

Child and Family Service Policy Manual: IV-E Waiver Demonstration Project: Innovation III**Background**

Montana's Title IV-E Waiver will allow flexible use of Title IV-E federal funds for expenditure in a differential response model within the state's child welfare system. The implementation of the Waiver will include intensive family engagement services, standardized screenings and/or assessments while employing trauma-informed/evidenced-based treatment models as appropriate. The Waiver strategies and service applications will improve safety, permanency, and well-being outcomes for children, youth and families involved in the state administered child welfare system.

Over the next five years of the Waiver, the Montana DPHHS-CFSD will implement Intensive Services Units (ISU) in strategic locations to provide these differential response services statewide to children, youth, and families within three identified target populations and innovations.

Innovation III of the Waiver will provide intensive evidence-based services to youth to accomplish the following:

- A decrease in "long stayers" in out-of-home care; i.e., a decrease in the number of children in foster care for thirty-six months or more;
- A decrease in the placement rate and length of placement time for youth in congregate care;
- An increase in placement stability rates for youth in congregate care;
- An increase in youth achieving permanency from congregate care;
- A decrease in repeat referrals regarding these youth in their less restrictive placement;
- A decrease in re-entry of these youth into congregate care;
- Improved well-being outcomes as measured by the CANS assessment; and
- An increase in the engagement of youth in case planning.

Definitions**Differential Response**

Differential response is a CPS practice that allows for more than one method of initial response to reports of child abuse and neglect. This approach recognizes variation in the nature of reports and the value of responding differently to different types of cases.

Intensive Services Units

The three components of the ISU interventions include cases across the spectrum of the child welfare population and include all ages of children and youth; as well as, a wide range of issues that brought the children/youth and their families to the attention of child welfare. Waiver services provided within each component/innovation include evidence-based service models delivered by community providers with intensive family engagement/case management services provided by the ISU workers.

**Eligibility
/Entry
Criteria**

Youth may qualify for Innovation III services if they meet the following criteria:

- Youth is 0-18 years old
- Adjudicated as Youth in Need of Care
- CFSD has Long Term Custody (LTC), Temporary Legal Custody (TLC) or Permanent Legal Custody (PLC)
- Youth placed in a residential setting (congregate care)
- Youth is willing to participate in Family Find and Safety, Permanency, and Well-Being (SPAW) Round Tables

Innovation III will utilize a Two Track system for the youth meeting the basic eligibility criteria as indicated above.

Track I and Track II participants will be delineated by using Waiver criteria as outlined below.

| Track I Criteria | Track II Criteria |
|----------------------------------------------------|--------------------------------------|
| Youth is 0-18 years old | Youth is 0-18 years old |
| CFSD has TLC, PLC or LTC | CFSD has TLC*, PLC or LTC |
| Youth is in Congregate care (Therapeutic Level) | Youth is in Congregate care |
| Permanency options have not been identified | Permanency options may be identified |
| SED Diagnosis | |

Note: *Under Track II (if CFSD has TLC **and** the permanency goal is reunification with the parent) the case will be a shared case. The CPS staff will maintain the case on their caseload (managing/monitoring treatment plan) and the Innovation III ISU staff will work directly with the youth.

PRIORITIZATION OBJECTIVE:

Prioritization will need to continually be assessed due to worker capacity and goal of successful outcomes for the youth and family. Innovation III ISU staff will manage a caseload of 8-10 youth.

CRITERIA:

All youth having met the Track I criteria will be given priority onto the Innovation III caseload.

| Track I Prioritization | Track II Prioritization |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Age – Younger youth will be priority | |
| Participant Selection Criteria Form indicates potential for successful permanency outcome within one year | Participant Selection Criteria Form indicates potential for successful permanency outcome |
| | Permanency options may be identified |

Referral Process

Referrals to both Track I and Track II will be completed by Child and Family Services Division (CFSD) staff using the Innovation III Referral Form to be submitted to the Child Welfare Manager (CWM) for review. After review, if the Child Welfare Manager determines youth meets the eligibility criteria for Innovation III, a request by the CWM to the Permanency Planning Specialist will be emailed within 2 working days. Permanency Team will then be held within 7 days.

[Innovation III Referral Form](#)

Permanency Team will be convened for the purposes of reviewing the referral and completing the Participant Selection Criteria Form. The team will determine eligibility and prioritization for Innovation III and determine track categorization. The CWM will have final approval of all referrals.

[Innovation III Participant Selection Criteria Form](#)

When youth are selected for participation in the waiver, they will review and sign a Participation Agreement as developmentally appropriate. The participation agreement provides a clear understanding of innovation services, process and exit criteria for youth before they enter the waiver.

[Innovation III Participant Agreement Form](#)

Note: *Under Track II (if CFSD has TLC and the permanency goal is reunification with the parent) the case will be a shared case. The CPS staff will maintain the case on their caseload (managing/monitoring treatment plan) and the Innovation III ISU staff will work directly with the youth. The Innovation III worker and the CPS worker will meet to discuss the shared case and complete the Shared Case Management Agreement Checklist.

[Innovation III Shared Case Management Agreement Checklist](#)

Services Provided

Innovation III will utilize an intensive engagement model to provide youth in congregate care facilities services to expedite transitions into lower levels of care and move the youth successfully to permanency. Youth may utilize Innovation III services for up to one year and will meet with CPS face-to-face at least once a month and by phone weekly.

Youth will be engaged in the following:

- Family Finding
- Safety, Permanency, and Well-Being Round Tables (SPAW)
- In-home Medicaid Services
- Chafee Services (if youth is eligible)
- Identified Community/Natural Resources

Youth Interventions

Safety, Permanency, and Well-Being Round Tables

SPAW Round Tables will address safety, permanency and well-being needs for children/youth that had been in foster care for long periods of time. SPAW Roundtables are a multidisciplinary team approach to achieve permanency for children/youth in foster care. The Permanency Roundtable structured format uses internal and external practitioners in a collaborative forum to identify and eradicate barriers to permanency while increasing the knowledge base for permanency for all involved.

SPAW Round Tables will review case planning progress, Family Finding developments, and identify and facilitate connection to resources and services.

A SPAW Round Table will be held within 7 days of being selected into Innovation III as determined through Permanency Team. ISU staff will utilize the Oral Case Presentation Form to prepare their case presentation for the SPAW. The SPAW Planning Portfolio will be completed at the SPAW and the meeting scribe, in collaboration with the facilitator, will email the finalized portfolio to the SPAW team within 3 days of the meeting. The SPAW Planning Portfolio will then be uploaded to DocGen and updated at follow up meetings to guide

case planning.

From the date of the SPAW Round Table, a Permanency Team staffing will occur every 30 days thereafter to update the SPAW Planning Portfolio based on case progress, CANS assessment findings and youth input. A subsequent SPAW Round Table may be necessary and could be reconvened at any point, as identified through Permanency Team, to advance cases that have specific and identified barriers. Youth will attend and participate in their case decisions and direction through age appropriate forums.

Family Finding

The Family Find model offers methods and strategies to locate and engage relatives of children currently living in out-of-home care. The goal of Family Find is to connect each child with a family, so that every child may benefit from the lifelong connections that only a family provides.

Family Finding will be utilized in those cases where significant family discovery has not already occurred. Family Finding developments will be discussed at the SPAW Round Tables and/or Permanency Staffings.

Medicaid Services

Community based Medicaid services will be provided to youth/families as the youth moves into lower levels of care. Community based Medicaid services will be provided upon transition of the youth from congregate care into a less restrictive permanent placement. Services will provide necessary mental health within a family-like environment and interventions will be dependent upon needs identified in the CANS assessment.

Assessments

Child and Adolescent Needs and Strength Assessment (CANS) Assessment

The CANS was developed to facilitate the linkage between the assessment process and the development of the individualized services plans including the application of evidence based practices.

All cases within the waiver will have an initial CANS assessment within 30 days of entering the innovations. Subsequent assessments will occur every 6 months and upon exit from the innovation.

CANS assessments will be reviewed at SPAW Round Tables and/or Permanency Staffing for feedback from team members and to brainstorm ways to effectively address identified needs.

Exit Criteria

- Successful completion of the intervention

- Youth has a medical emergency and needs a higher level of care.
- Youth is unengaged in case planning process.
- Timeframes have lapsed, service interventions were completed, yet treatment goals have not been met. The case will move to the traditional track of CFSD intervention.

Data Collection, Fidelity, Evaluation and CAPS Requirements

In order to understand how Innovation III is implemented and assess whether the Innovation has the desired impact, the evaluation team will need data on each of the core components outlined in this policy. Each ISU staff will be responsible for using CAPS, caseload tracking sheets, engagement surveys and/or the fidelity checklist to enter relevant data on children/youth. Additionally, ISU staff will be responsible to ensure all CANS assessments are completed in a timely manner and uploaded to Doc Gen. This data will be crucial for a viable evaluation, and will be important for case management purposes as well.

CAPS Codes for Innovation III will include:

| Measure | CAPS Screen/Code |
|---------------------------------------------|---------------------------------------------------|
| IV-E Waiver Participant | IV-E Flag Selected on PERD |
| Placement Changes | Recorded as appropriate on PLAD |
| Monthly ISU Face-to- Face Visits with Youth | ACTD using code HVC |
| Weekly Phone Contact with Youth | ACTD using code PCC |
| SPAW Meeting Completed | ACTD using code SPA |
| Permanency Staffing Completed | ACTD using code PRM |
| Family Finding Efforts Completed | ACTD using code FFM when each effort is completed |
| Medicaid Service Referral | SERN using code RMC |
| CANS Assessment Completed | ACTD using code CAN |