be prescriptive (i.e. case plans were presented for signatures as opposed to being developed in conjunction with case participants) and that trusting relationships between workers and clients seen as foundational to quality assessment, case planning, and achieving desired case outcomes were seldom in evidence. This appears to echo information resulting from focus groups conducted across Montana by the Capacity Building Center for States that described many workers as uncertain regarding how to approach client resistance or otherwise engage successfully.

Root causes can be summarized as follows:

- Initial training does not contain skill-based how or why of the practice model
- Supervisors are not informed of the training their workers completed in MCAN and where they may be struggling

- There is little to no transfer of learning from the classroom to practice application
- Workers lack the necessary engagement skills

Selection of Intervention and Rationale:

In order to bridge this gap, the agency has partnered with the University of Montana to create a training platform that will ensure understanding and skill development around the states practice model. This training platform will consist of a train, coach, mentor and model approach. Given the pivotal position CPS workers have in the lives of children and their families and the complex nature of ensuring child safety while maintaining the integrity of the family, providing workers with the tools and skills required to accomplish the task is essential. Evidenced based practice and interventions will only be successful if the workforce has what it needs to implement with fidelity. This only comes from focused, structured coaching and mentoring of staff over a period to develop confidence in their knowledge and skills. The agency will use the Child Welfare Skills-based Coaching Model, a formal, professional, evidence-based coaching model designed for child welfare organizations. Coaching in child welfare has been recognized as a professional development tool for training, transfer of learning and supporting child protection workers in their professional development and growth. “Coaching helps individuals learn new skills faster and more efficiently and effectively, and coaching can support organizations in implementing new practices and strategies.” (The Coaching Toolkit for Child Welfare Practice, 2012, p. 3). **Coaching is a process by which the coach creates structured, focused interaction with learners and uses appropriate strategies, tools, and techniques to promote desirable and sustainable change for the benefit of the learner, making a positive impact on the organization.*

The Center for Children, Families and Workforce Development (Center), in partnership with the Montana Child and Family Services Division (CFSD), is implementing the Montana Child Welfare Coaching Program with all new Child Protection Specialists in Montana for a period of not less than one year. Existing workers who need help with skill development may also participate. The coaching program uses the Child Welfare Skills-Based Coaching Model, a formal, professional, evidence-based coaching model designed for child welfare organizations. The Center employs six full-time Workforce Training Consultants (WTC) as professional coaches and trainers. The coaches use reflective practice theory to help workers increase policy driven practice; enhance knowledge and skills to effectively engage and work with children, families and community partners; learn and demonstrate best practices; increase professional development; and increase job satisfaction and worker retention. Coaching also serves as a transfer of learning function to help workers integrate new learning into practice. Coaches initially meet with a worker, CFSD Field Lead Training Specialist (FLTS), and supervisor to assess the worker’s strengths and needs. A coaching agreement and individualized training plan are then developed. Coaches meet with workers several times per month and maintain meaningful communication with the CFSD trainer and supervisor. Quarterly, the worker, coach (WTC), trainer (FLTS) and supervisor meet to review progress, reassess worker needs, and update the training plan. The coaches are also involved in MCAN (initial 3-week training) and ongoing training with workers online and in-person training. Evaluation of the coaching program will be completed by a team composed of Center evaluators and CFSD training and leadership members. Evaluation results will be used for continuous quality improvement efforts.

Engagement is a theme throughout the Program Improvement Plan. When asked about engagement, staff equate it to Family Engagement Meetings (FEM), seeing engagement as an event verse a way of interaction. Motivational Interviewing is an evidence-based model that creates a skill set for on-going interaction between staff and families in a positive productive manner. Motivational Interviewing will be used as a specific engagement skill and assessed for impact on improved outcomes for families. For Motivational Interviewing to be impactful coaching, modeling and practicing of this skill will be necessary. If successful, practice groups will be developed in counties where reunification rates are below the state average.

Theory of Change:

- A coaching and mentoring program will be implemented for Child Protection Specialists
- So That information learned in MCAN becomes a base of knowledge that will grow overtime
- So That workers understand the why and not just the how of case work
- So That workers can think critically through safety and needs assessments
- So That workers can explain their decisions to supervisors, courts and families
- So That they feel engaged with their clients and outcomes for children and families improve

Strategy 1.3	Implement a coaching/mentoring program for Child Protection Specialists focused on development and utilization of engagement tools and strategies in case planning.	Responsible Party	Timeframe
Key Activity 1.3.1	Develop a team within each region consisting of a Field Lead Training Specialist, Workforce Training Consultant, Child Welfare Manager and CPS Supervisors to implement the Coaching Program in partnership with the University.	Workforce Development Team	Q1
Key Activity 1.3.2	Develop an individualized training plan for new workers to ensure continuity of skill development and application.	Field Lead Training Specialist/Workforce Training Consultant	Q1
Key Activity 1.3.3	Coaching/Mentoring evaluation will be developed by the Center for Children, Families and Workforce Development	Evaluation Sub-Group	Q4

Key Activity 1.3.4	Evaluations will be conducted with new staff after completion of MCAN and expand to all staff who have a training plan	Workforce Training Consultants	Q6-Q8
Key Activity 1.3.5	Modifications to the coaching/mentoring process will be made based on the evaluation results.	U of M	Q6-Q8
Key Activity 1.3.6	Using data CFSD will determine which county reunification rates are the lowest with the highest number of children in care.	Data Analyst	Q4
Key Activity 1.3.7	Motivational Interviewing Techniques focused on family engagement and risk/safety assessments will be taught to Child Protection Specialist and reinforced through practice groups in the identified county(s) based on the results of Key Activity 1.2.7.	Training Unit	Q4-Q6
Key Activity 1.3.8	Evaluate impact of Motivational Interviewing practice groups on outcomes for families in selected county	CQI Team	Q8

Strategy 1.4: Develop a Continuous Quality Improvement Program to inform implementation of process changes through-out the learning organization.

Problem Exploration:

Montana, like most other states, found themselves experiencing the same outcomes on the CFSR round 3 as they did during rounds 1 and 2. Even after implementing numerous changes and innovations through previous program improvement plans the state was unable to sustain any positive outcomes that were attained. The issues identified in the CFSR were also identified by the Protect Montana Kids (PMK) Commission, the Legislative Audit and the Counsel on Accreditation further highlighting the divisions ability to effectively address these concerns over time. Given that child welfare, as a practice, is fast-moving, crisis-oriented and complex, maintaining a focused approach to change management has been difficult. Without a well-defined, structured process to guide change, Montana is likely to experience the same outcomes with this improvement plan.

Root Cause Analysis:

The agency has not historically utilized data to manage change, and while the use of data has increased over the past few years, it has been in isolation of the process associated with change management. This approach made implementation more difficult as there wasn't a clear understanding of what was causing the result and when staff did not see immediate results, they would go back to business as usual. This resulted in a lot of implementation without follow through or sustainment. These starts and stops created frustration within the workforce which lead to resistance to any new changes being implemented. Given the lion's share of data the agency has to work with reflects negatively on outcomes, workers understandably experienced data negatively. Culturally, a great deal of the decision making has been saddled on management with little or no input from internal or external stakeholders. This not only put undue stress on management but limited the understanding of what the problem was, why it was occurring and what could be implemented to ensure it was corrected. This also adversely affected buy-in from staff and stakeholders when new innovations were implemented.

Root causes can be summarized as follows:

- Underutilizing data to inform change
- No follow-through when implementing change
- No buy-in or inclusion of internal or external stakeholders

Selection of Intervention and Rationale:

Child Welfare is a relatively new field in terms of utilizing research to measure outcomes and guide practice. As data becomes available, many formerly accepted constructs are now being questioned or re-examined. An example of this would be the shift to the understanding that, in many cases, placement in foster care is more determinantal than once believed. With the passing of the Family First Prevention Services Act the impetus has shifted to prevention and family care which has triggered a need to change business as usual within our agency. Ensuring any changes going forward are addressing the correct areas and are implemented with fidelity, the agency needs to create a process that follows the lifecycle of change management. Continuous Quality Improvement (CQI) is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning as well as quality data that is reflective of the practice so that outcomes correctly identify areas of strength and those needing improvement. Most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency, children, youth, families and stakeholders throughout the process. To ensure this process operates with efficacy, a CQI Committee, comprised of internal and external stakeholders familiar with the state's case practice model, will be empaneled. Members will undergo training and orientation to the data to ensure review and decisions are in line with outcome measures as well as best practice.

Montana has reformatted the case review process since the CFSR was held. The new process is designed to mirror the federal review in how the elements are measured using the On-Site Review Instrument (OSRI) located on the CFSR portal. This not only ensures the outcome ratings are in alignment with the ratings from the federal review but also allows for real-time reporting on results at the completion of the review. Case review teams are made up of the Child Welfare Managers (CWM), Workforce Training Consultants (WTC) from the University, Field Lead Training Specialists (FLTS), Training Unit, CPS Supervisors (CPSS), CPS workers and the CQI Unit. 65 cases will be reviewed bi-annually, with reviews being held monthly in each of the six regions. The number of cases reviewed at each site will be determined by the number of children in care per region so those regions with the largest number of children in care will have a higher number of cases reviewed. This should ensure a more accurate assessment of strengths and areas needing improvement in each region. To incorporate the organizational learning culture into our review process, the CWMs, WTCs, FLTS will each participate in four reviews each year as they will be the subject matter experts around our practice model and can mentor other staff through participation in case reviews. This will also ensure carryover while coaching new staff in the field and ensure a uniform standard of practice expectations. Once identified staff are trained on the case review process, the agency will include other internal and external participants to take part in the reviews. This process will ensure one member of each pair is experienced and can mentor the other member on the requirements of the OSRI outcomes as well as expand the training potential inherent to the review process. CQI staff will provide first and second level Quality Assurance (QA) to ensure fidelity to the tool and to the practice model. CQI staff will also provide a report out to Regional Administrators as to the outcomes of the reviews and any salient patterns that may need to be addressed or expanded upon. Bi-annual roll-ups will be provided to Management team to provide a statewide snapshot of outcomes. These findings as well as data from the state's CCWIS system and feedback groups will be used by the CQI Committee to inform the CQI process around change implementation as well as progress towards meeting our PIP goals. As CQI is institutionalized within the organization, policy and training will continually be reviewed, updated and improved to impact practice positively. Utilizing outcome data to identify necessary changes in practice to improve outcomes for children and families is the ultimate success of a high functioning Continuous Quality Improvement organization.

Theory of Change:

Montana will develop a robust Continuous Quality Improvement Program

SO THAT the identification, description and analyses of strengths and problems occur

SO THAT solutions can be tested, implemented, revised and measured

SO THAT implementation is targeting desired outcomes

SO THAT outcomes for children and families improve

Strategy 1.4	Develop a Continuous Quality Improvement Program to inform implementation of process changes through-out the division.	Responsible Party	Timeframe
Key Activity 1.4.1	Create and train a CQI Committee with representation from internal and external stakeholders (membership and criteria will be outlined in the committee’s charter)	MT / CQI Unit	Q1
Key Activity 1.4.2	Create a data validation plan for CCWIS to ensure input and output of data is accurate, timely and available. (changes to the system and/or training will be dependent on the validation results)	IT/CQI Unit	Q2
Key Activity 1.4.3	Develop a process around gathering, analyzing and disseminating data/information.	IT and Data Systems Manager	Q2
Key Activity 1.4.4	Create a CQI/data repository to ensure all data collected is available to the CQI committee.	CQI Unit	Q2
Key Activity 1.4.5	Review and Update the CFSP/APSR to ensure alignment with the PIP as well as legislative mandates.	CQI Committee	Q2
Key Activity 1.4.6	Develop and/or reengage Regional Advisory Boards to increase feedback loops across the state	Regional Administrators	Q3
Key Activity 1.4.7	Incorporate feedback loops through Bi-annual meetings with Regional Advisory Boards, State Advisory Boards, Youth Advisory Board, Tribal Social Services, surveys and stakeholder meetings.	Management Team/ CQI Committee	Q4
Key Activity 1.4.8	Implement identified changes in specified counties/regions based on the data outcomes using the change management processes (plan, do, study, act).	Management Team/Supervisors	Q4

Goal #2: Improve Family Centered Practice through meaningful engagement of parents and children (Safety Outcome 1 & 2, Well-being Outcome 1,2 & 3)

Federal feedback regarding the CFSR noted that casework practice concerns and the lack of available resources and services played a role in a salient pattern of challenges observed in effectively assessing and addressing the individualized needs of children and parents. For example, a comprehensive assessment of all the caregivers in the family was not routinely completed, which had implications for addressing needs of children and families. This was especially evident with cases involving parental substance abuse and/or domestic violence. 60% of cases lacking a comprehensive assessment involved parental substance abuse while 26% involved domestic violence. This lack of assessment and limited collaboration with service providers hinders a worker's ability to accurately identify and implement the appropriate services. Increased Parental substance abuse, especially methamphetamine, and a lack of clarity around the practice model also led to a decrease in the use of In-Home Services across the state. Further, a culture shift fueled by community concern over child fatalities and near-fatalities occurred, resulting in workers perceiving foster care placements as a less risky and therefore more desirable option. This shift away from using in-home services was coupled with the belief that people using drugs were not capable of effectively participating in their case planning, nor were there any safety services that could mitigate concerns associated with drug use. When parents are not meaningfully engaged in case plan development, there tends to be a delay in accepting and accessing services which then affects timely permanency and well-being outcomes for families.

Commentary from the CFSR associated with items measuring caseworker visits and involvement in case planning for children and parents highlighted concerns with the frequency and quality of interactions. Visits were described as not occurring often enough for the caseworker to make accurate assessments over the trajectory of the case which compromised making informed decisions. Quality of visitation often was such that issues of safety, permanency, well-being, and case planning were not addressed or were addressed in a perfunctory manner. Reviewers noted concerns that engagement with children and parents tended to be prescriptive (i.e. case plans were presented for signatures as opposed to being developed in conjunction with case participants) and that trusting relationships between workers and clients seen as foundational to quality assessment, case planning, and achieving desired case outcomes were seldom in evidence. This appears to echo information resulting from focus groups conducted across Montana by the Capacity Building Center for States that indicated many workers are uncertain regarding how to approach client resistance or otherwise engage successfully. Other disruptions to successful client engagement and case outcomes included lapses in contact with clients when cases were transferred to a new caseworker or from an intake to an ongoing worker.

Feedback from internal and external stakeholders strongly suggests that a focus on the basic tenants of case work practice will likely lead to better outcomes for both parents and children. This includes utilizing a family's natural supports from the onset of the case to ensure the family has the skills and supports to provide for the child's safety and well-being, maintaining a child's important connections and providing extended families the opportunity to be actively engaged.

CFSD held a training in October 2019 to re-energize the belief that when staff engage families in their case plan positive outcomes will occur for the family. Through this training, it was messaged that engagement is a way of interaction with families. Often, staff and stakeholders see Family

Engagement Meeting as how we engage families. These meetings are a tool but are not the only time and way engagement occurs. Engagement with children and parents needs to happen throughout the life of the case in many ways, such as home visits, in-person meetings, clear communication, and creating opportunities for natural parenting time when safety can be managed. By doing regular home visits and in-person meeting, staff build rapport and trust with children, parents and placement providers. Questions can be addressed timely and thoroughly in a compassionate manner. Staff get to know family's unique qualities, which opens doors for creative solutions to increase parenting time and normalizing the foster care experience for the child as much as possible.

CFSD staff developed a vision for family engagement, "Families are empowered by community partnerships and authentic relationships that support engagement and create change". In addition, four focus areas were identified to facilitate institutionalization of improved family engagement within CFSD's practice model. The areas are practice, culture, training and community. Family engagement is a theme throughout the PIP, in addition to the CFRS/APSR. The strategies outlined below are specific to utilizing engagement in the initial and on-going assessment, creating opportunities to maintaining children in their home and case planning.

Strategy #2.1: Implement Initial and On-Going assessments in adherence to the practice model, emphasizing the role of family and children in the process.

Problem Exploration:

During our CFRS Round 2 PIP, the state chose to adopt a new practice model. The Montana Safety Assessment Management System (MTSAMS) practice model was chosen to move away from an incident-based approach to a more holistic assessment of risk and on-going safety that would inform needs assessments and case planning was introduced in 2012. This encompassed the investigation into abuse/neglect allegations as well as in-home and out of home safety planning. Through use of the model, workers identify parents' protective capacities as it relates to child vulnerability so appropriate case plans are developed. Using the Family Functioning Assessment (FFA), workers would gather information around any Immediate Danger (safety) or Impending Dangers (risk) by interviewing all members of a family to understand how each person functioned independently and as a member of the family. As the worker assessed the family, the impending dangers and caregiver protective capacities would become apparent and allow the worker to determine whether the children were safe. Once a child was determined to be unsafe, the worker would then need to complete the Safety Plan Determination to ascertain if a child could be safely maintained in the home while providing services to the family. If it was determined that the child needed to be removed, the Conditions For Return would be completed

to identify what needs to change for the child to safely return to the home while the family continued to engage with the division and service providers. In either instance, case management responsibility would reside with the assigned worker. In-Home or Out of Home Safety Plans are developed to continually assess for safety. Treatment plans are developed to outline the services necessary to help parents make changes so they can safely parent their children.

In an effort to get the new practice model “right”, workers and supervisors lost sight of basic social work practices of engagement and service delivery. Filling out the form became the focus verse strength-base interaction with the family. Part of the new model promoted providing the right service at the right time. This was confused with a delay of services during the initial implementation, which created an unforeseen negative effect on keeping children in the home. In addition, staff did not fully understand what services could be used and communities did not have the necessary safety services to prevent removal. Strategies to address this issue are outlined in Goal 3 of the Program Improvement Plan.

The expectation from staff and leadership was this new model would result in fewer children in care and better outcomes for families. But, during the implementation of the model, the division was also undergoing other practice changes to include implementing the IV-E waiver, moving away from intake and on-going units to one worker/one case model and increased expectations on Child Protection Specialist Supervisors around case consultations. At the same time, Montana experienced an economic downturn, an increase in the number of reports concerning parental meth, a significant increase in the number of children entering care (from 2312 in SFY14 to 3905 in SFY2019), a wave of negative publicity towards front line workers, and multiple changes in leadership. All these changes and stressors resulted in a perfect storm. Caseloads continued to increase as did worker turnover. The division chose to withdraw from the IV-E waiver and went back to intake and ongoing units in order to shore up field offices. With the changes in leadership, the focus around supervision waned under the demands of the caseloads. Given the lack of training, focus and resources, the agency never fully moved away from incident-based investigations to comprehensive family assessments.

Root Cause Analysis:

During the CFSR Round 3, Montana’s ratings under the safety outcomes declined compared to the 2nd round outcomes. This was most apparent in Safety Outcome 2 where reviewers found that our initial safety assessments were still incident-based with a lack of on-going safety assessments throughout the life of a case; ratings dropped from 71% in 2009 to 48% in 2017. This also affected our ratings for well-being outcomes since assessments were not thorough enough to determine needs of the children or parents and therefore not identifying the appropriate services to meet the needs that brought them to the attention of the agency. Using data from state case reviews, of the 69% of cases where initial and ongoing safety assessments were not adequate, 88% were also rated as ANI for assessment of needs and services for

children and families, 90% as ANI for caseworker visits with children and 93% as ANI for caseworker visits with parents. During the CFSR and in subsequent focus groups and meetings, workers and supervisors stated the lack of understanding and /or confidence around making safety determinations, the need for additional training on the safety aspects of the practice model, and skill development around motivational interviewing to better assess the family's functioning were needed. In addition, supervisors recognized the practice of forms being used to document a report instead of a guide to decision making. This in turn limits their usefulness in guiding case planning. With no process in place to ensure fidelity, practice drift occurred, and workers relied on more external factors, i.e. drug tests, to determine child safety. Reflective of the concerns above, data shows maltreatment in care rose 3 ½ % between SFY 17 and SFY 19 (from 7.97 to 11.43), re-entry increased by roughly 2 ½% (from 9.7 to 12.4), and recurrence of maltreatment rose from 9.7 to 12.4. While these increases could be in part attributed to the lack of available services in the community, the parent's unwillingness to engage in services past agency involvement, or other socio-economic factors, the lack of quality assessments and identification of appropriate services necessary to mitigate the safety concerns within the family is within the agency's sphere of control. With this in mind, the decision to get back to the basics of case work by ensuring adherence to the safety aspects of the practice model would provide the foundation staff need to ensure child safety while maintaining the integrity of the family.

Root causes can be summarized as follows:

- Initial assessments are incident - based
- Lack of on-going assessments (both safety and needs)
- Lack of child and family involvement in their case planning

Selection of intervention and Rationale:

As Montana considered possible strategies that could help identify safety concerns while assessing for needs/services, it became clear that staff who had been part of the initial implementation had a better understanding of the practice model. Many of those staff are currently in leadership roles which can be capitalized on for improved implementation. MTSAM is a family-centered comprehensive practice model that assesses for safety while identifying appropriate services for in-home and out-of-home cases. Utilizing what has already been started, strengthen policy where appropriate and improving the transfer of learning process will have the greatest positive effect on families.

Montana continues to believe that agency's practice model, when used with fidelity, will allow for assessment of safety throughout the life of the case while ensuring interventions are targeted toward improving/enhancing those areas of family functioning that lead to CFSD involvement. The practice model, MTSAMS, is designed to assist the worker in defining immediate and ongoing risk and safety threats, how the family functions as a whole and as individuals within the family, what strengths the parents possess that can be enhanced to mitigate risk/safety and

what areas of parental functioning is inhibiting the family from providing for the safety and well-being of their children. The model then guides decisions around how best to support the family in developing a plan around safety and service provision. If the family is willing, their living arrangements allow for and there are supports and services available, then the family can be served through in-home services, otherwise the agency will develop an out-of-home plan that outlines the conditions for return (what needs to occur for the child to return to the home) while the family continues to receive services. Safety plans are then developed and assessed every 30 days to ensure child safety and well-being throughout the life of the case. The Family Functioning Assessment (FFA) provides a comprehensive assessment of the child and family's needs at the onset of the case. As on-going needs assessments are conducted by the agency and providers assisting the family, case plans are updated to ensure services are meeting the identified needs and inform necessary modifications. To ensure all this occurs, fidelity reviews of the practice model will be conducted quarterly. These reviews will ensure a common approach to coaching/mentoring field staff, will provide skill-based training around the implementation of the practice model and will ensure the use of a common language and approach is utilized by all staff. Having learned from past attempts, this approach to conducting fidelity reviews will focus on the how and why the information is enough or not and will ensure transfer of learning is continually being reinforced. The fidelity reviews will also be a rich source of data for Management to use within their CQI process. Utilizing tools as developed will guide workers in not only assessing for safety but mitigating the safety threats by addressing the parents' protective capacities, that once enhanced, will ensure the safety and well-being of the child. In those cases where reunification is not appropriate, will assist in defining when and how a child can maintain a healthy relationship with their parents moving forward.

Theory of Change:

Implement Initial and On-Going assessments in adherence to the agency's practice model, emphasizing the role of family and children in the process.

So that risk, safety, and needs can be accurately assessed

So that the reason for agency involvement is clearly articulated

So that parents understand what needs to change

And the case plans are reflective of those needs

So that services can be targeted to increase parents' protective capacities

So that they can safely parent their child without on-going agency interventions.

Strategy 2.1	Implement initial and on-going assessments in adherence to the practice model, emphasizing the role of family and children in the process.	Responsible Party	Timeframe
Key Activity 2.1.1	Develop a fidelity review tool and process for the practice model	Training Unit/CQI Unit	Q1
Key Activity 2.1.2	Conduct statewide training with Child Protection Specialist Supervisors, Field Lead Training Specialists, Child Welfare Managers and Workforce Training Consultants to ensure uniformity of terminology, application and intent of the safety tools.	Training Unit	Q2
Key Activity 2.1.3	Using the coaching and mentoring process, coaches will assist workers in prioritizing workload to ensure investigations are initiated within time frames and children are seen face to face	Training Unit	Q2
Key Activity 2.1.4	Using the coaching and mentoring process as outlined in Goal 1 will ensure Child Protection Specialists and Child Protection Specialist Supervisors are utilizing the safety model tools correctly through eliciting critical thinking and constructive feedback, and completion of the investigative coaching checklist each time a report is staffed.	Training Unit	Q3
Key Activity 2.1.5	The Training Unit will conduct fidelity reviews with Child Protection Specialist Supervisors, Field Lead Training Specialists, Child Welfare Managers and Workforce Training Consultants to assist in the development of the requisite skills needed to mentor and coach workers and to reinforce application of the practice model.	Training Unit	Q4-Q6
Key Activity 2.1.6	Evaluate the effectiveness of the implementation to ensure the practice model is being utilized as intended.	CQI Unit/Center	Q5 – Q8

Strategy 2.2: Ensure children are safely maintained in their home whenever possible and appropriate

Problem Exploration:

During the CFSR held in September 2017, the agency did not have enough true in-home cases to meet the Federal sampling requirements. In order to meet the requirements, the agency was asked to include investigations that were open for more than 45 days since Montana statute allows for 60 days to complete investigations. While this gave the agency enough cases to meet the sampling requirements, it did highlight the fact that the agency had moved away from providing in-home services. A further look at data from MT-ROM showed a 25 to 1 ratio between foster care cases and in-home cases.

Montana has a relatively high removal rate of 10.4 and returns just shy of half of all children within 12 months. Less than 7% of children are served through in-home services. Given that over the last year, 41% of children were returned to their home within 12 months, and 26% were returned in under 6 months, the likelihood that these children could have been safely maintained in their home with supportive services seems strong. This is especially true for children under 1 (93% returned home in less than 12 months). Given that the agency has been under-utilizing in-home services and that placing children in out of home care for even short periods of time can negatively affect the attachment between the parent and child, returning to the intent of the practice model would increase the number of children and families served in the home.

Root Cause Analysis:

The intent of the practice model is to ensure children are maintained in the home whenever possible. Removal only occurs if the safety plan determination indicated the situation was such that safety could not be maintained for the child in the home. The conditions for return then focused on what needs to change in order for the child to be returned to the home while the family completed their case plan. As identified in Strategy 2.1, when the agency experienced practice drift, one of the major areas affected was the use of in-home services. During that time, efforts to simplify the model caused for forms to be revised in a manner that created a negative effect on understanding the use of in-home services. The worksheet that was originally called Safety Plan Determination was changed to Conditions for Return. Focus groups held with CFSD staff indicated this change not only created confusion around the use of the tool, but also created a belief that all children identified as unsafe in the Family Function Assessment would need to be removed from their home. Staff also indicated community pressure around child safety has

increased significantly and the expectation of many community partners is children need to be removed to be safe. This can be tied back to a lack of understanding around the agency's practice model, statutory authority and limitations and the role the court plays in child welfare. Parental substance abuse, specifically alcohol and methamphetamine, has also increased. Staff indicate the belief that parents who are using cannot be an effective participant in decision making or case planning, nor are there safety services that can adequately mitigate for parental methamphetamine use. This unintended consequence has had a significant impact on the number of kids coming into care.

Root causes can be summarized as follows:

- Increase in Parental Substance Abuse
- Community Pressure around child safety
- Workers lack confidence utilizing in-home services
- Practice Drift away from In-Home Service Provision

Selection of Intervention and Rationale:

Looking at the rate of removal compared to the rate of reunification within the first 12 months indicates that the agency may be removing children who could have been maintained safely in the home with the appropriate safety services in place. Utilizing our current practice model as intended will assist workers in identifying those children who could remain in the home and what services would be necessary to ensure safety while addressing the needs of the family. Using the coaching and mentoring process as outlined in Goal 1 will assist workers in not only knowing what to do, but also understanding the "why" which is the foundation for improved critical thinking and decision making. Improved critical thinking and decision making will help workers develop the confidence needed to make these complex decisions.

Ensuring that community members and stakeholders understand the practice model and the negative outcomes associated with removing children from their parents should increase community understanding, confidence and support for the agency. Stakeholders being included in trainings and discussions with the agency regarding practice needs and service availability would likely increase provider willingness to adapt their programs and array of services to meet the needs of the families. Since the agency maintains case management responsibility for all cases, whether in-home or out-of-home, having a strong working partnership with our providers will ensure families receive the right service at the right time to meet their identified needs. While there may be other contributing factors to this short turnaround, knowing the impact parental separation has on children and parents underscores the need to work to keep families intact whenever possible and appropriate.

Theory of Change:

Ensure uniform utilization of the practice model by all workers

So that workers are better able to identify safety and service needs required to keep children in their homes.

So that services can be accessed to support safety and reduce the risks for children remaining in their homes

So that the family is engaged in building skills and identifying supports and more equipped to access supportive services to sustain safety for their children.

Strategy 2.2	Ensure children are safely maintained in their home whenever possible and appropriate	Responsible Party	Timeframe
Key Activity 2.2.1	Revise the Safety Plan Determination worksheet to ensure alignment with the practice model to clearly delineate when a child can remain in their home once the assessment has been completed and the child has been found to be unsafe.	Training Unit	Q1
Key Activity 2.2.2	Utilize the coaching/mentoring process as defined in Goal 1 to ensure workers understand and are using the worksheet correctly.	Training Unit	Q2
Key Activity 2.2.3	Develop partnerships with service providers to ensure availability of in-home services for at risk families.	Management Team	Q2
Key Activity 2.2.4	Provide training on the practice model and ensure safety services are part of the contract expectations.	Training Officer / Division Admin	Q2
Key Activity 2.2.5	Use data from fidelity reviews in Strategy 2.1 to evaluate use of Safety Plan Determination worksheet to determine whether the intervention resulted in the desired outcomes.	Training Unit	Q4 – Q8

Strategy 2.3: Families become partners in the development of their case plans/treatment plans

Problem Exploration:

As illustrated in Strategy 2.1, when the division experienced high caseloads, high turnover and several changes in leadership, workers found themselves overseeing, not effectively managing, cases to meet the increased demands. This resulted in prescriptive and compliance-based casework. Treatment plans tend to be generic and not tailored to the specific needs of the family or why the agency became involved in the first place. Current case reviews noted a lack of engagement with families is still a consistent theme across the state.

Root Cause Analysis:

After the initial round of CFSRs, Children's Bureau found a correlation between caseworker visits and performance outcomes. Specifically, the reviews found the quality and frequency of visits were associated with better safety/risk assessment, needs and service provision and inclusion in case planning activities. Montana's outcomes underscore the correlation between engagement and associated outcomes. A key finding of the CFSR is that many children and parents do not routinely have adequate face-to-face contact with their caseworkers, particularly in foster care cases. This pattern of casework practice affects the ability of staff to assess child safety, achieve timely permanency for children, and effectively address the well-being needs of children and parents through appropriate case planning activities. The 2017 CFSR outcomes for parents and children involved in case planning was only 48% (children 16.7%, mothers 45.4% and fathers 33.3%), visits between caseworker and children occurred in 52% of cases, and visits between caseworker and parents occurred in 33.3% of the cases. On-going case reviews indicate that while frequency of contact has started to increase, the quality of the visits have not. Focus groups and surveys with CPS staff and supervisors indicated a number of reasons why this may be occurring: large caseloads fueling the belief there is insufficient time to conduct a quality visit, workers resistance to working with defensive or angry parents, belief that drug use, especially methamphetamine, limits the ability of parents to contribute to their case, and workers not feeling like they always have the answers that children and parents expect. While workers understood the critical nature of engagement, they were considerably less clear as to how to go about it, particularly in situations involving angry or defensive parents. Workers also indicated strong interest in training and ongoing support to improve engagement skills.

Root causes can be summarized as follows:

- Large caseloads

- Workers resistance to working with defensive or angry parents
- Belief that drug use limits the parent's ability to participate
- Workers not having all the answers that children and parents expect
- Workers lack of engagement skills

Selection of Intervention and Rationale:

As stated by Bossard, Braxton and Conway, 2014, "A family engagement approach to casework views families as the experts on their unique challenges and seeks to support them in developing solutions. This strengths-based approach empowers and encourages families to partner with child welfare professionals to plan the best services and resources for the family to ensure child safety and, in turn, improve outcomes for children and families. Including families in decision-making and planning processes enhances the fit between family needs and services and makes it more likely the family will participate in services and complete the case plan." Montana's practice model is based on that very premise and will only be successful when it is a true partnership between the agency, the family and community supports. Parents are the key to successful outcomes and need to be honored and respected as such. Based on this, CFSD believes focusing on meaningful engagement with parents and children will not only improve outcomes but enhance the lives of the families we serve. Based on the root cause analysis, for the Program Improvement Plan the focus will be on specific parent engagement in the case plan. This will allow for improvements in the CFSR outcomes which in-turn will create better outcomes for families.

Theory of Change:

Parents and children will be meaningfully engaged throughout the lifecycle of the case

**Meaningfully engaged is when a child who is developmentally appropriate and parents are active participants in all case planning and have a say in needed services and selection of service providers*

So that their expertise on the dynamics at play in their family can be used to develop solutions

So that services can be tailored to their unique needs

So that they are more likely to commit to achieving case goals

So that they can safely parent their children without state involvement

Strategy 2.3	Families become partners in the development of their case plans/treatment plans.	Responsible Party	Timeframe
Key Activity 2.3.1	Define goals, objectives and frequency for parent and child contact at the beginning of each case and update, at a minimum, every 90 days.	Safety Team	Q2
Key Activity 2.3.2.	Update necessary policy and train staff in policy revision	Program Bureau	Q3
Key Activity 2.3.3	Utilize the coaching/mentoring process defined in Goal 1 to mentor workers on engagement skills to ensure quality contact with children and parents	Training Team	Q3
Key Activity 2.3.4	Ensure transfer of learning occurs by observing workers interactions with families and providing support as necessary.	Child Protection Specialist Supervisor	Q4
Key Activity 2.3.5	Revise supervisor consultations to focus on assessing workers' skills in engagement and identifying the elements of quality contacts with children and parents	Child Protection Specialist Supervisor	Q4

Goal #3: Improve service array through partnerships with service providers to increase reunification rates and decrease time to permanency.
 (Permanency Outcome 1 and 2; Systemic Factors: Case Review System, Statewide Information System, Service Array and Resource Development, Foster and Adoptive Parent Licensing, Recruitment and Retention)

Montana's permanency data as reported in the Child and Family Service Review Data Profile (January 2019) indicate that Montana is below the National Performance standards in all three Permanency measures (Perm in 12 mos.=38.5%, Perm in 12-23 mos.= 39.1% and Perm in 24+ mos.=31.2%). CFSR results indicated that concerted efforts to achieve permanency in a timely manner occurred in only 33% of cases reviewed. One contributing factor could be that in 40% of cases reviewed, permanency goals were considered unrealistic or not appropriate for the child based on an interpretation of the circumstances of the case. During the CFSR and in subsequent focus groups, CPS workers and supervisors across the state indicated a belief that reunification had to be ruled out prior to working adoption and that guardianship could not be considered

until adoption was ruled out by the court during a permanency hearing. Even when workers understood that concurrent plans could be worked simultaneously, they were hesitant to engage families in the discussion of an alternate plan as they felt the parents would be angry or resistant.

During focus groups held by the Capacity Building Center for States, service providers indicated they do not know what the divisions definition of safety or safety threshold is and are unsure of their role in providing safety services as well as what other services the agency expects the provider to use with families in the home. Workers and supervisors indicated they understood the importance of keeping children in their own homes but lacked a clear understanding of when it was appropriate to provide services to the family in the home or what services would be necessary to ensure safety of child remaining in the home.

Removal rates have increased over the last 5 years from 5.7 in SFY 2015 to 10.4 in SFY 2019. Given that the number of staff assigned in CPS roles have not increased at the same rate, there are more demands on workers. This requires a paradigm shift moving away from the agency's belief that it is solely responsible for solutions to one of shared responsibility with our community partners to support the needs of the families and children we serve. With this in mind, the agency has partnered with Court Improvement representatives to better address permanency for children, through the use of Pre-Hearing Conferences, concurrent planning and collaborating to reduce the time between TPR and finalization of adoption. The agency has also partnered with community providers to ensure interventions offered to families are targeted and specific to the issues that brought them to the agency's attention. These interventions, including the expansion of Family Support Teams and creation of Addiction Recovery teams, are designed to bring subject matter experts into the case early on providing workers with additional resources to either maintain children in the home or return them to the home more quickly while parents are receiving the supports and services needed to make sustainable progress toward completion of their case plan. Family Support Teams and Addiction Recovery Teams engage parents in the process of assessment and service planning. Parents have a voice about what services will be most helpful to their family during the Family Support Team's initial meeting. The Addiction Recovery Team provides a peer mentor to the parent who has been through the child welfare system to help the parent access treatment at a level they are ready to engage in, as well as providing support to the parent regarding the overall Child and Family Services Division's process.

Strategy 3.1: Hold Pre-Hearing Conferences to engage parents and stakeholders early in cases and identify needs and services to inform the case plan

Problem Exploration:

As identified under Goal 2, lack of early and on-going engagement with parents has an adverse effect on outcomes. Case reviews and discussions with case workers indicate when parents are not effectively engaged at the on-set of their case there tends to be lapses in parental involvement. This delay affects parental buy-in which diminishes the agency's ability to utilize the parent's expertise in identifying needs and services. This in turn delays development of treatment plans and initiation of services which effects timely permanency for children.

Root Cause Analysis:

A multidisciplinary team of systems professionals in child welfare, including legal and judicial professionals, the Court Improvement Program (CIP), and leadership and staff from the agency met to identify opportunities for cross-systems collaboration in addressing the concerns that arose from the CFSR findings. Montana was only in substantial compliance with Permanency Outcome #1 in 23% of the cases reviewed (Item 4 Stability = 78%, Item 5 Perm Goal = 60%, and Item 6 Perm Efforts = 33%). The discussion focused on item 6 (achieving reunification, guardianship, adoption or other planned permanent living arrangement) and explored time to permanency as a challenge for the state. The CFSR data profile revealed that the Montana is approximately 5% lower than the national average on achieving permanency within 12 months, within 24 months, and for children in care longer than 24 months. The multidisciplinary team mapped out the process from removal of the child until case closure and discussed root causes of delay. One issue that was identified was the length of time to work through the court process due to the following; overwhelmed court dockets, attorneys not having met their clients, and CFSD not providing clear case plan goals. More specifically, the team identified the lack of early engagement of parents as a potential root cause, particularly in terms of engaging parents in service planning as was noted as an issue in the CFSR report. In terms of the process, the team of stakeholders also felt that the delay in achieving timely permanency for youth was in getting a timely, meaningful treatment plan on the record. Data from counties currently engaged in the PHC process confirmed this relationship. CIP analysis of supplemental post data from three PHC counties (Flathead, Gallatin and Lewis & Clark), representing more than 900 children over 4 years indicated that there was a statistically significant relationship between timing of the treatment plan and timely permanency for the child. Cases with longer times between petition filing and getting the treatment plan on the record also had longer times to permanency (regardless of case outcome). *Montana PHC Study 2018, by Alicia Summers, PhD

Data from a study on Pre-Hearing Conferences showed promising results in the three jurisdictions that it had been implemented in. Treatment plans were developed timelier post implementation of the PHC and time to permanency also reduced across multiple outcomes in all three jurisdictions after PHC implementation. Initial permanency calculations included the following: dismissals for reunification with a parent or parents, termination of parental rights, and guardianships. CIP recently started collecting data regarding the time from termination of parental rights to finalization of adoption. Additionally, data indicated that parental participation and presence at pre-hearing conferences was predictive of an increased rate of reunification of children with a parent or parents. CIP collected this data from two sources, electronic case file system (Full Court) and the PHC Debriefing Tool. The first form of data was collected from Full Court. The case file review collected case level data on child abuse and neglect cases from pre-implementation (2014 and early 2015) to two years after implementation (2017). The second was data collected by the PHC facilitators at the end of a PHC. PHC facilitators began completing a PHC Debriefing Tool in early 2017. It was completed by all facilitators immediately following the PHC and collected data on parties' presence, participation, and discussion topics. This data was

collected between 2017 and 2018 in all pilot sites (including those that discontinued use of the pilot). Data elements collected are presented as follows:

Case File Review

- Case Number
- Year
- Jurisdiction
- PHC Hearing (yes/no)
- Key Dates (removal, Filing, PHC, Show Cause, Adjudication, Disposition, Treatment Plan, Permanency Hearing, Effective Resolution)

PHC Debrief Tool

- Case Number
- Hearing Date
- Jurisdiction
- Facilitator
- Parties Present
- Participation of Parties
- Discussion of Key Topics (visitation, services, placement)

As part of the root cause analysis, the team ruled out the following as sources of delays in permanency; a) appeals; b) court continuances and c) time to adjudication. There were only 88 appeals in over 800 cases, therefore this would not have a significant impact on overall permanency findings. In addition, in the cases reviewed there were not enough continuances to draw the conclusion of this element being a root cause either. As well, time to adjudication had no measurable impact on time to permanency.

Root causes can be summarized as follows:

- Lack of parental engagement
- Length of time to work through the court process
- Delays in treatment plan development

Selection of Intervention and Rationale:

Several strategies could help to engage parents in the process and ensure timelier and more meaningful treatment plans are in place. Montana looked to the MT PHC evaluation findings and chose to continue and expand Pre-Hearing Conferences (PHC). The PHC is a facilitated conversation among the parties that occurs before the initial Show Cause Hearing. The participants comprise the parents, caseworker, attorneys, CASAs, foster parents, family members, treatment providers and children who are developmentally mature enough. Experienced attorneys or mediators are hired and trained by CIP. They act as neutral facilitators for each PHC. Uniform training for PHC facilitators is provided by the CIP training coordinator, including a period of observation by the training coordinator with follow-up practice checks every 6 months to ensure fidelity. Stakeholders (County Attorneys, Office of Public Defender, CASA, and CFSD) are also provided training by the CIP training coordinator on the PHC so that all parties involved understand the purpose as well as the process for the conferences. The purpose of the PHC is to talk about the three main issues in the case: 1) the child's current placement and/or options for placement; 2) visitation between the parent and child and plans for improving visitation; and 3) treatment services for the family. The goal of the PHC is to establish a mutual understanding of what is in the best interest of the children, and to begin working as a team toward reunification. The PHC provides a better vehicle for parent-child input, so more individualized treatment plans can be created, leading to more effective services, faster time to permanency and increased reunifications.

The team decided that PHC could be expanded to all judges in Yellowstone county that are overseeing DN cases. Initially one of six judges were participating in PHC in 2013. It is expanded to five more in 2015 but then there was some stop and starting due to funding limitations for facilitators. Without a facilitator, guardian ad litem tried to keep the PHC moving forward, but this is not true fidelity to the model. Guardian ad litem are not a neutral party. Due to population and volume of court cases, Yellowstone County increased the total judges to 8 in 2018. Funding was reinstated in 2018 and trained PHC facilitators were expanded to all eight courts. Yellowstone has approximately 1/3 of all DN cases in the state. This would allow greatest impact of the program through a phased implementation. A plan will be put into place to monitor fidelity and examine short and long-term outcomes related to this. In addition, Missoula currently operates Intervention Conferences, a similar model to PHC, except that they are facilitated by Standing Masters. Efforts will be underway to identify how often and why these are initiated and expand their reach to more cases in Missoula. Implementation of PHCs will be expanded to Silver Bow County given this county has one of the lowest reunification rates in Montana. CIP and CFSD will continue to assess the data to consider further implementation across the state as part of the CFSP/APSR. PHCs involve resources and judicial buy in that may be out of the 2-year time frame of the PIP. With this intervention being in five counties, it already impacts 45% of all children in foster care in Montana. We believe effective engagement at the on-set of the case, higher quality treatment plans and less contentious hearings set the foundation for productive relationships which in turn should lead to more timely permanency for children.

Theory of Change:

To better engage parents earlier in the court process and ensure timely, meaningful treatment plans are developed and placed on the record, the use of Pre-Hearing Conferences and Intervention Conferences to engage parents and stakeholders early in the case will be expanded.

SO THAT there is improved communication between all parties about roles and expectations

SO THAT timely, meaningful treatment plans are provided as soon as possible

Meaningful treatment plans hold all stakeholders accountable, have a clear distinction between imminent safety risks and barriers, include conditions of return, are developed with substantive input from the parent, match to their unique needs, and have clear timelines for completion

SO THAT parents understand what to do and start and complete their services earlier

SO THAT parents feel more engaged in the process

SO THAT they are more likely to participate in services, visitation, and court hearings

SO THAT permanency hearings are timely and appropriate for the child’s needs

SO THAT Termination of Parental Rights petitions are filed sooner when appropriate

SO THAT there is more timely permanency for children (reunification/adoptions/guardianship)

Strategy 3.1	<i>Hold Pre-Hearing Conferences to engage parents and stakeholders early in cases and identify needs and services to inform the case plan.</i>	Responsible Party	Timeframe
Key Activity 3.1.1	Host separate convenings with Yellowstone County Judges and Silver Bow County Judges that oversee DN cases to discuss the PHC data and evaluation findings and program.	CIP	Q1
Key Activity 3.1.2	Identify judicial champions to support expansion of the PHC program in each county and invite them to serve in leadership roles in the initiative.	CIP	Q1

Key Activity 3.1.3	Conduct a training for attorneys, judges, and CFSD staff in each county on the PHC and provide quarterly meeting for stakeholders to discuss effectiveness of PHC implementation.	CIP	Q2
Key Activity 3.1.4	Meet with Missoula Standing Masters to align Intervention Conferences and PHC practices and data	CIP/CFSD Leadership	Q2
Key Activity 3.1.5	Revise data collection tool to include more data points to ensure evaluation is effectively monitoring parental engagement and timely permanency, to include data around permanency hearings and TPR filings.	CIP	Q2
Key Activity 3.1.6	Revise data collection tool to include more data points around the frequency and quality of Parent/Child Visitations	CIP	Q2
Key Activity 3.1.7	Revise treatment plan expectations and templates so they reflect the most current findings of the PHC data analysis reports.	CIP	Q2
Key Activity 3.1.8	Develop a protocol for conducting PHCs to ensure fidelity during future implementations.	CIP	Q2
Key Activity 3.1.9	Implement PHCs in all Yellowstone County courts that hear DN cases.	CIP	Q2
Key Activity 3.1.10	Implement PHCs in Silver Bow Counties with champion judges	CIP	Q2
Key Activity 3.1.11	Evaluate PHC effectiveness and modify the PHC intervention as needed and suggested by the evaluation data.	CIP	Q4

Strategy 3.2: Develop Family Support Teams to improve timely safety and support services to ensure children remain in the home or are reunified in a timely manner.

Problem Exploration:

As noted during the CFRS, assessments and services to children and families were not adequate to address the reasons for agency involvement for both in-home and out-of-home cases. Practice drift away from in-home cases has occurred due to a misunderstanding around the intent of the agency's practice model and change in the policy and procedures around conducting in-home services (See Goal 2, Strategy 2.2). Lag time between the investigation and initiation of services is an issue as well. Policy allows for 60 days to complete an investigation and currently treatment plans are not required until after the adjudication hearing which could be up to 6 months after opening the case. Data shows that only 38.5% of investigations were closed within the 60-day timeframe, which may extend the delivery of services even more. As stated in Goal 2, assessments still tend to be incident-based which may result in required services not meeting the actual needs of the family. Service providers are not included in the case planning process leading to providers not having a full understanding of the family's needs as well as the agency not having a good understanding of how the services are or are not addressing the family's needs.

Root Cause Analysis:

Results from the CFRS further support the need for ensuring adequate assessments and services for children and families as the state's outcomes indicated this was only accomplished in 38% of all cases reviewed. Through discussions with workers, they indicated they don't always know what services are needed or available within their community and stated that they tend to refer families to the same providers they are familiar with. When families are referred to services, the agency does not always facilitate setting up the services or following up on whether the services are meeting the needs of the family. Discussions with providers indicated a lack of understanding around what they were being asked to provide or why and how their services aligned with the agency's practice model (no shared definition of safety or safety services). Given that accountability for child safety falls on the agency and individual CPS worker, there is an inherent fear around involving providers and/or a family's natural support system in development of safety plans. When looking further at the agency's data around maltreatment in care, of the 129 substantiated reports, 81% were while children were on a trial home visit and the perpetrator was a parent or caregiver.

Additionally, 29% of in-home cases had a screened-in report with 33% being substantiated. This supports the contention that the interventions provided did not address the actual needs of the family.

Root causes can be summarized as follows:

- Lack of adequate assessments and related services
- Lack of family involvement
- Confusion around providers role in providing safety services vs treatment services
- Lack of trust in utilizing a family's natural support system without some form of oversight

Selection of Intervention and Rationale:

Around the same time as the CFSR, Cascade County was experiencing a large increase in the number of children coming in to care. This increase was disproportionate to other areas in the state given the population of the county. Cascade is the 5th most populous county but has the 2nd highest number of children in out of home care and currently has the highest removal rate in the state. Nearly one-quarter of all children in out-of-home care are from Cascade County. Out of concern for this situation, the regional administrator asked for help in understanding why this was occurring. Utilizing the Center for States staff, workers and community providers were involved in discussions that ultimately lead to a realization that services available to families were not being adequately utilized. Contracts for In-Home or Reunification services were awarded to one provider in each area which limited the array of services available to the agency. Providers indicated a willingness to participate in a new process with the agency. This new process would eliminate the contracts and move to a fee for service model allowing all community providers opportunities to work with the agency thus increasing the array and availability of services. The Family Support Team (FST) was created to bring providers to the table when a child was determined to be unsafe and was at risk of being removed or had been removed, to assist with identification and provision of services based on a review of each family's needs. The FST is then able to match the right provider with the right services at the right time specific to the family's needs and allows for service provision to occur sooner. For children who have been removed, the FST will include development of the Conditions for Return, so all parties are aware of what conditions need to change in order for the child to be returned home while the family continues to work through their case plan. This model brings together parents, children, natural and community supports, service providers and agency staff allowing for the coordinated development of safety plans and service plans, fosters the development of relationships between the family and providers, and defines roles and responsibilities of all involved parties.

Due to turnover in Cascade County the FST has had some starts and stops over the past year. While the initial implementation gained great strides with engaging community providers, CFSD's turnover internally created unintended gaps in referring all families that met criteria. CFSD Leadership was able to realign a position to specifically facilitate the FST, which renewed a focus on referrals and increased follow through on the implementation of the FST.

While Yellowstone County does not share the same removal rate concerns as Cascade County, it does have the largest number of children in care and one of the lowest reunification rates in the state. Utilizing the Family Support Teams around reunification will ensure services and supports are available to provide for safety while supporting the needs of the family.

Utilizing this intervention during the investigative phase (Cascade Co) as well as when parents are actively working towards Conditions for Return (Yellowstone Co) will allow the agency the opportunity to gather data on the efficacy of the intervention. This will determine when and how implementation in other areas going forward will transpire. Given the 2-year time period of the PIP and level of effort required to implement this process with fidelity, the agency plans to keep the focus of the PIP on Cascade and Yellowstone Counties with plans to include implementation of future sites in the CFSP/APSR based on the data, available resources and lessons learned. (See Attachment B)

Theory of Change:

The agency will utilize Family Support Teams to strengthen collaboration with community providers

SO THAT safety services and supports including formal and informal supports are immediately available to keep children safe at home or to return home quickly, while the assessment and treatment planning process is completed;

and

Appropriate services, including targeted evidenced-based programs, will be identified and implemented for children and families that meet their specific needs and characteristics

SO THAT families are engaged so they can receive services and supports they need

SO THAT families can learn to safely and permanently care for their children

SO THAT more of Montana’s children can be safely prevented from entering the foster care system or exit the foster care system safely and timelier.

Strategy 3.2	<i>Develop Family Support Teams to improve timely safety and support services to ensure children remain in the home or are reunified in a timely manner.</i>	Responsible Party	Timeframe
Key Activity 3.2.1	Gather data to evaluate adaptation, implementation and project efficacy in Cascade County.	Program Bureau/FST	Q1
Key Activity 3.2.2	Develop a safety monitoring protocol between the agency and providers for Cascade and Yellowstone Counties.	Program Bureau/FST	Q2
Key Activity 3.2.3	Develop policy for Family Support Teams	Program Bureau	Q2
Key Activity 3.2.4	Train CFSD staff and community providers in Yellowstone County on the Family Support Team and how these teams support CFSD Safety model for in-home services and/or reunification.	Program Bureau/FST	Q3
Key Activity 3.2.5	Implement Family Support Team Structure in Yellowstone County.	Regional Administrator/ Program Bureau	Q4
Key Activity 3.2.6	Conduct thorough review of qualitative and quantitative data in Cascade and Yellowstone Counties to determine effectiveness of FTS and make modifications where necessary to continue to increase the number of in-home cases and decrease the time to reunification.	CQI	Q6-Q8

Strategy 3.3: Develop Addiction Recovery Teams to ensure timelier permanency for families dealing with chemical dependency issues.

Problem Exploration:

Montana's data suggests it is more common for children of substance abusing parents to experience removal. 68.9% of children currently in foster care in Montana were removed from their parents in part due to parental drug use. Of those cases, 63.7% involved methamphetamines. This is most prevalent in Region 1 (82.5% removals/66% meth), Region 2 (77.4% removals/75.4% meth) and Region 3 (76.8% removals/65% meth). Over the last 5 years, only 55% of children were returned to their parents when drug use was indicated. Through case consultation and staff self-report, there is a strong belief that parents who test positive for methamphetamine cannot parent safely. In some areas of the state, drug use equals removal. Leadership is committed to changing this belief and practice.

Root Cause Analysis:

During case reviews, long wait times for substance use disorder evaluations and treatment as well as parental relapse emerged as themes negatively impacting permanency outcomes. During focus groups, workers indicated a belief that there are not safety services available that can control for parental drug use, especially methamphetamines. This belief limits the use of in-home services as well as the type of visits parents could have with their children. Workers also indicated they feel parents afflicted by methamphetamine use are not capable of effectively participating in the development of their case plan. Workers tend to believe that parents' poor choice to use drugs is an indicator that all decision-making or parenting skills are unsafe. This is not always accurate. In absence of being high, often parents can safely parent their children. Parents are typically required to undergo a substance use disorder evaluation and follow all recommendations, however there is typically an extended wait time to get the evaluation and even more wait time to access services. This, compounded with the stress of having their children removed, makes it difficult for parents to maintain their sobriety necessary to maintain contact with their child. Case review findings also indicated that many parents become difficult if not impossible to locate months at a time causing further delays in achieving case goals. Workers also struggle with addressing relapse as a part of recovery and instead see it as an unwillingness or inability to make the changes necessary to reunify with their child.

Root causes can be summarized as follows:

- Majority of removals involve parental substance use
- Lack of timely assessments and service provisions around substance use
- Lack of substance using parents involved in their case plans
- Cultural belief that there are no safety services that control for substance use
- Lack of understanding around relapse as part of recovery

Selection of Intervention and Rationale:

Given that 68.9% of cases currently involve one or both parents dealing with substance abuse with the majority of cases involving methamphetamines, utilizing Addiction Recovery Teams at the onset of the case will assist families in identifying underlying issues and assist in attaining treatment and developing relapse plans. According to the National Center on Substance Abuse and Child Welfare, these peer and recovery specialist programs have demonstrated positive outcomes for participating families, such as improved treatment completion and recovery rates for parents, less time children spent in out-of-home care, and improved family reunification rates. Common goals among both peer and recovery specialist programs include timely access to, and retention in, substance use treatment services. Other common goals are to: 1) reduce time children spend in out-of-home care and associated costs; 2) remove barriers and improve linkages between child welfare services and substance use treatment agency staff; and, 3) improve the agencies' capacity to effectively provide services by improving communication and coordination between systems. The ART members, a Licensed Addiction Counselor (LAC) and a peer support individual will have offices within CFSD and be available for consultation, intervention and assessment of any persons identified by CFS staff as having a potential substance use disorder. The LAC will conduct the CD evaluation and mental health screening and provide appropriate referrals for services to the client within 48 hours of the referral. The peer support specialist will assist with connecting the client to the referral agencies, offer support and guidance to the client, and ensure follow-through and communication between all parties. The ART and CFSD will work together to develop a treatment plan with the client within five days of the assessment that will address behavioral health, mental health, and physical health needs. This team will meet weekly to review progress on all cases and update the treatment plan at least monthly. This program has been initiated in Billings and Missoula as they both have a robust chemical dependency community with many resources for families, offering strength-based, client-centered, and trauma informed care. Billings ART, through the Rimrock Foundation, currently conducts the treatment portion of five local treatment courts and has recently begun collaboration with the family drug court in Billings. This relationship with judges, probation and parole, attorneys, and other area treatment providers allows Rimrock to coordinate care for clients involved in both systems. An evaluation of this program will be on-going, and results will be used to inform next steps within the program as well as when and how to roll this out where needed. Identifying counties that have high removal rates due to neglect from substance abuse and sufficient substance use disorder treatment services will be the targeted areas for expansion. Roll-out will be dependent upon the necessary services and funding being available. (See Attachment C)

Theory of Change:

Addiction Recovery Teams will be utilized for cases where parental substance abuse is occurring

SO THAT an accurate and timely assessment can be made for the entire family

SO THAT services can be tailored to address the needs identified during the assessment

SO THAT parents receive services timelier

SO THAT children can remain safely in the home or return home quicker

Strategy 3.3	Develop Addiction Recovery Teams to ensure timelier permanency for families dealing with chemical dependency issues.	Responsible Party	Timeframe
Key Activity 3.3.1	Complete implementation of ART teams in Yellowstone and Missoula County field offices.	Regional Administrator	Q1
Key Activity 3.3.2	Develop and train on the use of an evaluation tool to measure effectiveness of program and make modifications as needed	Program Bureau	Q2
Key Activity 3.3.3	Reviews will occur quarterly to monitor adherence to the model.	Program Bureau	Q3
Key Activity 3.3.4	Using the results of the evaluations, if warranted, a plan will be developed for roll-out to additional sites.	Management Team	Q6

Strategy 3.4: Improve permanency outcomes through the use of concurrent planning.

Problem Exploration:

When looking at permanency outcomes, the CFSR findings indicated the state does not identify permanency options or achieve permanency within the set timelines. Notes from the reviewers included concerns that permanency goals were not changed in a timely manner and were not appropriate or unrealistic given the case circumstances. They also found that the concurrent goals were not appropriate for the case circumstances and not established or updated timely. Some of these concerns stemmed from not engaging families in identifying or achieving the goals. During the CFSR, the state rating for achieving permanency was 33% while the rating for including families in their case plans was 56%. Some of the challenges listed by reviewers were workers not addressing the reason for placement, delays in filing TPR petitions, and not actively working on concurrent goals. Current case review comments indicate that these areas remain an issue for the agency.

Root Cause Analysis:

Stakeholders identified the lack of concurrent planning as a potential root cause to lack of timely permanency. In looking at the CFSR results, for children who reviewers felt concerted efforts were made to achieve permanency, it was clear that concurrent plans were being worked simultaneously throughout the life of the case. This not only included engagement of the parents, but also identification and engagement of the concurrent placement and service providers. Conversely, the data shows lack of concurrent planning delayed permanency past the accepted timeframes. From July 2017 until June 2019, 1113 children have TPR but only 46.1% of these children were adopted. That leaves 52.7% of children with TPR still in care. When supervisors were asked about the specific cases, the reasons noted were due to the agency delaying the initiation of licensing (34%), the agency not having an identified adoptive or guardianship placement at the time of TPR (25%), and stated it took on average 7.7 months after TPR to complete the adoption/guardianship packet. In those cases where the child was placed in the pre-adoptive or guardianship home prior to TPR, this process could have been completed much sooner. Cases where problems with the license requirements were not discovered until after the court had awarded TPR further delayed the permanency process. Another issue appears to be the belief that the agency must rule out reunification and adoption prior to moving to guardianship. During the CFSR, reviewers found that workers were

talking to the providers about guardianship but were hesitant to make that the child's permanency goal since the court had not ruled out adoption. The review also found that the goals documented in our CCWIS system did not always match what was being worked on. While some of this may be due to poor data entry, workers did say they did not feel they could change the goals in the system until they had a court order approving those goals. This disparity may cause misinformation being presented to families and providers, especially when a case needs to be transferred to another worker.

Given that 66% of families come to the attention of the agency due to chemical dependency use, particularly methamphetamines, the timelines for reunification do not align with the timeframes for substance abuse treatment. Wait lists for treatment increase this timeframe even longer as does the fact that most people will relapse during treatment. The National Institute on Drug Abuse cite a 40 to 60% relapse rate. This results in the unfortunate situation where parents are given unrealistic expectations and children remain in limbo. With this in mind, successful concurrent planning would allow families to move sooner to a guardianship with family which would provide safety and stability for the child while allowing the parent to focus on their treatment and stabilize their own living situations. This would have the added benefit of allowing parents and children to maintain their relationship in a safe and supportive environment. Utilizing the Kinship Navigator Program would assist relatives in caring for the children long term while still maintaining a supportive relationship with the parents.

Root causes can be summarized as follows:

- Case Workers not clear on what concurrent planning entails
- Belief that Reunification and Adoption take precedent and must be ruled out by the court prior to any other plan being developed
- Lack of engagement with Parents throughout the case
- Case Worker's reluctance to discuss alternate permanency plans with the parents

Selection of Intervention and Rationale:

Concurrent planning is a type of permanency planning in which reunification services were provided to the family of a child in out-of-home care while an alternative permanency plan was made for the child, in case reunification efforts failed. To be effective, concurrent planning requires not only the identification of an alternative plan, but also the implementation of active efforts toward both plans simultaneously with the full knowledge of all participants. Compared to more traditional sequential planning for permanency, in which one permanency plan is ruled out before an alternative is developed, concurrent planning may provide earlier permanency for the child. The lack of effective concurrent planning has been seen across the state through on-going case reviews. The agency first needs to further analyze the level of understanding field staff

have regarding concurrent planning so that training and protocols can be developed and instituted into areas of practice identified as needing redress. The coaching/mentoring process, as outlined in strategy 1.2, will then support agency staff in effectuation of desired permanency practice to include engagement of families in planning and selection of concurrent permanency goals that reflect best interest of child. This process will also ensure the permanency goals listed in the CCWIS system (CAPS) accurately reflect the current permanency goals and describe the steps being taken to achieve these goals.

Theory of Change:

To ensure timely permanency of children, the agency will develop a process to ensure concurrent permanency plans are created and actively worked alongside reunification

SO THAT all parties of the case are aware of and in support of the plan should reunification not occur

SO THAT permanency placements can be identified more timely

SO THAT adoption/guardianship packets can be initiated prior to the determination that reunification is no longer an option

SO THAT errors in the documentation, placement requirements, or other hold-ups in the process can be identified and addressed timely

SO THAT there is more timely permanency (reunification/adoptions/guardianships)

Strategy 3.4	Improve permanency outcomes through the use of concurrent planning.	Responsible Party	Timeframe
Key Activity 3.4.1	Survey CPS staff and court personnel regarding concurrent planning and development of permanency goals to assess current understanding of the process.	Training Unit/Workforce Development Group	Q1

Key Activity 3.4.2	Review and revise current policy and training curriculum to ensure materials adequately prepare caseworkers to develop, implement and document primary and concurrent goals and plans.	Training Unit/Workforce Development Group	Q2
Key Activity 3.4.3	Create module for supervisor training (Strategy 1.2) specific to concurrent planning including staffing process and oversight by Regional Administrator	Training Unit/Regional Administrator	Q2
Key Activity 3.4.4	Utilizing the coaching/mentoring program as described in Strategy 1.3, WTCs and FLTS will walk staff through development and documentation of concurrent plans with an emphasis on ensuring permanency goals are in the best interest of the child and family.	WTC/FLTS	Q3
Key Activity 3.4.5	WTCs and FLTS will work with staff on updating CAPS to ensure the current permanency goals are reflected as well as how and where to document the steps being taken to achieve these goals.	WTC/FLTS	Q3
Key Activity 3.4.6	Develop a process for Permanency Planning Specialists to identify cases without an active concurrent plan and schedule permanency staffings for those cases. Concurrent plans will be identified in the case plan along with steps to achieve the plan by the end of the staffing.	CPSS/PPS/CWM	Q2
Key Activity 3.4.7	Train court personnel on the use of concurrent planning to ensure both plans (primary and concurrent) are discussed at every hearing to further ensure they are appropriate and being worked on so that permanency can be achieved timely.	CIP	Q6
Key Activity 3.4.8	Monitor and evaluate the effectiveness of these interventions to determine whether there is a reduction in time to permanency that correlates with concurrent planning and adjust where indicated.	CQI Unit	Q4 - Q8

Strategy 3.5 Improve services and supports to Kin/Foster/Pre-Adoptive homes to increase placement stability and improved time to permanency

Problem Exploration:

While the strategies above address important aspects identified as contributing to permanency outcomes including the need to engage parents as soon as possible in the development of their case plan/treatment plan, ensure services are timely and targeted to the issues that lead to agency involvement, the need for multiple permanency plans and speaks to the identified needs critical to improving permanency outcomes, the agency believes that support and services for resource families is another missing piece of the permanency puzzle.

Results from the CFSR indicated that needs and services to resource placements were not assessed or provided 42% of the time. When workers were asked about this during focus groups the majority indicated the belief that resource families were able to meet their own needs and the needs for the children in their care. This stems from the belief that providers are a resource for the worker. Interviews with foster parents indicated that they did not have adequate contact with the worker nor adequate support to balance their needs with the needs of the children in their care. The National Resource Center for Permanency and Family Connections notes that Placement Providers may end the placement as a result of not receiving supports or services. The Annie E. Casey Foundation reports that in the communities it has served, as many as 40% of foster parents stop providing foster care due to lack of agency support. Additionally, children's behavioral challenges are often cited among the main reasons for placement disruptions. According to the National Survey of Child and Adolescence Well-being, instability in foster care can make the problems caused by abuse and neglect even worse. Multiple placements have also been found to lead to delayed permanency outcomes, academic difficulties, and struggles to develop meaningful attachments.

Root Cause Analysis:

According to the Casey Family Program's Strategy Brief on Placement Stability, children initially placed with relatives are the least likely to experience placement changes. In Montana, when children come into care, the agency works hard to place the child with a relative caregiver. In SFY 2019, this occurred with 60% of initial placements into care. However, looking at the number of children currently in a kinship placement, that number dropped to 54%. Looking further at the current kinship placements, 42% of children have had 2 or more placement changes compared to 61% for children in non-relative foster care. A landmark study in Illinois found that children who have had only one placement achieved reunification 33% of the time, children with 2 placements only 13%, and children with three placements a mere 5% of the time.

While children placed in kinship care are experiencing fewer placement disruptions, it is clear that placement disruption is occurring at problematic rates in both kinship and non-relative foster placements. Further, relative and non-relative providers indicated that the lack of services and supports provided by the agency especially around the child's behavioral issues, contributed to their inability to maintain the placement.

Root causes can be summarized as follows:

- Lack of access to services and supports to resource families
- Increase in placement disruptions due to lack of support
- Insufficient face to face contact with agency staff

Selection of Intervention and Rationale:

Providing placement providers with the support and services they need to maintain a child in their home will not only affect permanency outcomes but will also have positive effects on safety and well-being outcomes. When placement providers have the tools and support to address a child's behavioral needs the risk to the child's safety diminishes. When children remain in the same placement while in care, there is less chance of educational disruptions or increased behavioral issues. Reunification rates also increase. An added benefit of focusing on services and supports to placement providers is the increase in recruitment, training and retention of resource families. Having a strong, well-trained and supported cadre of placement providers creates a pool of qualified trainers and peer supports for new placement providers to draw from. Through the establishment of a bolstered family support network, opportunities arise to elicit feedback and encourage advocacy for children in care and resource families. Resource parents and community providers will have the chance to complete surveys at support group meetings twice per year or via electronic means, i.e. surveys. Information gathered will be provided to management team, program bureau staff, and foster parent advisory group in order to inform policy and procedural changes, resources and FAQ section of the website and ongoing and initial training for families. Information on changes/updates will be provided to resource parents through emails (listserv) and periodic newsletters.

Theory of Change:

The agency will develop a process to assist resource families in identifying needs

SO THAT services can be targeted to meet the needs of the child and resource parent

SO THAT the placement remains stable

SO THAT the amount of trauma children are exposed to is diminished

And

the likelihood of timely permanency is increased

Strategy 3.5	Improve services and supports to Kin/Foster/Pre-Adoptive homes to increase placement stability and improved time to permanency.	Responsible Party	Timeframe
Key Activity 3.5.1	Implement the Kinship Navigator Program in partnership with the Montana State University (MSU) Extension Program to provide additional supports and services to kinship families.	Program Bureau	Q1
Key Activity 3.5.2	Hire 2 additional Resource Family Specialists (RFS) in Billings and Great Falls as Kinship Navigators who will assist Kinship Placement Families in accessing available services and supports within the community.	Licensing Program Manager	Q2
Key Activity 3.5.3	Interested Foster Parents and agency staff will attend the NACAC Parent Leadership Training and co-develop peer to peer support groups around the state.	Post-Adoption Program Manager	Q3
Key Activity 3.5.4	Partner with existing community support groups to develop feedback loops through focus groups and surveys with the agency and foster parent community to inform training and resources currently available or needed, as well as inform changes to policy and procedures as appropriate.	Foster Care/Adoption Units	Q4

Key Activity 3.5.5	Create a Foster Parent Advisory Group with statewide representation to advise agency leadership on training and support needs as well as advocating for children in care.	Licensing Program Manager/Regional RFS Supervisors	Q4
Key Activity 3.5.6	Use information collected from feedback loops and advisory group to train staff through the coaching/mentor process outlined in Goal 1 on how to support placement providers effectively	WTC/FLTS	Q5
Key Activity 3.5.7	Develop enhancements to our current website to include a Foster Parent application portal, Frequently Asked Questions page and training and resource links. Electronic resource guide will be updated to ensure all resources listed are available and appropriate for foster parents use.	Licensing Program Manager	Q6
Key Activity 3.5.8	Develop a tracking system for licensing to determine length of time to licensing, reasons for denial of license and reason for licenses not being renewed. This system would also allow the agency to look for areas with lower applications as well as foster parent reasons for not renewing license.	Program Bureau	Q8

Strategy 3.6: Decrease the time between the termination of parental rights and finalization of adoption by ensuring the adoption packet is completed without unnecessary delays.

Problem Exploration:

In the past two-year period, 1086 cases had achieved TPR while only 489 or 46.1% had achieved Adoption or another form of permanency. This leaves 52.7% of children with TPR still residing in foster care. Of those children who achieved permanency through adoptions over the past two years, the average time between TPR and Adoption finalization was 257 days. Initial concerns were that once the adoption packet reached Central Office, delays occurred.

Root Cause Analysis:

During work groups with the Court Improvement Program, Judges, Attorneys, the Center for States, Center for Courts, Agency Personnel and Federal CFSR partners, a workflow from inception of the case through case closure was developed to identify all of the areas where impediments to the adoption process could likely occur. The identified areas can be grouped into two categories: 1) those items that can be completed prior to the TPR hearing (licensing of pre-adoptive home, initiation of adoption packet and corrections to court orders) and 2) those items that can only be completed once TPR is granted by the court (finalizing adoption packet with inclusion of the TPR order, adoption subsidy negotiation, and completion of the affidavit for adoption). To determine the efficacy of these concerns, a list of 326 children in care whose parental rights were terminated was sent out to the field staff. The staff then responded to 8 questions designed to indicate where process delays occurred. From this information it was determined that there was no one area that accounted for identified hinderances nor were delays occurring only once they reached central office. A lack of a well-defined process, a lack of oversight at every stage, and a lack of urgency from the field staff to complete the adoption packet (i.e. children were in a pre-adoptive home and safe so energy was focused on those children who did not have a defined permanency plan) were determined to be the factors contributing to above listed delays.

Root causes can be summarized as follows:

- Lack of a well-defined process around the completion of adoptions
- Lack of urgency in the completion of adoptions
- Lack of supervisory oversight to ensure adoption process stays on track

Selection of Intervention and Rationale:

Agency staff and court personnel collaborated to develop a process map that identified the process that occurs once TPR has been granted by the court and until permanency is achieved for the child. After looking at current practice process around completion of adoptions, it became clear to the team that there was not a single focal point that impeded the process but rather multiple areas where the process could stall. The team identified a streamlined process that starts earlier in the case and ensures supervisory oversight and tracking would be the best course to

reduce the time from termination of parental rights to the finalization of the adoption. The current adoption checklist was reviewed and is being revised to ensure only the essential documents are required to be part of the adoption packet. Since many of the documents can be initiated and collected prior to termination of parental rights, creating a permanency file for each child as they come into care would ensure those documents are completed, collected and validated earlier in the case, to include review of all court orders for accuracy and required language and allow for timely *Nunc pro Tunc* orders to be submitted to the court. Developing a monthly report of all cases where TPR has been granted will assist in keeping the focus on completion of adoption requirements. While some areas utilize permanency staffings for cases every 3 to 6 months, the effect these staffings have on achieving permanency is not clear and will need to be evaluated and modified accordingly. Finally, developing a tickler system at Central Office to track cases lacking documentation will ensure timely completion of packets and contribute to timely achievement of adoption finalization.

THEORY OF CHANGE:

MT CFSD and MT CIP will

- (a) Streamline the paperwork gathering process and eliminate steps that are not required for adoption finalization AND
- (b) Identify a person and mechanism to track the adoption case through the entire process to adoption AND
- (c) utilize coaching/mentoring to create a sense of urgency with staff to complete the adoption process

SO THAT

- (a) the adoption packet is completed within 30 days from receipt of the written termination order, AND
- (b) errors in court orders are discovered sooner

SO THAT

the court can resolve any errors in court orders via *Nunc pro Tunc* within seven days of discovering the errors

SO THAT

the court can provide a complete, certified termination order for inclusion in the adoption packet

SO THAT

a completed adoption packet is delivered to the central office AND the central office does not need to send the adoption packet back to the case worker for additional information or to correct errors

SO THAT the adoption packet is finalized within 30 days of central office receiving the completed adoption packet

SO THAT the adoption is finalized without unnecessary delays caused by a deficient adoption packet

SO THAT the time a child remains in care from termination of parental rights to adoption decreases,

SO THAT children in care available for adoption achieve timely and appropriate permanency

Strategy 3.6	Decrease the time between the termination of parental rights and finalization of adoption by ensuring the adoption packet is completed without unnecessary delays.	Responsible Party	Timeframe
Key Activity 3.6.1	Revise adoption checklist to remove requirements for superfluous information and timelines for items.	Adoption Program Manager	Q1
Key Activity 3.6.2	Caseworkers and Supervisors will be trained on the importance of timely completion of adoption when TPR has occurred.	Adoption Unit	Q2
Key Activity 3.6.3	Caseworker will be notified around collecting family history and other permanency documents at the onset of the case and upload to DocGen for inclusion in the adoption packet. PPS will provide oversight during perm staffing to ensure documents are collected and uploaded.	PPS/CWM	Q2
Key Activity 3.6.4	Develop a monthly report that tracks all children who have TPR but have not yet achieved permanency and distribute to Regional Management who will then set up a permanency staffing for those identified children	Central Office Data Unit	Q1

Key Activity 3.6.5	Evaluate current Permanency Staffings to determine how they can better assist in moving adoptions forward, modify as necessary.	MT/Regional Staff	Q3
Key Activity 3.6.6	Institute a tickler system to identify missing information and track completion of adoption packet.	Program Bureau	Q1
Key Activity 3.6.7	Revise the Termination of Parental Rights and Nunc Pro Tunc court order templates with requisite certification language to ensure the orders submitted to the courts are complete and certified.	CIP/AG Office	Q2
Key Activity 3.6.8	Train attorneys and judges on the new court order templates and the requirements for certification.	CIP	Q2
Key Activity 3.6.9	The judicial leadership group within the CIP will assess best practice regarding use of status hearings to expedite permanency and support judges in adopting 60-day status hearings post-adoption.	Jud. Leadership Group/CIP	Q4
3.6.10	The CIP committee will develop a survey to capture which judges are holding 60-day status hearings and identify the structure/information occurring during hearings.	CIP committee	Q4
3.6.11	Data will be reviewed every 90 days to determine if the time between TPR and Adoption is decreasing and if not, individual steps within the process will be evaluated to determine where the delays continue to occur to allow for course correction.	CQI	Q4