

State of Montana

# Annual Progress and Services Report



2023

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# STATE OF MONTANA 2023 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

## GENERAL INFORMATION

Montana's contact for the 2020 – 2024 CFSP and subsequent APSR is:  
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The following link is where the 2020-2024 Child and Family Services Report (CFSP), subsequent Annual Progress and Services Reports (APSR) and Montana's Child and Family Services Review Program Improvement Plan (PIP) are located on the State's website: <https://dphhs.mt.gov/CFSD>.





# APSR REQUIREMENTS

## SECTION 1: COLLABORATION

Montana's 2020-2024 Child and Family Services Plan (CFSP) reported on a wide variety of ways the Department of Public Health and Human Services - Child and Family Services Division (CFSD) routinely collaborates with multiple agencies and stakeholders on to fulfill its vision. The narrative below highlights some of CFSD's efforts, over the past year (July 2021 – June 2022), to engage families, children, tribes, providers, court partners and other stakeholders.

### Family Support Teams (FST)

As discussed in previous Annual Progress and Services Reports, Child and Family Services Division (CFSD) created FSTs as a tool to fully engage families, community partners, natural supports and internal staff. These meetings are intended to keep children in their home, or to reunify families in a timely manner by implementing support services while engaging parents in the process of assessment, service planning and their individualized case plans.

Success is measured by parents, natural supports, community providers and children, when appropriate, are engaged in their case to the extent that they are indicating they feel valued as a team member; opportunities have been created for meaningful engagement with parents to advocate for the needs of their children and themselves; collaboration with community providers has been strengthened as reported by CFSD staff and community providers; and, appropriate services, including targeted evidenced based programs that meet the specific needs and characteristics of the parent and those necessary to help the children from coming back into state care, are identified and implemented.

Implementation of FST in Region 2 Cascade County (Great Falls) and Region III Yellowstone County (Billings) are the focus of PIP Strategy 3.2. FSTs have also been established in Region V Missoula County (Missoula) and Mineral County (Superior), and in Region 1 Custer County (Miles City), Big Horn County (Hardin), Valley County (Glasgow), Dawson County (Glendive), and Roosevelt County (Wolf Point).

These mentioned Region I CFSD county hub offices cover all 18 counties in the eastern side of the state. Region I have been innovative in expanding the use of the model to include a broader array of cases; however, continues to maintain adherence to the model in all other aspects. Region II did discuss expanding FSTs to Hill County (Havre); however, due to turnover this did not occur during the SFY22. Region II will continue to assess expanding to Hill County (Havre) when adequately staffed.

Qualitative data, based on feedback from regions using the model, and program staff overseeing the implementation across the state, indicate the model is successful in "jump starting" services more quickly and there is increased collaboration between CFSD, parents and community stakeholders. There is also more timely coordination of the services being referred to, and started, with providers. While the model hasn't yet resulted in significant decreases in removals it has better engaged families in the process at the very onset of the case.

FST specific state data for the three consecutive years is:

Region	State Fiscal Year	Total Children involved in FST 's	Children maintained in their home	Children placed out of home prior to the FST	Children moved from Out of Home Plan to an In-Home Plan within:		
					First 30 days	Days 31-60	Days 61-90
Totals	SFY20	417	204	213	35	13	8
	SFY21	810	552	254	97	22	2
	SFY22 July - Jan	461	316	135	31	15	5

Additional information on FST is in other sections of this APSR and Montana’s PIP. Future APSR will continue to provide updates on the utilization of FST across the state.

### **Meadowlark Initiative**

“The Meadowlark Initiative brings together clinical and community teams to provide the right care at the right time for patients and their families; improve maternal outcomes, reduce newborn drug exposure, neonatal abstinence syndrome, and perinatal complications; and keep families together and children out of foster care.” Additional information and resources can be found by going to the following site: <https://mthcf.org/the-meadowlark-initiative/>.

This Initiative has created a venue for implementing Plans of Safe Care in Montana in a meaningful way by contacting Centralized Intake prior to delivery of the infant for a voluntary meeting between mothers, CFSD and hospital care coordinators. Agency staff and providers were trained in October 2020 regarding the use of Plans of Safe Care. CFSD presented at the annual Meadowlark Conference in April 2021 and 2022 to support continued education and collaboration regarding use of Plans of Safe Care in Montana. Additional training was provided on June 9, 2022, to Meadowlark sites and CFSD Staff.

### **State Advisory Council (SAC)**

The SAC continues to function as the entity Montana uses to meet the Child Abuse Prevention and Treatment Act (CAPTA) mandates for a State’s Citizen Review Panel and Children’s Justice Act (CJA) State Task Force. The SAC receives information and provides feedback as required in CAPTA. The Council’s feedback was considered in the development of the goals and objectives listed in the 2020-2024 CFSP and the CJA Three-Year Plan. SAC is comprised of the CJA Task Force members required under CAPTA Section 107(c)(1), as well as representatives from Montana’s tribal social services agencies and stakeholders from the Title IV-E Prevention Plan and Qualified Residential Treatment Program implementation teams.

Over the next year, the State SAC will develop a strategic plan to identify initiatives the council intends to focus on in the upcoming years. The plan will include Citizen Review Panel requirements



in CAPTA Section 106(c). The plan will also include creating improved feedback loops between local Regional Advisory Councils, State SAC and CFSD leadership to improve agency decision making and better inform program decisions. As a result, State SAC members will be required to actively participate in regional advisory councils in the community where they live. Upon completion of the strategic plan the SAC will make changes to bylaws reflecting the strategic plan. Details on the strategic plan development and implementation will be provided in future APSR.

## **Regional Advisory Councils**

As reported in prior APSR and referenced in the SAC section above, each CFSD Regional Administrator has established a regional advisory council. Region 4 has two separate councils. One is made up of community partners in Helena (Lewis and Clark County) and a second is comprised of community partners in Butte and Bozeman (Silver Bow and Gallatin Counties). Each regional council has created its own 2022 meeting schedule. Most Regional Councils scheduled two meetings in 2022. However, the Region 2 Council scheduled quarterly meetings and the Region 5 Council scheduled three meetings.

These councils will be utilized to help inform necessary improvements within Montana's child welfare system and as referenced in the SAC section above SAC members participation in regional councils will also provide direct feedback from the regional councils to the statewide SAC.

## **Youth, Parent and Foster Parent Engagement**

CFSD continues to support a Youth Advisory Board (YAB) through the division's Montana's Chafee Foster Care Independence Program (MCFICIP). During the past year the number of YAB members has declined. Currently, there are 2 YAB members. The suspected reasons for membership decline are turnover in the MCFICIP Program Manager position and increased difficulty maintaining contact with youth during COVID. One of the top priorities of the recently hired program manager is actively recruit additional members to the YAB. CFSD's goal will be to develop a YAB representing: all geographic areas of Montana, men and women, Native Americans (urban and tribal communities), LGBTQ youth, youth whose foster care experience included family foster homes (kin and non-relative) and those who spent significant time in congregate care settings.

Other priorities will include creating opportunities for the YAB to interact with the SAC, CFSD's board representing parents and CFSD Management Team. Also, developing structured feedback loops between these groups. CFSD may request assistance from the Administration for Children Youth and Families (ACYF) Capacity Building Center for States in recruiting new members and restructuring the YAB.

Training on rights of Montana's foster youth continues to move forward. Over the past year the training, that the YAB played a role in developing, has been provided to all CFSD staff, community CASA programs and GAL across the state. Initial planning for the training of staff working in congregate care facilities is underway. Training of youth will take place shortly afterwards. Information on foster youth rights is currently included in Montana's foster parent training.

CFSD's PIP Strategy 3.5 includes the development of a Parent Advisory Board, which has been formed and is actively meeting. The group includes birth, kinship, foster and adoptive

parents. The board has provided feedback on proposed changes to administrative rules, training updates and practice procedures. The CFSD Foster Care Licensing Bureau Chief and the Permanency Unit Supervisor are the CFSD staff assigned to support the board and provide technical assistance. Additional information on the board is included in Foster and Adoptive Parent Diligent Recruitment Plan in this APSR and Montana's PIP.

## **Judicial System Partners**

CFSD continues to collaborate with the judicial system on child protection issues. On the state level, the director of the Montana Court Improvement Project (MCIP) is a key stakeholder in CFSD's work with the Courts and the MCIP Coordinator serves on the SAC. CFSD leadership participates in quarterly MCIP meetings. MCIP advised on the development of Child and Family Services Review (CFSR) PIP Strategy 3.1, which focuses on expansion of pre-hearing conferences and Strategy 3.6, which focuses on streamlining CFSD's processes to promote timely adoptions.

The Pre-Hearing Conference model (PHC), used in PIP Strategy 3.1, was originally developed by Yellowstone County district courts. This strategy focused on PHC in Yellowstone (i.e., Billings) and Silver Bow (i.e., Butte) Counties. Missoula County (i.e., Missoula) district courts have a similar pre-hearing model referred to as Intervention Conferences. PIP Key Activity 3.1.4 called for meeting with the Missoula County courts to attempt to align that court's Intervention Conference model with the PHC model. The goal was to implement a single a single pre-hearing model across the state. The Missoula court ultimately decided to keep its Intervention Conference model. Since launching in Yellowstone County, the MCIP has funded and trained the Pre-Hearing Conference model in six additional judicial districts.

In June 2021, data collection was completed allowing for a comparison between cases where a PHC was held versus those cases where no PHC was held. The data analysis compared two outcomes: the rate of reunification and outcomes when achieving permanency within one year. Outcome data was collected on cases using PHC between 2015 and 2018. This data was compared to case outcomes in 2014 and 2015 in which no PHC was held. The data collected did not include cases from more recent years because the analysis was specific to cases in which permanency had been reached in most of the cases from a calendar year. The data comparison showed improved outcomes in both the rates of reunification and permanency within one year. Additionally, the comparison also showed the number of days to final permanency, including adoption and guardianship, was less when a PHC was held. Also, the number of days to TPR, not including the time to adoption, was less for cases in which a PHC was held.

This initial analysis of PHC is promising but somewhat limited by the data available. Given the myriad of variables impacting time to reunification, TPR to permanency and time to TPR (e.g., the turnover and workload of CPS, county attorney and Office of Public Defender staff; service availability, other practice or process changes implemented to improve outcomes, etc.) it is anticipated that future analysis of PHC is likely to demonstrate that structured and intentional engagement of families at the very initial stages of a case is a strong correlate to improved reunification and permanency outcomes.

Many of CFSD's internal process changes in PIP Strategy 3.6, designed to decrease the time from Termination of Parent Rights (TPR) to adoption, were implemented as the PIP was being negotiated.



The initial focus of Strategy 3.6 was to identify barriers in achieving adoption in those cases in which TPR had been ordered, an adoptive family identified but the adoption wasn't yet finalized. The process involved a case review by the Resource Family Specialists (RFS - staff who license foster homes and provide case management for children who have TPR and an identified pre-adoptive family) and Child Protection Services (CPS) staff to identify and mitigate barriers to finalizing the adoption. The process used is identical in each region and the RFS Supervisor is responsible for overseeing the process. This process proved to be successful as the average length of time between TPR and adoption decreased by forty-seven days from the baseline of one hundred and twenty-five days. The current average time from TPR to adoption is seventy-eight days.

In March 2022, the process expanded to identify barriers to children achieving permanency via adoption or guardianship. The process also expanded to include all foster youth who have been in care twelve months or longer. Children who do not have an intentional permanency plan are being referred to the CFSD Regional Permanency Planning Specialist (PPS) to identify barriers to permanency. When the barriers are identified the PPS and the Permanency Team will develop action steps to overcome the barriers (i.e., licensing, obtaining or correcting legal documents, etc.). The reviews, of these children's permanency, is occurring quarterly in each region of the state. It is expected the focus of the upcoming year will be developing specific protocols around child specific recruitment to identify potential adoptive and guardianship placements.

Additional practice changes implemented, over the past year, that are expected to continue to reduce the time to achieve permanency include a revised Concurrent Planning Procedure. This procedure describes a process that very intentionally engages parents, children and family members in permanency discussions at the very onset of the case and actively involves them in the permanency plan for the child. The new procedure was trained in July 2021. Since the initial training of the procedure, the CFSD Program Planning Unit Supervisor continues to meet with all PPS staff to identify and address barriers to integrating the procedure into field practice. Data is being collected to help determine the effectiveness of the procedure and inform changes moving forward.

The Concurrent Planning Procedure focuses on recent cases in which children have been placed in out-of-home care. The RFS and CPS staffing procedure described in the above paragraphs is focused on cases where out-of-home placement occurred a year or more in the past. For these reasons, it is expected both procedures will continue to be used concurrently for the foreseeable future.

CFSD and CIP have held three virtual conferences called "Moving the Dial." These conferences bring together teams of judges, Office of Public Defenders, county attorneys, CASA and CFSD staff from local communities to learn and collaborated on improving the Child Welfare System. CFSD opened the first conference with data specific to Montana's Child Welfare system to help guide the training and conversation in a data-driven manner. The conference covered CFSD's safety model and how all parties to the case can use the information to drive decision-making throughout the life of the case. The second conference provided training on substance use disorders and how it impacts parents and children. The third conference was specific to concurrent planning to align with PIP Strategy 3.4.

The conferences are built around team break-out opportunities to discuss and implement positive changes in each local judicial area. CIP and CFSD plan to continue the "Moving the Dial" conference through SFY22. The next conference is scheduled for June 29 and 30, 2022. The topics of the

training are disproportionality of Native American children in foster care, both nationally as well as in Montana and ICWA, specifically discussing tribal jurisdiction, notice and transfer of cases from district to tribal courts. CFSD Division Administrator and Indian Child Welfare Act (ICWA) Program Manager have been active participants in the planning of the training. The ICWA Program Manager was specifically tasked with bringing tribal partners into the training planning group.

CFSD, specifically the ICWA Program Manager, and CIP also collaborate in scheduling and providing training to individuals interested in being determined by the courts as a Qualified Expert Witness (QEW) for purposes of providing testimony in ICWA cases. Over the past year the training has been provided in several areas of the state including Great Falls (Cascade County) and Pablo, Montana on the Confederated Salish and Kootenai Tribes' Reservation. The training provides information on the district court process along with role and responsibilities of a QEW. Individuals receiving this training are included on the list of prospective QEW located on the CFSD website.

Training on ICWA compliance and statutory requirements is provided at MCAN (CFSD training for newly hired staff). The training is most often provided by the attorneys representing CFSD in the ICWA Court in Billings.

Other judicial collaboration at the regional level is with family drug treatment courts and Indian Child Welfare Courts. As reported in the 2020-2024 CFSP, Yellowstone County (Billings) has instituted an Indian Child Welfare Court (ICWA) court. The court continues to serve Indian families affiliated with the Northern Cheyenne Tribe, Crow Tribe and Assiniboine and Sioux Tribes of the Fort Peck Reservation. Despite COVID-19 barriers, CFSD working in the ICWA Court have successfully maintained contact with its tribal partners, utilizing virtual means to collectively address case disposition and placements for Indian children.

Outside of the courtroom, CFSD continues to facilitate monthly staffings with the tribes' respective ICWA agents by holding virtual meetings. Inside the courtroom, the Court offers alternative means for tribal participation, including telephonic and virtual appearances. In May 2021, following a grant award from the Office of Juvenile Justice and Delinquency Prevention, a second track of ICWA Court, the ICWA Family Recovery Court (ICWA FRC), launched and inducted its first participant. This court, with a multi-disciplinary team including tribal partners and tribal community service providers, will serve thirty-eight Indian families over a period of three years.

The Court will provide intensive treatment to engaged Indian families adversely affected by substance abuse and concurrent criminal cases, filling a void Yellowstone County previously lacked. With an emphasis on increasing culturally competent services, the ICWA FRC partnered with the Billings Urban Indian Health and Wellness Center to provide a variety of chemical dependency and mental health services to parents and children.

State and tribal relationships continue to improve in both tracks of ICWA Court with most cases being assigned to CPS staff in two specialty ICWA units. As reported in the 2021 APSR, judicial districts in Missoula (Missoula) and Hill (Havre) counties had expressed interest in developing an ICWA Court. Since the last APSR submission, Cascade (Great Falls) County had also considered implementing an ICWA court. COVID and resource concerns derailed the Cascade and Hill County courts from pursuing this project. Missoula County has successfully implemented an ICWA Court. The process used by the Missoula ICWA Court is similar, but not identical to, the ICWA Court process in Yellowstone County.



Early indications are the court is being successful in improving ICWA compliance and engaging tribes and families in the child protection process. Future APSR will include information on the Missoula and Billings ICWA courts. Should Cascade, Hill or other counties opt to consider implementing an ICWA Court in the future details will be provided in subsequent APSR/CFSP. CFSD staff, county attorneys and other members of the court continue to have ongoing discussions on local judicial issues and cases.

## **Public Health Partnerships**

### **SafeCare Augmented**

CFSD and Early Childhood and Family Support (ECFSD) continue to partner in implementing and sustaining SafeCare Augmented in counties across Montana.

SafeCare Augmented is an enhanced version of SafeCare. SafeCare is a supported, trauma informed and evidenced based home visiting model. SafeCare is an in-home behavioral parenting program that promotes positive parent-child interactions, informed caregiver response to childhood illness and injury, and a safe home environment. It is designed for parents and caregivers of children birth through five who are either at-risk for or who have a history of child neglect and/or physical abuse.

SafeCare Augmented adheres to SafeCare with additional training on enhancing families' motivation for change and identifying risk factors for domestic violence. The motivational interviewing training aims to support providers in using motivational strategies to help parents implement parenting skills and safety planning, address substance abuse, and access resources.

The goals of the domestic violence training are to increase provider awareness of domestic violence and to increase their ability to detect it and make appropriate referrals as indicated. Overall, SafeCare Augmented seeks to reduce child maltreatment and provide additional resources to providers to support clinical care.

ECFSD leveraged Maternal Early Childhood Home Visitation Grant (MECHV) funding, and CFSD used Title IV-B funding to support the collaborative implementation of the SafeCare Augmented model in MT.

### **Foster Child Health Program**

CFSD continues to support Foster Child Health Programs. The program facilitates a public health nurse supporting foster and kinship families meeting the medical and dental need of children when placed in foster care. It was recognized as a promising practice by American Psychological Association's Society for Child and Family Policy & Practice. Currently, the program is implemented in four counties: Missoula (Missoula), Cascade (Great Falls), Yellowstone (Billings) and Dawson (Glendive, located in far eastern Montana). The Dawson Co. program was implemented since submission of the FFY 2022 APSR.

COVID impacted the implementation and utilization of the program resulting in fewer children being served than expected. The population of Dawson Co. is considerably less than the other counties operating the program so this site provides an opportunity to assess the pros and cons of implementing the program in less populated counties.

## **Additional Partnerships**

### **Workforce Development**

CFSD's workforce is the driving force behind everything the agency does to serve children and families. Over the past year, CFSD has continued its relationship with the University of Montana (UM). Together, CFSD and UM built a Supervisor Training and has continued to incorporate Workforce Training Consultants (WTC) as part of the on-boarding and continually training efforts for CFSD staff. Through the IV-E stipend program, UM has expanded the ability for students in certain program at Montana State University (MSU) and Montana State University – Billings (MSU-B) to access to IV-E stipends was approved in the current CFSP. However, UM has had difficulties in recruiting students from any of the three universities into the IV-E stipend program.

Based on feedback from students who have declined the stipend, some changes have been made by allowing students to select the geographic areas of the state they will be required to apply for job openings. This has not resulted in an immediate increase in stipend participants. These changes and other strategies to recruit students into IV-E stipend program will continue to be reviewed and discussed. Progress in this area will be reported in future APSR. UM's role is also discussed in the Updates to Targeted Plans within the 2020-2024 CFSP: Training Plan of this APSR.

CFSD maintains seven Field Lead Training Specialists to partner in educating, coaching, and training CFSD staff. CFSD continues to review the content of the division's initial in-service training to improve the skill set of entry level staff.

CFSD has also reconvened its Safety Committee. The role of this group is to review the effectiveness of the division's practice model training and implementation. The committee is conducting fidelity reviews to gain greater understanding of the training needs of the division. Once the committee completes its review, they will report their findings and any recommendations to the CFSD Management Team. The results of the Safety Committee review will be provided in future APSR.

Prior APSR mentioned the DPHHS-wide initiative to implement practices reflective of Safety Science Principles by hiring consultants from Collaborative Safety, LLC. This model recognizes that improved outcomes for children and families involved in the child protection system cannot be accomplished without collaboration from external stakeholders. The model is often associated with the develop of systemic critical incidents review. While this is one of the ways in which the model is used there are a variety of other benefits. The data is continuing to be explored and analyzed, but child welfare agencies that have successfully integrated this model into their business practices have seen a reduction in turnover in their child protection staff. The successful integration of Safety Science Principles is seen as a key strategy to assist CFSD in addressing issues of staff turnover and retention.

### **Youth Homelessness**

CFSD continues to be an active partner with the Montana Continuum of Care (COC) Coalition's Youth Homelessness Demonstration Project Grant from U.S. Department of Housing and Urban Development (HUD). The project's advisory board has a very strong youth voice and has ensured that youth in the LGBTQ community are represented. The goal of the project is to drastically reduce the number of youths experiencing homelessness, including unaccompanied, pregnant and

parenting youth. An RFP was issued, and programs awarded funds prior to COVID. In addition to the COVID pandemic, another unforeseen barrier to housing is the explosion of housing costs, in Montana, in recent months. The cost and lack of availability of housing is a growing problem for many Montanans, not just former foster youth, pregnant or parenting youth or unaccompanied youth. Former foster youth are very often disproportionately impacted by exploding housing costs due to financial constraints and a more limited support network than other youth. How the current housing situation is going to impact the programs participating in the demonstration project and the ability of the project participants to respond to the current needs of the youth is unknown. This will be a topic updated in future APSR.

Over the past year, Montana Chafee Foster Care Independence Program (MCFCIP) has continued to work with state's Department of Commerce Montana Housing Program (MHP) and Public Housing Authorities in Billings, Missoula, and Butte to implement a process for issuing federal Housing and Urban Development (HUD) Foster Youth to Independence (FYI) Vouchers to former foster youth who have aged out of care. COVID, along with turnover in the CFSD MCFCIP Program Manager and MHP liaison position has created difficulties in sustaining the traction of the program. Over the next year, the MCFCIP Program Manager will reestablish ongoing contact with the local housing authorities accessing FYI vouchers to ensure eligible are being identified and referred. While this program can provide financial assistance its impact is diminished due to the lack of affordable housing and fewer landlords participating in Section 8 programs.

Also, in the current housing market former foster youth often have a very difficult competing for the housing that is available due to lack of long-term employment history, income limitations, lack of or poor credit history and/or rental history. CFSD will continue to collaborate with MHP and local housing authorities on this issue but there are larger economic issues driving this than can be resolved by these entities.

#### Title IV-E Prevention Plan and Implementation of Families First Prevention Services Act (FFPSA) Requirements

Montana received notice in January 2022 that the state's Title IV-E Prevention Plan was approved with an effective date of October 1, 2021. CFSD is making efforts to fully implement the provision of the approved Prevention Plan. This requires extensive collaboration with Department of Public Health and Human Services (DPHHS) - Information Technology Services Division (ITSD – the department's internal IT division) and Peraton, the DPHHS non-agency vendor responsible for making changes to CFSD's electronic case management systems. The current systems were designed to allow Title IV-E funds to be used based on a child's Title IV-E eligibility for allowable foster care, adoption and guardianship services. Title IV-E Prevention Services have different eligibility criteria requiring extensive changes to the electronic case management systems.

Also, CFSD has shared the state's IV-E Prevention Plan with the state's seven reservations with Title IV-E contracts. The agreements have been changed to allow the tribes to access IV-E Prevention reimbursement for the services in the state's approved plan. Tribes use the state's electronic case management system to pay for IV-E allowable services, so the computer system issues described previously also impact tribes. There also continue to be discussions with tribes related to the federal financial participation for the administrative costs related to providing allowable prevention services.

The implementation of FFPSA requirements allowing Title IV-E funds to be used when children are placed in the state's private, non-profit Therapeutic Group Home facilities (i.e., Qualified Residential



Treatment Programs or QRTP) is an extensive process involving many parties including: CFSD field and program staff, the state's Therapeutic Group Home providers, the state's non-profit agencies providing Targeted Case Management (TCM) services, attorneys representing CFSD in dependency neglect cases, tribal social services, tribal courts and state district courts. It is going to be a gradual process to fully institute changes across these many systems.

### Child Welfare 101 (formerly Collaborative Resources Trainings or CORE)

As discussed in previous APSR, the purpose of CORE Training was to educate local community providers and legal partners on CFSD's safety model. The training focused on how Child Protection Services staff (CPS) make safety decisions and how local communities can play an active role in child protection. The intent was to provide greater understanding of the CFSD safety model, assist providers in developing effective services to meet the needs of children and families and better engage families in services. Between November 2020 and May 2021, CORE Training was provided locally in all six CFSD regions of the state, to judicial partners at the Moving the Dial Conference and at the Office of Public Defenders annual training.

Since the completion of the initial CORE presentations, the CFSD Administrator and Training Development Supervisor adjusted CORE to provide information on all facets of CFSD's practice as opposed to focusing on CFSD's safety model. This change was made based on feedback from internal and external partners.

CORE has been rebranded as "Child Welfare 101." Since the FFY 2022 APSR submission, Child Welfare 101 presentations have been provided in all six CFSD's regions of the state, in alignment with PIP Strategy 1.1. The local events hosted community partners from the judiciary, community based services, education community, medical providers, law enforcement and probation and other community partners identified as necessary collaborators in the child protection system.

### Addiction Recovery Teams (ART)

ART are the focus of Strategy 3.3 in Montana's PIP. CFSD, in collaboration with staff from the DPHHS – Addiction and Mental Disorders Division (AMDD), had taken steps to establish ART in Montana prior to the PIP. ART have been established in the cities of Missoula (Missoula County) and Billings (Yellowstone County) with the collaboration of local substance use disorder (SUD) programs. Preliminary data indicates that there are elements of ART that have been effective, specifically the peer support component. However, there have been varying degrees of effectiveness in terms of timelier reunification of children with their families.

Cross-section data is also being compared with Family Support Teams data; and indicates that many of the components of ART could be served via Family Support Teams, which have been implemented in four of the six CFSD regions, ART data and FST cross-section data will also assist CFSD in determining the feasibility of expanding ART to other communities where local partners can be identified. Additional information on ART will be provided in future APSR and in Montana's PIP.

## SECTION 2: UPDATE TO THE ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

Montana’s Child and Family Services Review Program Improvement Plan (PIP) was approved in January 2020. Due to the COVID-19 pandemic the state requested a delay in implementation of some key activities and the PIP monitoring plan. All components of the approved PIP are expected to be completed by the end of the PIP implementation period (January 31, 2022), as negotiated. However, many of the key activities expected to be completed in PIP Quarter #1 have been moved into subsequent quarters for completion. The pandemic also required Montana to cancel case reviews in March, April, May, and June 2020. This resulted in a delay of determining the state’s PIP baseline. Case Reviews resumed in July 2020. The Baseline Case Review Period was completed July – December 2020 and has been finalized.

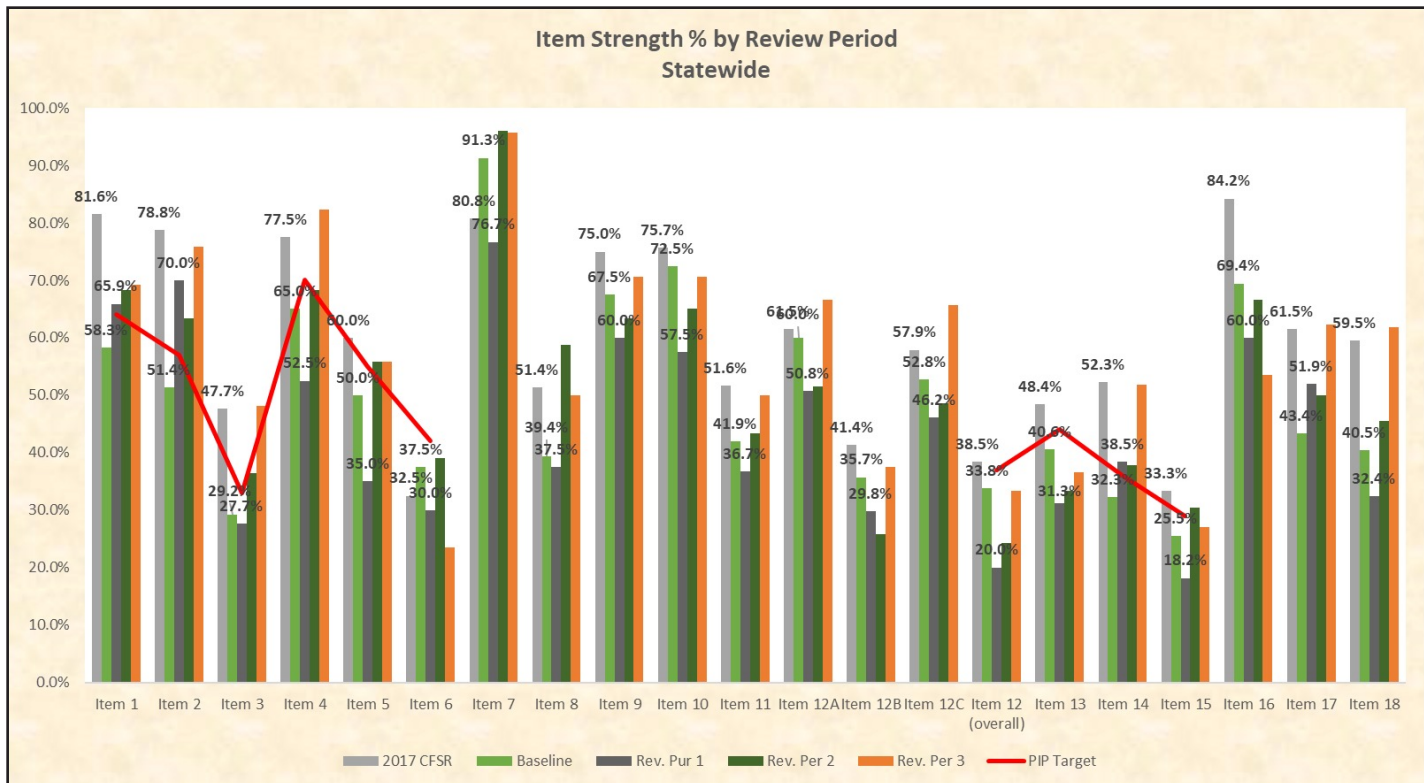
As a requirement in this plan, the state must provide relevant and reliable data on its performance on each of the seven federal measures and each of the seven CFSR systemic factors. Montana has included the following analysis of data regarding these factors, highlighting the areas needing improvement that may inform state decisions about goals, objectives, interventions, and target populations. The data in this section has been updated to include all finalized case review data available. Case review data from 2022 is still being reviewed through secondary oversight and not all of it is complete or final. Only those that are complete or final as of 5/19/2022 are included for 2022. This section has been updated with the MPATH federal performance measures reports and the use of the State Data Profile of February 2022 provided by the Children’s Bureau.



### Child and Family Outcomes

The below chart shows statewide data from Montana’s baseline (July – Dec 2020) and the following 6 month review periods to date, with the most recent review period (Review Period 3; Jan – June 2022) only containing cases that are complete or finalized as of 5/19/2022. In addition, the chart contains a red line indicating the PIP goal for each PIP monitored item (Items 1-6, 12-15). Montana passed items 1, 2, and 14 in the first review period (Jan – June 2021). In the second review period (July – Dec 2021), Montana also passed items 3, 5, and 15. Montana has yet to pass items 4, 6, 12, and 13. However, results for the current review period thus far are indicative that Montana will likely achieve the target for Item 4, with some improvement showing in items 12 and 13 as well.







The below table shows how many cases were applicable for each item during each review period.

Item #	Baseline N=	Rev. Period 1 N=	Rev. Period 2 N=	Rev. Period 3 N=
Item 1	36	44	41	26
Item 2	37	40	41	29
Item 3	65	65	66	54
Item 4	40	40	41	34
Item 5	40	40	43	34
Item 6	40	40	41	34
Item 7	23	30	25	23
Item 8	33	32	34	28
Item 9	40	40	41	34
Item 10	40	40	40	34
Item 11	31	30	30	26
Item 12A	65	65	66	54
Item 12B	56	57	58	48
Item 12C	36	39	37	32
Item 12	65	65	66	54
Item 13	64	64	63	52
Item 14	65	65	66	54
Item 15	55	55	56	48
Item 16	36	30	39	28
Item 17	53	52	52	45
Item 18	42	37	44	34

### Safety Outcomes

The Children’s Bureau (CB) uses two safety-related statewide data indicators which focus on maltreatment of children in foster care and the recurrence of maltreatment. The results provided in the CFSR Round 3 Statewide Data Profile released January 2019 and the 2017 CFSR results by ACF serve as the baseline for Montana’s CFSR child and family outcome measures. Montana was not in substantial conformity with either of the two safety outcomes. Updated data is provided within the tables. Safety Outcomes #1 and #2 are addressed in Goal #2 of Montana’s PIP.

The strategies under that goal are implementation of an initial and ongoing assessments in adherence to the practice model while emphasizing the role of children and family; ensure children are maintained in their home whenever possible and appropriate; and families become partners in the development of their case/treatment plans. This will ensure risk and safety needs are accurately assessed and the reason for CFSD’s involvement with the family is clearly articulated. This will allow parents to understand what changes need to be made and case plans are reflective of those needs. Also, this will assist in ensuring that services provided to the family target their needs so they can safely parent their children without ongoing CFSD intervention. The implementation of a coaching and mentoring process in Goal #1 of the PIP will also assist in improved safety outcomes.

An initial fidelity review tool was created with the intent to complete fidelity reviews in each region. While this process began, it focused only on the initial investigation portion of the case and stopped at the point cases would be transferred to ongoing case management. Work is being done to complete a fidelity review tool that would cover the life of a case. In addition, a statewide safety committee has recently been formed that meets monthly with a focus on safety assessment and outcomes, and any changes that may need to occur systemically to support improved safety outcomes. This committee has also spent time reviewing cases for fidelity purposes.

### **Safety Outcome 1:**

**Children are, first and foremost, protected from abuse and neglect.**



The CFSR findings noted that while Montana did not meet the 95% standard set by CB for Safety Outcome 1 (Children are, first and foremost protected from abuse and neglect), CPS staff do a good job of initiating reports of child abuse or neglect based on priorities assigned (Table 1). Data from MPATH reflects relatively the same findings and may be slightly lower, or higher, considering MPATH cannot consider reasons for delays in initiation of investigations or assessments and/or face-to-face contact were due to circumstances beyond the control of the agency. MPATH also cannot capture initial contact made on new incidents that are separately screened and accepted for investigation but tied to an existing report (Table 2), though these incidents are captured within Item 1 of the CFSR.

For FFY21, there were 8,643 reports that required a P1 (response within 24 hours), P2 (response within 72 hours), or P3 (response within 10 days) response. Of the 1,701 P1s, initial

contact was made timely in 85.1% of them. Of the 5,469 P2s, initial contact was made timely in 73.5% of them. Finally, of the 1,473 P3s, initial contact was made timely in 73.2% of them. Review of this data more in depth is indicative of a trend that higher priority intakes not only have contact made earlier, but consistently at a higher rate of timely contact (according to MT policy) than lower priority intakes. There has been an increase in the rate of timely contact on all priorities from the previous FFY, and the increase is more pronounced for the P3 reports.

The PIP goal of 64% for Item 1 was met in the first review period (Jan – June 2021). The overall strength rating for that period was 65.9%. This has continued to increase throughout subsequent review periods. Additionally, there are times that this item is rated an ANI strictly due to policy not being followed regarding the approval and documentation of exceptions to timely contact when there are reasons beyond agency control. Administrative data from ROM supports a trend in increased timeliness of initiation of investigations.

Table 1:

<b>Safety Outcome 1</b>	<b>Children are, first and foremost, protected from abuse and neglect.</b>
	Timeliness of Initiating Investigations of Reports of Child Maltreatment
2017 CFRS	81.58%
MT Case Reviews Oct 18 thru Mar 19	84.62%
MT Case Reviews Apr 19 thru Mar 20	72.06%
MT Case Reviews July 20 thru Dec 20 (Baseline)	58.33%
MT Case Reviews Jan 21 thru June 21	65.90%
MT Case Reviews July 21 thru December 21	68.29%
MT Case Reviews Jan 22 thru May 22	69.20%

Table 2:

<b>Investigations of Child Abuse/Neglect</b>						
Report Period	FFY2016	FFY2017	FFY2018	FFY2019	FFY2020	FFY2021
Total Number of CPS Reports	9,832	10,289	10,408	10,285	10,148	8,713
Total Substantiated Reports	1,951	2,302	2,407	2,280	2,246	1,844
% of Reports investigation was initiated within required timeframe	77.90%	80.30%	78.30%	74.50%	74.50%	75.30%

Continuing to use the coaching and mentoring process in Goal #1 of the PIP will assist workers in prioritizing workload to ensure investigations are initiated within timeframes and children are seen face-to-face.



**Safety Outcome 2:**

**Children are maintained in their homes whenever possible and appropriate.**

**Item 2:**

**Services to families to protect children in the home and prevent removal or re-entry into foster care.**

Services the state provided to the families to keep their children in the home are assessed. If the child was removed without services being provided, was this necessary to protect the children? This item also looks to ensure when children are returned to their parents, the family has been provided services necessary to prevent the children from coming back into state care. Montana passed the PIP goal of 57% in the first review period (Jan – June 2021) with a total strength rating of 70%. Since then, Montana has continued to achieve a strength rating each review period above the PIP goal, though it has varied some, both decreasing and increasing, with current preliminary results showing a rating of 75.9%.

While both IH and OOH cases are consistently rating better than previously, OOH cases consistently rate higher than IH cases. It has been noted in analysis of review information that a recurring issue for short term in-home cases is that concerns are identified, stated they need to be addressed by the caseworker, but then not addressed sufficiently, if at all, prior to closing the case. Continued focus on fidelity to Montana’s Safety model as well as enhanced supervision and involving the family in early service identification will result continued improvement in this area.

<b>Safety Outcome 2</b>	<b>Children are safely maintained in their homes whenever possible and appropriate.</b>
	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care
2017 CF SR	78.79%
MT Case Reviews Oct 18 thru Mar 19	82.35%
MT Case Reviews Apr 19 thru Mar 20	70.00%
MT Case Reviews July 20 thru Dec 20 (Baseline)	51.35%
MT Case Reviews Jan 21 thru June 21	70.00%
MT Case Reviews July 21 thru Dec 21	63.41%
MT Case Reviews Jan 22 thru May 22	75.90%
	Risk and Safety Assessment and Management
2017 CF SR	47.69%
MT Case Reviews Oct 18 thru Mar 19	41.94%
MT Case Reviews Apr 19 thru Mar 20	18.94%
MT Case Reviews July 20 thru Dec 20 (Baseline)	29.23%
MT Case Reviews Jan 21 thru June 21	27.70%
MT Case Reviews July 21 thru Dec 21	36.36%
MT Case Reviews Jan 22 thru May 22	48.10%

### Item 3: Risk and Safety Assessment and Management

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

As the data indicates, Montana is not in substantial conformity with this safety outcome. During the CFSR, reviewers indicated that initial assessment of risk and safety was being accurately assessed often. However, ongoing risk and safety assessments were either not being completed or not being followed up on to ensure safety was being adequately managed. The same trends held true for the baseline period. While the overall ratings have improved, this trend remains, though there has been improvement in several areas.

This conclusion aligns with our Maltreatment in Foster Care and Repeat Maltreatment data as well. Implementation of an ongoing assessment process and early engagement of families in case and treatment planning will allow Montana to improve performance on this outcome.

A deeper look into Item 3 shows that the biggest sub-item leading to ANIs in this item is comprehensive and accurate ongoing assessments of risk and safety. For the Baseline period, the overall results showed that the state performed slightly better in this item in OOH cases vs. IH cases. Different review periods have had some variation, though the most recent review period also reflects better results on this item for OOH cases. However, when looked at from a regional level, there are bigger differences in performance across case types.

However, there is no indication that there is a trend in one region specific to case type, as most regions that performed better on IH cases in the baseline period performed better on OOH cases in the next review period, and vice versa. However, what is clearly a trend is that ongoing assessments are either not consistently completed or are not of good quality or are not being completed at key junctures of a case, such as beginning trial home visits or closing cases.

Both Region 1 and Region 2 have taken specific steps to address some of this. In Region 1, the RA instructed supervisors in June 2021 on key points that should be checked to ensure workers are assessing them during monthly visits. In Region 2, the regional administrator and child welfare manager have taken additional steps in meeting with supervisors weekly to go over this data, discussing what the information shows, the expectation that children are seen monthly, and identifying existing barriers. They have reported that in some cases, visits were just not being documented. However, in many cases the visits weren't happening. Initial data has supported that the frequency of child contacts in this region has shown steady improvement since March 2021.

In both regions, there has also been an increased strength percentage on Item 3, with Region 1 reaching 50% in Review Period 1 and staying at or above that rating. Preliminary results for the current review period indicate a current rating of 57.14%, with one or two more cases to be reviewed. Region 2 reached 50% strength rating for this item in Review Period 2 and is at a 72.73% preliminary rating for the current review period, with a few more cases to review.

In Region 6, this item stayed consistently at about 12% from the Baseline through the second review period. Early in the second review period, there was a change in the Regional Administrator, who has worked closely with supervisors and staff to address areas of concern within the region,

which has included safety assessment and management. This has included increasing oversight, improvement in documentation, and some re-training. While results from Review Period 3 are preliminary, and one more case from that region will be reviewed, results thus far support a strength rating of 57% or higher for Region 6.

CFSR Round 3 - Montana Statewide Data Indicators Baseline and Subsequent Years									
	Observed Performance - MPATH				Risk Adjustment and & Risk Standardized Performance (RSP)			RSP Relative to National Standard (CFSR Data Profile)	
	Served	Denom.	Numer.	Unadjusted Observed Performance	Risk Adjustor Median Age (unless otherwise indicated)	State's RSP Relative to National Standard	95% CI of State's RSP	National Standard September 2017 Updates	Met National Standard
<b>Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.</b>									
<b>Maltreatment in Foster Care:</b> Of all children in foster care during a 12-month period, what was the rate of victimization per day of foster care? (Cohort 12 months, FFY 2013)	4,867	1,116,234	88	7.9 victimization per 1,000,000 days in care	(at entry) 5	9.59 victimization per 100,000	7.77-11.85	9.67 victimization per 100,000	Better
Comparison to FFY2017*	5,657	1,321,092	168	12.72		14.18	12.07-16.65	<9.67	Not Met
Comparison to FFY2018*	6,103	1,426,301	161	11.29		14.3	12.26-16.68	<9.67	Not Met
Comparison to FFY2019*	6,046	1,394,067	175	12.55		16.44	14.22-19	<9.67	Not Met
Comparison to FFY2020*	5,647	1,272,339	156	12.26				<9.67	Not Met
Comparison to FFY2021*	5,045	1,184,851	115	9.71					



**CFSR Round 3 - Montana Statewide Data Indicators Baseline and Subsequent Years**

	Observed Performance - MPATH				Risk Adjustment and & Risk Standardized Performance (RSP)			RSP Relative to National Standard (CFSR Data Profile)	
	Served	Denom.	Numer.	Unadjusted Observed Performance	Risk Adjustor Median Age (unless otherwise indicated)	State's RSP Relative to National Standard	95% CI of State's RSP	National Standard September 2017 Updates	Met National Standard
<b>Recurrence of Maltreatment:</b> Of all children with a screened-in report of alleged maltreatment in a 12-month period, what percent had another screened-in report within 12 months of their initial report? (Victims of a substantiated or founded report in 12 months, FFY 2013)		2,254	198	8.80%	(at victimization) 5	(FY16) 10.10%	8.8-11.6	<9.5	No Dif
Comparison to FFY2017*		2,790	356	11.30%		14.40%	13.2-15.8	<9.5	Not Met
Comparison to FFY2018*		3,273	462	12.40%		14.70%	13.4-16.0	<9.5	Not Met
Comparison to FFY2019*		3,441	483	12.30%		14.30%	13.1-15.7	<9.5	Not Met
Comparison to FFY2020*		3,314	436	11.60%				<9.5	Not Met
Comparison to FFY 2021*		3,246	447	12.10%					

*\*Data for each federal fiscal year are extracted from MPATH in May of the report due date using Federal definitions and no risk adjustment can be provided.*

Both data points indicate that either safety was not being adequately assessed or managed or that the services needed to mitigate safety threats were not provided and/or available. Looking at maltreatment in foster care with data from MPATH, many of the reports of maltreatment concern a child on a trial home visit, reinforcing the need of increased oversight to ensure the safety threats that led to the agency involvement have been adequately addressed. Implementation of an ongoing assessment process and improved coaching and mentoring of staff to ensure staff recognize the heightened safety concerns for children in a trial home visit will result in improved safety outcomes for children.

While there has been some decrease in recent years in the rate of maltreatment in foster care, it is still at a rate higher than the federal standard, and there has been minimal sustained decrease. Of note is that there was a more substantial decrease in the rate of the Foster Care Provider being the perpetrator of maltreatment over several years, though there was a much smaller increase over the last year.

<b>Recurrence of Maltreatment</b>						
DATA SOURCE	FFY16	FFY17	FFY18	FFY19	FFY20	FFY21
CB Data Profile	10.10%	13.10%	14.40%	14.70%	14.30%	
MT ROM	9.70%	11.30%	12.40%	12.30%	11.60%	12.10%
<b>Maltreatment while in Foster Care</b>						
	FFY16	FFY17	FFY18	FFY19	FFY20	FFY21
MT ROM	7.88%	12.71%	11.43%	12.55%	12.26%	9.71%
Foster Care Provider is maltreater	17%	17.30%	23.90%	21.80%	14.70%	16.38%
Foster Care Provider is not maltreater	83%	82.70%	76.10%	78.20%	85.30%	83.62%

To summarize, the goals and strategies in Montana’s PIP will result in improved safety outcomes for children. Montana has seen more children exiting foster care than entering over the past years. It is hoped that reduced foster care population in conjunction with the PIP goals and strategies described above will result in improved safety outcomes for children. Montana saw only a 1% decrease in reports after COVID-19 safeguards were instituted. The numbers of reports did rebound some after most restrictions were lifted but has not risen to the same level it was pre-covid. Placement in foster care decreased by 10%, but currently there is no specific data correlating this to COVID.

It remains to be seen how the extended time of limited social interaction and negative economic conditions created by the pandemic will impact Montana’s foster care population moving forward. However, it should be noted that the number of kids in foster care has continued to decline slowly.

**Permanency Outcomes**

Montana’s performance on the two federal permanency outcomes, while improving slightly, continue to be lower than the standards set by Children’s Bureau for Substantial Conformity. Goal #3 of Montana’s PIP addresses performance of the permanency outcomes. The strategies of this goal are: hold pre-hearing conferences to engage parents and stakeholders early in cases and identify

needs and services to inform the case plan; 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; develop Addiction Recovery Teams to ensure timelier permanency for families dealing with chemical dependency issues; improve permanency outcomes through the use of concurrent planning; improve services and supports to kin/foster/pre-adoptive homes to increase stability and improve time to permanency; and decrease the time between termination of parental rights and finalization of adoption by ensuring the adoption packet is completed without unnecessary delays.

This will result in parents and children being engaged, in a meaningful manner, throughout the life cycle of the case so their expertise on the dynamics at play in their family can be used to develop solutions. This will allow services to be tailored to their unique needs, so they are more likely to commit to achieving their case goals allowing for the safe parenting of their children without CFSD involvement.

Pre-hearing conferences are being held with data collected surrounding who has been in attendance and a rating scale surrounding each parent's engagement in those conferences. ART teams have also been developed, with data collection occurring surrounding participation and treatment recommendations. Family Support Teams have also been developed with some data collection occurring surrounding family involvement, children able to remain in the home, and children able to return to the home quickly. The Family Support Teams have shown an increase in both maintaining children in the home as well as returning children to the home sooner.

In Region 1, anecdotal data is indicative that families in the Ft. Peck area, where BIA is responsible for investigation, often linger for months between removal and the court/BIA transferring the case to state jurisdiction. This has led to parents being disengaged and having no services in place. FST meetings are now occurring with those families as soon as cases are transferred to enhance engagement and get services in place when needed, which will support more timely permanency and well-being.

Montana has also recently implemented a new Permanency Planning Procedure, in which all children placed out of the home will have a Permanency Planning Team (PPT) meeting within 90 days. The goal of this is to ensure concurrent planning is beginning early to support more timely permanency when reunification can't occur. The goals within the meeting are to identify relative placements, if not already identified, develop a concurrent goal with the family, identify barriers to placing the child in a home willing to provide permanency if needed, and identify barriers to licensing families, as well as identifying who is responsible for what tasks. Reviews of these will occur at a minimum of every 6 months, but more frequently if issues come up needing to be addressed. Data is currently being collected surrounding these, though it has not yet been long enough to determine the success of this intervention.

In looking at permanency in twelve months, Montana's numbers show that of all children who achieve permanency within twelve months, approximately 69.2% were returned home within six months. This is up from the approximately 37% reported in the prior APSR. Children under the age of one-year have a permanency in twelve months rate of 37.5%, with 22.2% returning home within six months of coming into care. This is significantly lower than prior periods. However, it should be noted that this period is the first period in which all cases were open while COVID restrictions were in effect. While there is not sufficient information to demonstrate causation, there is correlation between the two.





With the passing of the Families First Prevention Services Act, the focus will be finding ways to allow these children to stay with their parents, while ensuring for safety, to assure an intact and healthy attachment between the parent(s) and child. Family Support Teams have been successful in assisting CFSD in identifying services and safety supports that will allow children to remain safely in their home where they have been implemented.

Montana has PIP goals for Items 4 (Placement Stability), Item 5 (Appropriate permanency goals established in a timely manner) and Item 6 (Achieving permanency timely). Montana was able to pass Item 5 (goal of 55%) in Review Period 2, with a rating of 55.8%. This rating remains similar for Review Period 3 thus far. Montana is still working towards passing Items 4 and 6. For Item 4, the goal is 70%. Montana had a significant decrease in this rating from the 2017 CFPSR of 77.5% but has risen over the last year. While results are still preliminary with six to seven more OOH cases to review, Montana is likely to pass this item during the current review period, with a current preliminary rating of 82.4%. Item 6 remains a struggle.

Though Montana's rating increased from the 2017 CFPSR in almost every review period until the current one, current preliminary results show this to be rated at 23.5%. It is unclear exactly why, though it should be noted that nearly all the cases reviewed during this period were impacted in some way by COVID restrictions, which may have delayed services and/or court hearings. Further analysis will be completed once the review period is final. However, it should be noted that Montana has implemented several things to address timely permanency and is moving towards working with CIP to identify and work with towards resolutions to delays that are a result of court delays.



### CFSR Round 3 - Montana Statewide Data Indicators Baseline and Subsequent Years

	Observed Performance - MTRM/MPATH				Risk Adjustment and & Risk Standardized Performance (RSP)			RSP Relative to National Standard (CFSR Data Profile)	
	Served	Denom.	Numer.	Unadjusted Observed Performance	Risk Adjustor Median Age (unless otherwise indicated)	State's RSP Relative to National Standard	95% CI of State's RSP	National Standard September 2017 Updates	Met National Standard

#### Permanency Outcome 1: Children have permanency and stability in their living situations

Permanency in 12 months: Of all children in foster care during a 12-month period, what percentage are discharged to permanency within 12 months of entering FC? Included reunification with parent, living with relative, guardianship or adoption (AFCARS 11b & 12a) Baseline		1,347	559	44.5%		(FFY16) 38.5%	36.5 - 40.4	≥42.7%	Not Met
Comparison to FFY2017*		2,633	1,176	44.7%		37.7%	35.8-39.6	≥42.7%	Not Met
Comparison to FFY2018*		2,231	1,012	45.4%		41.6%	39.7-43.4	≥42.7%	No Dif
Comparison to FFY2019*		2,365	1153	48.80%		45.9	44.1-47.8	≥42.7%	Better
Comparison to FFY2020*		2,275	1081	47.50%					
Comparison to FFY2021*		2,135	1157	50.60%					
Children in care 12-23 months - permanency in next 12 months: Of all children in foster care between 12-23 months, what percentage discharged to permanency within 12 months of 1st day of the period? (AFCARS 13b & 14a)		636	279	43.9%		(FFY16) 38.3%	34.8 - 41.9	≥45.9%	Not Met

### CFSR Round 3 - Montana Statewide Data Indicators Baseline and Subsequent Years

	Observed Performance - MTROM/MPATH				Risk Adjustment and & Risk Standardized Performance (RSP)			RSP Relative to National Standard (CFSR Data Profile)	
	Served	Denom.	Numer.	Unadjusted Observed Performance	Risk Adjustor Median Age (unless otherwise indicated)	State's RSP Relative to National Standard	95% CI of State's RSP	National Standard September 2017 Updates	Met National Standard
<b>Permanency Outcome 1: Children have permanency and stability in their living situations</b>									
Comparison to FFY2017*		975	407	41.7%		37.2%	34.5 - 40	≥45.9%	Not Met
Comparison to FFY2018*		1,052	459	43.6%		39.1%	36.4 - 41.8	≥45.9%	Not Met
Comparison to FFY2019*		1,112	485	43.6%		40.2%	37.5- 42.9	≥45.9%	Not Met
Comparison to FFY2020*		1,012	447	47.1%		42.7%	39.9- 45.5	≥45.9%	Not Met
Comparison to FFY2021*		787	357	45.40%		39.30%	36.3- 42.5	≥45.9%	Not Met
Children in care 2+ years - permanency in next 12 months: Of all children in foster care on the 1st day of a 12 month period who had been in FC for 24 months or more, what percentage discharged to permanency within 12 months of 1st day? (AFCARS 13b & 14a)		640	239	37.3%		(FFY16) 27.6%	25.0- 30.2	≥31.8%	Not met
Comparison to FFY2017*		707	253	35.8%		25.7%	23.4 - 28.2	≥31.8%	Not met
Comparison to FFY2018*		958	407	42.5%		31.2%	29 - 33.3	≥31.8%	No Dif
Comparison to FFY2019*		1,069	459	42.9%		31.1%	29.1- 33.1	≥31.8%	No Dif
Comparison to FFY2020*		1,139	449	39.4%		29%	27.1- 31.0	≥31.8%	No Dif
Comparison to FFY2021*		1,114	441	39.60%		28.50%	26.5- 30.6	≥31.8%	Not Met

### CFSR Round 3 - Montana Statewide Data Indicators Baseline and Subsequent Years

	Observed Performance - MTROM/MPATH				Risk Adjustment and & Risk Standardized Performance (RSP)			RSP Relative to National Standard (CFSR Data Profile)	
	Served	Denom.	Numer.	Unadjusted Observed Performance	Risk Adjustor Median Age (unless otherwise indicated)	State's RSP Relative to National Standard	95% CI of State's RSP	National Standard September 2017 Updates	Met National Standard
<b>Permanency Outcome 1: Children have permanency and stability in their living situations</b>									
Re-entry to foster care in 12 months: Of all children who enter foster care in a 12-month period who were discharged within the period, what percentage re-entered FC within 12 months of their discharge? (AFCARS 11b & 12a)		598	87	14.5%		(FFY16) 6.5%	5.2 - 8.0	≤8.1%	Better
Comparison to FFY2017*		753	111	14.7%		6.3	5.1-7.7	≤8.1%	Better
Comparison to FFY2018*		906	117	12.9%		6.3	5.1-7.7	≤8.1%	Better
Comparison to FFY2019*		893	146	14.1%		6.2	5.1-7.5	≤8.1%	Better
Comparison to FFY2020*		1,074	114	10.6%					
Comparison to FFY2021*		1,150	96	8.30%					
Placement Stability: Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of FC? (AFCARS 13b & 14a)	**5,019	1,125,910	2,460	2.20 moves		(FFY16) 4.58 moves	4.34-4.83	4.44	No Dif

CFSR Round 3 - Montana Statewide Data Indicators Baseline and Subsequent Years									
	Observed Performance - MTROM/MPATH				Risk Adjustment and & Risk Standardized Performance (RSP)			RSP Relative to National Standard (CFSR Data Profile)	
	Served	Denom.	Numer.	Unadjusted Observed Performance	Risk Adjustor Median Age (unless otherwise indicated)	State's RSP Relative to National Standard	95% CI of State's RSP	National Standard September 2017 Updates	Met National Standard
<b>Permanency Outcome 1: Children have permanency and stability in their living situations</b>									
Comparison to FFY2017*	**5,797	1,307,421	2,797	2.14		4.18	3.97 - 4.41	4.44	Better
Comparison to FFY2018*	**6,223	1,414,287	2,903	2.05		4.30	4.08 - 4.53	4.44	No Dif
Comparison to FFY2019*	**6,171	1,400,373	2,831	2.02		4.32	4.09- 4.56	4.44	No Dif
Comparison to FFY2020*	**5,635	1,278,956	2,352	1.84		3.84	3.62- 4.08	4.44	Better
Comparison to FFY2021*	**5,053	1,185,785	4062	3.43		3.78	3.5.- 4.04	4.44	Better
<p>*Data for each federal fiscal year are extracted from MPATH in May of the report due date using Federal definitions and no risk adjustment can be provided.</p> <p>**MTROM data is based on all children in care during the time period, not just those that entered care during the year. It is likely that this measure overestimates the number of moves per child.</p> <p>Note: FFY refers to NCANDS data. NCANDS data are submitted for federal fiscal years, October 1 - September 30. All others refer to AFCARS data "a" refers to the 6-month report period Oct. 1 - March 31 of the two-digit calendar year in which the period begins and "b" refers to the respective 6-month report period April 1 - Sept. 30.</p>									

### Placement with Relatives

Federal policy expressed in the Adoption Assistance and Child Welfare Act of 1980 and the Indian Child Welfare Act of 1978 codify the principle that children who enter the child welfare system must be placed in the “least restrictive setting” possible and one that is most like a family.

As shown in the table below, in FFY2018, more than one-half of all children who entered care during this period had an initial placement with relatives of the child. However, the rate of youth initially placed with a relative has been decreasing, as well as the percentage of youth in a family like setting.

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



	Statewide FFY2018		Statewide FFY2019		Statewide FFY2020		Statewide FFY2021	
	N	%	N	%	N	%	N	%
Initial placement with relative of those entering care period	1,450	61.60%	1,010	58.40%	1,209	58.35%	982	53.33%
Not placed with relative at entry into foster care	904	38.40%	720	41.60%	863	41.65%	862	46.70%
<b>Total</b>	<b>2,354</b>		<b>1,730</b>		<b>2,072</b>		<b>1844</b>	
Total family-like setting at end of period	3,613	91.30%	3,165	90.70%	3,073	90.94%	2856	90.04%
Total group care at end of period	344	8.70%	325	9.30%	306	9.06%	316	9.96%
<b>Total</b>	<b>3,957</b>		<b>3,490</b>		<b>3,379</b>		<b>3,172</b>	
Source: MPATH, 5/18/2022. Data include family foster care, kinship foster care, out-of-state foster care, specialized family foster care and therapeutic family foster care, and exclude runaways in all categories.								

For all children who were in out-of-home placements at the end of this period, 90.04% were in a family or kinship placement. Montana also places over 88% of children with their siblings while in out of home care. Outcomes tend to fall with the remaining items as current practice relies heavily on foster care providers to ensure these connections remain, especially when the child is placed with relatives.

A key activity with Montana’s PIP is the implementation of a Kinship Navigator Program (the program is discussed in more detail in the “Kinship Navigator Funding section of this APSR) and the hiring of additional Resource Family Specialists (RFS, staff who license foster parents and manage cases from TPR to adoption) in Yellowstone County (Billings) and Cascade County (Great Falls). Both activities are aimed at providing support and services to family members caring for their relatives.

The additional RFS staff have been hired in Yellowstone and Cascade counties. Staff turnover has created some difficulty in maintaining RFS staff in these areas. Also, in looking at the data it became apparent that these staffs’ immediate focus needed to be decreasing the backlog of cases awaiting adoption and over the past year these efforts have been successful. Concurrently, processes were being implemented to expedite cases being transferred to RFS staff upon termination of both parents’ rights.

As the backlog of adoption cases has been reduced in Yellowstone and Cascade Counties, the RFS staff have been able to focus more attention to engaging kinship resource families. In both counties, RFS staff are now reaching out to new kinship placements within days of placement to provide support, assess needs, identify potential resources and initiate the licensing process.

Qualitative data, being reported from staff, are this early engagement with kin foster families has decreased the time from placement to licensure and improved the tie to permanency in some cases. The process for attaining a foster care license has not changed but initial indicators are this early engagement with kin placements will improve the timeline for licensure of kin placements. Updates will be provided in future APSR.

<b>Permanency Outcome 2</b>	<b>The continuity of family relationships and connections is preserved for children.</b>
	Placement With Siblings
2017 CFSR	80.77%
MT Case Reviews Oct 18 to Mar 19	86.67%
MT Case Reviews April 19 to Mar 20	88.52%
MT Case Reviews July 20 to Dec 20 (Baseline)	91.30%
MT Case Reviews Jan 21 to June 21	76.70%
MT Case reviews June 21 to Dec 21	96.00%
MT Case Reviews Jan 22 thru May 22	95.70%
	Visiting With Parents and Siblings in Foster Care
2017 CFSR	51.35%
MT Case Reviews Oct 18 to Mar 19	44.74%
MT Case Reviews April 19 to Mar 20	24.69%
MT Case Reviews July 20 to Dec 20 (Baseline)	39.40%
MT Case Reviews Jan 21 to June 21	37.50%
MT Case reviews June 21 to Dec 21	58.82%
MT Case Reviews Jan 22 thru May 22	50.00%
	Preserving Connections
2017 CFSR	75.00%
MT Case Reviews Oct 18 to Mar 19	53.66%
MT Case Reviews April 19 to Mar 20	55.68%
MT Case Reviews July 20 to Dec 20 (Baseline)	67.50%
MT Case Reviews Jan 21 to June 21	60.00%
MT Case reviews June 21 to Dec 21	63.41%
MT Case Reviews Jan 22 thru May 22	70.60%

	Relative Placement
2017 CFSR	75.68%
MT Case Reviews Oct 18 to Mar 19	70.73%
MT Case Reviews April 19 to Mar 20	72.73%
MT Case Reviews July 20 to Dec 20 (Baseline)	72.50%
MT Case Reviews Jan 21 to June 21	57.50%
MT Case reviews June 21 to Dec 21	65.00%
MT Case Reviews Jan 22 thru May 22	70.60%
	Relationship of Child in Care With Parents
2017 CFSR	51.61%
MT Case Reviews Oct 18 to Mar 19	29.73%
MT Case Reviews April 19 to Mar 20	28.95%
MT Case Reviews July 20 to Dec 20 (Baseline)	40.90%
MT Case Reviews Jan 21 to June 21	36.70%
MT Case reviews June 21 to Dec 21	43.33%
MT Case Reviews Jan 22 thru May 22	50.00%

As reported in the 2020-2024 CFSP, the Residential Program Specialist and Intensive Services Unit continue working to keep foster children in Montana whenever possible and finding alternatives to group care. Overall, Montana does a good job maintaining children in family settings with approximately 90% of foster children residing in a family foster home (including kin). This will continue to be a focus within the state’s 2020 – 2024 CFSP. However, keeping foster children in Montana is becoming increasingly more difficult due to the state’s Therapeutic Group Home (TGH) facilities being able to serve fewer children. It’s estimated the number of available “TGH beds” in the state has decreased by as much as 30% in the last year. The primary factor in this is TGH facilities difficulty in recruiting and retaining enough employees to adequately staff the facilities. The rates, provided to these facilities, have not kept pace with the increasing cost of the workforce.

DPHHS is in the process of performing a provider rate study. It is expected this study will demonstrate the state’s need for increased rates for TGH and other congregate care facilities across the state. A provider rate increase is likely to require legislative approval. Montana’s next legislative session takes place in 2023. Updates will be provided in future APSR.

## Wellbeing Outcomes

Wellbeing outcomes #1, #2 and #3 are addressed in Goal #2 of Montana’s PIP. The strategies under that goal are implementation of an ongoing assessment emphasizing the role of children and family; ensure children are maintained in their home whenever possible and appropriate; and families become partners in the development of their case/treatment plans. This will ensure risk and safety



needs are accurately assessed and the reason for CFSD’s involvement with the family is clearly articulated. This will allow parents to understand what changes need to be made and case plans are reflective of those needs. Also, this will assist in ensuring that services provided to the family target their needs so they can safely parent their children without ongoing CFSD intervention.

The implementation of a coaching and mentoring process in Goal #1 of the PIP will also assist in improved wellbeing outcomes. Montana reached the PIP goal for Item 14 during the first review period. The goal was 36%, and Montana achieved a rate of 38.5%. While the rate dropped some the next review period, it remained above the target at 37.9%. Results for the current period are preliminary but are consistent with continued improvement. Montana also reached the PIP goal (29%) for Item 15 in Review Period 2.



### Wellbeing Outcome 1:

Families have enhanced capacity to provide for their children’s needs.

Wellbeing Outcome 1 is well below the National Standard for substantial conformity of 90%.

This outcome has multiple items that are measures of how involved children, parents, and foster providers are in the case, as well as how well the agency is assessing and addressing their needs.



<b>Wellbeing Outcome 1</b>	<b>Families have enhanced capacity to provide for their children's needs.</b>
	Needs of children, parents, and foster parents
2017 CFSR	38.5%
MT Case Reviews Oct 18 to Mar 19	21.0%
MT Case Reviews April 19 to Mar 20	13.0%
MT Case Reviews July 20 to Dec 20 (Baseline)	33.8%
MT Case Reviews Jan 21 to June 21	20.0%
MT Case reviews June 21 to Dec 21	24.2%
MT Case reviews Jan 22 to May 22	33.3%
	Involving parents and children in case planning
2017 CFSR	48.4%
MT Case Reviews Oct 18 to Mar 19	37.1%
MT Case Reviews April 19 to Mar 20	27.3%
MT Case Reviews July 20 to Dec 20 (Baseline)	40.6%
MT Case Reviews Jan 21 to June 21	31.1%
MT Case reviews June 21 to Dec 21	33.3%
MT Case reviews Jan 22 to May 22	36.5%
	Frequency and quality of caseworker visits with children
2017 CFSR	52.3%
MT Case Reviews Oct 18 to Mar 19	25.8%
MT Case Reviews April 19 to Mar 20	22.9%
MT Case Reviews July 20 to Dec 20 (Baseline)	32.3%
MT Case Reviews Jan 21 to June 21	38.5%
MT Case reviews June 21 to Dec 21	37.9%
MT Case reviews Jan 22 to May 22	51.9%
	Frequency and quality of caseworker visits with parents
2017 CFSR	33.3%
MT Case Reviews Oct 18 to Mar 19	10.5%
MT Case Reviews April 19 to Mar 20	12.7%
MT Case Reviews July 20 to Dec 20 (Baseline)	25.5%
MT Case Reviews Jan 21 to June 21	18.2%
MT Case reviews June 21 to Dec 21	30.4%
MT Case reviews Jan 22 to May 22	27.1%

Assessing how a child interacts with their peers, siblings, foster providers; how a child responds to structure, boundaries set by care providers; and how a child functions within group or sport settings is not assessed or addressed as often as the standard set by CB. Understanding where a child is functioning and that functioning will most likely regress when a child is separated from their parents, especially when not placed with someone with whom the child already has relationship, can have lasting effects for the child.

As Montana's current CCWIS system does not contain an electronic case plan, this area can easily get overlooked or left to the foster providers to identify and address, especially given the agency does not have or utilize a formal needs assessment. While this strategy may be successful for some children, the standard needs to be that every child will be assessed, and when appropriate, services will be provided. Implementation of an ongoing assessment process and improved coaching and mentoring of staff to ensure staff monitor the wellbeing needs of children are being assessed, recommendations acted upon and needed services provided to both parents and children will result in improved outcomes in Wellbeing #1 items. Region 6 has recently identified a struggle with ensuring assessment and meeting needs for older youth relating to Independent Living Skills. To counteract this, they have recently identified all youth ages fourteen and up and whether they are actively involved with Chafee Services.

For those not involved, renewed efforts are being made to engage them, and if the youth refuses or is developmentally unable to, they are working towards creative solutions to assess for those needs and ensure they are being met in alternative methods. It is very early in this process, but there has been some early success in re-engaging some youth, and ensuring needs are being met by others refusing to participate in Chafee through use of their kinship foster families.

Montana statute states that every parent will have a treatment plan to address those areas of concern that led to the agency's involvement. The development of these plans routinely requires parents' mental health and substance use disorder needs be assessed and that all recommendations, from the clinician, are followed. These issues are often the conditions that initially present as creating the unsafe conditions in the home. CFSD does not always do a thorough job of assessing and identifying other needs impacting parents' ability to safely care for their children.

As noted by CFSD's Regional advisory Councils, Montana's vast geography, relatively small population, unreliable personal vehicles, and lack of public transportation are additional barriers to families accessing needed services. This is especially true in eastern Montana and other sparsely populated areas of the state. Establishing Family Support Teams (FST), discussed in other sections of this APSR, is one way CFSD is attempting to address these issues. FST are being used in some areas of the state to connect parents to an array of community service providers who can assist in addressing a myriad of needs.

The ability to access some services virtually is also being explored to overcome barriers related to geography and transportation. One example is a pilot project in Region 1 (eastern Montana). CFSD staff are partnering with Montana Children's Alliance to provide families greater access to mental health services by utilizing virtual or tele-health services. This project has partnered with therapists across the state who are willing to provide services through a virtual platform. The program also donates tablets or computers to families so access to technology isn't a barrier to services. Families were very eager to participate virtually in the services and the available sessions were quickly filled. The program is working to identify and train more willing therapists to increase the number of

available sessions. Updates on FST, this pilot program and other strategies to address access to services will be provided in future APSR.

Montana's PIP focuses on creating meaningful engagement that facilitates children and parents being active participants in case planning and advocating for their needs. CFSD's focus on engaging parents as active team members reflect a cultural shift in how the agency, courts and community partners view parents involved in the child protection system. This strength-based approach also contributes to improved safety outcomes as the coaching and mentoring processes being implemented within the PIP ensures families' needs are being assessed and concerns, that lead to the child's removal from the home, are being adequately addressed.

Increased contact between children, families and CPS will increase the state's performance under Well-Being Outcome #1. Timely and quality caseworker visits with children and parents is an area that Montana has historically struggled. Montana's data around quality caseworker visits with children (51.9%) and parents (27.1%) indicate the lack of visitation will continue to be a barrier to meaningful engagement of children and parents and accurately assessing the family's needs. Data from case reviews shows an increase in the frequency and quality of visits with children and parents.

COVID restrictions and the ability to allow virtual visits to be considered an in-person visit likely plays some role in the improved data. However, CFSD is hopeful the PIP focus on engagement and other changes, such as the integration of the Safety Science Model into CFSD's practice, will result in continued improved performance in this area. Regions 1, 2, and 4 are focusing on efforts to improve the frequency and quality of caseworker visits with parents by identifying protocols and quality assurance tools and tracking to measure their progress from implementation. Regions 1 and 2 have identified plans and are in the process of finalizing quality assurance tools and tracking. Region 4 is not as far into the process as Regions 1 and 2 but it is expected all Regions will fully implement plans in the upcoming months. Updates on progress will be provided in future APSR.

Wellbeing Outcomes #1 will also be improved through PIP Goal # 3 which addresses providing improved services to foster/kin/pre-adoptive parents. For children in foster care, there is a direct correlation between placement stability and improved permanency outcomes and decreased trauma-related behavior. Retention of foster parents and placement stability for foster children are enhanced when the foster parents' needs are assessed and met. Being sensitive to the challenges that foster parents experience and responding to their need for support, respite or additional services are critical components to supporting the foster children in that home. Challenges faced by kinship foster families can be quite different from the experiences of non-relative providers. Establishment of the Kinship Navigator Program is one way CFSD is attempting to meet the unique needs of kinship care providers.

As discussed in prior APSR, analysis of PIP baseline data showed that assessment of needs, frequency, and quality of contacts with both children and parents are areas needing improvement. Basic analysis of Item 12 indicates assessing and meeting the needs of parents presents the greatest challenge for CFSD. Deeper analysis indicates better outcomes are achieved in this Item with parents with an established in-home safety plan and conversely better outcomes for children are achieved when children are placed outside the home. During case reviews, this often results in differing ratings for 12A and 12B, leading to an overall ANI of Item 12. The federal requirement mandating monthly visits between caseworkers and children in foster care likely contributes to staff's focus on children in foster care and inadvertently contributes to these findings.





Data also indicate that if one parent is being more successful than the other, the agency focus tends to shift to the more successful parent. This is likely correlated to data indicating agency attention is more often focused on parents' who remain actively engaged throughout the process. CFSD does not do as well in seeking out unavailable parents or re-engaging disengaged parents. The data in this area has shown improvement over the past several years. For that trend to continue, CFSD leadership and supervisors will need to engage field staff's assistance to identify and address the internal and external barriers to re-engaging disengaged parents, locating parents whose whereabouts are unknown and maintaining contact and engagement with parents who are incarcerated. Successfully identifying and addressing these systemic barriers will improve all measures in Wellbeing Outcome 1.

The case review data show the frequency and quality of visits with children improved from the baseline period, with results from the first Review Period indicating Montana has achieved the PIP goal for this item. CFSD continues to do work to identify barriers to improving the quality and frequency of caseworker visits with children. One identified barrier is the distance and associated "windshield time" rural office workers face to visit all the children on their caseload. Staff report that some work is done to share caseloads and utilize other CPS staff in closer proximity to the child, to assist in ensuring monthly visits take place.

Region 2 (north central Montana) has implemented protocols focusing on the frequency of visits. Beginning in early 2021, the Regional Administrator and Child Welfare Manager (CWM) held frequent staffing with supervisors to identify visits missed, the length of time since children have been visited in-person. The focus of the meeting is to identify and address systemic barriers to conducting monthly visits with children.

Case review data is showing the number of in-person visits, conducted by Region 2 CPS staff, increased more than 15% since the implementation of the focused staffing. Region 1 has focused on improving the quality of visits by developing a protocol using established metrics for measuring the quality of caseworker/child visits. The protocol has not been in place long enough for case review data to indicate the effectiveness.



The Region 1 protocol could help inform internal discussions on normative language and defining expectations around quality visits and engagement. The long range goal would be to develop standardize expectations that can be explained to both internal staff and external stakeholders such as attorneys, judges, CASA/GAL, the Office of the Ombudsman and state legislators.

**Wellbeing Outcome 2:**

**Children receive appropriate services to meet their educational needs.**

Well-Being Outcome 2, meeting the educational needs of the child, while achieved 84.2% of the time during the 2017 CFSR, is still below the 95% standard of substantial conformity set by Children’s Bureau with Baseline data showing this achieved at 69.4% of the time. The agency needs to do a better job with engaging with our schools to ensure that every child’s educational needs are being met.

When children must change schools due to entering foster care or changing placements while in care, they may begin to fall behind in their classwork. Different material and schedules at different schools may increase the trauma of having to move away from what is familiar, and the embarrassment of having people know you are in foster care can have a negative impact on a child’s abilities in the classroom. As noted in case reviews, when foster children’s educational needs are met it is most often the result of ongoing collaboration between the foster parents and the school. In many of these cases, the CPS was not actively involved with the foster parents and the school.

Implementation of an ongoing assessment process and improved coaching and mentoring of staff, in PIP Goal #1, ensuring staff are monitoring the educational needs of children and engaging the parents and school personnel to meet the educational needs of children. These processes will also ensure school age youth, especially older youth, are engaged to take an active role in achieving their educational goals. These strategies and related key activities will result in improved outcomes in Wellbeing #2. Also, PIP Goal #3 will provide improved services to foster/kin/pre-adoptive parents and assist in improving Wellbeing Outcomes #2 for children in foster care.

<b>Wellbeing Outcome 2</b>	<b>Children receive appropriate services to meet their educational needs.</b>
2017 CFSR	84.2%
MT Case Reviews Oct 18 thru Mar 19	45.5%
MT Case Reviews Apr 19 thru Mar 20	40.5%
MT Case Reviews July 20 thru Dec 20 (Baseline)	69.4%
MT Case Reviews Jan 21 thru June 21	60.0%
MT Case reviews June 21 to Dec 21	66.7%
MT Case reviews Jan 22 to May 22	53.6%

### Wellbeing Outcome 3:

#### Children receive adequate services to address their physical and mental health needs.

Well-Being Outcome 3, Physical (61.5%) and Mental Health (59.5%) needs of the child were also below the 90% National Standard for substantial conformity in the 2017 review. Though there was an initial decline from the 2017 review through the following review periods, the ratings have risen to levels near the 2017 review. Foster parents primarily take on responsibility for ensuring children have regular checkups and follow up with any needs or services identified, the records are not consistently maintained within the child's case file and the worker does not always have access to important information. This can cause a delay in services when a child moves placements or is returned home.

Worker engagement with the child and foster provider on a consistent basis can ensure Wellbeing Outcomes 2 and 3 are met. On-going conversations about school, friends, sports, relationships, and health can alert workers to areas of concern or areas requiring follow-up to ensure basic needs are being met. Strategy 3.2, implementation of Family Support Teams will positively impact outcomes for Wellbeing Outcome #3 by involving service providers early in the case. Implementation of an ongoing assessment process and improved coaching and mentoring of staff, in PIP Goal #1, ensuring staff are monitoring the physical and mental health needs of children and engaging the parents and professionals to meet the physical and mental health needs of children.

These processes will also ensure youth, especially older youth, are engaged to understand and take an active role in maintaining their physical and mental health. These strategies and related key activities will result in improved outcomes in Wellbeing #3. Lastly, PIP Goal #3 will provide improved services to foster/kin/pre-adoptive parents and assist in improving Wellbeing Outcomes #3 for children in foster care.

While there have not been specific action steps focusing on Wellbeing Outcomes 2 or 3, the agency's focus on quality contacts and better family engagement are expected to impact these items as well.

<b>Wellbeing Outcome 3</b>	<b>Children receive adequate services to address their physical and mental health needs.</b>
	Physical and dental health needs of the child
2017 CFSSR	61.5%
MT Case Reviews Oct 18 to Mar 19	32.8%
MT Case Reviews April 19 to Mar 20	25.2%
MT Case Reviews July 20 to Dec 20 (Baseline)	43.4%
MT Case Reviews Jan 21 to June 21	51.9%
MT Case reviews June 21 to Dec 21	50.0%
MT Case reviews Jan 22 to May 22	62.2%

	Mental and behavioral health needs of the child
2017 CFSR	59.5%
MT Case Reviews Oct 18 to Mar 19	26.8%
MT Case Reviews April 19 to Mar 20	34.1%
MT Case Reviews July 20 to Dec 20 (Baseline)	40.5%
MT Case Reviews Jan 21 to June 21	32.4%
MT Case reviews June 21 to Dec 21	45.5%
MT Case reviews Jan 22 to present	61.8%

## Systemic Factors

### Information System

PIP Goal #3 “Improve service array through partnership with service providers to increase reunification rates and decrease time to permanency” will address this Systemic Factor. Also, the mentoring and coaching processes in Goal #1 will also assist in addressing this Systemic Factor. The processes and strategies developed through the PIP will inform the development of MFSIS, the state’s new CCWIS.

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

Montana is in the process of developing a new system, MFSIS (Montana Family Safety Information System) that will eventually replace CAPS. Due to the cost of a total replacement, the decision was made to develop the system in modules. On December 1, 2018, the first module went into production. This module covers intake and investigation of reports of child abuse and neglect and houses the Family Functioning Assessment used to determine if children are safe from abuse/neglect or if agency involvement is required to ensure the safety of children. Moving forward, the next few modules will focus on developing a case plan for the family, as well as individual plans for all members of the family.

Until the new system is complete, data collected in MFSIS will be transferred back into CAPS as CAPS will remain our system of record. Data integrity within the system is an on-going focus of the agency. The contractor for CAPS, Peraton (formerly known as Northrup Grumman), run AFCARS and NCANDS exception reports throughout the year which outline missing or incorrect data. These reports are then provided to the field offices where the correct data can be entered. While these reports do not capture all the data in the system, it does capture those elements that are required for federal reporting.

The focus for this past year has been transitioning CAPS off the mainframe onto a mid-tier platform. This transition will allow the agency more flexibility in capturing case level information to inform casework and ensure the state is meeting the reporting requirements at both state and federal level. This effort has paused the agency's development of MFSIS but plan to pick back up in the next FFY. The transition off the mainframe occurred in December 2021. Work is being done with Peraton to add interfacing into CAPS that will allow the capture and reporting of additional data points, with the focus being on data points and information relevant to FFPSA.

Montana utilized ROM, through the University of Kansas, to develop management reports using CAPS data. In July 2021, Montana began using MPATH (Montana Program for Automating and Transforming Healthcare) to provide the management reports. MPATH refers to a series of IT projects to develop or obtain discrete modules to support the business needs of the entire department. This will allow for department wide reporting on children and families receiving services and supports and will enhance our ability to ensure families are receiving the services that will best support their needs. This transfer of reports occurred at the beginning of 2022.

The combination of moving CAPS to a mid-tier platform and the transition from ROM to MPATH had resulted in a disruption of the accuracy and timely issuing of many of the management reports. The department continues to address accuracy issues to improve reporting and some of the more significant issues have been resolved. There is no expectation that the remaining issues will be fully addressed soon and there is no capacity to develop any new reports until existing issues are addressed.

### Case Review System

CFSD adopted use of the federal Onsite Review Instrument (OSRI) as a case review tool and an ongoing part of Montana's QA/CQI process after completing the CFSR (final week of September 2017). The ease with which the OSRI captures the federal data elements in a format that can be quickly disseminated to regional and management staff furthers Montana's goal of utilizing case reviews as a real-time tool to result in real-time improvements for children and families being served by CFSD. Montana is reviewing at least sixty-five cases (forty foster care cases and twenty-five in-home cases) every six months and is structuring the review process in accordance with the federal CFSR Procedures Manual.

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

Due to COVID concerns and restrictions, reviews are occurring virtually. In January 2021, a shift took place in the structure of how case reviews are completed each month. Prior to 2021, reviews were completed in a different region each month, and a revolving pool of reviewers was utilized, often resulting in new reviewers completing reviews. The agency utilized the CQI process to make improvements in this how case reviews are conducted. As a result, CFSD now maintains a set pool of reviewers that complete reviews monthly, which results in a better understanding of the CFSR, more consistency in completion of the reviews and increased efficiency in the time it takes to complete them.



Additionally, the agency moved to reviewing cases from almost every region each month (based on number of cases required from each region) to ensure that no one region had a consistently shorter or longer PUR than any other. The use of data obtained from case reviews to improve case practice initially focused on structured report out briefings at the end of each review. These were extended in January 2021 to occur monthly with CFSD Management Team and the Review Team and encompass a more thorough discussion of root causes of ratings and how to improve upon outcomes utilizing the CQI framework of “Plan, Do, Study, Act.” In January 2022, the report out of information was further modified to occur with CFSD Management Team and training, and program staff on a quarterly basis, with more frequent meetings beginning to occur with CQI and region specific staff.

Montana has also begun to seek other opportunities to engage and impart understanding of the review process to field staff and stakeholders by holding meetings with Regional Advisory Councils that include a review and discussion of the data and trainings for field staff regarding the review process, results, and case practice that impacts overall performance on outcomes. Information on Regional Advisory Councils is also contained in the Collaboration Section of this APSR.

Emergent themes (consistent with Montana’s CFSD results) targeted in Montana’s PIP include:

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

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

Through the case review process, the analysis of child and parent participation in developing the case plan is broken down between in-home cases and out-of-home cases as well as by region. While Montana is not meeting the PIP target for this item, there are areas that are achieving this target. The agency is in the process of working with staff in these areas to understand what is contributing to these findings. Regardless of permanency goals, there is a strong correlation between parent’s involvement in the case planning and having their needs adequately assessed, with appropriate services provided to support the overall case goals and their child’s permanency goal. Both also heavily correlate to the frequency and quality of caseworker visits with each respective parent.

The focus in several regions on increasing the frequency and quality of visits is expected to impact their involvement in case planning as well as involvement in appropriate services. Regional and statewide conversations are occurring, as facilitated by LOC (Leaders in Organizational Change) committee members to further identify barriers to permanency as well identifying and addressing training needs regarding permanency planning and achieving those goals timely.

The agency's involvement with the CIP will help identify where the court processes need to be adjusted to ensure hearings are being held in accordance with federal timelines and are addressing the issues critical to ensuring children gain permanency within a timely fashion.

Additionally, the agency has implemented procedures to report both exceptional and concerning results to regional administrative staff to ensure concerns are identified and addresses, while workers are also recognized for exceptional practices. Management and the CQI team continue to refine this process to ensure it is working as intended and feedback loops are complete.

### Quality Assurance System

PIP Goal #1 "Establish a supportive learning culture within the division as a framework to effectuate and sustain effective child welfare practice" will address this Systemic Factor. Montana's current formal quality assurance system is primarily through periodic case reviews using the OSRI. At least sixty-five cases are reviewed every six months, with approximately twelve cases being reviewed each month. When significant concerns regarding a case, or practice within that case, are identified, those are noted and forwarded to administration to review and address. At the same time, when excellent work or significant strengths are identified within a case, that is also noted and 'positive reviews' are sent to the worker, supervisor and administration identifying the good practice and positive results.

When each six month review period is completed and all cases are considered 'final', in depth data analysis is done, to include looking at trends across many factors such as regions and case type. One trend noted that affects multiple items is the frequency and quality of caseworker visits with children, and that improvement was needed in this area. This was identified both in CFSR data as well as administrative data. PIP Key Activity 1.4.8 focuses on implementing changes based on data. As discussed previously in this section Region 1 and Region 2 have put specific protocols in place to improve frequency and quality of caseworker/child visits to address this, and all regions are reviewing internal practices to improve the number and quality of caseworker/child visits.

In April 2022, CQI staff began meeting individually with regional administrators to identify specific areas of practice the regions wanted to improve. Plans are currently in process with Regions 1, 2, 3, 4 and 6. CQI staff assist the regions in meeting their goals by using the Plan-Do-Study-Act format. While this is focused more on Continuous Quality Improvement, portions of it include Quality Assurance, both in the areas being focused on as well as adherence to the Plan-Do-Study-Act model.

### Foundational Administrative Structure

Montana continues to develop a formalized CQI process and has effectuated policy and procedure toward using information from all areas of CFSD in a structured "Plan, Do, Study and Act" process. CFSD currently has three full time staff devoted to CQI (including the IT and Data Systems Manager). CFSD has also developed its Leaders in Organizational Change (LOC) work group. This group is charged with guiding CFSD in developing division-wide CQI processes and feedback loops. A more detailed description of the LOC can be found in the System Factors: Analysis and Dissemination of Quality Data section in this APSR.

CFSD additionally employs seven Child Welfare Managers (CWM) that are responsible for ensuring safety, permanency, and well-being outcomes are monitored and achieved in all foster care cases. However, one of these positions is currently vacant. CWMs also supervise Family Engagement Meeting (FEM) facilitators and Permanency Planning Specialists (PPS) to guide case practices

designed to improve safety, permanency, and well-being outcomes, including oversight of Safety, Permanency, and Well-Being Roundtables.

Traditionally, the Montana Legislature has rejected the expansion of state government, so it is uncertain whether additional CQI/QA staff will be approved. CFSD does not have an approved CQI training in place currently. However, all CQI staff have access to learning and training modules made available through the OSRI and Center for States specific to both case reviews and CQI processes.

As noted in the previous section, CQI staff have begun meeting with specific regions to develop plans focusing on practice areas the region wants to improve. CFSD, in conjunction with a data analyst from the University of Montana (UM), developed a CQI planning and documenting form to assist in this process. This form provides a division-wide structure for: documenting the practice to be improved; documenting the specific, sequenced actions steps to be taken; identifying the metrics used to evaluate the effectiveness of the plan and achieving the intended outcomes; capturing the results of the plan and documenting any changes made to the plan.

Montana has a history of implementing change by writing procedures and providing staff with one-time training on the topic. The process allows for continued focus on the process of making positive change. It also allows for the flexibility to course correct as staff identify internal and external systemic barriers to achieving their goals. The consistent documentation of the process, whether the goal was achieved as initially intended or not, can be used to help inform future changes.

### Quality Data Collection

Montana completed Round 3 of the CFPSR (final week of September 2017), participated in the CFPSR Final Results Meeting (April 17, 2018), while also preparing for the June 30, 2018, PIP submission and contributing development of goals and objectives for the 2020-2024 CFSP. Throughout, CFSD's CQI Unit has provided data from several sources, including Management Information Systems, focus groups and surveys of targeted stakeholders, and analysis of program assessments including legislative audits, accreditation readiness assessments, and comprehensive workforce studies.

As discussed in the Information System Section, recent changes had created difficulties in issuing timely and accurate management reports. The issues continue to be addressed. Updates on this issue will be provided in future APSR.

CFSD has opted to use the federal OSRI as a case review tool. Use of the OSRI will assist with timely and accurate case review data entry, timely access to case review data, and development of the Round 4 CFPSR baseline that will be used to inform development of the Round 4 PIP. Other data sources include CAPS, AFCARS, NCANDS, and National Youth in Transition Database (NYTD), with reports from these sources applied to achieve maximum efficiency and effectiveness from these currently available resources.

CFSD continues to explore ways to remedy AIP issues in CAPS and to make what changes it can in CAPS to improve data quality, adhere to AFCARS/ NCANDS, and better support field practices/ services. Given the limited resources for making changes to CAPS, CFSD cannot predict how quickly many of the AIP changes could be made given competing priorities.

Montana CQI staff have also worked with other program staff to ensure quality and consistent data collections surrounding new programs, such as Addiction Recovery Teams (ART) and Family

Support Teams (FST). This data will assist CFSD in measuring and assessing the programs' results, identifying areas where progress is being made, informing changes made to the models and assessing the readiness of other communities to adopt these models.

### Case Record Review Data and Process

A detailed description of Montana's case review process is included in Montana's Round 3 CFSR Measurement Plan (Review Process-Approach to Measurement). As discussed in the previous section, Montana will continue to use the OSRI as an ongoing part of Montana's Case Review/QA/CQI process. The OSRI captures the federal data elements in a format that can be quickly disseminated to regional and management staff. Montana reviews at least sixty-five cases (forty foster care cases and twenty-five in-home cases) every six months and is structuring the review process in accordance with the Federal CFSR Procedures Manual, to include interviewing all key participants.

Case reviews had traditionally been conducted by CQI staff out of Central Office. While this practice has facilitated data collection, it has limited the training and performance improvement opportunities that might result from having a wider range of internal and external stakeholders directly involved in conducting reviews. In addition, the Children's Bureau's insistence that conducting interviews with all parties involved in a case tremendously increased the resources needed to complete the reviews.

The CQI Unit does not have the capacity to conduct all the reviews so additional staff must take part in the process. Accordingly, CFSD has developed a reviewer pool recruited from the state's child welfare system and stakeholder populations. To effectively manage the review process, ensure sufficient training and knowledge levels among reviewers, as well as improve and ensure consistency and quality of reviews.

Case reviews were initially scheduled to take place in-person, in each of CFSD's six regions, once every six months. The cases reviewed would be from the host region. A structured report out briefing was provided at the end of each review. As discussed in prior APSR, COVID restrictions required the case review and report briefings be done remotely. The remote case review process has continued to be used since COVID restrictions were lifted in Montana. The remote review process allows cases from multiple regions to be reviewed each month creating greater flexibility in assigning cases to individual reviewers, since reviewers cannot review cases from their region. Another benefit from the virtual process is it ensures no region has a much shorter or longer period under review than any other.

The results of all individual cases reviewed are debriefed, in depth, with the assigned CPS and their supervisor. The virtual, quarterly report out briefings, with Management Team and training staff, provide comprehensive analysis of case review findings. The six RA take information from the debriefing and share it with the leadership in their region. The discussions at the regional level focus on how to use the statewide case review data to inform practice change and improve outcomes, for example improved permanency outcomes is a focus being discussed between the division administrator and the RA, so this is a topic likely being discussed with the leadership in each region.

Each RA takes the information from the regional level discussion and applies the findings to case level staffing with individual CPS Supervisors (CPSS). This reinforces the expectation and normalizes the practice of CPSS using case review data to inform practice discussions with the individual CPS in their units. This layered approach to using case review data provides the best



opportunity to integrate CFSR findings and language into daily CPS practice. RA ask CQI staff to present at regional meetings where the focus is improving practice changes to improve specific outcomes.

In addition, CQI staff have begun providing overview trainings of the CFSR to field staff, as well as separate trainings that focus on Safety, Permanency, and Well-being. This helps provide field staff an understanding of the CFSR and case review process, why it is important and how the CFSR can assist the agency in making system wide improvements. At this time, these have been held in Regions 1, 2, 3, and 4, and offered but not yet scheduled in Regions 5 and 6. Region 3 (Yellowstone County or Billings) continues to train field staff in Safety, Permanency, and Well-Being outcomes by having the FLTS and WTC walk a case through the OSRI with each unit on a rotating basis. Those who have participated in the process thus far have reported it being beneficial. Case review data are also provided to CFSD Leaders in Organizational Change (LOC) to help inform their work in creating division-wide CQI processes and feedback loops.

Newly recruited case reviewers complete an overview training of the process with CQI staff, one mock case on the OSRI and at least one additional training module on the E-Learning site. The current pool of reviewers has extensive practice and supervision backgrounds within CFSD. The CQI Unit directly oversees each monthly case review. This oversight provides an opportunity to coach and mentor reviewers “in real time” to improve understanding of the OSRI and rater reliability.

Also, quarterly training is provided to all reviewers on different aspects of the OSRI. The quarterly training also focuses on improving reviewer understanding and rater reliability issues as identified through the QA process, and Secondary Oversight comments. Reviewer input on areas they find difficult or confusing is also considered when planning and providing the training. The development of a more structured training process for reviewers continues to be discussed. Updates on this discussion will be provided in future APSR.

### Analysis and Dissemination of Quality Data

CFSD does not consistently translate results and trends for a wide variety of stakeholders. Upon request, CFSD provides data to tribes, CIP, community stakeholders and courts. CFSD additionally provides access to data in understandable reports to community stakeholders. Community stakeholders can request information by [CFSDDataRequest@mt.gov](mailto:CFSDDataRequest@mt.gov). This process ensures accurate information is disseminated in a format that is understandable and meets the needs of stakeholders.

As discussed previously in this section, the move of CAPS onto a mid-tier platform and the transition to MPATH have created limitations on the management reports currently available. CFSD continues to make every effort to make data available to stakeholders, but these changes may impact CFSD’s ability to create timely and reliable data reports for stakeholders until all issues have been resolved. In 2022, a quarterly newsletter was developed that is disseminated to both internal and external stakeholders. This includes the most up to date data available on some of the most frequently requested data points, such as number of reports, substantiated reports, and kids in care.

As reported, in prior APSR, CFSD worked with the CIP in the development of a collaborative PIP submission and to ensure data used by CIP, the Drug Court Pilot, and the CASA programs are consistent with agency data and that these entities are working collectively toward the same end goal. Also, the Child Welfare Prevention and Support Services (CW PSS) Program Manager is in

the preliminary discussion stages on how to enhance involvement of CWPSS contractors to include identification and provision of data outcome measurements, as well as partner in discussion of data analysis and conclusions.

As part of Montana's partnerships with the Center for States, Leaders in Organizational Change Committee was created in 2021 that focuses on identification of useful data, analysis of same, as well as providing it to those needed to support utilizing it in making improvements to the state's overall outcomes through use of the CQI process. The group's current focus is on barriers to timely achievement of permanency, as this has been a continuous area of struggle.

Another focus of this group will be to move towards creation of a data dashboard that will ensure availability of certain data in an understandable format to CFSD and stakeholders alike. With the transition from ROM to MPATH, an ad hoc data models are being created so that internal staff and legislators will be able to access specific data points without making a request.

The legislature dashboard is still under development. The data in the legislative dashboard will be de-identified so confidential information is not made publicly available. The in-house dashboard has been developed. Availability is limited while the dashboard is being tested and improvements are being made. Once testing is completed the dashboard will be available to all division staff.

Additionally, when new pilot projects or procedures are implemented, discussions are being had at the beginning regarding what data are needed to be captured and tracked outside of what we can access through case reviews or our existing data system. Tracking tools are then developed to accurately capture what is needed, with periodic reviews to update or change what is tracked as needed. This allows for Montana to be able to analyze results of those projects more accurately. The development of the ad hoc reporting tool will allow for easier ability to create a report with just the information needed from CAPS to combine with tracking tools to complete the evaluation process.

### Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Process

A more robust CQI system would encompass more well-defined and formalized feedback loops with internal and external stakeholders. Montana has feedback loops in place with stakeholder groups, including the CJA Task Force/CAPTA Citizen Review Panel (State Advisory Council or SAC), Regional Advisory Councils (RAC), Leaders in Organization Change, Connected Voices for Montana Children, Linking Systems of Care – Trauma Informed Organizational Teams, Leadership Meetings, Management Team, and the Montana Court Improvement Program (CIP). Since the submission of the 2020-2024 CFSP, the focus has shifted from making information available to stakeholders to soliciting their input regarding their analysis and conclusions drawn from data. This can primarily be seen in the work done with Regional Advisory Councils where each meeting data is shared and followed with a discussion about the data to gather input and provide a mechanism for community feedback loops.

RAC meetings have become a standing practice and occur at least twice a year per region. These meeting are used to gather information and input from stakeholders surrounding the states outcomes and work towards a more collaborative approach in identifying areas strategies that support overall program improvement. While CFSD is committed to actively engaging non-agency stakeholders in the ongoing CQI process, developing a mechanism for formalized and tracked inclusion of stakeholder input is proving to be very challenging. This is an area CFSD will look to better address moving froward. Updates will be provided in future APSR.

As reported previously in this and prior APSR, progress in this area is exemplified by CFSD's work with the State's Court Improvement Program (CIP) in the development of a collaborative PIP submission. Another example of progress in this area is the case review report out briefings and the "layered" approach in using CFSR case review data to influence day-to-day case practice.

### Staff Training

PIP Goal #1 "Establish a supportive learning culture within the division as a framework to effectuate and sustain effective child welfare practice" will address this Systemic Factor.

Workforce development on all levels, including staff training, is an essential part PIP Goal #1. CFSP goals. This systemic factor is also addressed in Plan for Enacting the State's Vision and Targeted Training Plan. To date in SFY 22, 75 new Child Protection Specialists have completed Montana's Child Abuse and Neglect (MCAN i.e., orientation for newly hired CPS). This training includes eighty-four hours of in-person instruction and twenty-five hours of on-line course work. There is an additional thirty-seven hours of on-going training offered throughout the state in a regional format. These trainings include CSE-IT, Adult Engagement and Interviewing, Child Engagement and Interviewing, Substance Use Disorder (4 modules), Trauma in Child Protection, Family Engagement and Multidisciplinary Teams, Parent Coaching and Family Time and The Ombudsman Program.

Across all the on-going trainings in the state CFSD had a total of 1,217 attendees in SFY 22. In addition to training specific to CPS staff, CFSD has implemented Practice Model Training for Non-CPS staff which encompasses the overall practice model, coupled with the safety assessment model, for staff types other than CPS. This training consists of approximately 25 hours of training, completed through a virtual platform, to allow an interactive learning environment which includes case scenarios, discussion regarding specific approaches to family and child engagement, as well as de-escalation and worker safety topics. Through FY22, 33 CFSD staff have attended the training.

As reported in previous APSR, CFSD developed and held supervisor training through SFY21. The training will continue to be provided. Cohorts of individuals new to CFSD supervision are grouped together to promote cooperative learning. The most recent group of supervisors began their trainings in January 2022 and will complete in June 2022. The next group of supervisors is set to begin their trainings in July 2022 and will complete in December 2022. There are four modules covering topics of Roles of a Supervisor, Importance of CFSD's Practice Model, Supervisory Management Levels, Child Welfare Supervisor Competencies, Safety Assessment Management System (SAMS) Supervision, Supervisory Relationship in Practice, Consultation Focus, Concurrent Planning and Consultation Focus, Leadership Fundamentals, Supervisors as a Community, Team and System Leader

Supervisors' meetings have continued in SFY 22. Two meetings are held in-person and four are held virtually. The meetings serve as forum to provide ongoing training to supervisors on a wide variety of topics including: procedure updates, enhancing supervision skills, PIP implementation and ongoing efforts to maintain the improvements over the lifetime of the current PIP, examples of using data in case staffing to inform case practice, practice implementation of provisions of the Families First Preventions Services Act, practice changes informed by the legislative audit of CFSD, Safety Science implementation and training suggested by the Office of the Ombudsman. The in-person meetings also provide supervisors with the opportunity to interact directly with their peers. Feedback from the supervisors indicate this is time to connect is valuable in making staff feel less isolated and more cohesive as a group. The plan is every other month supervisor trainings to continue in SFY 23 and beyond.

### Service Array

PIP Goal #3 “Improve service array through partnership with service providers to increase reunification rates and decrease time to permanency” will address this Systemic Factor. Service Array is also addressed in the Service Description.

The following sections of this APSR provide detailed descriptions of services available to children, families and resource parents: Collaboration; Mary Lee Allen Promoting Safe and Stable Families (PSSF) (Title IV-B subpart 2); Services for Children Under the Age of Five; John H. Chafee Foster Care program for Successful Transition to Adulthood; Consultation and Coordination Between States and Tribes; Foster and Adoptive Parent Diligent Recruitment Targeted Plan and Health Care Oversight and Coordination Targeted Plan.

Case review data indicates that foster children under the age of 6 are the most likely to have access to assessments and services. Children over the age of six have more access to services through school-based behavioral and mental health services in the larger communities. Availability to school-based services may be diminished moving forward as Altacare of Montana discontinued its Comprehensive School and Community Treatment (CSCT) programming in Montana. This is likely to directly impact children in southwest Montana (i.e., Butte and the surrounding communities). It is unknown if another service provider will be willing to fill this void. Both the school-based services and the IDEA part C services for younger children are individualized to meet the needs of the child based on the assessment.

Children and parents, at times, must leave their community to receive the services needed given the lack of providers. This is especially true in the rural communities in Montana but there are challenges for providers in all communities in recruiting and maintaining the staff needed to provide services. Examples of DPHHS and CFSD efforts to address this have been provided in other sections of this APSR.

Also, the demand for physical and mental health clinicians has increased in recent years, sometimes creating longer than usual wait times to access these services. Montana continues to have a large percentage of cases due to substance abuse. The 2021 Legislative Session provided increased funding for Substance Abuse Treatment. Also, the ART and FST models being implemented by CFSD, discussed in detail in other sections of this APSR, are showing some promise in addressing assessment and service provision to families for SUD and other identified needs.

### Agency Responsiveness to the Community

PIP Goal #1 “Establish a supportive learning culture within the division as a framework to effectuate and sustain effective child welfare practice” will address this Systemic Factor.

CFSD greatly values partnerships with all stakeholders. This is identified throughout the PIP and CFSP and prior and present APSR. Specific information can be found in the following APSR sections: Collaboration, Plan for Enacting the State’s Vision; Consultation and Coordination Between States and Tribes; Service Coordination; Foster Parent Diligent Recruitment Targeted Plan and through many parts of this APSR section, Update to the assessment of Current Performance in Improving Outcomes. The focus to engage families and other stakeholders in ongoing discussion with CFSD has helped to inform and been incorporated into all the information these sections.

Stakeholder involvement and input is a critical and required component of the CFSR and PIP. Those



collaborations and efforts to strengthen them are well documented and readily available for review in documentation previously submitted to ACYF as part of the CFPSR, subsequent PIP, the 2020-2024 CFSP and subsequent APSR, including this APSR.

Specific examples included in this APSR include: discussion with judiciary on implementation of Pre-Hearing Conference and decreasing the time from Termination of Parental Rights (TPR) to Adoption (Collaboration Section); the work done with inter-departmental partners to support and expand SafeCare Augmented in the state (Collaboration Section); CORE Trainings held across the state allowed CFSD to

provide information on the work of the division to local community stakeholders and receive feedback from those partners (Collaboration Section); the implementation of Addiction Recovery Team (ART) is a collaborative process between CFSD and local community SUD treatment providers to provide greater access to SUD treatment to parents (Collaborations Section) and tribal feedback on the state's IVE Prevention Plan and FFPSA impact on tribal programs (Consultation and Coordination Between States and Tribes Section) and the extensive Court Improvement Program involvement in the PIP (Quality Assurance System – Feedback to Stakeholders Section), Examples of federal/ federally-funded agencies CFSD has

coordinated services with to address needs of mutual children/families services include SafeCare (Maternal Infant and Early Childhood Home Visiting funds), Meadowlark Project referenced in the Collaboration Section (Medicaid), Healthcare Oversight and Coordination Plan efforts to address over use of psychotropic medications and oversight of children entering therapeutic congregate and residential placements (Medicaid) and ART (Medicaid).



## Foster and Adoptive Parenting Licensing, Recruitment, and Retention

PIP Goal #3 “Improve service array through partnership with service providers to increase reunification rates and decrease time to permanency” will address this Systemic Factor.

Information regarding this systemic factor is described in detail in the Foster and Adoptive Parent Diligent Recruitment Targeted Plan in this APSR.

CFSD licensing staff or RFS (Resource Family Specialists) are overseen by the Licensing Bureau Chief. While the RFS staff are housed in local offices, work closely with CPS staff and they serve a geographic area in and around the location of the office they are housed, they are not designated as regional staff. There are approximately 30 RFS staff and 5 RFS supervisors to cover the entire state. This requires this group to act as a statewide unit.

Licensing Bureau Chief oversight provides consistency in application of licensing requirements and ensures that all licensing staff and supervisors receive consistent messages and have consistent expectations for performing their job. These staff collaborate across geographic boundaries and with tribal partners to find placements for difficult to place youth and license foster homes. They cover for offices outside their geographic area when there are extraordinary staff shortages in other offices and work collaboratively to identify and license permanent placements for youth.

As reported in prior APSR, the wait time for getting federal Dept. of Justice fingerprint based criminal records background check information was cited as a barrier to getting foster homes licensed in a timely manner. Over the past year, CFSD has purchased live scan fingerprint machines and placing them in many offices across the state. This has allowed the process for collecting prints and receiving background information to be much more streamlined.

Montana’s foster parent recruitment is focused on finding fit and willing relatives for children coming into the foster care system. This not only allows children to maintain connections with community, culture and family it also assists the state in its efforts to locate culturally appropriate homes and comply with the ICWA preferred placement criteria. CFSD also has a cooperative agreement with tribes that allow state RFS staff to go onto the reservation to license kin homes for children in state custody. CFSD must get permission of the tribe prior to going onto the reservation to license kin homes and tribes have final say as to whether tribal or state licensing staff will license the home. CFSD’s Kinship Navigator, detailed in other sections of this APSR, is another example of the priority Montana places on identifying and supporting kin to be foster care placements.

## SECTION 3: UPDATE TO THE PLAN FOR ENACTING THE STATE'S VISION AND PROGRESS MADE TO IMPROVE OUTCOMES

### 3a: Update to Plan for Enacting the State's Vision

#### (i) Revisions to Goals, Objectives and Interventions

The goals, objectives and interventions identified in the 2020-2024 CFSP are consistent with the state's approved PIP and the CFSP goals have not been revised within the last year. CFSD continues to believe that progress on CFSP Goal #4 "Stabilize and increased competency of workforce" is the key to the division's ability to achieve and sustain improved safety, permanency and wellbeing outcomes for children.

The PIP specifically addresses the need for improved coaching and mentoring skillset of supervisors leading to improved decision making in cases. The timeline for training staff and supervisors is detailed in Montana's PIP.

#### (ii) Implementation and Program Supports

The 2020-2024 CFSP and PIP goals were intentionally aligned to prevent duplication of effort and maximize the limited resources of the divisions. The supports needed and timeline for ensuring supports are in place are detailed in the PIP and discussed in detail in the state's Quarterly and Final PIP Reports. Montana completed all key activities in January 2022 and submitted the Final PIP report in March 2022. Montana has not yet received a formal response regarding the Final PIP report; however, Montana continues to move forward with building on the activities and goals from the PIP.

The Division's training efforts have focused on the collaborations with University of Montana's Center for Children, Families and Workforce Development to develop and provide the supervisory training. This has been an ongoing project of the division and it was incorporated into the PIP for the reasons described above. The supervisor training will directly impact the division's ability to meet CFSP Goals #1, #2, #4 and #5. The training has been developed and is being provided to all CFSD supervisory staff.

Training over the past year have focused on implementation of key activities in the PIP. This will continue into the upcoming year. It is also expected that training for both agency staff and non-agency partners, including tribes, will be provided around implementation of provisions of the Families First Preventions Services Act (FFPSA). Implementation of the provisions under FPSA allowing Title IV-E funding to be used to provide federally approved, evidence-based prevention service to families will enhance the state's ability to successfully achieve CFSP Goals #1, #2 and #3.

CFSD will continue to utilize technical assistance from the Capacity Building Center for States and Capacity Building Center for Courts in conjunction with the state's Court Improvement Program (CIP). The focus of the Capacity Building Centers has been PIP development and implementation. As the CFSP goals are consistent with the PIP efforts made to successfully implement the PIP will also positively impact the state's ability to achieve the CFSP goals and maintain that success moving forward. Though the PIP key activities have been completed and final submission made, Montana is re-evaluating any technical assistance needed as well as further partnership with the Capacity Building Center for the States.

Because the PIP and CFSP goals are closely aligned the division will be able to continue to inform and evaluate progress toward both the PIP and CFSP goals without duplicating efforts or creating entirely separate processes. The specific measures listed in the CFSP goals will continued to be monitored and reviewed by CFSD Management Team and that information will be used to inform and make policy, program and practice changes necessary to achieve these goals. IT projects such as moving division reporting from MT ROM to MPATH and the ongoing development of MFSIS (described in more detail in Section 2 of this APSR) support the goals and objectives of both the PIP and CFSP.

### **3b: Update on Progress to Improve Outcomes**

#### **Goal 1: Safely reduce the removal rate of children to align with or fall below the national average.**

Montana's removal rate increased significantly between SFY14 (5.6) and SFY18 (10.4). IN SFY 2019 the rate decreased to 10.2, in SFY 20 the rate decreased to 8.8 in SFY21, the rate decreased to 8.1 and as December 2021, the rate was 7.2. In SFY21, 36.3% of children removed returned home within six months. This is a slight decrease from the 37% reported in SFY 20. However, there has been an increase in SFY22 to a current rate of 37.1%.

#### **Objectives:**

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

**2023 APSR update:** The initiative was rebranded the Meadowlark Initiative. Additional detail and updates on the project were provided in the Collaboration Section of this APSR.

- ii. Increase use of in-home service model through improved implementation of the safety model

**2023 APSR Update:** Objectives were implemented as parts of PIP strategies 2.2 - Ensure Children are Safely Maintained in Their Homes When Possible. Key Activities 2.2.1, 2.2.2, 2.2.3 and 2.2.4 are complete

This objective is also being implemented as part of PIP Strategy 3.1. Implementation of Pre-Hearing Conferences. Updates on PIP Strategy 3.1 were provided as part of the "Judicial Systems Partners" update in the Collaboration Section of this APSR.

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

**2023 APSR Update:** CIP has a workgroup specific to Quality Legal Representation which includes exploring pre-filing models. CFSD and CIP are piloting a pre-filing model in Missoula County with the support of Montana Legal Services Association.

The CIP continues to make efforts to expand the Pre-Hearing Conference model in judicial districts across the state. In addition, the 2021 state legislature passed legislation changing the timeframe to hold an initial hearing upon removal twenty days to five days. The legislation requires children and parents to have legal representation at the hearing. During the first year of implementation parents can request a hearing within five days but it is not



mandates. This was done to allow courts and the Office of the Public Defender sufficient time to prepare for the increased workload. In July 2023, the requirement for a hearing within five days of removal is mandated in all cases.

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

**2023 APSR Update:** Montana FFPSA Title IV-E Prevention Plan was approved in January 2022. The proposed plan allows the state to access Title IV-E funds for only those programs that are rated as being “well supported” by the ACYF Clearinghouse. The state continues to apply for and receive Title IV-B Kinship Navigator funds and develop procedures to connect CFSD staff within days of initial placement. Details on the use of these funds is provided in Section 5 of this APSR.

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

**2023 APSR Update:** In SFY 21 the statewide removal rate decreased by less than 1% (see percentages provided in Goal 1). However, in SFY 22 the removal rate decreased by just over 1%. In SFY 2021 the number of in-home cases increased by 58% over the past year. Until SFY 2022 is over, it is difficult to determine the difference. However, as of the data available in May, Montana is on track to increase the number of in-home cases by approximately 4.4% from the prior year. This indicates, that while removal rates have remained largely unchanged, there is improved practice in identifying and assisting parents in meeting the conditions for return and the services needed to allow children to be placed in their parents’ care while the parents complete their treatment plan is increasing.

## Goal 2: Increase permanency outcomes for children and families.

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

### Objectives:

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

**2023 APSR Update:** The PIP Key Activities under PIP Goals 2.1, 2.2 and 2.3 are completed.

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

process in the Training Plan.

**2023 APSR Update:** Montana determined that continued efforts to implement Motivational Interviewing would not be continued.

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

**2023 APSR Update:** Since 2019, CFSD has been training providers in Visit Coaching to actively engage and support parents during parenting time with their children when they are in out of home care.

Due to the positive response from providers and families regarding the use of this model, we have begun piloting Visit Coaching with internal CFSD who are also responsible for visitation. (See section 5c and 5f for more information) Additional information will be available in future APSR.

In addition to the Visit Coaching, this goal will also be implemented as parts of PIP strategies:

2.3 - Families Become Partners in Development of Case Plans and Treatment Plans. See information provided previously in this section.

3.1 - Implementation of Pre-Hearing Conferences. Updates on PIP Strategy 3.1 were provided as part of the “Judicial Systems Partners” update in the Collaboration Section of this APSR.

3.2 - Implementation of Family Support Teams. Information on this strategy was provided in the Collaboration Section and Section 5f of this APSR.

3.3 - Implementation of Addiction Recovery Teams (ART). Update on ART provided in the Collaboration Section of this APSR.

3.5 - Improves Services to Kin/Foster/Pre-Adoptive Homes. Information on this strategy can be found throughout the APSR. Specifically, Section 5h, Collaboration Section and Foster and Adoptive Parent Diligent Recruitment Plan.

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

**2023 APSR Update:** See information provided in iii above. In addition, CIP in collaboration with CFSD have implemented the Moving the Dial series of training for all system partners. Each conference creates an opportunity to discuss ways to improve legal representation within Dependent Neglect cases

Measure: The number of children exiting care will increase by 2% each year through 2024. Monthly home visits will increase to 75% by 2021, and 85% by 2023, and 95% by 2024.

**2023 APSR Update:** In SFY 19 the percent of children exiting state care was 39%, in SFY20 was 41.2% in SFY 21 the rate exiting care was 39.8%. To date in SFY 22 the rate exiting care is 34.7%. In SFY 2021, the monthly home visits rate was 63.8%. So far in SFY 22 the visitation rate is 68.3%.

**Goal 3: Increase collaboration with primary prevention organization locally and statewide.**

Montana has multiple primary prevention organizations statewide. To make true progress in reducing abuse and neglect in Montana, we must all coordinate efforts and communication.

**Objectives:**

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

**2023 APSR Update:** As reported in previous APSR, CFSD enhance questions at the Centralized Intake and during investigations based on this objective. CFSD continues to provide Pac-n-Plays to families where unsafe sleep issues have been identified.

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

**2023 APSR Update:** CFSD collaborates routinely with the Early Childhood and Family Support Division (ECFSD). Specific meetings have been held in 2022 to develop formalized interactions between ECFSD and CFSD to promote and implement more effective prevention strategies within the state.

The focus is the continuum of prevention services across all DPHHS, so it is not specific to children and families being served by CFSD. Together, these divisions have created an opportunity for mental health providers to be certified in Parent Child Interaction Therapy.

As reported in prior APSR, continue to partner expand the Healthy Family America in-home visiting model across Montana expand the utilization of SafeCare statewide. CFSD continues to work with the Meadowlark Initiative (details provided in the Collaboration Section of this APSR) and Children’s Trust Fund.

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

**2023 APSR Update:** FY22 data, specific to safe sleep fatalities, is not available. Collecting and reporting this specific data has been difficult in recent year due to COVID and turnover with CFSD and ECFSD. Moving forward, it is unclear if data specific to safe sleep fatalities will be readily available. Updates will be provided in future APSR.

#### Goal 4: Stabilize and increased competency of workforce.

At the time of the 2020-2024 CFSP, Montana has a 35% turnover rate, with an average length of employment of CPS staff being 2.2 years. The instability of our workforce negatively impacts safety, permanency and wellbeing outcomes as reported in the CFSR Round 3. Child welfare is one of the most important, yet challenging jobs.

Our staff report it takes a minimum of 2 years to feel truly capable as a CPS, at which time they are leaving due to the stress of the job or other factors. Developing a stable, quality workforce will improve outcomes for families.

According to results from a recent survey of CFSD staff, low wages was the top issue identified impacting staff retention. In May 2022, after union negotiations, DPHHS significantly increased the base wage for all CPS and Centralized Intake staff, including supervisors and other field staff represented by this union.

A second union represents the RFS staff (staff that license foster homes and provide case management of cases actively being moved to adoption) and most central office staff. This union has not formally requested opening negotiations on wages. When that request is made the state will enter good faith negotiations with this union to discuss increased wages for the staff it represents.

#### Objectives:

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

**2023 APSR Update:** Implemented as part of PIP strategies:

- 1.1 – Utilize Existing and Developing Partnerships to Address Organizational Learning. Key Activities 1.1.1, 1.1.2, 1.1.3 are completed.
- 1.2 – Create Professional Development Opportunities that Define and Train Roles and Expectations of CPS Supervisors. Key Activities 1.2.1, 1.2.2, 1.2.3, 1.2.4 and 1.2.5 are completed.
- 1.3 – Implementation of a Coaching/Mentoring Program for CPS Staff. PIP Key Activities 1.3.1, 1.3.2, 1.3.3, 1.3.4 and 1.3.5 are completed
- 1.4 – Develop a CQI Program to Inform Implementation of Process Changes Throughout the Organization. Key Activities 1.4.1, 1.4.2, 1.4.3, 1.4.4, 1.4.5, 1.4.6, 1.4.7, and 1.4.8 are completed.

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

**2023 APSR Update:** This has been completed and details on this objective are provided in the APSR Training Plan.



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

**2023 APSR Update:** This objective was addressed by completion of PIP Strategy 1.1.

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

**2023 APSR Update:** As reported in prior and current APSR, this training was developed and provided. There is also a plan for providing the training to newly hired supervisors.

Measure: 20% of the CPS and Centralized Intake staff will have three to five years of experience with CFSD by June 30, 2023.

**2023 APSR Update:** The data being reported in the 2022 APSR was 14.47% of these staff types have three to five years of experience. As of June 2022, 15.77% of these staff types have three to five years of experience in their positions. This percentage is almost identical to the pre-COVID percentage of 15.42% reported in the 2021 APSR.

#### Goal 5: Incorporate Continuous Quality Improvement throughout the division to allow for real-time improvement to practice and outcomes for children and families.

CFSD believes institutionalizing a learning culture will improve the child welfare system at all levels. To do so, the agency must have quantitative and qualitative data from a variety of source to inform strengths and needs of the agency and system. CFSD has progressed in its use of CQI, and the following objectives will continue to support this goal.

#### Objectives:

i. Implement case review process using the OSRI with a team of supervisors, field trainings and CQI specialists. Interview parents, providers, and children (when appropriate).

**2023 APSR Update:** Steps have been taken to achieve this objective. A group of six parents with lived experience come together for a meeting in April. There are additional steps being planned to continue growing this group.

In addition, CFSD with the support of the Center for States developed a Parent Advisory Board. Additional information on this can be found in the Collaboration Section and Foster and Adoptive Parent Diligent Recruitment Plan of this APSR. This group includes birth parents with lived experience, foster youth who are now parents, relative caregivers, and foster/adopt parents.

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

**2023 APSR Update:** Steps have been taken to achieve this objective. A group of six parents with lived experience come together for a meeting in April. There are additional steps being planned to continue growing this group.

In addition, CFSD with the support of the Center for States developed a Parent Advisory Board. Additional information on this can be found in the Collaboration Section and Foster and Adoptive Parent Diligent Recruitment Plan of this APSR. This group includes birth parents with lived experience, foster youth who are now parents, relative caregivers and foster/adopt parents.

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

**2023 APSR Update:** As reported in other sections of this APSR, the transition from ROM to MPATH has resulted in delays and interruptions in providing management reports using CAPS data. The issues are being addressed and the number of reports available has improved but the ability to develop any new or updated reporting is not expected to be continued to use internal data reports from ROM to track improvements and deficits. At the end of the 2021 calendar year, CFSD transitioned away from ROM to a DPHHS database called MPATH (details on this were described in Section 2 of this APSR).

This platform will allow CFSD to develop ad hoc reports for data or information that is not easily obtained through the regular standing reports. While the transition has been made, there is still work being done to ensure reports are functioning as needed, as well as to improve user friendliness. The ad hoc reporting is currently only available to a few CFSD staff, while improvements continue to be made to support ease of use by others.

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

**2023 APSR Update:** As reported in prior APSR, the YAB has had significant turnover. The turnover in YAB membership, COVID and turnover in the Chafee Program Manager position has resulted in very few youths participating. Strategic planning to recruit more youth to participate is a top priority of the newly hired program manager. It is expected CFSD will request assistance for the National Resource Center to develop and implement this plan. Updates in future APSR.

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

**2023 APSR Update:** Implementing as part of PIP strategy 1.4. In addition, the Division Administrator routinely meets with Legislators to inform them of progress within CFSD. Regional Advisory Council meetings are held at least twice per year in each region. More information regarding these is in Section 2 regarding feedback to stakeholders.

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

**2023 APSR Update:** Montana will utilize the OSRI to conduct 130 case reviews each year. CFSD will track dates of meetings and input from stakeholder regarding topics relevant to improved outcomes for families. Data collected in 2020 will be a baseline for the CFSP, as we have never tracked this data. If necessary, improved measurements will be outlined in APSR.

### Feedback Loops

**2023 APSR Update:** Feedback loops are addressed throughout the APSR. Specifically, in Objective #5 above, the Collaboration Section, the Collaboration, Consultation with Tribes Section and the Foster and Adoptive Parent Diligent Recruitment Plan. In addition, PIP Goal 3, PIP Strategies 1.4 and 2.3 speak to developing relationships for the exchange of information to improve outcomes for children. All are discussed and referenced within various sections of this APSR.

### Disparities

MT currently has minimal data available to analyze disparities or disproportionalities in either race or other historically underserved populations. What data is available is limited to racial disparities. According to the most recent data available, MT's child population is comprised of 77.3% white, 9.2% AI/AN, 6.3% Multi-race, 6% Hispanic, and less than 1% of Black, Asian, Native Hawaiian or PI, 'Unable to determine.' Given the most significant non-white population in Montana is Native Americans, these children and families will be the primary focus of this section. The designations of race used in this section are based on how families' self-report their race to CFSD.

There are eight federally recognized tribal governments in MT and seven Indian Reservations. Tribal courts have exclusive jurisdiction of Indian families residing on the reservations and services are provided on-reservation by tribal social services agencies or the Bureau of Indian Affairs (BIA). The Fort Peck Reservation is an exception due to a unique agreement between the state, BIA and the tribe that allows CFSD staff to manage cases involving Title IV-E eligible children under the jurisdiction of that tribal court. The Little Shell Band of Chippewa Indians recently received federal recognition and own approximately 700 acres of land outside of Great Falls, Montana. However, the tribe has not yet developed tribal courts or child protection programs, so this tribe's youth are served by state district courts and CFSD.

According to April 2022 data, NA/AI children comprise 9.2% of the state's population. However, Indian children the subject of 14% of child abuse and neglect reports and 17% of the state's total child abuse and neglect victims for the previous twelve months. In April 2022, Native American children represented 26% of the children entering care and 23.9% of the foster care exits. This is consistent with other trend data showing the number of Native American children entering foster care is decreasing at a slightly higher rate than non-native children, but Native Children's spend longer time in foster care than non-native children. At the end of April, 38.29% of the children in care were Native American.

There are smaller disparities within the Hispanic and multi-race populations. For both populations, the percentage of reports for them is slightly smaller than their overall percent of population. However, approximately 6.5% of removals were Hispanic children and 9.9% were multi-race. At the end of April, of the total population of kids remaining in care, 6.8% were Hispanic and 9% were multi-race. It should be noted there are slightly more Hispanic youth exiting than entering, and slightly more multi-race entering than exiting.

White children make up 77.3% of the child population and are subject of 74% of the reports. They make up on 65.7% of identified victims within a twelve month period, 56.3% of removals but 58.7% of exits.

Montana case reviews, through use of the OSRI, provide some additional data. Reviewing data from the PIP baseline period, the only OSRI items in which white children had better outcomes than Native American children were items 9 (maintaining important connections) and 11 (relationship of child with parents). For Item 9, it should be noted that a higher

percentage of Native American youth had additional applicable questions, compared to the white children, and this may have effected rating on this item. In contract, over the last two review periods, cases involving Native American children had consistently better ratings for Items 12-15 than cases involving white children. The specific reasons for this are unknown.

Montana tribes do not participate in CFSD case reviews. CFSD will continue to recognize and respect tribal sovereignty, rights, and abilities to create and monitor a child welfare and child protection system conforming to the unique culture of their communities. CFSD also recognizes and respects the unique government-to-government relationship between tribes and the federal government and as a result CFSD does not interject itself into tribal programs funded through Title IV-B or other tribal programs receiving direct funding through ACYF. CFSD does not interject itself into compliance issues for these programs and does not hold tribes accountable to state requirements under Title IV-B or CAPTA. Montana believes tribal matters related to Title IV-B and CAPTA compliance are most appropriately addressed through direct conversations between tribes and ACYF Region 8 staff.

The disproportionality of Native American children in Montana’s foster care system is a long-standing problem. There are many factors contributing to this including socioeconomics, access to physical and mental health services and historical trauma which is primarily the result of historical governmental policies dictating the treatment of Native American children and families. CFSD cannot address all these issues. CFSD is committed to actively and respectfully engaging Native American families served in the child protection system to ensure minimal disruption to families and, to the greatest extent possible, maintain children’s connection to their community and culture. CFSD is in the early stages of developing reliable data sources to be analyzed and inform practice changes that will improve outcomes of Native American children in the state foster care program. Over the next year, CFSD will be engaging Montana’s tribal social services programs in focused discussions on identifying barriers to tribal involvement in Indian Child Welfare Act (ICWA) cases and compliance issues related to ICWA. Progress in these areas will be provided in future APSR.





## **SECTION 4: QUALITY ASSURANCE SYSTEM**

### **Foundational Administrative Structure**

Until 2020, CFSD had employed two full time staff in the Program Bureau devoted to CQI (including the IT and Data Systems Manager). As such, these positions allotted a significant portion of their time to facilitating case reviews, limiting their ability to focus on the broader spectrum of CQI. Another CQI position was added in the spring of 2020 and filled in August 2020. While a significant portion of their time is still spent on facilitating case reviews, more time has been able to be devoted to data analysis and developing a formalized CQI structure. However, the IT and Data Systems Manager is leaving, and it is unknown when the vacancy will be filled.

CFSD additionally employs seven Child Welfare Managers (CWM), though one position is currently vacant, that are responsible for ensuring safety, permanency, and well-being outcomes are monitored and achieved in all foster care cases. CWMs also supervise Family Engagement Meeting (FEM) facilitators and Permanency Planning Specialists (PPS) to guide case practices designed to improve safety, permanency, and wellbeing outcomes, including oversight of Safety, Permanency, and Wellbeing Roundtables.

CFSD has undertaken a thorough revision of policy and procedure, including policy and procedure devoted to CQI. Revisions specific to CQI will in part be informed by knowledge garnered via ongoing experience facilitating and developing/disseminating data via case reviews and development/implementation of Montana's PIP. The CQI policy and procedure is still a work in progress, as Montana's CQI work is expanding, and CFSD is learning how best to implement CQI across the state. Montana's CQI staff have partnered with the Center for States in this project, as well as training and support through building a more formalized CQI structure.

Additionally, Montana's CQI staff partnered with a University of Montana data analyst in development of a Plan-Do-Study-Act form in which to write out and document plans for improvement, as well as track results and difficulties.

CFSD has utilized Children's Bureau's CapLEARN CQI Training Academy as a training resource for current CQI staff and will be making this available for other staff directly involved in CQI efforts. Through partnership with the Center for States, a CQI overview training was provided to CFSD's Management Team and all Case Reviewers to help garner wider knowledge and understanding of CQI and the Plan Do Study Act process.

### **Quality Data Collection**

Montana completed Round 3 of the CFSR (final week of September 2017), participated in the CFSR Final Results Meeting (April 17th, 2018), while also preparing PIP submissions (June 8, 2018; December 14, 2018; August 9, 2019; December 2, 2019; January 7, 2020; January 9, 2020) and contributing development of goals and objectives for the 2020-2024 CFSP. Montana received notice from Children's Bureau that their PIP was officially approved in February of 2020.

In support of these efforts, CFSD's CQI Unit has provided data from multiple sources, including Management Information Systems, case reviews, focus groups and surveys of targeted stakeholders, and analysis of program assessments including legislative audits, accreditation

readiness assessments, and comprehensive workforce studies. Available data continues to be reviewed and analyzed in or to support achievement of goals and identify areas of concern.

As reported in the 2019 APSR, CFSD's Research and Data Analyst position was eliminated. In the interim, CFSD's IT and Data Systems Manager has assisted the division in developing reports that help field staff identify and complete missing data elements in the system to ensure data is entered in a timely and accurate manner.

CFSD has been using the federal Onsite Review Instrument as a case review tool since the CFSR in September of 2017. Use of the OSRI has assisted with timely and accurate data entry, timely access to data, and development of a baseline that can be used to inform program and policy needs going forward. The baseline data for the PIP Measurement Plan was finalized in March 2021 and was from reviews completed July 1, 2020 – December 31st, 2020. Review periods continue to occur each 6 month period (Jan – June and July – December). And MT is currently in its third review period post-baseline.

CQI staff have been able to review item outcomes and associated reviewer notes from the from the reviews to identify trends in the data that can be used to prioritize and guide efforts to improve case practice. This has included utilizing the reports available on the OSRI to break down the data even further to identify statewide trends, trends specific to regions, and items or outcomes where the state, or region, is doing particularly well or poorly. This has included breaking data down to case type as well, and identifying any differences between outcomes in the two, as well as identifying items that are highly correlated. For instance, this analysis has revealed an extremely high correlation in ratings among items 12A, 13A, and 14. Similarly, high correlations have also been identified among 12B, 13B/C and 15.

Other data sources include CAPS, AFCARS, NCANDS, and National Youth in Transition Database (NYTD), with reports from these sources applied to achieve maximum efficiency and effectiveness from these currently available resources. CFSD has also been working with the Court Improvement Program (CIP) in the development of a collaborative PIP submission and to ensure data used by CIP, the Drug Court Pilot, and the CASA programs are consistent with agency data and that these entities are working collectively toward the same end goal.

CFSD continues to explore ways to remedy AIP issues in CAPS and to make what changes it can in CAPS to improve data quality, adhere to AFCARS/ NCANDS, and better support field practices/ services. Given the limited resources for making changes to CAPS, CFSD cannot predict how quickly many of the AIP changes could be made given competing priorities.

Montana's CQI staff have also worked with CIP and agency staff in developing and modifying data collection tools for programs such as Addiction Recovery Teams, Pre-Hearing Conferences, Family Support Teams, and Permanency Planning Teams to ensure comprehensive data that is useful in identifying trends and if the programs are achieving the desired outcomes.

Until the end of 2021, Montana contracted with the University of Kansas and utilized the Results Oriented Management in Child Welfare (ROM) program. ROM integrates data from multiple data systems into reports that can easily be shared with managers, staff, and other stakeholders. Montana switched this to MPATH beginning January 2022. MPATH utilizes the same data ROM used and provides similar reports. There are still some technical issues being resolved in the areas

of display, filters, and ease of use. With MPATH, Ad Hoc reporting is also available so that reports can be created to show specific information that may not be contained in an existing report. There is currently limited access to this function as it is newly developed, and changes and training are needed to be a viable tool for most staff to use effectively.

Montana is in the process of consolidating all DPHHS data systems such that agencies under the DPHHS umbrella would have access to system wide data pertaining to shared clients. The plan is for the data dashboard program alluded to in the prior APSR to be enveloped into this consolidation effort.

## **Case Record Review Data and Process**

While a detailed description of Montana's case review process is included in Montana's Round 3 CFSR Measurement Plan, the following will provide a summary overview. It should be noted that changes were made that went into effect in January 2021 to improve the review process in Montana. Montana has been using the federal Onsite Review Instrument (OSRI) since the initiation and completion of the September 2017 CFSR. This is supportive of Montana's goal of utilizing case reviews as a tool toward real-time improvements for children and families being served by CFSD. Montana continues to review at least sixty-five cases (forty foster care cases and twenty-five in-home cases) every six months and is structuring the review process in accordance with the Federal CFSR Procedures Manual, to include sampling methodology and interviewing key participants for each case review, as well as avoiding conflict of interest for all reviewers and QA staff. Additional cases are reviewed as needed to ensure Montana meets the minimum number of cases required for PIP monitored items.

To enhance training and performance opportunities, CFSD has developed and is utilizing a reviewer pool recruited from the state's child welfare system and stakeholder populations. Initial and secondary QA of reviewed cases is conducted by CFSD CQI staff. Work is being done to train additional QA staff from existing reviewers that are a part of our CQI system.

Reviews were initially scheduled in each of CFSD's six regions once every six months and use of data obtained from case reviews toward improving case practice was initially focused on a structured report out briefings at the end of each review. Report Out briefings were attended by Regional Administrators and Child Protection Specialist Supervisors and included sharing review outcomes and examination and discussion of case practice that contributes to both problematic and desirous outcomes. With the complications in conducting on-site reviews due to COVID-19, reviews were halted for 3 months (April – June) in 2020. Beginning in July, the reviews shifted to being completed remotely, however still focusing on one region each month. Report Out briefings continued to be held virtually, typically the week following completion of the review.

Beginning in January 2021, reviews continued to occur monthly and remotely due to continued COVID-19 risks and concerns. However, Montana shifted from focusing on one region each month to reviewing cases from most regions each month. This allows for each Region to have cases reviewed on a monthly, or near-monthly basis, and ensures that each Region does not have either a shorter or a longer review period than each other region for all cases reviewed.

Staff members involved in the current case review processes have extensive practice and supervision backgrounds within CFSD and the current cadre of reviewers, including Workforce

Training Consultants (WTC) from the University of Montana, continue to participate in a monthly rotation of case reviews that are directly overseen by the CQI Unit as a preparatory and ongoing training process. A full day of training pertaining to the OSRI, and the Interview Guide was developed and offered to the reviewer pool in February of 2020. A shift was made in the Reviewer pool in January 2021.

Previously, reviewers included CWMs, WTCs, FLTS (Field Lead Training Specialists), a rotation of supervisors and other Central Office Staff. Beginning in January 2021, the rotation of different reviewers each month was halted, with a move toward consistent reviewers each month which allows for the reviewers to have a more thorough knowledge and understanding of the OSRI and helps ensure consistency in reviews and ratings.

All reviewers were provided a training in December 2020 that included utilization of one of the mock cases available from the CF SR E-Learning Platform. Since then, additional reviewers have been identified and have begun trainings through the E-Learning Platform, hand-on training with existing reviewers, and overview training by CQI staff. Beginning in April 2021, CF SR overview trainings were developed and rolled out to field staff within individual regions as well to help support their understanding of the CF SR and overall processes surrounding it. 4 regions have completed overview and specific safety, permanency, and well-being trainings since.

At the end of 2021, it was determined that the monthly reviews were difficult for some staff positions to maintain with their existing workloads. It was determined that aside from FLTS and WTCs, reviewers would move to an 'every other month' rotation. This would lessen the time constraint, but also maintain frequent reviews for continual knowledge and learning. With this change, additional reviewers were identified and trained from November through January, completing overview training provided by CQI staff, shadowing of other reviews, and completion of some of the training modules on the E-Learning Platform. Ongoing training continues to be provided to all reviewers at least quarterly.

## **Analysis and Dissemination of Quality Data**

CFSD's IT and Data Systems Manager has identified and organized a collection of ad hoc reports based upon the repeated needs of various constituents. CFSD provides data to Tribes and Courts upon request, and additionally provides access to data in understandable reports to community stakeholders (upon request) across the state via [CFSDDataRequest@mt.gov](mailto:CFSDDataRequest@mt.gov). Aside from Courts and Tribes, a partial list of these stakeholders includes CASA, Wendy's Wonderful Kids, Child Advocacy Centers, and Montana's Foster Care Health Program. This process ensures accurate information is disseminated in a format that is understandable and meets the needs of stakeholders.

As mentioned, CFSD worked with the CIP in the collaborative development of a PIP submission and to ensure data used by CIP, the Drug Court Pilot, and the CASA programs are consistent with agency data and that these entities are working collectively toward the same end goal. Since formal approval from Children's Bureau, CFSD has continued this collaboration toward initial implementation of the PIP toward ensuring that strategies and key activities are monitored for effectiveness and that any adjustments are data informed.

Also, through the Grants and Contracts Program Manager with Central Office, CFSD is enhancing involvement of contracted services providers in a process that will include identification/provision



of data outcome measurements and participation in discussion of data analysis and conclusions. Providers submit logs monthly indicating what model interventions are being utilized by county. These logs are reviewed to track evidenced based model interventions. Next steps will be to compare the model interventions being utilized to the number of children in care, number of children on trial home visits, and the number of children reunified and dismissed. This data will then be shared with providers and CFSD staff to use to improve outcomes for children and families.

In addition to sharing the data with stakeholders per their request, the agency has moved towards sharing case review data and analysis with Regional Advisory Councils. This helps engage stakeholders in discussion surrounding the data, what it means, and identifying action steps and changes that can be made to enhance overall performance of Montana's Child Welfare System.

## **Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Process**

Since the prior APSR, Montana has made continued progress sharing trends, comparisons and findings derived from data to help guide collaborative efforts with internal and external stakeholders. These efforts are exemplified by CFSD's work with the State's Court Improvement Program (CIP) in the development and implementation of a collaborative PIP submission and to ensure data used by CIP, Pre-Hearing Conference Pilots, and the CASA programs are consistent with agency data and that these entities are working collectively toward the same end goal.

Case review report out briefings impart case review results (regionally and statewide) and directly link review outcome data to daily case practice. While these initially included regional management and supervisors and occurred once every six months for each region, these have been modified to better meet the needs of understanding and discussing the data and trends to inform adjustments to programs and processes to improve outcomes. These currently occur quarterly and include all of Management Team, Workforce Training Consultants, Field Lead Training Specialists, and CQI staff. There are also current efforts to work with regions on an individual basis regarding regional case review data and ongoing CQI plans. A detailed description of Montana's case review system is found in Section 2: Update to the Assessment of Current Performance in Improving Outcomes – Systemic Factors.

Additionally, Regional Advisory Council meetings are occurring in each region at least once every 6 months. CFSD continues to share case review data during these meetings as well to help foster feedback loops regarding what the Agency is doing as well as ways stakeholders can be involved in improving outcomes. Including staff from each region and Central Office staff as reviewers has, in and of itself, afforded a meaningful opportunity to illustrate how the items measured in the OSRI (and the data obtained via the reviews) can be seen as a template that overlays or mirrors the trajectory of case practice (from intake through permanency), and how information garnered from reviews may be used to inform and modify practice efforts.

CFSD has also begun to provide training specific to the Safety, Permanency, and Well-Being outcomes and items to field staff. This has included discussions with field staff about the baseline results, and improvements that can be made in case practice to improve outcomes. Four of the six regions have completed these trainings.

Leaders in Organizational Change (LOC), a group created for the specific purpose of helping

support the CQI process in Montana, was created in 2021. It consists of staff across Montana from each region and at each level, to include central office staff, resource staff, administrative support staff, training staff, workers, and supervisors. This group currently meets at least once monthly. Initially, the group received an overview of CQI and the Plan, Do, Study, Act model and has gone on to discuss other information and trainings needed to be able to fully support CQI in Montana and has also begun to identify key things needed within the Administrative Structure and state culture to support a statewide CQI culture. Currently the LOC group is working on CQI planning and gathering information regarding permanency outcomes across the state. The group will use the Plan, Do, Study, Act model to implement change and improve outcomes regarding permanency.

Along with the larger LOC group, subgroups were also formed in 2021 consisting of Stakeholder Engagement, CQI Plan, and a Data Workgroup, the Data Workgroup, which has focused on identifying quality data from various sources that can help inform change as well as how to present it and facilitate discussions with various groups surrounding what the data indicates, and how to use it to inform change, measure progress, and make adjustments as necessary. Work with this group was put on hold during the transition from ROM to MPATH to avoid duplication, while the structure of MPATH was being finalized. However, some work continued to be done with different project implementation across the state to ensure needed data was available through existing reports or collected to inform progress and outcomes.

The CQI Plan workgroup has focused on aspects that need to be included in a written robust CQI plan. Montana recognizes the importance of enhancing the written plan. This is taking time due to the complexity of the work and limited staff resources.

The Stakeholder Engagement Workgroup has focused on how to engage stakeholders in the CQI process through Regional Advisory Council meetings, ensuring feedback loops are complete with stakeholders. This subgroup also looked at all current stakeholder groups that exists across the state to better link stakeholder groups to one another and improve feedback loops. Other identified groups included the Parent Advisory Board (Connected Voices for Montana Children), Youth Advisory Board, State Advisory Board, and the Court Improvement Group. Ongoing efforts are being made to continue to link these groups to one another to continue the formalization of feedback loops.

Other examples of feedback loops in place include the CJA Task Force/CAPTA Citizen Review Panel (SAC), Leadership Meetings, Management Team, Legislators, Providers and the University of Montana. While these feedback loops were previously established with stakeholder groups, more work has been done in the past year to increase focus on soliciting input, analysis, and conclusions from stakeholders as opposed to simply making information available. In this vein, while CFSD has reached out to constituents including parents, placement providers and former foster youth via vehicles such as surveys and focus groups previously, new efforts are being made to further involve parents, youth, and community providers using various stakeholder groups.

Several feedback loops referenced in this section are also referenced in Section 3b iii “Feedback Loops” and described in detail in other sections of the APSR.

## **SECTION 5: UPDATE ON THE SERVICES DESCRIPTION**

### **5a: Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B subpart 1)**

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

### **5b: Services for Children Adopted from Other Countries**

The information provided in the previous CFSP/APSR remains accurate and there are no significant changes to be reported in this APSR. Families who adopt internationally utilizing one of Montana's State-licensed private adoption agencies will receive services and post-adoption support from these agencies upon request. These agencies are required under state licensing requirements to offer post-placement services when requested from adoptive families with whom they have worked. These services could include support groups, mentoring by other adoptive families, and referrals to counseling.

All families who have adopted have access to assistance with funding for respite, therapeutic services and other interventions not covered by Medicaid or private insurances. The state will continue this effort to help maintain the family unit and prevent entry in the child welfare system. Title IV-B Adoption Promotion and Support and Title IV-E Adoption Incentive funds are the primary funding sources used to provide these services.

CFSD can provide family preservation services when the adoptive family formally requests assistance from the agency. Family preservation services are also provided when CFSD determines, as the result of an investigation, that an in-home safety plan is necessary. If the children are removed from their parents' care, because of abuse or neglect, the children are provided services based on their level of need. This can include regular foster care (including kinship care), therapeutic foster care, therapeutic group home placement, residential placement or other services deemed necessary to achieve timely permanency and provide for the children's safety and wellbeing.

During FFY 22, there are no reports of children, adopted from other countries, entering CFSD custody because of the disruption of a placement for adoption or the dissolution of an adoption. The division continues to be available to assist families who have adopted children internationally as needs arise.

### **5c: Services for Children Under the Age of Five**

Montana's PIP incorporates numerous strategies that will result in improved services and better outcomes for children under age five. The strategies, all referenced in several places within the APSR, include Family Support Teams, Addiction Recovery Teams, engaging parents, concurrent planning, improving supports and services to foster/kinship/pre-adoptive placements, improved coaching and mentoring skills for supervisors to provide improved staffing to CPS staff, improved ongoing assessment, pre-hearing conferences and decreasing the time from termination of parent rights to adoption.

CFSD continues to the Visit Coaching model by Marty Beyer with the division's Social Service Technicians (SST's). Using this model with internal staff provides CFSD with a consistent model for family time "visitation." The Visit Coach model is described in more detail in the MaryLee Allen Promoting Safe and Stable Families (PSSF) (Title IV-B subpart 2) Section Montana also has expanded Medicaid. The broadened services allow for more children and families to be provided physical and mental health services.

While none of these strategies are specifically targeting children under age five years, this age group represents the largest percentage of children in foster care. The expectation is the collective strategies will positively impact and improve outcomes for these younger children.

Specific projects that will directly impact children under the age of five include The Meadowlark Project, SafeCare Augmented and Foster Child Health Program which are all described in the Collaboration Section of this APSR. Montana's Title IV-E Prevention was approved in January 2022. Three well supported programs are included in the state's plan: Healthy Families America, Parents as Teachers and Nurse-Family Partnership). All of these programs had been available, in some communities, prior to the approval of the Title IV-E Prevention Plan. CFSD will continue to make the programs available to families using existing funding, which now includes Title IV-E.

CFSD continues to encourage field staff and court staff to closely examine the feasibility of subsidized guardianship for children under five years of age, are placed with kin and the parents have long-term substance use disorders effecting the development of the children and negatively impacting the ability to safely parent. and. This is particularly true in ICWA cases as virtually all tribes in Montana prefer the use of guardianship to the termination of parental rights whenever possible.

CFSD continues to look for ways to strengthen collaboration with the Disability Services Division IDEA Part C Early Intervention Program to better coordinate referrals from CFSD to local Part C providers to ensure screening for developmental delays. As reported in prior APSR, CFSD's Program Planning Unit Supervisor has been charged with reestablishing communication and working relationships with the state level staff overseeing the Part C Program. These staff are meeting routinely and discussing how to provide better access to the entitlement. Anecdotally, the improved communication is resulting in improved access for children to the entitlement. The partnership at the state level is important as both CFSD and Part C providers continue to struggle with staff turnover at the local level.

CFSD's work with Collaborative Safety, LLC to develop and implement a systemic model to review critical incidents (i.e., children's fatalities and near fatalities because of abuse and/or neglect). The process will allow for better information on issues internal and external to the agency that play a role in critical incidents. The systemic review process is not specific to cases involving children five years of age and younger but historically children in this age range are more likely to be victims of abuse or neglect, that results in a fatality or near fatality, than older children. System improvements, identified through use of this model, could lead to changes that better protect this vulnerable population of children. Detailed information on this process is provided in the Efforts to Track and Prevent Child Maltreatment Deaths in this APSR.

## **5d: Efforts to Track and Prevent Child Maltreatment Deaths**

The internal process of reports being called into CI and being internally reviewed by a variety of staff



including the Division Administrator, Deputy Administrator and Regional Administrators continues to be used at the present. CFSD continues to explore opportunities to integrate information from other departmental agencies to accurately count and report child maltreatment deaths.

As reported in other sections of this APSR, DPHHS has reengaged the Collaborative Safety, LLC to develop a collaborative safety model within the department. Systemic critical incident review protocols are components of this model. This model uses systemic analysis to understand how decisions, initiatives and resource allocations, both within and external to the agency, can play a role in children's fatalities. This information can then be used to assist in informing agency and community changes that can decrease the likelihood of future fatalities. Since the FFY 2022 APSR submission, CFSD has hired a Chief Safety Officer and Community Liaison (CSO) to oversee the implementation of and manage the ongoing Systemic Review Process of child fatalities and near fatalities resulting from abuse or neglect. The CSO is responsible for guiding cases through all steps of the process, documenting the process, maintaining a record of all cases reviewed and the review outcome and all recommendations provided to the DPHHS Director's Office.



The CSO initiates the process by conducting an initial review to determine if the case meets criteria for the Systemic Review Process and provides those findings to CFSD Management Team. CFSD Management Team will select cases to be taken through the process. Due to the labor intensive nature of the process not all cases can be reviewed.

Several teams and feedback loops are used in the Systemic Review Process. The Review Team is comprised of CFSD staff from across the state that collaborate with the CSO to organize and facilitate the case. The CSO and Review Team will take part in Human Factors Debriefings, a

systematic interview using Safety Science Principles, of field staff involved in the case. The Systems Mapping Team assists in identifying the systemic issues, internal and external, that may have contributed to the event. The CSO develops a narrative from the Systems Mapping Team review and scores the case using a Systems Analysis Tool developed by Collaborative Safety, LLC. The narrative and scoring summary are presented to the CFSD Management Team for the development of any considerations and recommendations that will be provided to the DPHHS Director's Office.

In the CFSP and prior APSR, the state described the role of the Child Abuse & Neglect Review Commission (CANRC). The statutory authority establishing the CANRC expired September 30, 2021. Montana continues to meet the public disclosure requirement of CAPTA by CFSD issuing a biennial report providing information on child fatalities and near fatalities. DPHHS, specifically CFSD and the Early Childhood and Family Support Division (ECFSD), continue to collaborate to ensure the collection of accurate data on child fatalities and near fatalities resulting from abuse or neglect. ECFSD houses the State FICMMR (Fetal, Infant, Child and Maternal Mortality Review) Coordinator. The biennial report will be reviewed internally by leadership within both divisions, as well as DPHHS leadership, prior to its release to the public. The most recent biennial report provided information on fatalities and near fatalities resulting from abuse or neglect that occurred between July 1, 2018, through June 30, 2020 (i.e., SFY 2019 and 2020). The next biennial report will address fatalities and near fatalities resulting from abuse or neglect that occurred from July 1, 2020, through June 30, 2022 (i.e., State Fiscal Year 2021 and 2022). The report will be released no later than December 31, 2022.

Initiatives and programs described in Section 5c – Services for Children Under Age Five, are specifically designed to protect the most vulnerable children served by CFSD and as a result reducing the number of preventable fatalities.

## **5e: Supplemental Appropriations for Disaster Relief Act**

CFSD spent the allocated CARES funding from the Governor specific to foster care. CARES funding was used to make direct payments to foster families, including paid and unpaid kin placements, and congregate care facilities. The overarching goal of this was to ensure, to the greatest degree possible, wellness for adults and children and stability in placements to minimize children needing to be moved because of COVID restrictions. The funds could be used for any purpose that would assist in stabilizing placement for children in their care and keeping child and adults well. This includes offsetting costs associated with schools, daycares and other services being interrupted because of COVID restrictions. Ensuring facilities could maintain staff by increasing wages or providing additional staff for the time children were normally in school.

Families could use this funding to offset the loss of family income because of a loss of employment or reduced hours of employment. The funds could be used to offset cost of personal protective equipment and cleaning supplies. Ensuring stability and wellness was critical for the children currently in these homes or facilities but also to ensure there would be adequate placement options for children who would be coming into care at some point in the future. Montana was very fortunate that disruptions to placements, due primarily to COVID, were minimal and there was not a significant decrease in readily available placements.

## 5f: MaryLee Allen Promoting Safe and Stable Families (PSSF) (Title IV-B subpart 2)

### Services Provided

Below is a description of the flexible services provided using title IV-B, subpart 2 funding. Montana did not access Division X supplemental funding from the Supporting Foster Youth Through the Pandemic Act. These services were made available to parents and Resource families (non-family and kinship foster care providers) and focus on in-home services and a strength-based approach to building on a family's focused goals and abilities designed to ensure the safety of children.

Montana's robust array of family support, family preservation and reunification services provided through CFSD includes, but are not limited to, the following:

- Child and family assessment;
- Home visiting;
- Parenting skill building (appropriate discipline, role modeling, age appropriate expectations, bonding);
- Educational classes (GED, occupational, parenting);
- Family Engagement Meetings (FEM);
- Family Support Team Meetings (FST);
- Organizational skills (budgeting, housekeeping, shopping, meal preparation);
- Family behavior skills (anger management, communication, role modeling);
- Mental health therapy for individuals and families and other mental health services;
- Preventive health services;
- Resource linkage for community-based services, housing, job services, basic needs, substance abuse, mental health support, legal services, etc.
- Transportation for access to services or activities provided by CFSD;
- Accessing and providing hard services;
- Mentoring for birth parents and children;
- Inpatient, residential or outpatient substance abuse treatment services;
- Assistance to address domestic violence;
- Services and activities designed to facilitate access to and visitation of children by parents and siblings;
- Family Time "Visitation" incorporating multiple evidenced based models and practices;
- Services designed to provide temporary childcare and therapeutic services for families including crisis nurseries; and,
- Well supported, supported, promising, and general practice models as appropriate (i.e., evidence-based, trauma focused, or evidence-informed practices, models and programs).

The flexible services listed above were primarily provided by community service providers via CFSD's Child Welfare Prevention and Support Services (CW PSS) contracts. CFSD staff provide some of these services, in specific service areas of the state, where contractors were limited or not available. Contract compliance procedures and protocols apply to family support, family preservation services and family reunification services.

Throughout all the title IV-B, subpart 2 services, the level of intensity and the length of time each family is provided services, changes greatly between prevention, preservation, crisis intervention, family support, and reunification services. Additionally, there were no limits on how many times a child and family could receive services. CFSD continues to make these services available to resource families when necessary to support placement stabilization.



Montana's allocation of title IV-B, subpart 2 funds is approximately \$800,000.00 per fiscal year. CFSD continues to use state general funds to meet the 20% federally required match to provide the continuum of services described in this section. CFSD's allocation of title IV-B, subpart 2 funds will be utilized for services to address prevention of child abuse and neglect, intervention and protection, treatment services, foster care support, family preservation services, family support services, reunification services, adoption, and kinship care.

CFSD continues to ensure that final expenditures in each service category (family support, family preservation, family reunification, and adoption promotion) is reached with a minimum of twenty percent of the total title IV-B, subpart 2 allocation. The required division match helps in providing a balance of flexible service provisions.

CFSD will continue to:

- Combine its report on the family support and family preservation services and report separately on the family reunification and adoption promotion and support services; and,
- Analyze the services provided with these funds to ensure that the allocation of the funds maximized the benefits that can be derived from this funding.

Approximately 2,200 children and 1,700 families were provided family support, preservation, and reunification services. Multiple families received both listed:

- Family Support/Preservation: Approximately 1,900 children and 1,200 families
- Reunification: Approximately 1,400 children and 1,100 families

CFSD provides title IV-B, subpart 2 flexible and comprehensive services to as many of the 56 counties as possible, through CWPSS contracts. If the need arises in a rural county where there are limited contractors, or a specific service is not available but needed; CFSD will work with the contractors in outlining counties to provide the flexible service provisions based on need.

## **Visit Coaching**

To support preservation and reunification services, CFSD continues to host Visit Coaching Model Trainings by Marty Beyer. Since Marty's initial training for Montana in 2019, she has continued to support implementation by providing three additional Visit Coaching trainings, as well as two additional "Train the Trainers" trainings.

The "Train the Trainer" are utilized by providers to train additional contractors who have been hired after the initial training opportunities were held. Marty provided trainings through a virtual platform to navigate the travel and exposure logistics during Covid-19 Pandemic. There are approximately forty contractors who have become trainers of the model and have continued to train their internal staff on the model. In total there are approximately 150 contractors' staff who have been trained in the model across Montana.

Visit Coaching is fundamentally different from supervised visits because the focus is on the strengths of the family and the needs of the child(ren). Visit Coaching supports families to meet the unique needs of each child during their family time in the community, family's homes, visit centers, or offices.



Visit Coaching includes:

- Helping parents understand the unique developmental needs of their child and demonstrating that understanding during visits with their child.
- Preparing parents for their children's trauma-related needs and reactions during visits.
- Helping parents give their children their full attention at each visit; and
- Building on the parent's strengths in meeting each child's needs.

The goals of Visit Coaching are:

- Parents articulating each of their children's unique needs.
- Parents meeting their children's developmental, trauma-related and safety needs during visits; and
- Parents keeping their own issues from distracting them from giving their children their full attention during visits.

Desired outcomes from Visit Coaching are:

- Help parents stand in their child's shoes and identify what is important in visits for the child.
- Design visits to suit the child and make them as homelike as possible (even though they are often uncomfortable with supervision and the visit room conditions).
- Help parents manage their feelings about visits, especially loss, guilt, hopelessness, and anger so they can visit consistently; and,
- Help parents respond when they feel their child is different from the child, they had at home with them.

Visit Coaching also focused on "Shared Parenting Time" to support relationships between the resource families and the biological families to support the successful reunification, as well as placement stabilization for children which helps lower number of children's placements within the foster care system.

Visit coaches and trainers are supported on a bi-annual basis with Marty for peer support, and fidelity check-in. The trainers are also invited to participate in national conferences for Visit Coach trainers. Multiple coaches have had the opportunity to participate in presentations regarding different components of Visit Coaching. Marty has additionally provided ongoing support during the pandemic when services were mainly delivered on a virtual platform to help ensure Visit Coaches were able to deliver the model to fidelity as well as provided support during the transition back to face to face delivery of the model.

CFSD is currently tracking data of families receiving Visit Coaching. Due to the timeline of implementation and the Covid-19 pandemic the data is still being collected and reviewed.

## **Family Support Teams**

To engage families and increase preventative services, CFSD implemented Family Support Team (FST) meetings in Montana. FST Meetings were piloted primarily in Region II in SFY19. In SFY21, Region I, III and V implemented FST Meetings. During these roll outs the contractors and other community providers were engaged in stakeholder meetings to discuss Family Support Teams,

as well as, provided training around CFSDs safety model at the time of intervention. The following number of families were supported with FST meetings during this fiscal year:

- Region I: 165 children / 66 families
- Region II: 240 children / 119 families
- Region III: 124 children / 47 families
- Region V: 51 children / 23 families

FST were created to:

- Allow for children to remain in their own homes, or be returned quickly to their home, while managing for the safety threat, to lessen the impacts on children's self-esteem, security, stability, learning abilities, development, family, and natural connections.
- Engage families, and service contractors, from the forefront of CFSD intervention to align with one another to keep the child(ren) safe.
- Ensure the services are timely, flexible, coordinated, and accessible to families and individuals, principally delivered in the home or the community, and are delivered in a manner that is respectful of and builds on the strengths of the community and cultural groups.
- Focus on well-being needs for the children in the family, to ensure the appropriate services are being provided to the children who have had an adverse childhood experience by being exposed to risk of harm, neglected, abused, and/or removed from their home.
- Promote the safety of children and reduce the risk and recurrence of maltreatment of children by their caregiver; and,
- Engage the family, and contractors, in coordinating and developing the supports the family identifies as their need, and to discuss what services are readily available to them at the time of the intervention (family preservation, family support, and family reunification services).

FST referrals continue to be used to help engage families at the time of CFSD intervention to ensure that families meet the criteria to have the FST. The FST members include, but are not limited to, local contractors that specialize in early childhood intervention services, domestic violence counselors, mental health counselors, in-home services contractors, and substance abuse counselors.

The robust and flexible services offered are focused on the family as a whole; CFSD and contractors' partner with the families to identify the goals and assess the short- and long-term interventions needed to meet the needs of the family.

CFSD will continue to expand FST Meetings across the state by:

Collecting data and coordinating with each region to plan of the program.

- Monitoring the implementation of the program.
- Gathering feedback from CFSD staff, families involved, and contractors around service delivery and methods, with a special focus on safety.
- Educate local stakeholders and CFSD staff about FST meetings implementation, and the benefits of having FST Meetings; and,
- Ensure services are offered in support to families in efforts of promoting healthy development of children.

Data for FST meetings are collected and internal regional meetings are held on a quarterly basis to support implementation of FST meetings, create implementation goals and ensure outcomes are being tracked and met.

FST meetings continued to be held with families throughout the Covid-19 pandemic by moving them to a virtual platform. This supported families in meetings being held in an even timelier manner, which allowed for families to access services and supports more quickly and effectively.

### **SafeCare**

CFSD continues to train home visitors throughout Montana yearly in SafeCare Augmented home visiting model. Currently there are thirty-three trained SafeCare home visitors in Montana. Montana is self-sustaining in the SafeCare model by having dedicated certified Trainers and Coaches within the state working with all agencies to be accredited

on a yearly basis through SafeCare. SafeCare is an evidence-based, in-home parenting-training curriculum for parents who are at risk of or have been reported for child maltreatment. It is delivered in the home or community setting for eighteen to twenty weeks.

Families may qualify for services if they have at least one child aged zero to five. SafeCare also teaches a structured problem-solving technique to assist parents with finding solutions to life challenges that may affect parenting. The program aims to reduce child maltreatment.

Families who receive SafeCare are enrolled due to one of the following reasons:

- Have children in their household aged zero to five.
- Lack resources or are impoverished.
- Lack social supports.
- Deficient in knowledge of effective parenting strategies.
- Adolescent parents.
- Are active in treatment or have a history of substance use disorder.
- Young parents with multiple births.
- First time parents.
- Resource families.



SafeCare has three modules:

- Health: Teaches parents to identify and respond appropriately to illness and prevent medical neglect.
- Safety: Teaches parents to identify and remove hazards to prevent accidents or injury within the home.
- Parent/Child Interaction: Teaches positive child and parent interaction through structured activities or daily routines.

SafeCare outcomes goals:

- Promotes positive parent-child interactions.
- Helps caregivers make informed response to childhood illness and injury; and,
- Assist in making home environment safe.

Research studies comparing SafeCare to usual or no services indicate that SafeCare:

- Reduces child maltreatment reports by as much as 75%.
- Reduces risk factors for abuse and neglect.
- Reduces parent depression.
- Is rated by parents as more satisfying and more culturally competent than standard services.
- Is more likely to be enrolled in and completed by parents than services as usual.

Bi-annual calls are with all SafeCare home visitors, and their supervisors are held to support implementation across the state and allow for peer share and learning. In addition, refresher trainings are provided to SafeCare home visitors on a yearly basis, to allow for opportunities of continued education around delivery of the model, and to help ensure accreditation can be met by each contractor site providing SafeCare.

SafeCare home visitors have completed outreach to CFSD staff to educate them on the model, as well as brainstorm families to be referred for SafeCare. In addition, the six in state SafeCare coaches presented to each region regarding the SafeCare model. SafeCare home visitors are encouraged to do this on a ninety-day basis.

The fidelity of the implementation of the SafeCare Model is in part based on coaching staff as they implement SafeCare. The SafeCare model does have adaptations that allow it to be delivered through a virtual platform while maintaining fidelity. It is always ideal that a home visiting model would be provided face-to-face, however, when Covid-19 numbers are on the rise in counties they are able to switch to virtual platforms and still support families to fidelity.

The Program Planning Unit-CWPSS Program Manager continues to provide regular education to staff regarding the model by attending all unit meetings and sending model information out to staff on a regular basis.

In addition to these models listed CFSD has supported through training, multiple contractors are trained in other robust models. Those models being provided throughout CWPSS contractors, consist of:



- Trauma Focused Cognitive Behavior Therapy (TF-CBT)
- Parent Child Interaction Therapy (PCIT)
- Motivational Interviewing (MI)
- Child Parent Psychotherapy
- Common Sense Parenting
- Functional Family Therapy
- Nurturing Parenting 0-5, 5-12, and Supered Visitation Network
- 1-2-3 Magic
- Circle of Security
- All Babies Cry
- Parenting a Second Time Around
- Attachment, Regulation and Competency
- Love and Logic
- Exchange Parent Aide
- Various Parenting Classes using the models listed above
- Family Time “Visitation” utilizing the models listed above
- Supervised Visitation Network
- Therapeutic Supervised Visitation
- Couples Therapy
- Co-Parenting
- Adverse Childhood Experience Screenings
- Ages and Stages Questionnaire Screenings
- Protective Capacity Screenings

The CWPSS contractors are encouraged to present on the specific models they provide to their local CFSD regional staff on at least a bi-annual basis and provide updates at least monthly regarding openings for services they have.

The CWPSS program manager overseeing the CWPSS contracts also provides to CFSD staff bi-annually a desk catalog showing contractors, service arrays and geographical locations services are being provided. CFSD staff are provided updated on any changes that are made that effect the service array offered in their areas. In addition to these updates for staff, the CWPSS program manager provides additional information and training to all six regions around model interventions that are accessible to families in their region specifically, and tips on how to refer for the services based off a family’s needs.

CWPSS program manager conducted site visits with the CWPSS contractors virtually, as pertinent, to discuss contractual provisions and identify well-supported, supported, promising, and general practice model interventions to be utilized in service delivery. On a monthly basis CWPSS program manager holds check ins with all CWPSS contractors through a virtual platform to have more regular robust discussions around services delivery, COVID-19 guidelines and questions, contractual updates, and peer-share around service delivery across the state with a focus on celebrating success stories with families served.

CWPSS contractors submit a billing log monthly indicating what model intervention are being utilized by county, provide certificates of training and share in how they are meeting fidelity requirements of the model interventions offered in their service array, and provide an update to their service delivery on a bi-annual basis.

CWPSS contractors were all encouraged to attend the Child Abuse and Neglect Conference hosted by CFSD in April of 2022 provided through a virtual platform. CWPSS contractors are encouraged to attend for purposes of career development as well as to have a better understanding how underserved families in Montana can be affected by inequalities in the child welfare system. The conference provides sessions that focus on minorities and equality as well as helping rural areas that don't have a lot of resources to become creative in supporting families with intentional work to overcome the families challenges and barriers to success. This conference was free for contractors.

The keynote and breakout sessions provided were:

- Rediscovering the Beauty Within
- Engaging and Involving Parenting Time
- Results of the Initial Evaluation of Parentingmontana.org: Tools and information for parents and those in the parenting role to promote the health, mental, emotion and behavioral development of Montana's children.
- Stuck in the middle with you: risks of arm for children and pets in domestically violent homes.
- Linking infants and families to supports.
- How to motivate parents to show up and cooperate in trauma treatment.
- Social and emotional competencies for school readiness: they start early, and you can help!
- Connecting adults and minors through positive parenting.
- Coordinated approaches to prevention.
- Assume competencies: working better with parents with intellectual and developmental disabilities.
- Introduction of the office of faith and community-based services to support healthy families and safe communities within Montana.
- Trauma-informed approaches for equity and LGBTQ2S+ individuals.
- Connect our kids: fast tracking family search and engagement.
- Honoring connections and tribal traditions within parenting time.
- Why education stability matters to children in foster care.
- Breaking barriers: together we can help our youth reach higher.
- Safety Science
- Childhood trauma and the power of resilience and redemption.

CWPSS contractors were also provided other free opportunities for professional development in that they were provided resources, or encouraged to attend the following trainings:

- National Family Drug Court Training and Technical Assistance: Beyond Compliance: Empowering to Build Recovery Capital for Sustained Recovery and Family Wellness
- Child Passenger Safety
- Supervised Visitation Network Guiding Principles and Standards to ensure Safety within Visitation
- Domestic Violence Awareness Articles

CFSD continues to partner with the Early Childhood and Family Support Division (ECFSD) surrounding voluntary home visiting programs, parenting support, trainings, resources, and education. In addition, the partnership with ECFSD has been strengthened coming together in workgroups to discuss the work that needs to be done at both a state and community level to support prevention services being more accessible to families prior to CFSD involvement.

CFSD continues to explore ways it can leverage services for families through collaborative work with the Office of Public Assistance (TANF) and through the office of Medical Assistance Programs (Medicaid) to augment title IV-B, subpart 2 services by identifying services currently being paid from IV-B that can be shifted to Medicaid to maximize the IV-B funding available. CFSD will continue to work closely with the Human and Community Services Division (HCSD) (i.e., the division that houses the TANF Program) and look for opportunities to increase the provision of services to families through the programs housed in HCSD.

As the COVID-19 Pandemic required child welfare agencies to find ways to meet the needs of the children and families they support, CFSD quickly shifted to using a variety of virtual methods for their work. At the start of the COVID-19 Pandemic, the leadership of CFSD quickly leaned into the adoption of virtual platforms to meet the needs of children, families, resource families, CWPSS contractors, and CSFD staff. Family support, preservation and reunification services moved quickly to virtual platforms which allowed for a seamless transition. A positive outcome of being forced to move services to virtual platforms was that families living in more rural areas, or in different counties than their children who have been removed from them, were able to maintain more contact instead of barriers of having to travel multiple hours in sometimes poor weather conditions to have their appointments. Through this year all contractors returned to providing most of their services in person.

Montana did experience a very high spike in covid-19 during the winter and the number of individuals who had covid-19 was higher than anything that had been reported in the state previously. During that time, services in several counties returned to a virtual platform. Since then, all contractors have returned to an in-person service delivery. CFSD and CWPSS contractors now have the technological infrastructure, knowledge, and experience to continue to use virtual platforms for these activities as appropriate going forward to assist families in receiving family support, preservation and reunification services they would not normally be accessible to them due to the logistics of their families' unique circumstance and the resources not being available in rural areas across the state.

Adoption Promotion and Support services provided by CFSD include recruitment of adoptive homes, adoption specific training (Creating a Lifelong Family), and the provision of post-adoption services. Since November 2015 and the addition of a Post Adoption Services Program Manager, support provided by the Division for adoptive families continues to grow. The program manager is accessible to any family who has adopted a child from the Montana foster care system, through a private agency, including international adoptions, or an adoptive family who finalized in another state and currently resides in Montana. These services are also available to any individual who was adopted in Montana or is a birth parent.

Responsibilities of this position include completing records searches, requests for renegotiations for adoption assistance or for communication between birth families. The program manager also offers ongoing consultation with adoptive families regarding services and interventions for their child. Recently, there have been efforts to partner with other community resources to address agency needs regarding child specific recruitment. While the discussions are occurring, the work is in preliminary stages. Assistance offered post adoptively continues to expand as more and more peer-to-peer networks and groups are established and strengthened through training and funding. The potential number of families served increases monthly. In SFY 2022, 227 adoptions have been finalized thus far.



Additionally, several adoptive families have been provided funding through Adoption Promotion and Support as well as Incentive funds to assist in accessing respite services for their children and therapeutic intervention. This need increased during COVID-19 pandemic as families struggled to access community-based services and to navigate educational disruptions. To assist families with respite, the annual limit on respite hours was increased temporarily. Currently, there are 20 families with respite agreements in place and that number increases weekly. The families are also provided with resources to find respite providers if they do not already have one in place. Frequent emails and periodic mailers are also completed to inform families of upcoming training events and online resources.

To support and promote adoption, funding is also utilized to cover the cost of travel to and from pre-adoptive visits for the child and both current and potential placements. Approximately \$4,000 of adoption promotion and support funds have been spent to support these visits. There has also been increased spending to support day care needs for families out of state who will be a permanent placement for a child, approximately \$25,000 thus far in SFY2022.

The largest portion of adoption promotion and support funding continues to go towards assisting families with the cost of room and board for out of home, therapeutic treatment. Due to the COVID-19 pandemic Montana experienced a dramatic decrease in bed availability for instate Therapeutic Group Homes, Acute Psychiatric Hospitals, and Psychiatric Residential Treatment Facilities. In response to the decrease in resources, the Post Adoption Services Program Manager provided increased support for families in crisis, which included facilitating interdisciplinary treatment team meetings, on-going family consultation, and extension resource and referral services.

The Post Adoption Services Program Manager provided support to a diverse range of families both in the state of Montana and across the country. There was an increase in requests for families needing resources for their LGBTQ+ children. There was also a significant need for resources for children with Developmental Disabilities. Families in rural communities had further barriers accessing specialized services during the COVID-19 pandemic and the employee shortage that followed. Access to tele health services were increased and families were also referred to Medicaid Transportation for assistance with travel.

Another major area of need and use of funding to support adoptive families, was will both assessments and ongoing treatment for Sexualized Maladaptive Behavior. Medicaid does not cover these services and the out-of-pocket cost is a barrier to families that can lead to a disruption in adoptive homes. Assisting with appropriate assessment and community-based services has helped maintain adoptions with youth who demonstrate sexually maladaptive behavior as well as siblings who may be affected.



Plans for further use of adoption promotion and support funds include increasing the number of families receiving support for respite and other therapeutic services to assist in the maintenance of adoptive homes, as well as more gatherings and/or support groups for adoptive families. An increase in funding has also occurred for families participating in therapy and alternate, non-Medicaid covered interventions and treatments such as Neurofeedback and equine therapy.

The breakdown for current use of the promotion and support funding is as follows:

- \$89,000 approximately, has been spent on PRTF's and therapeutic group homes, for children who were adopted
- \$39,000 approximately, has been spent on adoption promotion activities, including travel for visits, home studies, day care, etc....
- \$20,000 for assistance in the cost of respite
- \$23,000 has been spent on therapeutic services for adoptive and pre-adoptive families to maintain and stabilize placements
- \$25,000 has been spent on early adoption assistance payments for out of state placements to maintain and support the family.

### **5g: Population at Greatest Risk of Maltreatment**

The population, identified in Montana's 2020-2024 CFSP as being at greatest risk of maltreatment, is children ages zero through five. Additional information on this subset of the foster care population can be found in the following sections of this APSR: Collaboration Section, Section 5c - Services for Children Under the Age of Five, and 5d – Efforts to Track and Prevent Child Maltreatment. This age group represents the most vulnerable population with the least ability to protect itself from child maltreatment.

Children ages 0-5 have historically represented the largest group of children in out-of-home placements. Since FFY 2005 children age 0-5 years have made up more than 50% of the state's foster care population. FFY 2019 data shows this age group made up 49% of Montana's total foster care populations. This percentage remains largely unchanged. A particularly vulnerable subset of this group are infants under age one.

As reported in other places in this APSR and preceding CFSP, CFSP, Montana continues to attempt to address the fatality rate through programs such as The Meadowlark Project, implementation of the critical incident review protocols, and the institution of enhanced staffing for all reports involving children under the age of two years that are sent to the field from Centralized Intake (CI). Some areas of the state use the enhanced staffing for all reports involving children age five years and younger. The procedure is unchanged from what was reported in the 2020-2024 CFSP. In brief, the process involves all CPS and CPS supervisory staff managing investigations as well as the region's Child Welfare Manager (CWM).

The enhanced staffing reviews any resulting injuries to the child and compares those to the parents' account of how the injuries took place, any medical information available on the injuries and the appropriateness of any in-home or out-of-home safety plans put into place. Based on this information services appropriate for the family are identified. The enhanced staffing assists less experienced workers and supervisors become more skilled in identifying potential safety issues, better evaluate the use of in-home safety plans, better identify needed services, and exposes these

high-risk cases to a greater array of expertise and experience. While not specifically addressed in the state’s approved PIP, this procedure is reflective of CFSD’s desire to enhance the skillset of workers through improved coaching and mentoring. The training provided to supervisors as part of the PIP will also make this process more effective and improve safety outcomes for children.

DPHHS’s continues to investment in evidence-based in-home services models that target the safety of very young children. There are thirteen model interventions currently offered through the CFSD Child Welfare Prevention and Support Services (CW PSS) contracts which are described in detail in the MaryLee Allen Promoting Safe and Stable Families (PSSF) (Title IV-B subpart 2) Section of this APSR. The services available under these agreements can be provided to families whether the children are living with their parents or in or out-of-home care. The services can also be provided to kin, whether they are providing care to children informally or as a foster care placement

Montana has invested resources to improve Child Advocacy Centers (CAC) and Multiple Disciplinary Teams (MDT) by expanding the work being done expand to address serious non-accidental trauma in real time and help CAC meet accreditation standards. Detailed explanation of this collaboration is provided in the CAPTA State Plan Requirements and Updates - American Rescue Plan Act Funding section of this APSR. This is another strategy that is not specific to children age five years and younger but improving CAC and MDT across the state will also provide improved services to this subset of children.

## **5h: Kinship Navigator Funding**

Montana has applied for and received Kinship Navigator Grants since the first federal allocation was awarded during the FFY 2018 Title IV-B funding cycle. As stated in previous applications, Montana does not currently have an evidenced-based kinship navigator program (KNP) despite having one of the highest percentages of foster children placed in kinship care in the nation. The FFY 2022 Kinship Navigator Grant would be used to continue to allow the state to develop an evidence-based KNP that will meet the ACYF Title IV-E Prevention Clearinghouse’s stringent standards to access Title IV-E funds.

Montana Department of Public Health and Human Services - Child & Family Services Division (CFSD) contracts with Montana State University – Extension Family & Consumer Sciences Program (MSU-E) to meet the goals of the program.

There are two primary reasons CFSD’s chose to reach out to MSU-E to collaborate on this project:

1. MSU-E’s well established and readily recognized program “Grandparents Raising Grandkids” program. This program was in existence well before the KNP project. As a result, MSU-E had:
  - a well-established and readily recognized presence across the state.
  - Well-established connections with a wide variety of community providers and a good deal of knowledge of benefits in many communities across the state.
  - An existing website with resources, outreach materials and information on support groups.
  - Immediate access to eligibility and enrollment information for federal, state and local benefits and services.
  - The ability to provide training to assist relative caregivers in obtaining benefits and services.

2. CFSD's desire that the day-to-day operations of the KNP not to be affiliated with state's child protection agency.

MSU-E is an active member in a multi-state project to develop an evidence-based model for providing KNP services. The multi-state collaborative began collecting data in February 2022. The multi-state effort will allow more data to be collected in a shorter amount of time with the goal of expediting ACYF Title IV-E Prevention Clearinghouse approval to access Title IV-E funds to financially support the use of the model.

Montana's KNP will continue to assist all kinship families caring for family members including those families caring for children who are not part of an active case or investigation by CFSD. Montana will continue to use the same definition of kin as is used in the state's Title IV-E subsidized guardianship program.

This definition includes caregivers related to the children by blood or marriage but also includes fictive kin, which is defined as: "a person to whom the child, child's parents and family ascribe a family relationship and with whom the child has had a significant emotional tie that existed prior to the agency's involvement with the child or family." The expanded definition of kin also includes godparents and members of the child or family's tribe when there is documentation of tribal membership or affiliation.

The program will continue to have two primary goals:

1. Assist kinship providers in being educated on, locating, and participating in programs and services to meet the needs of the children they are raising and their own needs.
2. Promote effective partnerships among public and private agencies to ensure kin caregivers are being served.

MSU-E focuses on relatives' well-being, providing research-based resources and support to manage the physical and emotional stress of kinship caregiving. MSU-E may also use funds to provide referrals and some temporary, short-term financial assistance with costs that will allow kin to maintain relative children in their home (e.g., groceries or assistance with legal fees). The list of potential services may expand as further discussions are held with departmental and community partners.

CFSD continues to be very transparent with MSU-E and other stakeholders that there is no guarantee funding for the program will continue beyond September 30, 2023. The reason for this is: the Title IV-B funds being requested cannot be spent on services activities conducted beyond September 30, 2023, and it's highly unlikely Title IV-E funds will be available to support the program by September 30, 2023, due to the very stringent requirements of the ACYF Title IV-E Prevention Clearinghouse.

CFSD and MSU-E are committed to the program and working to establish an evidence based KNP to be used in Montana. However, neither party can predict future budget constraints and if the federal partnership in this endeavor were to end there's no guarantee the program would be sustainable.

## 5i: Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

CFSD policy requires, at a minimum, that all children in foster care (including children in trial home visits) will be visited by the CPS face-to-face, every month that the child is in care. At least 50% of these monthly visits need to take place in the child's current residence. Visitation between the CPS and children in foster care (including trial home visits) is essential in promoting placement stability. Regular contact allows the CPS to observe and assess the impact of the emotional trauma resulting from the child's maltreatment and removal, the child's progress, and to involve the child in case planning. The CPS must maintain regular contact with the child(ren) and foster care providers to routinely assess the child's safety, permanency, and wellbeing and to ensure that the child's needs are being met.

The vulnerability of the child and the protective capacities of the foster care provider must be assessed and documented. Frequent contact further allows the child the opportunity to express concerns, fears, problems with the placement, or other issues. Contacts more frequent than every

month are dependent upon the CPS's assessment of the child's vulnerability and needs, the protective capacities of the provider, and whether other professionals have routine contact with the child.

CFSD continues to struggle to achieve the national performance standard of 95% of children seen each month with most of those visits occurring in the child's place of residence. High caseloads and staff turnover continue to be issue preventing Montana from achieving the federal benchmark. Also, family engagement was cited as a

significant issue in the 2017 CFSSR and is an area of focus in Montana's approved PIP.

Despite not achieving the federal performance standard, the state had been performing better in this area. In FFY 2014, Montana conducted 54% of the required monthly visits. The FFY 20 data showed 60% of child visits conducted, with 83% occurring the child's residence. These numbers were almost identical to FFY 2019. Given the unprecedented conditions presented by COVID-19 and continued staff turnover in SFY 2020 CFSD's ability to maintain performance in this area was somewhat surprising.

As expected, the division's performance improved in FFY 2021. The FFY 2021 number of visits conducted increased to 67%. CFSD continues to conduct a high percentage of visits in the child's residence. CFSD expected to see continued improvement in this area in FFY 2022 and beyond.





<b>2021 Federal Visitation Measures</b>	
	FY2021 Federal Counts/Percentages
The total number of unique children in care for at least one full month in the FFY	4,597
The total number of visit months for children who were in foster care during the FFY	37,398
The total number of visit months in which at least one child visit was in the home	25.205
The percentage of child visits	67%
The percentage of visits that occurred in the residence of the child	86%

The state plans to use the Monthly Caseworker Visit Grant over the next five years to improve the quality of caseworker visits, to meet state and federal standards for caseworker visits, and to improve caseworker recruitment, retention and training.

Funding from this grant may be used to provide continued support of activities completed as part of Montana’s CFSR PIP. Examples of this may include providing training to enhance CPS engagement skills and supervisor case staffing skills. It is believed that the engagement strategies developed and implemented during the CFSR PIP will result in continued improved outcomes in many areas including the number and quality of caseworker visits with children.

## **5j: Additional Services Information**

### **i. Adoption and Legal Guardianship Incentive Payments**

In SFY 2022, a majority of incentive funding has been spent on therapeutic care services, both inpatient and outpatient. Due to the COVID-19 pandemic Montana experienced a dramatic decrease in bed availability for in-state Therapeutic Group Homes, Acute Psychiatric Hospitals, and Psychiatric Residential Treatment Facilities. In response to the decrease in resources, the Post Adoption Services Program Manager provided increased support for families in crisis, which included facilitating interdisciplinary treatment team meetings, on-going family consultation, and extension resource and referral services.

Attendees of the 2019 Parent Leadership Training (facilitated by the North American Council on Adoptable Children and funded by Jockey Being) have been given the opportunity to participate in the parent advisory board which was recently established.

Incentive funding will assist in the sustainability of this group and its efforts. As more parent groups are established, funding will be provided to help ensure their sustainability through use of Adoption Promotion and Support funding as well as Adoption Incentive funding. This activity is also a task included in the Program Improvement Plan (PIP) to continue to make efforts to support families, improve practice and ensure engagement from all stakeholders. One example is feedback elicited regarding a process for effective transitions and child specific recruitment.

Additionally, funding has been used to support family relationships for children in care through travel and visits with birth relatives, including siblings. The funding has also been utilized to assist families in obtaining and paying for respite services to maintain the family home.

Montana continues to work to improve timely permanence for children in care. CFSD staff and resource parents have attended the Adoption Call to Action events and as a result have focused continued conversations surrounding effective strategies and practice improvements to support this work. More information related to Adoption Call to Action is recorded in the Diligent Recruitment section. As stated above, the incentive funding specifically is being used to fund related activities as needed. More recently, the Guardianship Program Manager in CFSD's Central Office has been relocated to the Permanency Planning Unit, thus creating more streamline access and collaboration for post permanency support.

The FY22 breakdown of use Incentive funds as follows:

- \$95,000 towards residential, therapeutic treatment for children and families, and non-Medicaid covered services.
- \$17,000 on pre-adoption payments to assist families in maintaining placements.
- \$23,000 towards travel for visits with pre-permanency placements or biological family as well as travel towards training.
- \$11,000 towards out of state day care coverage to help maintain placements.
- \$40,000 towards respite to help sustain and maintain adoptive homes.
- \$3,000 towards miscellaneous activities such as annual fees for memberships.

### ii. Adoption Savings and Expenditures

The total unexpended balance as reported on the FFY2020 CB-496, Part 4 is \$1,396,375. It is estimated that 100% of the unused savings will be spent in FFY2022. Montana did not experience any challenges in accessing or spending the funds. The funding was spent on increased expenditures in Title IV-B in-home and supervised visitation services.

The development of a rate matrix and open enrollment contracts for these services has led to a significant increase in service providers (from less than 15 to more than 50) and services being billed against the contracts. Montana is not required to complete an Adoption Savings Methodology form because a notification form was submitted on August 9, 2017.

### iii. Families First Prevention Services Act Transition Grants

Montana's sole use of this grant funding has been to offset the room and board costs, of Title IV-E eligible children under state and tribal jurisdiction, not allowable for Title IV-E reimbursement as of October 1, 2021. Grant funds offset state and tribal program costs for Title IV-E eligible children placed in a congregate care facility (e.g., group homes, therapeutic group homes or shelter care facilities). The grant funds are used when the congregate care placement start date is October 1, 2021, or later, and placement in the facility is longer than fourteen days. Grant funds offset room and board costs incurred on placement day number fifteen and beyond.

As discussed in other sections of this APSR, the statewide implementation of the Therapeutic Group Home (i.e., QRTP) requirements allowing Title IV-E funds to be used beyond the initial fourteen days of placement is gradual. Barriers to full implementation include: the availability of resources to make the necessary changes in the electronic case management system;



integrating Therapeutic Group Home procedures into practice across all CFSD field offices and integrating the Therapeutic Group Home requirements into the daily practice of the many non-agency partners who play a role in process (e.g., courts, county attorneys tribal social services, tribal courts, Targeted Case Managers, etc.).





## SECTION 6: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

The 2023 final draft APSR will be distributed to the Tribal Social Services Directors of Blackfeet Nation, Chippewa Cree Tribe (CCT), Confederated Salish and Kootenai Tribes (CSKT), Fort Belknap Assiniboine and Gros Ventre Tribes, Fort Peck Assiniboine and Sioux Tribes, Crow Nation, Northern Cheyenne Tribe and the Chair of the Little Shell Tribe of Chippewa Indians (Little Shell Tribe) for review and feedback prior to submission to (Administration for Children Youth and Families (ACYF). Once the Department of Public Health and Human Services – Child and Family Services Division (CFSD) receives confirmation from ACYF that Montana’s 2022 APSR has been approved, tribes will be provided with the link to the website where the approved plan is located.

As reported in the previous APSR, the Little Shell Tribe gained federal recognition in December 2019, and are Montana’s eighth federally recognized tribe. The Little Shell have been state-recognized since 2000, and CFSD and state courts have been applying ICWA in cases involving Little Shell children since that time. Little Shell is continuing negotiations with the federal government and does not yet have the infrastructure to take jurisdiction of ICWA cases, access Title IV-E (either directly or via a contract with CFSD) or make application to ACYF Region 8 for Title IV-B funding. This is unlikely to change prior to the completion of the 2020-2024 CFSP. Updates regarding the Little Shell Tribe will be provided in future APSR.

The CFSD ICWA Program Manager is currently filled and continues to be a conduit between CFSD staff and tribes related to ICWA requirements and compliance. For example, this position assists CFSD staff in identifying the correct out-of-state tribe(s) to send inquiries on ICWA applicability. This position will also follow-up with in state and out-of-state tribes when there are delays in making determinations on ICWA’s applicability to a child. Additionally, the position will assist CFSD and stakeholders by providing information and insight on strategies for engaging Indian families in a culturally informed manner and ensures tribal input is built into the decision making. tribal stakeholders. The position is also a core member of the state’s Race Equity Improvement Collaborative with the Casey Family Program.

The CFSD Title IV-E Program Manager continues to provide technical assistance and oversight of the seven Title IV-E pass-through agreements between CFSD and Montana tribes. Oversight of the Title IV-E stipend contract with Salish Kootenai College (SKC) continues to be the responsibility of the Program Bureau Chief. Oversight of this agreement is expected to transition to the Title IV-E Program Manager over the next year.

In addition to the ICWA and Title IV-E Program Managers, the CFSD Program Bureau Chief, Foster Care Licensing Bureau Chief, Title-IVE Eligibility Unit Supervisor, and the Title IV-E Eligibility Unit staff continue to have regular, ongoing communication with tribal social services staff and directors on a wide variety of issues related to tribal agreements, licensure, Title IV-E eligibility issues and payments made to foster, adoptive and guardianship families. For example, the CFSD Foster Care Licensing Bureau Chief is the primary contact for licensing matters for all tribal licensing staff and has developed an onboarding manual for new CFSD licensing staff that provides step-by-step instruction on entering licenses in CAPS. This manual is shared with tribal social services when there is turnover or additional staff are needed to enter licenses into CAPS. CFSD Licensing Bureau Chief also provides tribal licensing staff with local, state, and national information on resources and supports for resource families. The Northern Cheyenne and Fort Belknap tribes’ licensing standards



do not provide for assessing or approving families for guardianship or adoption. As requested by these tribes, CFSD Licensing Program Bureau Chief coordinates, with local CFSD licensing staff, to assess and approve tribal families wanting to establish subsidized guardianships or adoptions. The children in these foster homes are typically kin to the foster family. CFSD assess and approves the families according to the state's licensing standards. If the tribal families do not meet the state licensing standards, they are not approved.

CFSD has suggested to Fort Belknap and Northern Cheyenne that they adopt changes to their licensing standards to assess and approve tribal families for guardianship and adoption. The current system creates delays in permanency for tribal children and it can also create workload issues for the local CFSD licensing staff assessing the tribal families. The DPHHS CFSD Regional Administrators and field staff have case specific discussions with tribes related to ICWA and case management activities. The DPHHS Tribal Relations Manager and American Indian Health Director, both located in the DPHHS director's office, provide additional resources, and contact persons for the tribes.



*Photo courtesy of Montana Department of Commerce*

As the impacts of the COVID-19 pandemic have subsided, CFSD Central Office Program and Fiscal Bureau staff have been able to travel to reservation communities or had hold in-person meetings with tribal social services agencies. Over the past year, CFSD staff have traveled to or met in-person with staff from every tribal social services agency except for Fort Peck.

The meetings between tribal social services staff and CFSD Central Office staff include:

- July 27, 2021 – Travel to Crow Agency to discuss licensure, CAPS (Montana's electronic case management system) data entry, IV-E eligibility, time sample data submissions, subsidized guardianships and some case specific consult.
- August 11, 2021 – Crow staff traveled to Helena to staff cases in preparation of establishing subsidized guardianships.
- September 7, 2021 – Travel to Crow Agency to discuss court order language impacting Title IV-E eligibility and some case specific consult.
- September 14, 2021 – Travel to CCT and Fort Belknap to discuss time sample data submissions and court order language impacting Title IV-E eligibility and some case specific consult

- September 23, 2021 – Travel to Blackfeet to discuss time sample data submissions and court order language impacting Title IV-E eligibility and some case specific consult.
- September 28, 2021 – Travel to CSKT to discuss time sample data submissions and court order language impacting Title IV-E eligibility and some case specific consult.
- December 9, 2021 – Travel to Northern Cheyenne to provide training on a variety of topics in the Title IV-E contract and some case specific consult.
- March 7, 2022 – Fort Belknap staff traveled to Helena to discuss the process for approving adoptive families and the process for negotiating adoption assistance agreements.
- March 9, 2022 – Travel to Crow Agency to discuss case specific issues impacting payment to foster families and data entry into CAPS.
- April 11, 2022 – A virtual meeting was held with Blackfeet Social Services staff to discuss CAPS data entry of foster care licenses.
- April 28, 2022 – Travel to Crow Agency to discuss adoption assistance agreements and some case specific consult.
- May 10, 2022 – Northern Cheyenne staff traveled to Helena to staff cases in preparation of establishing subsidized guardianships.
- May 23, 2022 – Travel to CSKT to discuss Title IV-E administrative claiming for providing prevention services.
- June 2, 2022 – Virtual meeting with Northern Cheyenne to discuss licensing criminal records and CPS background check requirements for licensure.

CFSD Central Office staff expect to travel to all the tribal program, including Fort Peck, in the upcoming months. Agenda items for these meetings hasn't been determined but requirements related to Title IV-E reimbursement for Therapeutic Group Home placements (i.e., Qualified Residential Treatment Programs or QRTP) is expected to be discussed at all visits. Montana's federally approved Title IV-E Prevention Plan has been shared with all tribal social services programs, so conversations related to that plan are also expected to take place over the next year. CFSD Central Office staff will continue to utilize phone, email, and video conferencing to maintain ongoing contact with tribal partners.

The semi-annual meetings, discussed in prior APSR, between CFSD leadership and tribal social services have not taken place over the past year. Turnover in the CFSD Division Administrator position was a major factor in the meetings not being held. The administrator position has very recently been hired and outreach to tribes on reestablishing the meetings is expected to take place in upcoming months. ICWA compliance and engaging Native American families are expected to be standing agenda items once meetings resume. Updates will be provided in future APSR.

Tribal social services, tribal court, and the Department of the Interior – Bureau of Indian Affairs (BIA), which have offices on three of Montana's Indian Reservations, have exclusive jurisdiction and are responsible for providing child welfare services and child protection services to tribal children and families residing on the reservations. CFSD and state district courts have exclusive jurisdiction and are responsible for providing child welfare services and child protection services for tribal children residing off-reservations. CFSD and state courts are also responsible for providing child welfare services for non-Indians residing on the reservations.

There are two anomalies impacting state versus tribal roles for providing services. CFSD staff provide case management services to Title IV-E eligible Native American children under the jurisdiction of the tribe's court. This is accomplished through an agreement between the tribe, CFSD,

and the BIA. In addition, CSKT is a P.L. 280 reservation (i.e., concurrent jurisdiction) so the Lake County CFSD office and CSKT social services staff work closely to determine which reports will be addressed by which agency.

Determinations of whether tribal or state staff will investigate reports and oversee cases is determined at the local level. These child welfare and child protections services entities are responsible for providing the following services within their jurisdiction: operations of a case review system for children in foster care; pre-placement preventative services program for children at risk of entering foster care to remain safely with their families; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home or legal guardianship or other planned, permanent living arrangement.

Seven of Montana's eight federally recognized tribes collaborate with ACYF Region 8 to submit CFSP/APSR and directly access IV-B funding to provide culturally appropriate services approved under those plans. Six of the eight federally recognized tribes also have non-IV-E agreements with CFSD. These agreements provide a capped allocation of state funds to offset costs for services that are not Title IV-E reimbursable. This includes costs that are approved under the tribe's Title IV-B

Plan with ACYF, costs not covered by Medicaid and costs associated with children participating in cultural activities and events. Fort Peck children accesses these services via the agreement between the tribe, DPHHS, and BIA referenced previously in this section.

CFSD will continue to recognize and respect tribal sovereignty, rights, and abilities to create and monitor a child welfare and child protection system conforming to the unique culture of their communities. CFSD also recognizes and respects the unique government-to-government relationship between tribes and the federal government and as a result CFSD does not interject itself into tribal programs funded through Title IV-B or other tribal programs receiving direct funding through ACYF.

CFSD does not interject itself into compliance issues for these programs and does not hold tribes accountable to state requirements under Title IV-B or CAPTA. Montana believes tribal matters related to Title IV-B and CAPTA compliance are most appropriately addressed through direct conversations between tribes and ACYF Region 8 staff.

As referenced previously in this section, Montana has Title IV-E pass-through agreements with seven federally recognized tribes. These contracts have been in place for over three decades. CFSD does not place any programmatic or licensing requirements or restrictions on tribal programs beyond those federally required to access Title IV-E funds. Each tribe's foster care licensing standards and documentation of areas of non-conformity to ACYF model licensing standards were provided to ACYF as attachments to Montana's Title IV-E State Plan.

Under the agreements, tribes receive Title IV-E reimbursement for eligible case management costs incurred on behalf of Title IV-E eligible children. Reimbursable administrative costs include personnel, fringe, and operating expenses. The Title IV-E contracts have been amended to allow for reimbursement of allowable prevention services, in accordance with Montana's Title IV-E Prevention Plan, and the associated administrative costs Tribes receive a capped allocation of state funding to offset a portion of the federally required match toward their Title IV-E allowable administrative expenses. The Title IV-E agreements provide tribes with access to state and federal funds to assist

in operating tribal social services. Title IV-E reimbursement is provided for allowable training costs.

The agreements also provide Title IV-E reimbursement, with the state providing the federally required match, for the following services:

- Supplemental support services (i.e., clothing allowances, diaper allowances, childcare, and transportation).
- Title IV-E eligible foster care maintenance payments.
- Adoption and guardianship monthly cash subsidies.

As a result, Montana tribes do not incur costs for providing these services and this ensures tribal youth have the identical access to Title IV-E services as children under the jurisdiction of state district courts. All services are provided in accordance with Montana's Title IV-E State Plan. The Tribes' federal match percentage (FMAP) is used for determining the federal participation toward these services.

CFSD recognizes and respects the customs and traditions of tribal communities regarding the issue of terminating parental rights. If customary adoptions, that suspend parental rights instead of terminating parental rights, are allowed under tribal code, these adoptions are eligible for a Title IV-E subsidy.

CFSD's responsibilities under the Title IV-E agreements is to determine Title IV-E eligibility, process contract payments, provide foster maintenance payments, provide adoption and guardianship subsidy payments, ensure compliance to Title IV-E requirements, and provide technical assistance and training as requested by the tribes on Title IV-E issues including eligibility, program, and compliance issues.

Indian Child Welfare Act (ICWA) compliance is of utmost importance to CFSD. The agency goal is to improve all aspects of ICWA compliance and effectively engage tribes and tribal families in case management planning and decisions. The ICWA Program Manager, referenced earlier in this section, will play a pivotal role in CFSD continued improvement in these areas. The ICWA Program Manager is part of the CIP planning committee for developing the "Moving the Dial" training for CFSD staff and court partners. The ICWA Program Manager also plays an active role in facilitating the CIP training to individuals interested in being determined by the courts as a Qualified Expert Witness (QEW) for purposes of providing testimony in ICWA cases.

Additional information on these trainings was provided in the Collaborations Section of this APSR. ICWA training is provided at MCAN (CFSD training for newly hired staff). The training is primarily provided by the attorneys representing CFSD in the ICWA Court in Yellowstone County (Billings). The ICWA Program Manager provides a separate MCAN training introducing staff to the federal Indian Reservations in Montana, where they are located and the tribes living in those communities. The training also includes some practice tips for engaging tribal families and children

To date, much of the work of the ICWA Program Manager has been to assist CFSD staff and tribal ICWA staff in resolving ICWA issues related to specific cases and facilitate or provide training. The ability of the ICWA Program Manager to meet, on a consistent basis, in-person or virtually with tribes to discuss broader ICWA compliance issues has been hampered by COVID, the workload of tribal ICWA staff and turnover in some tribal positions.



The ICWA Program Manager goals, over the next year, include developing a statewide list of ICWA cases and a process for consistently engaging tribal ICWA workers in ongoing discussions related to ICWA compliance both on the statewide level and specific to individual cases. Progress towards these goals will further assist CFSD in improving ICWA compliance and provide a feedback loop for tribal partners' input in overcoming ICWA compliance barriers. Updates on these goals will be provided in future APSR.

CFSD completed the restructuring and rewriting of division policies and procedures, including the ICWA procedures. Review of the previous procedures showed they were reflective of the 2017 Code of Federal Regulation (CFR) changes instituted by the BIA and accurately described steps to be taken to comply with ICWA. The problem identified by staff was the length of the procedure, it was more than twenty printed pages, made it difficult to navigate and locate information on specific questions. The updated version has multiple procedures labeled to identify specific ICWA topic areas. The more specific labeling, the shorter length and a search engine make locating information easier and the procedures more user-friendly for both staff and external partners.

In addition, the procedures updated some federal terminology to the legal and practice used in Montana to make the process more understandable. An example of this is CFSD's Practice Model language has been interjected into ICWA procedures replacing federal language that is not used in Montana's court or CPS systems. These specific changes and the content of all the updated procedures were reviewed by attorneys to assure ICWA compliance was not compromised.

CFSD Program Bureau Chief, Title IV-E Program Manager and Title IV-E Unit Supervisor have read ACYF-CB-IM-22-02 providing information Tribal Readiness Assessment for direct funding of Title IV-E programs and familiarized themselves with the assessment tool. As reported in prior APSR, CSKT and CCT have had approved Title IV-E Plans since approximately 2013.

CCT continues to assert they have no immediate interest in accessing Title IV-E funds directly. CSKT has stated the long-term goal continues to be accessing the federal entitlement directly and the tribes are interested in continuing to explore the feasibility and implications of this change. CSKT has not made a formal request to renegotiate the current agreement but there have been several very preliminary, informal conversations over the years on potential impacts should CSKT choose to go IV-E direct.

CFSD will continue to follow the tribes' lead on this matter by participating in any planning activities or contract discussion at the invitation of the tribes. CFSD and CSKT continue to have a contract that provides a portion of the state's Chafee Program Grant to the tribes, allowing CSKT to operate its own transition to adulthood program. Additional information on this contract and a description of how CFSD coordinates Chafee services with CSKT are provided under the John H. Chafee Program for Successful Transition to Adulthood (Chafee Program) section of this APSR.

To date, none of the other Montana tribal governments have expressed any interest in moving away from the current Title IV-E agreements with CFSD and exploring the possibility of accessing Title IV-E funds directly from ACYF. Should this change, CFSD will refer the interested tribe(s) to the ACYF Region 8 program staff. CFSD staff will gladly participate in any of the process as invited and directed by the tribe(s).

# JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

## **Update on the State's Activities to Solicit Feedback from Youth and Young Adults**

The John H. Chafee Foster Care Program for Successful Transition to Adulthood, which Montana is continuing to refer to as the Montana Chafee Foster Care Independence Program (MCFCIP), has engaged in several activities over the past year dedicated to soliciting feedback from youth and young adults to improve service delivery and outcomes for youth and young adults, age fourteen and older, in their transition to adulthood.

The MCFCIP Manager took part in Peer-to-Peer Chafee calls and Virtual Roundtables provided by the Children's Bureau as well as virtual forums via the Annie E. Casey Foundation. These discussions allowed current and former foster youth to bring forth issues important to them and described struggles they face. The challenges of COVID were the focus of many of the conversations. A common theme, which has been echoed by Montana youth, is the importance of staying connected to caseworkers and/or independent living coordinators as they can assist in getting needs met.

Topics discussed during the virtual sessions that Montana youth felt were being well managed include Caseworkers, the MCFCIP Manager and contracted Chafee Providers helped to ensure access to cell phones and the internet to maintain connections with family, friends, and other supports and connections. Additionally discussed were the types of efforts being made to ensure colleges and universities would allow young people to remain in dormitory living during the COVID-19 pandemic.

Many pandemic-related challenges discussed during the virtual sessions also being faced by youth in Montana include social isolation and the associated mental health and well-being issues; job loss and difficulty finding employment, and the ensuing financial repercussions; and reduced access to reliable transportation for many youths. There is very little public transportation in Montana, so the issue in the state is more related to the availability of reliable transportation as opposed to public transportation. Additionally, reunification and adoption finalizations, given challenges with the normal operations of the courts, has been a challenge. This area is specifically addressed in Montana's PIP. Data will continue to be reviewed but Initial indications are Montana courts made concerted efforts to minimize the impacts of COVID on finalizing adoptions and guardianships and as a result Montanan may have fared better than other states in this regard.

Some members of Montana's Youth Advisory Board (YAB) were able to take part in these national events to share their personal struggles and successes. Information from these national meetings will be brought to the entire YAB. The board will have an opportunity to discuss its role and next steps related to these issues.

CFSD's Parent Advisory Board met for the first time in March 2021. This is a Key Activity in Montana's PIP and is discussed in other sections of this APSR. One of the goals of the Parent Advisory Board is to recruit young persons with "lived experience" in the foster care system. The Parent Advisory Board is currently looking to the CFSD's YAB to recruit members to serve on both boards. One YAB member has attended three Parent Advisory Board Meetings in 2022, to help gauge interest in participating on both boards.

## Services Provided since Submission of the 2022 APSR

Montana Child and Family Services Division (CFSD) will continue to serve all Chafee-eligible youth. Approximately 500 Chafee eligible youth were in foster care at any given time in SFY 2022. CFSD does not have an accurate count of the number of former foster youth residing in the state. Based on the National Youth in Transition Database (NYTD) reporting, MCFCIP served approximately 300 youth over the past year. MCFCIP will continue to make efforts to serve a greater percentage of current foster youth and a greater number of youths overall.

The issue of youth homelessness is addressed in several sections of this APSR. Housing is an ongoing issue for youth aging out of foster care and this concern has been heightened by the COVID pandemic and skyrocketing housing costs across Montana. Youth residing in the state's rural communities face some of the greatest obstacles in securing housing. Many regional MCFCIP providers work on an individual basis to negotiate with landlords who are willing to be flexible on payment options, deposits, and offering lease agreements without mandatory timelines for occupancy.

HRDC's housing assistance programs, FYI voucher program and HUD Section 8 housing vouchers have assisted in securing housing for former foster youth in less rural areas. Currently Chafee Youth can utilize FYI vouchers in two communities in Montana: Billings and Missoula. The MCFCIP manager will continue outreach work with statewide housing authorities and resources to work to implement the use of these vouchers in all areas of Montana.

The state will continue to look for opportunities to assist former foster youth in securing housing, but this is likely to be an ongoing issue for the foreseeable future. Federal and state programs primarily provide funding to pay for housing. The most pressing issue in Montana is a lack of affordable buildings in which people can live. Rent assistance has limited effectiveness if there are no places to rent.

MCFIP recognizes the unique needs to LGBTQIA2S+ youth being served by the program. Montana continues to provide policies and practices to support or affirm the sexual orientation and gender identities of youth served by the program. CFSD's Foster Youth Rights speaks specifically to the right of LGBTQIA2S+ foster children to be free from discrimination or punishment resulting from their sexual orientation or gender identity.

In each MCFCIP provider contract, language and policies specifically prohibit the exclusion of youth in activities based on their gender identity or sexual orientation. When holding youth activities, the MCFCIP specifically ensures that venues hosting activities or events work specifically with youth to support their sexual orientation and gender identity.

The MCFCIP will continue to provide information to MCFCIP contractors and congregate care facilities on Reasonable & Prudent Parenting Standards. Chafee funds will continue to be available for foster youth who are provided with opportunities to participate in developmental and age-appropriate activities that are of interest to the youth. As reported in previous APSR, the tools most frequently used to identify and assist in the coordination of services for Montana's Chafee eligible youth are the Casey Life Skills Assessment (CLSA) and Transitional Living Plan (TLP) among Montana youth. The CLSA is the primary assessment tool used to develop the TLP. The TLP may also include other needs identified by the youth, CPS staff or the Chafee service provided.

The MCFCIP providers continue to work to educate youth in foster care around abstinence and pregnancy prevention. This includes ensuring that youth are being seen by a primary care physician or specialist as necessary, to address any medical, developmental, or behavioral issues. Montana has also recently implemented, and will continue to expand and sustain, the Foster Child Health Program in various locations across the State. This program works to address the complex medical needs of youth ages 16-18 within the foster care system. Medical homes work to develop a comprehensive plan of care for each youth related to pregnancy prevention and nurse home visitors meet regularly with the youth and foster parents to ensure medications and treatments are being addressed and administered appropriately.

Over the course of 2022, MCFCIP has worked with a variety of agencies, tribal communities, and stakeholders to improve foster youth high school graduation rates, accessing community services, accessing Chafee for former Montana foster youth residing in other states, reduced homelessness, incorporating youth voice in programmatic activities, supporting sexual orientation and gender identities of youth, and reducing the risk of sex trafficking. MCFICP has had specific focus on improved outcomes and service availability related to education, employment, and housing. MCFCIP continues to focus on documenting and reporting NYTD reportable services and ensuring an adequate number of foster youth and former foster youth complete NYTD surveys.

During the past year, MCFCIP has updated educational materials regarding the program and the Chafee website to provide more access and updated information on the services the program offers. Local providers and the youth work together to address the identified needs. Examples of the needs identified and addressed include obtaining health insurance at the school they plan to attend after high school graduation, providing financial assistance for school related fees, obtaining financial aid, and locating and maintaining appropriate housing.

In 2023 Montana contracted Chafee Service providers will continue to partner with Life Skills Reimagined to administer and coach this evidence-based independent living program to foster youth and former foster youth who have aged out of foster care. A key feature of this program is providing one-on-one coaching for youth on communication skills, independent living, and resiliency. Montana youth who have completed the program have seen improved outcomes in a variety of areas including personal finance, money management and obtaining and keeping a job. The MCFCIP Program Manager is receiving data from this program and a more detailed description of the findings will be provided in future APSR. MCFCIP will work with online Work Readiness Workshops to educate youth on how to find employment, maintain a job, and other related skills within a work environment.

Montana has a significant amount of youth living in rural areas who are unable to attend the in-person life skills groups that MCFCIP providers organize. The online Life Skills Reimagined Foster Care Program will assist in filling this gap. Youth in rural areas will certainly benefit from this online training, but all youth will be able to take advantage of this more flexible training format. The use of this online training is being piloted by Kairos, MCFCIP provider serving youth in north central Montana (i.e., Great Falls and Havre areas). More information on this pilot will be provided in future APSR.

One Montana YAB member will be attending the Foster Club All-Star Training in July–August of 2022 and additional youth-provided trainings will be scheduled during FY 2023. This youth will serve as an advocate and content expert to present to appropriate groups regarding youth engagement



and youth services. This work will also be connected back to the Parent Advisory Board, to ensure alignment of goals pertaining to youth with lived experience between the two boards.

The MCFCIP also provided sponsorship of two Foster Club All-Stars in FY 2022 and will continue to sponsor All-Stars in upcoming fiscal years. The trained All-Stars will continue to be members of the Montana YAB and will bring back their newly acquired skills to the other YAB members. Foster Club All-Stars are expected to serve as leaders in their communities and state, as well as within the Montana YAB. In addition, the Foster Club All-Stars will be attending the 2022 Teen Summit to present educational sessions and be peer mentors.

## **Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act**

The MCFCIP utilized the Division X (hereafter referred to as ACT funding) funding that was provided during FY 2021 by prioritizing the allocation of funds into three primary categories:

1. Additional funding for youth was established based on the needs outlined by specific, Chafee-eligible youth within each regional Chafee-contracted service area. These needs were indicated in a Consolidated Appropriations Act Checklist reviewed by Chafee providers with eligible youth. Youth who were eligible for this funding, were awarded \$500 for each month in which they qualified, based on the federal formula for the number of months they had been aged-out of foster care. These funds were expressly intended for youth that had aged-out of Foster Care during the COVID-19 pandemic, between January 2020 to April 2021; and were not yet twenty-one years of age.
2. Additional funding for Chafee-eligible youth and young adults up to age twenty-seven years of age, who were identified by youth's existing case workers or who made outreach to Child and Family Services; due to their expressed interest in re-entering foster care for the purposes of accessing Consolidated Appropriations Act funding designed to support specific needs. Young adults became aware of this opportunity via a robust media campaign that was presented widely across the State using many different mediums to include television and radio advertisements, flyers posted in areas where youth and young adults frequent, social media, etc. Identified needs were specific to the additional flexibilities surrounding supporting youth with room and board, as this funding allowed the ability to exceed the limitation on the percentage of funds that could be used for room and board.
3. Additional funding for Chafee-eligible young people who qualified for the Educational Training Voucher (ETV) as outlined in the Consolidated Appropriations Act funding program instructions. Funding allocated through this process, allowed for much broader flexibility for eligible young people to receive funding to attend higher education programming in the form of college, university, or technical trade school. CFSD contracted with Reach Higher Montana to allocate the ETV funding stream to eligible youth.

CFSD has utilized \$1,720,115 of the awarded \$2,978,840 Consolidated Appropriations Act funding to date. This funding was allocated specifically to direct assistance to young people in Montana using the federal criteria outlined in the program instructions. CFSD identified a specific timeframe in which to allocate and obligate Act.

The flexibility of ACT funding allowed for all eligible youth who were identified in Montana to take advantage of funding in a way that was necessary for their well-being and independent living, based on the needs that the COVID-19 pandemic presented. The ACT funding awarded to was significant considering the number of youth eligible to receive this funding. There was concern expressed by CFSD staff and non-agency Chafee providers about providing large sums of money to many of these youth. Impulsivity, self-medicating and ongoing issues with mental health coupled with large amounts of funding could result in creating more problems for youth than the funding resolved.

Also, many of the greatest needs for youth centered around housing. The additional funding did help those youth who could locate and secure housing. However, for many youths the availability of affordable housing was a far more difficult to barrier to overcome. The ACT funding did very little to address this issue. The availability of affordable housing continues to be a significant issue in Montana and there is little evidence to indicate the problem will be resolved soon.

The use of the Consolidated Appropriations funding allowed for several accomplishments in terms of assisting young people involved in or who have aged out of the Montana foster care system. Over the funding period, approximately 400 foster youth and young adults who were formerly in foster care, received this supplemental funding that provided direct assistance to young people. Every youth was identified based on the ACT funding criteria outlined above. Additionally, the ETV funding that was made available by the ACT funding, allowed for greater flexibility for approximately 100 young people to attend higher education and career-based opportunities; that may not have otherwise been afforded this opportunity.

CFSD made every effort to ensure that ACT funding was made available as equitable as possible, based on the characteristics and demographics of youth in Montana, residing both on and off tribal lands. Youth who received funding identified as male, female, LGBTQIA2S+, Caucasian, African American and Native American; as well as bi-racial.

CFSD used several strategies to engage youth and young adults with the ACT funding, as well as general Chafee-related programming. Youth were initially identified by the MCFCIP based on the criteria outlined above; and the State's contracted Chafee Providers made outreach to youth via phone, texting, email, social media, and in-person. Additionally, a robust media campaign describing the ACT funding opportunity was made widely available across Montana, which allowed for a greater number of youth (particularly those who met the criteria to potentially re-enter foster care) to become aware of the opportunity.

Chafee providers had ongoing, consistent contact with youth who received funding to not only present the opportunity to them, but also to engage with them individually to access the services in their community or around the State that they needed once funding was received. This allowed for greater independent living skill-building for youth and young adults; as they worked with Chafee providers and ETV supports to access housing, educational opportunities, food, employment, and other opportunities made available by the ACT funding.

The three current YAB members with lived expertise were instrumental in sharing the ACT funding opportunities in their communities and around the State, as they attended several virtual meetings and events in which they were able to share information regarding this funding opportunity, and flexibility to reach more youth and young adults. YAB members also shared the media campaign with other youth who potentially qualified for funding via their social media.

One need that was identified through the COVID-19 pandemic for the large, rural eastern portion of the State was the need to have an individual with lived-expertise and experience in tribal communities to lead engagement and outreach efforts to other young people on tribal lands, who may have limited opportunities to otherwise access funding, both ACT and general Chafee funding.



The contracted Chafee provider responsible for administering the

Chafee program and subsequent ACT funding in the eastern part of the State recently hired a young adult with lived experience, who had previously been part of the Chafee program, and has strong connections to the area; to lead engagement efforts regarding Chafee particularly on the tribal lands there. This will allow for youth and young adults in this remote area to have greater opportunity to access funding that will support their independent living and educational/career goals.

While the ACT funding had a tremendous role in the State in terms of affording more young people the opportunity to access supports that they may not otherwise be able to, with the flexibility the ACT funding offered; there were some specific challenges that were experienced in being able to use the additional Chafee funding. In particular, the amount of additional funding the State received far exceeded the amount that the state could responsibly and feasibly provide to youth based on the sheer numbers of youth across the State that were eligible to receive funding based on the criteria outlined in the program instructions.

While Montana is a large state, the population (particularly of eligible youth and young adults) is relatively small in comparison to more densely populated States. Additionally, the State had received the general Chafee-funding as well, and while there was greater flexibility and broader parameters around the spending of the ACT funding; the State was challenged with prioritizing the funding based on the needs and requirements of both funding streams; that were required to be obligated at or around the same time.

This was challenging because the State wanted to be thoughtful and intentional around providing funding based on specific needs; that would allow for significant support from Chafee providers in



terms of independent skill-building for individual youth. Based on the criteria outlined for the ACT funding, and the priority levels defined by the State, many youths received significant amounts of funding. These significant levels of funding made it challenging to be able to educate youth and young adults on the most appropriate way of spending their funding that would align with their independent living plans and goals.

The substantial amounts of funding, while of great benefit in most cases, were only available as a one-time opportunity; so, goals were established with youth and young adults around this significant amount of funding; knowing that it would not be an ongoing source of funding. This was challenging to Chafee providers and youth, as goals had to be relatively short, and didn't allow for youth to make significant long-term plans as would be the hope in terms of sustainability and for young people learning how to manage funds and plan for unexpected circumstances, such as the circumstances surrounding the COVID-19 pandemic.

## **Update on the State's Actions and Plans to Strengthen the Collection of High-quality Data**

In prior years the MCFCIP Program Manager has hosted an annual business process meeting with all the state's local contracted service providers. The Chafee Program manager from the Confederated Salish and Kootenai Tribes is also invited to participate in the meeting. A standing agenda topic was the importance of collecting and accurately reporting NYTD required services and engaging youth to complete NYTD surveys.

As a result of COVID, The MCFCIP Manager has scheduled weekly phone calls with contracted service providers, to replace the annual in-person Business Process Meeting. NYTD data collection and completion of youth surveys are discussed, but an additional focus of these meetings is collecting data to identify Chafee eligible youth not being actively served. The calls also discuss outreach to youth to identify individualized needs and any barriers the providers may encounter while serving the youth.

Additional training or information related to NYTD, and youth surveys is available upon request by the local or tribal programs. Informal discussions on these topics occur routinely throughout the year. As COVID related restrictions are lifted planning for onsite visits to each provider will begin to be scheduled. NYTD data reporting and youth surveys will be discussed during these visits.

To ensure enough youth, respond to NYTD surveys, the MCFCIP Manager emails the local and tribal service providers at least monthly providing updates on completion of youth surveys to ensure sufficient responses are collected to meet federal reporting requirements.

A common barrier for all providers is locating former foster youth at ages 19 and 21. CFSD and MCFCIP providers utilized a variety of services to attempt to locate the nineteen and twenty-one former foster youth population including: Google, Facebook, ConWeb, SVOR (Sexual Violent Offender Registry), and CHIMES, which is the public assistance portal.

Recently, CFSD has begun to utilize Person Search software to identify, locate and make outreach to individuals who may be connections, potential placement and/or permanency options for foster youth. Moving forward MCFCIP Program Manager will explore the ability to use this software to locate and make outreach to nineteen- and twenty-one-year-old former foster youth to complete NYTD surveys.



As described in the CFSP and previous APSR, CFSD developed and uses a data tracking system titled SOARS (System Organization and Reporting System) that state contracted providers use to submit data on NYTD reportable services. This system assists in data accuracy by providing an efficient, consistent process for submitting this data.

CFSD will better develop CQI processes by formalizing feedback loops using the existing processes described in this APSR and develop program benchmarks to measure the effectiveness of the “plan, do, study, act” approach of CQI. This approach is reflective of Montana’s PIP goal that speaks to development of CQI processes.

Additionally, efforts are being made in collaboration with the contracted Chafee providers to improve awareness of NYTD across the State, and the importance of collecting NYTD data in improving State outcomes about youth aging out of the foster care system. There is a meeting being planned for fall of 2022 with all Chafee providers, including tribal representation, in which one of the primary topics of discussion will be how the State can improve cross-system collaborations to improve reporting of NYTD data.

Montana recognizes that high-quality data collection through NYTD is critical to ensuring the needs of youth with lived experience are being met; and outcomes are improved for a population that historically has poor outcomes. The improving of NYTD engagement and surveying efforts will continue to be a priority for Montana.

## **Update on how the State Involves the Public and Private Sectors in Helping Youth in Foster Care Achieve Independence**

As described in the CFSP and previous APSR, CFSD contracts with five community programs to provide Chafee services across the state. Listed below are the providers and the counties and reservations they serve.

- DEAP serves Phillips, Valley, Daniels, Sheridan, Roosevelt, Richland, McCone, Garfield, Dawson, Prairie, Wibaux, Fallow, Custer, Rosebud, Powder River, and Carter Counties and eligible youth on the Fort Peck Reservation.
- Kairos serves Glacier, Toole, Liberty, Hill, Blaine, Choteau, Pondera, Teton, Cascade, Judith Basin, Fergus, Petroleum Counties and the Fort Belknap, Rocky Boy and Blackfoot Reservations.
- Tumbleweed serves Wheatland, Golden Valley, Musselshell, Yellowstone, Stillwater, Sweet Grass, Carbon and Big Horn Counties and the Crow and Northern Cheyenne Reservations.
- Action Inc serves Lewis & Clark, Powell, Granite, Deer Lodge, Silver bow, Beaverhead, Madison, Gallatin, Park, Jefferson, Broadwater and Meagher Counties.
- Youth Homes serves Lincoln, Flathead, Sanders, Lake, Mineral, Missoula and Ravalli counties.
- CSKT’s Social Services Program operates the tribe’s Chafee Program. CSKT serves all eligible Indian youth residing on the reservation. Youth Homes provides services to non-Indian youth residing on this reservation.

To further assist youth in foster care to achieve independence, CFSD and the MCFICIP staff work closely with a variety of community and statewide agencies and organizations to engage in cross-system collaboration to assist youth in accessing services. These agencies and organizations

include, but are not limited to: Human Resource Development Councils (HRDC), Job Corps, Boys and Girls Clubs, Big Brothers and Sisters, Job Service, Housing authorities, Workforce Investment and Opportunities Act (WIOA) Programs and tribal employment offices, public school systems, Montana Career Information Systems for resume writing and career planning, Department of Labor, local Pediatricians, local providers who specialize in managing credit, taxes, and budgeting, and Job Corp. CFSD also collaborates with the Adult Mental Disorders Division and Children’s Mental Health Division to identify and assist in providing mental health services.

As reported in previous APSR, MCFCIP has a strong working relationship with the state’s Job Corps programs. Local Chafee programs refer youth to the Job Corps program that best supports their interests and skill level. To date, many youths have entered Job Corps and have completed their high school education and earned certification in their chosen career field. Many Chafee youth are also enrolled in the Workforce Investment Act (WIOA) programs administered throughout the State by the HRDCs, to provide employment skills and paid internships.

CFSD and Reach Higher Montana collaborate on the annual “A Step Ahead: Building a Path to Success” Teen Summit. The summit invites private and public stakeholders to present on their programs and services answering questions about eligibility and other programmatic requirements. The 2022 Summit will be in person and held on the Montana State University-Billings Campus and approximately 40 youth are expected to take part. There will also be the option to attend virtually, providing even greater opportunity for youth participation.

The 2022 summit will feature presentations from: Reach Higher Montana regarding scholarships, ETVs, FAFSA and other financial aid options; local banking institutions regarding opening financial accounts, managing credit, taxes and budgeting. Montana Career Information Systems regarding resume writing and career planning, Department of Labor regarding internships and volunteer opportunities; a local Pediatrician regarding establishing with a primary care provider and other medical services; Medicaid representatives regarding youth access to services after age eighteen; Job Corps opportunities; other programs speaking to suicide prevention; health education and cyber safety; and the Foster Club All Star program will provide presentations on permanency, advocacy and transitional living skills.

In addition to the informative speakers and presentations, there will be team building activities and a banquet ceremony to celebrate.

Planning for the 2023 Summit will begin in February 2023. The 2023 summit is expected to be conducted in person again. Updates will be provided in future APSR.

## **Services that Support LGBTQIA2S+ Youth and Young Adults**

CFSD recognizes the importance of ensuring appropriate services and activities specific to the needs of individual youth in care, such as LGBTQIA2S+ youth, are available to all youth and young adults. The MCFCIP has worked with contracted Chafee Providers to identify community services and organizations that offer support resources to LGBTQIA2+ youth within the regions they serve. In addition to identifying the organizations and services that support these youth, ensuring their accessibility for youth has been a top priority. Chafee providers have made connections with organizations to ensure access is available in-person and virtually; particularly for youth who reside in the rural areas of the State.

While efforts are continuing to be made at the community/regional level for LGBTQIA2+, youth; there are efforts being made at the State-level as well. There have been several webinar opportunities for youth and providers/the MCFCIP manager to attend to learn what types of services should be continued to explore for youth, which is then shared with Chafee providers. Foster Club provided three virtual opportunities over the past year for YAB members to engage in regarding support to LGBTQIA2+ youth; and how they might take on a leadership role with sharing this information with other youth across the State.

The 2022 Prevent Child Abuse and Neglect (CAN) conference offered opportunities for youth and other stakeholders to attend sessions regarding the Youth Policy of Rights, which includes an element of ensuring all foster youth are free from harassment or abuse based on the actual or perceived sexual orientation; are able to be open about their sexual orientation; and gender identity and expression; are identified by their chosen name and pronouns; and are able to wear clothing consistent with their gender identity. There was also an offering at the CAN Conference for all youth and attendees on “Trauma Informed Approaches: Equity and LGBTQ2S+ Individuals,” which provided several resources local to Montana, via the Raise Montana state-wide non-profit organization.

### **Coordination of Services with Other Federal and State Programs for Youth**

CFSD and the MCFCIP contracted staff work closely with a variety of community state agencies and local organizations utilizing to assist youth in meeting their identified needs. Examples of the government agencies and local organizations include: Human Resource Development Councils (HRDC), local housing authorities, Job Corps, Boys and Girls Clubs, Big Brothers and Sisters, Job Service, local programming dedicated to abstinence education, local housing authorities, HUD staff in Montana’s Department of Commerce, Workforce Investment and Opportunities Act (WIOA) Programs, including school-to-work programs; tribal employment offices, public school systems, and individualized schools and programming for disabled youth; such as the School for the Deaf and Blind. The MCFCIP providers also work closely with community health (including mental health agencies) and Social Security Offices.

CFSD also works closely with other divisions within the DPHHS to meet the identified needs of youth. Specific examples include: The Human and Community Services Division (which includes Offices of Public Assistance), the Office of Public Instruction, and the Disability Services Division (which includes Vocational Rehabilitation and Blind and Low Vision Services). Those MCFCIP providers who serve youth on tribal reservations continue to assist youth in accessing services offered through the tribe as well as non-tribal services.

A specific example of coordination between state and federal programs is Montana’s utilization of the Foster Youth to Independence (FYI) Voucher Program. Information on this program was provided in the Collaboration Section of this APSR. Montana has explored applying for Family Unification Program (FUP) vouchers. However, the state lacks the internal structures needed to be successful in this competitive award process, so focus has shifted to other avenues of providing housing support (e.g., FYI vouchers).

CFSD is also actively involved in the Youth Homelessness Demonstration Program, a federal initiative to reduce the number of homeless youths under the age of 25. CFSD’s involvement is described in the Collaboration Section of this APSR.

CFSD continues to be vigilant when connecting with other states regarding youth who are ages eighteen to twenty-one, moving inter-state. In some specific instances, the Chafee Program Manager was made aware of a Chafee-eligible youth's plans to move just prior to or upon aging out of care and has been able to assist in ensuring Chafee services would be made available to the transitioning youth in their new location. CFSD has developed and maintained relationships with other States to ensure that youth are not losing services for long periods of time so that their transition is as smooth as possible.

CFSD continues to support outreach out the youth and young adults in or formerly in foster care to promote wellness and proactively address mental health needs. Each provider region has unique supports and resources in place to specifically address these needs based on the services offered within each community. Foster Club and the Children's Bureau have offered virtual sessions with particular focus on the mental health needs of youth and wellness that YAB youth have attended.

The MCFCIP Manager also sends recordings of these sessions out for Chafee Providers to provide to the youth they work with. There are also specific wellness offerings made available to youth and community members on Montana's tribal lands; geared particularly around suicide prevention. These offerings are shared with the MCFCIP Manager to also be shared with other Chafee providers and youth.

About the actions taken to address the housing needs of young adults in transition from foster care, CFSD utilized the ACT funds from Division X and the flexibility in using Chafee for "room and board," to support the housing needs of young adults in that contractor (Reach Higher Montana) aggregated a report of youth that were currently receiving or had received ETV funds within the past few years and made outreach to the youth. The contractor engaged youth by sending out an email blast to the youth letting them know of the available funds to help with housing and other Chafee-eligible items outlined in the ACT program instructions.

The contractor then followed up with a calling campaign to those same youth. A larger percentage of the youth were reached by calling or texting them, as opposed to sending emails. Many youths with housing application fees, deposits, first and last month's rent and a few months of rent were supported to get them back on their feet. The youth were required to provide the contractor with an invoice of who to issue the funds to and where to send it. W9s were also collected from any landlords that were not a property management company if more than \$600 was disbursed to them.

The primary lesson learned from the additional room and board funding, is that there is a significant need for Montana foster youth who are transitioning to independent living to have assistance with affordable housing. There is a significant housing shortage in Montana currently, and the cost of the housing that is available is not affordable for youth who have limited income; nor is it often safe, affordable or age appropriate for the needs of young people. The current housing situation in Montana is unlikely to change for the foreseeable future.

In terms of the resources utilized to support a range of safe, affordable, and age-appropriate housing options for young people; Chafee providers worked directly with the youth to locate housing, and the contractor worked closely with providers in distributing the funds. This process involved emailing and texting each of the Chafee providers to let them know the contractor had funding to support eligible youth.



The contractor encouraged the use of FYI vouchers in the four regional areas of the State in which FYI vouchers are available. The contractor also worked directly with landlords and property management companies to ensure that the youth were in safe, affordable housing. One example of this, was that the contractor worked with a program called Blue Prints in Bozeman, Montana to provide housing for at least two youth. Additionally, some of the housing options also included University or College campus housing as well as family housing. It was important to be flexible and creative in this approach to locating and securing safe, affordable housing for youth; that would also be sustainable.

## **Access to Medicaid for Former Foster Youth**

Barriers in accessing Montana Medicaid are not widely reported by former foster youth, who aged out of care in other states, Montana's former foster youth or Montana's non-agency Chafee providers. The biggest concern reported is practice differences in the information required, to open Montana Medicaid, by local public assistance offices. Montana Chafee providers have become familiar with the practice variations in their areas and tend to navigate them with minimal difficulty.

Young adults who aged out of care in Montana and move to other states report encountering more issues. The issues reported vary but a consistent barrier is the difficulty Montana's former foster youth face in getting Medicaid when they move to states that have expanded the foster care age to twenty-one years (which Montana has not done). It's reported when Montana's former foster youths, under age twenty-one, apply for Medicaid, in states that have expanded the foster care age to twenty-one, they are told this is a foster care service in that state and since they're not in foster care Medicaid is not categorically provided.

Efforts will continue to be made by Montana to provide former foster youth in Montana with information and resources to support their enrollment in Medicaid in the case that they move to another State. This will include ensuring Chafee providers provide youth and the supportive adults they identify with; access to documentation, websites, contact information or other resources to facilitate Medicaid enrollment in other States. CFSD case workers will also provide this information to youth on their case load and will collaborate with others (including Chafee providers) to ensure this process is imminently followed when a child is moved to another State.

Additionally, Montana's Chafee providers are required to ensure youth are set-up with Medicaid within ten working days of the first face to face visit. This is particularly important in the event a youth transitions to a different State; at which time the contractor would also work to ensure Medicaid is established with the receiving state.

## **Education and Training Voucher (ETV) Program**

As reported in the CFSP and previous APSR Montana's Education and Training Voucher (ETV) program will continue to comply with the conditions specified in subsection 477(i) of the Act. Youth eligible to receive benefits and services provided under Chafee transitional living services are youth ages fourteen or older who are in foster care for whom placement and care responsibility is with CFSD or a tribal agency; and youth who were in foster care under the placement and care responsibility of the State or tribe and "aged out" of foster care. Youth who have had a kinship guardianship or adoption established after age 16 are also eligible.

Reach Higher Montana will continue to collect ETV applications submitted by youth in foster care, and CFSD will continue to review those applications to verify eligibility and ensure no duplication of benefits from Chafee funds exist. Eligible youth may receive up to \$5,000 per year to attend an institution of higher learning or a training program, that meets the criteria established under Section 102 of the Higher Education Act of 1965. Due to the Consolidated Appropriations ACT of 2021, youth will continue to be eligible for \$12,000 for the ETV's through September of 2022.

The actual amount of assistance to be provided is dependent on many factors, including additional assistance available to the youth, the "cost of attendance" as defined under the Higher Education Act, the academic status of the youth and the needs of youth that apply for assistance. Reach Higher Montana works closely with the financial aid offices of educational institutions to ensure that no duplication of benefits exists.



ETV stipends are distributed twice each year prior to the start of each semester. Reach Higher Montana, in conjunction with CFSD, utilizes a written application and formal award process for ETV funds. The application requires information regarding the youth's contributions to his/her education, the cost of tuition and fees, and the total amount of financial aid the youth is eligible to receive. Youth must maintain the equivalency of a 2.0 GPA to remain eligible for ETV assistance. In state fiscal year 2021, a total of sixty-three stipends were awarded with thirty-six being new ETVs as compared to fiscal year 2021 where a total of fifty-five ETV's stipends were awarded with twenty-nine being new ETV's.

The MFCIP providers, in collaboration with Reach Higher Montana staff, actively assisted Chafee youth with the process of applying for ETV stipends during the past year. Reach Higher is an integral partner assisting current and former foster youth transition to adulthood in Montana. Over the past year, Reach Higher Montana and CFSD have collaborated to provide over a dozen outreach activities regarding the ETV program and the Mentoring program for all youth that are attending college.

In the coming year, CFSD will work with Reach Higher Montana to strengthen the ETV program to ensure any eligible youth attending post-secondary education is aware of, and will apply for, funding. In addition, the Department will work closely with Reach Higher Montana to identify barriers to youth achieving a post-secondary educational degree and strategies to increase graduation rates.

In addition to the survey implementation and distribution, the MCFCIP also collaborated with Reach Higher Montana to hold youth meetings in five locations across the state in: Billings, Helena, Butte, Missoula, and Great Falls. The meetings, held from January through June 2021, were virtual, included a presentation about MCFCIP services, educational supports, ETVs, Reach Higher Montana services and an opportunity to complete the education survey and offer feedback about services and supports.

The MCFCIP has continued the implementation of weekly phone calls with all MCFCIP's service providers and Reach Higher Montana, to closely monitor Chafee eligible youth ages 14-21 to address the unique needs and challenges that youth are experiencing. Additionally, this weekly communication has been beneficial in making efforts to identify any needs youth have.

MCFCIP has been able to purchase 140 computers and cell phones with phone cards for Chafee-eligible youth. Most Chafee eligible youth needed computers to complete their virtual platform education. It also has been of assistance with the virtual platforms for the Life Skills Reimagined and Work Readiness Workshops. Cell phones and phone cards have been helpful for youth being able to continue communication with their MCFCIP providers.

In the past year Reach Higher has also engaged in the following activities to further the mission of assisting youth achieve their post-secondary education goals:

- President of the Chafee Youth Advisory Board, MCFCIP Program Manager and Reach Higher Montana staff attended the Montana College Access Network where they discussed Chafee, Reach Higher Montana, ETVs and struggles and triumphs of foster youth when it comes to post-secondary education.
- MCFCIP Program Manager and the CFSD Program Bureau also collaborated with the OPI regarding implementation of Every Student Succeeds Act (ESSA) requirements.
- MCFCIP collaborates with Office of Public Instruction (OPI) to develop strategies and initiatives for youth who experience significant transition in educational institutions.

The goal will be to keep youth on track to graduate and achieve the high school education necessary to meet their post-secondary educational goals. OPI and CFSD will continue to collaborate regarding data collection, reducing barriers to youth accessing and attending appropriate education and extracurricular activities and improving educational outcomes for youth in the foster care system. Specifically, regarding the ACT funding, there were collaborative efforts made with college campus support programs designed to increase student enrollment, retention, and graduation.

One example is the collaboration with the Montana College Attainment Network (MCAN – completely different from CFSD's in-service training for new staff that goes by the same acronym). This is a group of college access professionals that meet monthly with the State's contractor (Reach Higher Montana) so that all are made aware of each other's programming options and how partnerships can be strengthened to best serve Montana foster care students.



There are several other college access programs within this group that the contractor collaborated with, to include: TRiO, Educational Talent Search, GEAR UP, Department of Labor and Industry, OPI, Montana School Counselors Association (MSCA), Montana Financial Aid Administrators (MASFAA) from all the colleges, Montana University System (MUS) and Northern Cheyenne Tribal Education, among others. The contractor attends ongoing training opportunities to continue learning about programs designed to increase student enrollment, retention, and graduation rates; and is in consistent contact with the Student Support Services on each of the college campuses in Montana. Youth are encouraged to enroll in programs on campus, as historically the outcomes are much better for these students.

CFSD's contracted provider was able to utilize ACT funding during FY 2021 to provide more ETV opportunities for eligible youth due to the flexible spending allowable with the ACT funding. This included utilizing the ETV application to assist in determining how much funding beyond the traditional \$5000 the youth may need to help with cost. The application can be located [here](#). Often, a larger disbursement of funds was provided to the college so that the youth would get a larger refund to help with other college expenses, as allowable for the ACT funding. In other situations, the youth would provide the contractor with a bill/invoice that would be paid directly on behalf of the foster care student.

In terms of how Montana plans to use the remainder of the ETV funding in FY 2022, because funds must be obligated by September 30, 2022; there is overlap into the 2022-2023 school year. ETV funds will be disbursed in July and August of 2022. ETV applications have already begun to arrive from youth planning to attend college this fall. Youth who have not yet received ACT funding will have priority in using the funds; followed by youth who have already received ACT funding; not to exceed \$12,000, as defined in the program instructions.

There have been several accomplishments to date in using the supplemental ACT funding to assist young people in Montana. ETV funding has been provided to approximately 100 Montana foster youth. Of these youth, some of the characteristics of recipients of funding include: Sixty-three recipients were female and thirty-one were male, with the remaining choosing not to specify gender. Recipients identified as Black or African American (8), Native American (21), two or more races (5), Latino or Hispanic (4), preferred not to answer (2), Caucasian (remaining number of funding recipients). Twenty-eight of the ETV ACT funding recipients attended the annual College Prep and Life Skills Summit. Nine youth received their Hi-set or GED; and the remainder received a high school diploma; with the average GPA being 2.82.

Additionally, ten youth attended out of state colleges (some online); five youth attended Tribal colleges; four youth attended Dawson Community College; eight attended Flathead Valley Community College; three youth attended Montana State University Great Falls; two attended Helena College; three attended Montana Tech; fourteen attended the University of Montana or Missoula College; four youth attended Montana State University of Billings; thirteen attended Montana State University; and four youth attended the University of Montana Western. The remaining youth attended a one-year certificate program to include cosmetology school, Certified Nursing Assistant programs, or other alternative learning programs that qualified per the ACT program instructions.

Twenty-two of the students were working on an associate degree, sixteen were working on a certificate and the rest were working towards a bachelor's degree. Most of the youth (fifty) were



freshman (or in a one-year program); nineteen were sophomores, nine were juniors, and two were seniors. Some youth either did not report what year they were in; or there was not a level associated with the program they were enrolled in. The average debt of these students was approximately \$3431, which was self-reported. ACT funding was utilized to assist in paying off some of this debt if it was outlined in the youth's plan. In terms of demographics, the general areas the youth who received ACT funding were from, included: Billings (twelve), Bozeman (eleven), Browning (four), Butte (six), Kalispell (eleven), Glendive (four), Great Falls (nine), Havre (four), Helena (eight), Missoula (fourteen), and numerous small communities around Montana.

Montana utilizes a variety of strategies to engage youth and young adults currently, and ongoing to be incorporated in the future to meaningfully engage young people. Some of these strategies include CFSD funding two youth to participate in the Foster Club All Star program each year. This is a year-long commitment for youth to learn how to become an advocate for other foster youths. The All-Star Program is a national program in which the youth can present at national conferences. CFSD also has a state Youth Advisory Board (YAB) that affords youth currently in, or who have aged out of foster care the opportunity to have a voice in the foster care processes in Montana; to effect positive and sustainable change in the system with the goal of improving the outcomes for young people who are or have been in foster care.

Youth also have an opportunity each year to attend the Reach Higher Montana Summit. This is a three-day program hosted on a college campus in Montana. The youth learn independent-living skills and college preparation; and can connect with other foster care youths from across the State. Youth learn about ways to become further engaged in other opportunities, such as the Foster Club All Stars program, YAB and other opportunities available to them. Additionally, the contractor has a current email list that information is blasted out to, to share any other state or federal opportunities for youth to be engaged.

In terms of challenges or barriers the State has experienced in being able to use the additional ETV funding, the turn-around time to provide funding to the youth was very short; which made it challenging to ensure all youth who were eligible; were aware of the funding opportunity and were able to receive it timely to attend college or other programming.

Guidance from the federal level relating to the parameters around the ETV supplemental funding was somewhat vague, which lead to having to have multiple conversations with contractors and universities, colleges, and other programming to ensure funding was being allocated and prioritized appropriately. Also, there were so many individual circumstances youth faced during and following the peak of the COVID-19 pandemic, which made it difficult to prioritize needs; knowing that so many Montana foster youth were in need.

## **Chafee Training and Education**

The MCFCIP will continue efforts to educate and train CFSD staff, MCFCIP regional providers, and congregate care providers regarding the programs and services offered as well as new Federal requirements. These efforts ensure that youth likely to remain in foster care until age eighteen have regular opportunities to engage in developmentally appropriate activities and collaboration efforts to reduce the risk that youth and young adults in the child welfare system. Trainings and Education are based of principles of Positive Youth Development (PYD).

The MCFCIP will target trainings for foster parents, relative guardians, adoptive parents, workers in group homes and case managers regarding the Chafee program and available services. A focus of training for staff and providers will continue to be supporting the implementation and recognition of the state's Foster Youth Rights. In 2021 the YAB filmed a Foster Youth Policy of Rights presentation for CFSD to use to train all stakeholders that work with any youth that are in Foster Care.

The ongoing training will be part of a targeted training presented by CFSD staff and YAB members (when available) taking place over the next year that will be provided to congregate care facilities, group homes and residential treatment facilities; and other targeted groups of professionals working with youth currently in or aging out of foster care. The youth voice in both the development of the presentation as well as presenting the material is critical to this training.

In conjunction with this training, a laminated poster with the Youth Bill of Rights has been developed and will be provided to all foster homes and congregate care facilities as well as all CFSD offices. The MCFCIP and YAB will continue to provide educational presentations at some of the major annual conferences for foster parents, case workers, workers in group homes and all guardians and adoptive parents.

Montana, including the MCFCIP contracted service providers, continue to utilize the Commercial Sexual Exploitation-Identification Tool (CSE-IT) to meet the requirement of the Federal sex-trafficking legislation requirements. The MCFICP has trained Chafee Providers and CPS workers to educate providers on how to conduct a CSE-IT assessment. As both CFSD and contracted service providers see significant turnover in staff this training will be scheduled regularly throughout the lifetime of the 2020-2024 CFSP.

The Chafee Grant does not allow grant funds to provide training to adults. Training on topics related to transitioning youth are addressed as part of regularly scheduled training events such as The Child Abuse and Neglect Prevention Conference and CFSD's semi-annual policy training. CFSD's MCFCIP Manager is available to provide training as requested by CFSD staff, Chafee contracted service providers, foster parents or other non-agency service providers.

The MCFCIP regional providers provide foster families and congregate care facilities with information about MCFCIP and the assistance available to foster youth. While this is an established aspect of the program, MCFCIP continues to look for ways to get information about the program to foster families and congregate care providers. Ideas discussed include providing training as part of initial and ongoing training for foster parents, continued presentations at the State's CAN Conference and other conferences where foster parents or congregate providers are likely to be in attendance and local presentations organized by CPS or RFS staff.

During the upcoming year, the MCFCIP will continue to provide information to the MCFCIP contractors regarding Reasonable & Prudent parenting standards, addressing specific needs of individual youth in care (i.e., LGBTQIA2S+ youth or youth affirming their sexual orientation and/or gender identity), identifying procedures for working with and identifying victims of sex trafficking, etc.

## **Consultation with Tribes**

As reported in previous APSR, CFSD continues to work very closely with Montana's tribes to provide Chafee services to eligible youth residing on seven of Montana's federally recognized reservations.

The Little Shell Tribe of Chippewa Indians (Little Shell), which very recently received federal recognition is not expected to develop the infrastructure necessary to take on child protection or foster youth transition services within the 2020-2024 CFSP and as a result Little Shell children will continue to be served by state programs, including MCFCIP. Prior to COVID restrictions the MCFCIP Program Manager would be expected to have, at a minimum, one annual in-person meeting with all tribal social services staff to provide training on the program, answer questions on program eligibility and describe services available to tribes under the state's Chafee contracts.

In addition, the MCFCIP and additional CFSD staff make regular visits to the tribes as requested and conduct phone calls as necessary. The MCFCIP also has made active efforts to ensure tribal youth are represented on the Montana Foster Care Youth Advisory Board (YAB) and at the annual 'A Step Ahead' Teen Summit. Over most of the past year COVID restrictions prevented in-person meetings and the impact of COVID on tribal communities also made virtual meetings difficult. Over the next year as COVID restrictions are lifted a return to in-person meetings is expected to take place as this is typically the most effect way to exchange information with tribal staff and programs.

The MCFCIP Manager works closely with the division's Program Bureau Chief when providing training, technical assistance to the tribes or when answering questions from tribal social service staff. Tribes have not identified barriers preventing tribal youth from accessing Chafee services. Should any issues arise, they will be addressed immediately by the MCFCIP Program Manager, in consultation with the IV-E Program Manager, Program Planning Unit Supervisor and Program Bureau Chief.

CFSD will continue to have ongoing discussions with each of the tribes about the best way to serve their Chafee eligible youth. Currently, six of Montana's tribes have requested that the Chafee eligible youth residing on their reservations receive transition services via the CFSD's contracted service providers. The State's agreements with the service providers have been written to accommodate each tribe's requests. Tribes can opt out of this arrangement at any time and negotiate to receive a prorated portion of the State's Chafee allocation (based on the State's foster care population) to provide Chafee on their individual reservations. Tribal youth served by the State's contracted service providers have access to the same services as Chafee eligible youth residing off-reservation.

Confederated Salish and Kootenai Tribes (CSKT) is the only tribe requesting funding from Montana's Chafee allocation to provide transition services on their reservation. CSKT has developed their own program to best meet the needs of transitioning youth on their reservation so CSKT's services may look somewhat different than those provided by the State's contracted service providers. CSKT could choose to opt out of their contract at any time and request services be provided by the State's contracted service provider. The MCFCIP Program Manager is always available to CSKT, as requested, as a resource to provide technical assistance or answer questions related to the grant or the provision of services. MCFCIP staff Program Manager will also complete, at a minimum, annual site visits and consultation with CSKT representatives.

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

# CAPTA STATE PLAN REQUIREMENTS AND UPDATES

## Introduction

What follows is Montana's Annual State Report with regards to the Child Abuse Prevention and Treatment Act (CAPTA); this report is to be submitted in accordance with section 106(b)(1)(A) of the Act. Montana's CAPTA State Coordinator is Brandi Loch, brandiloch@mt.gov 406-799-1823.

The five-year planning strategy for the CAN or Basic State Grant, previously laid out in Montana's report submitted June 30, 2019, included goals to be achieved under Section 106(2)(A) to Create and Improve the use of Multidisciplinary Teams and Interagency Protocols to Enhance Investigations, and (2)(B)(ii) and (6)(B) to Improve Legal Preparation and Representation, including (ii) Provisions for the Appointment of an Individual Appointed to Represent a Child in Judicial Proceedings; and (6)(B) training regarding the legal duties of such individuals. There are no substantive changes, and these goals continue to be the focus of the Annual CAPTA State Report.

This report covers activities that occur between July 1, 2021, and June 30, 2022.

## CAPTA State Plan

The five-year planning strategy for the CAN or Basic State Grant, included:

- Goals to be achieved under Section 106(2)(A) to Create and Improve the use of Multidisciplinary Teams and Interagency Protocols to Enhance Investigations;
- (2)(B)(ii) and (6)(B) to Improve Legal Preparation and Representation, including (ii) Provisions for the Appointment of an Individual Appointed to Represent a Child in Judicial Proceedings; and
- (6)(B) Training regarding the legal duties of such individuals.

These goals continue to be the focus of the FFY2023 CAPTA State Report.

## Substantive Changes to State Law or Regulations

The 2021 State Legislative Session did not act on the statute governing the state's Child Abuse & Neglect Review Commission (CANRC) and as a result the statutory authority establishing the commission ended on September 30, 2021. Montana intends to meet the public disclosure requirement of CAPTA by continuing to make public a biennial report providing required information on child fatalities and near fatalities. The Department of Public Health and Human Services (DPHHS), specifically Child and Family Services Division (CFSD) and the Early Childhood and Family Support Division (ECFSD) will collaborate to ensure the collection of accurate data on child fatalities and near fatalities resulting from abuse or neglect.

ECFSD houses the State FICMMR (Fetal, Infant, Child, and Maternal Mortality Review) Coordinator. CFSD will be responsible to write the biennial report ensuring the CAPTA provisions for public disclosure are met. The report will be reviewed internally by leadership within both divisions, as well as DPHHS leadership, prior to its release to the public. The most recent biennial report provided information on fatalities and near fatalities resulting from abuse or neglect that occurred between July 1, 2020, through June 30, 2022 (i.e., SFY 2021 and 2022).



Following the CANRC sunset in September of 2021, the intended work of the commission has continued via the hiring of a new Chief Safety Officer and Community Liaison, who is currently implementing Collaborative Safety Science across the Division, as it relates to critical incidents (including child fatalities and near-fatalities). This work involves many of the principals that were established by the CANRC and includes a robust and comprehensive team that review cases. The public disclosure of updated information on fatalities and near-fatalities resulting from abuse or neglect, initially scheduled for later in 2022, has been delayed due primarily to staff changes in CFSD, turnover and staff changes in partnering divisions within DPHHS and CFSD's focus on implementation of the Safety Science informed critical incidents review process. CFSD leadership will work with the recently hired Chief Safety Officer and Community Liaison to develop a schedule for release of updated information. Updates on the schedule will be provided in upcoming APSR.

### Significant Changes from Previous CAPTA Plan

There are no significant changes from the previous CAPTA Plan.

### Identification of which of the Fourteen Program Areas Described in Section 106(a) will be Addressed with CAPTA Grant Funds to Improve the Child Protective Services System of the State

Montana used the Basic State CAN Grant (CAPTA, Title I) for the following areas:

1. Intake, assessment, screening, and investigation of reports of child abuse and neglect.
2. Improve the use of multidisciplinary teams and inter-agency, intra-agency, interstate, and intrastate protocols to enhance investigations, and improving legal preparation and representation including:
  - procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and
  - provisions for the appointment of an individual appointed to represent a child in judicial proceedings.
3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families (Sec.106 (3));
4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols (Sec.106 (4));
5. Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
6. Developing, strengthening, and facilitating training including:
  - Training regarding research-based strategies, including the use of differential response, to promote collaboration with the families (Sec.106(5));
  - Training in early childhood, child, and adolescent development;
  - Training the legal duties of such individuals; and
  - Personal safety training for case workers.
7. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.
8. Developing and facilitating training protocols for individuals mandated to report child abuse or neglect.

11. Developing and delivering information to improve public education relating to the role and responsibility of the child protection system and the nature of basis for reporting suspected incidents of child abuse and neglect.
12. Developing and enhancing capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level
13. Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system and agencies carrying out private community-based programs:
  - To provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and
  - To address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and development evaluation for children who are the subject of substantiated child maltreatment reports; and
14. Developing and implementing procedures for collaborating among child protective services, domestic violence, and other agencies in:
  - Investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and
  - The provision of services that assist children exposed to domestic violence, and that support the care giving role of the non-abusing parent.

### **Required Descriptions as Required by Section 108(e) of CAPTA**

Each area will include which of the fourteen program areas described in Section 106(a) will be addressed (i.e., #1, #2, #3...).

#### **Montana Prevent Child Abuse and Neglect Conference (\$80,000)**

##### **Program Areas: #1, #2, #3, #4, #6, #7, #8, #11, #12, #13, #14**

The 2022 CAN Conference was able to continue this year, in a virtual format, on April 12-14, 2022: via a hybrid option. Day one was offered both in-person and virtually, and days two and three were held virtually. Sessions specifically related to PIP activities were included in upcoming conferences, with sessions related to stakeholder engagement and providing information on Montana's practice model. The description below outlines the offerings of the 2022 CAN conference in greater detail.

Each spring the Division plans, organizes, and hosts the annual Montana Child Abuse and Neglect Conference (CAN Conference) in honor of Child Abuse and Neglect Prevention Month. The two-and-a-half-day CAN Conference brings together key staff from the child welfare field, foster and adoptive parents, tribal social services, and in-home services providers. Other professionals representing the related disciplines of education, health care, law enforcement, the judiciary system, substance abuse, domestic violence, and mental health were also invited to attend as well as researchers, parents, advocates, and volunteers.

The CAN Conference is a collaborative project that encompassed a wide variety of professionals including: CFSD, Court Appointed Special Advocates of Montana (CASA), the Court Assessment Program, the Montana Supreme Court Administrator's Office, the Department of Justice, Montana

Children’s Trust Fund, Permanency Planning, Office of Public Instruction (OPI), Public Health Departments, the Montana Coalition Against Domestic and Sexual Violence (MCADSV), and Montana Child Sexual Abuse Assault Response Teams (MCSART) and Healthy Mothers Healthy Babies-Montana, among others.

The annual conference has steadily grown in attendance from approximately 50 participants in 1998 to approximately 500 participants in 2022. The conference offered nationally recognized speakers from around the country to present information that spans practice improvement, legal issues, child sexual abuse and exploitation issues, court practices, and personal and professional development.

The Conference also offers excellent opportunities for participants to:

- promote working relationships;
- exchange information and ideas;
- network with providers from around the state;
- improve investigative, administrative, and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities;
- improve investigative, administrative, and judicial handling of cases involving a potential combination of jurisdictions, such as interagency, interstate, Federal-State, and State-Tribal, in a manner which reduces the additional trauma to the child victim and the victim’s family and which also ensures procedural fairness to the accused; and
- explore innovative approaches and techniques which improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases, particularly child sexual abuse and exploitation cases, including the enhancement of performance of court-appointed attorneys and GALS, and which also ensure procedural fairness to the accused.

To help ensure the opportunity for Child Welfare staff and stakeholders to participate in the conference, the CAN Conference was offered via a hybrid option in which the first day was offered both in-person and on a virtual platform; and the remaining one and one-half days were offered virtually. Registration fees were waived for several registrant-types. Waiving fees, in part, contributed to an additional 150+ staff and stakeholders to attend the conference, which was a significant increase over prior years, where the average number of participants was approximately 400. Continuing Education Credits (CEUs) were offered in Office of Public Instruction (OPI), Licensed Clinical Social Worker (LCSW), and Licensed Clinical Professional Counselor (LCPC’s).

Per the Governor’s Energy Policy: Handouts and resources for the conference were offered via the virtual platform and made available for 90 days following the live conference, to conserve resources as no hard copy/paper handouts were used or made available.

### Supervisory Training and Development (\$45,000)

#### **Program Areas: #1, #2, #3, #4, #5, #6, #7, #8, #11, #12, #13, #14**

Training will be provided to all supervisory staff. The primary focus of this will be implementation of PIP key activities, CFSP goals and Families First Prevention Services Act implementation. Other activities can include providing opportunities for leadership training for the division’s supervisors, including the division’s Management Team.

### Cultural Awareness Conference (\$30,000)

**Program Areas: #2, #3, #7, #10, #11, #12, #13, #14**

To offset expenses associated with the Annual ICWA or Cultural Awareness Conference held every year for all tribal and state human services professionals.

### Print Materials (\$6,137)

**Program Areas: #1, #2, #3, #6, #10, #14**

Grant funds are used for the printing of selected statutes of the Montana Code Annotated related to child protections matters. The statute reference is printed after every state legislative session in odd numbered years and is provided to CFSD staff. Other receiving copies upon request include attorneys, tribes, CASA, domestic violence programs and other stakeholders.

### Citizen Review Meetings (\$6,000)

Funds allocated fund travel, lodging, and per diem costs for the Citizen Review Panel (CRP) during their regularly scheduled meetings. The CRP will continue to meet on a quarterly basis and making recommendations acting as Montana's permanent CRP with continued input from CSFD's Management Team.



### Staff (Non-supervisory) Training and Development (\$52,000)

**Program Areas: #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #12**

The primary focus of this will be implementation of PIP key activities but can also include Families First Prevention Services Act implementation, CFSD goals and objectives, policy training at statewide, regional or community-level meetings. The state has also made use of webinars to training statewide. CFSD will continue to explore ways to effectively relay PIP, policy, program and practice information to staff in a way that considers travel time and workload issues.

### University of Montana Supervisor Training/Leadership Academy (\$136,000)

Funds allocated for an ongoing contract with the University of Montana, who provides intensive training to all supervisors across the division in the form of a Leadership Academy for new supervisors; as well as ongoing training and professional development for supervisors based on individual and staff-type needs that are identified through an annual needs assessment.

### Estimated Indirect Costs – \$14,000.00

The budget info below is for the FY 2022 Basic State Child Abuse and Neglect Grant. FFY 2023 budgets will be included in the June 2023 APSR.



**Basic State Child Abuse and Neglect Grant,  
CAPTA Title 1 2021 Budget Proposal Summary/Narrative**

<b>FFY 2021 CAPTA/Basic State Grant Budget</b>	<b>FFY 2021 Projected Grant Award=\$317,137</b>
Montana Prevent Child Abuse and Neglect Conference (CAN)	\$80,000
Supervisory Training and Development	\$45,000
Cultural Awareness Conference	\$30,000
Print Materials	\$6,137
Citizen Review Panel (State Advisory Council)	\$6,000
University of Montana Supervisor Training/ Leadership Academy	\$136,000
Indirect (estimate)	\$14,000
<b>Total:</b>	<b>\$317,137</b>

**Budget Narrative**

The following information is a cost proposal and was presented to the State Advisory Council for recommendations and approval of this year’s proposed activities under Montana’s CAPTA Basic State Grant. Approval was granted at the April 22, 2022, meeting.

- **Cultural Awareness Conference** – \$30,000.00  
To offset expenses associated with the Annual ICWA or Cultural Awareness Conference held every year for all tribal and state human services professionals.
- **Supervisory and Non-Supervisory Training and Development** – \$45,000.00  
Continued professional/managerial training and other planned trainings as may be necessary because of the PIP, CFSP Goals, Title IV-E and/or Legislative Audits, legislation, etc., as well as a focus on training non-supervisory staff in field offices
- **April Montana Prevent Child Abuse and Neglect (CAN) Conference** – \$80,000.00  
Each year the Grant helps to support the Montana CAN Conference that attracts approximately 500 participants and nationally recognized speakers.
- **Print Materials** – \$6,137.00  
This is for printing selected statutes of the Montana Code Annotated tht related to child protections matters. The statute reference is printed after every state legislative session in odd numbered years.

- **Citizen Review Panel (State Advisory Council)** – \$6,000.00  
The CAN Grant provides funding for the Panel to meet quarterly to do case review and offer recommendations on improvement of the State’s CPS system.
- **University of Montana Supervisor Training/Leadership Academy** – \$136,000.00  
This is for an ongoing contract with the University of Montana, who provides intensive training to all supervisors across the division in the form of a Leadership Academy for new supervisors; as well as ongoing training and professional development for supervisors based on individual and staff-type needs that are identified through an annual needs assessment.
- **Estimated Indirect Costs** – \$14,000.00
- **Total** – \$317,137.00

## Montana’s Citizen Review Panel – State Fiscal Year 2022

The statewide CFSD State Advisory Council (SAC) acts as Montana’s Citizen Review Panel (CRP), as required by Section 106 (C) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended. Presently, the SAC is composed of twenty volunteer members who represent a broad spectrum of the communities in which they live and, among other things, have expertise in the prevention and treatment of child abuse and neglect. Members include representatives from the state legislature, the legal community, local government, public health, education, foster care/ adoption, mental health, hospital services, prevention services, CASA/GAL, and citizens-at-large. The Administrator of the Child and Family Services Division (CFSD) appoints members. The councils meet quarterly.

Child and Family Services Division is organized into six regions. Each region has a local Family Services Advisory Council that represents a diverse constituency. Because Montana’s Eastern region is so large geographically, there are three local advisory councils in this area. The local councils meet quarterly to advise and make recommendations to the regions and to the SAC regarding CFSDs’ policy, procedures, need for services, gaps in services, the role of local community-based organizations, and a variety of issues or programming for the division.

The approved meetings minutes from SAC meetings held from July 2021 through June 2022 are on the following pages.



## State Advisory Council Meetings

Montana State Advisory Council Meeting Minutes Approved July 2021 through April 2022. The next Advisory Council Meeting will be held in July 2022, and April's meeting minutes will be approved at that time.

### State Advisory Council Meeting

**July 23, 2021 - 8:30am to 10:30am**

111 North Last Chance Gulch – Zoom Video Conference Call

**Present:** Chairwoman Edith Clark, April Sommers, Brenda Schye, Dana Toole, Greg Daly, Heather Denny, Ken Holmlund, Melissa Lavinder, Randall Spaulding, Rochelle Beley, Trudi Schmidt, Megan Bailey

**CFSD Representatives Present:** Nikki Grossberg, Marti Vining, Mick Leary, Jason Larson, Jennifer Hoerauf, Sahrita Jones-Jesse, Lynne Johnston, Laura McCullough, Cindy Dufner

**Guest:** Gala Goodwin, Sue O'Connell, Liz Flynn, Kaci Gaub-Bruno, Lisa Evers, Sue O'Connell

**Absent:** Angie Rolando, Effie Benoit, Eric Barnosky, Brandon Wootan, Carrie Krepps, Julie Burk, Julie Fleck, Lisa Goff, Loretta Rex, Mercedes Oxford Kemp, Randy Schwickert, Traci Perez, Wayne Phillips

#### 8:30 – 8:40 am: Welcome, Introductions and Approve Minutes

Chairwoman Edith Clark called the meeting to order at 8:35am. Marti Vining asked everyone to introduce themselves. Quorum was reached. Edith asked for a motion to approve the April 23, 2021 minutes. Trudi motioned to approve and Rochelle Beley seconded. The minutes were approved as submitted.

#### 8:40 – 9:00 am: CFSD Update – Marti Vining

Marti reminded everyone that she has been on medical leave for the past month. The Wellness Survey will be sent out to all CFSD staff. Director Adam Meier feels it is important to get input from workers in the field on how their health and wellness can be improved. In the past 10 days, we have been working with the University of Kentucky, Child Welfare Force, for the basis of our Wellness Survey. A consulting firm, Alvarez & Marsal, will analyze the data collected. When we get the results back, we will know how the staff feels on how this work impacts them.

We held our third “Moving the Dial Summit.” This program works within our regional systems with our judges, public defenders, county attorneys, CASAs, GALs, etc. by addressing child welfare issues and breaking down data within each of the regions. The topic at the last meeting was on concurrent planning and how important it is to have a plan for the kids from the very beginning of a case. We don't want to have the kids lingering in foster care. We had Judge Ashley Wilcott from Georgia do a presentation on concurrent planning. This approach of breaking down into teams within our state is very cutting edge and exciting to the children's bureau and everyone involved. This will impact children welfare. It is going to take all of us working together with a strategic focus to move forward. HB503, which is the EPS five-day hearings, moved forward. Public Defender's office reports that

there have been eight or nine requested hearings from birth parents since July 1. Billings and Kalispell continuing to be a pilot, and all families in Billings are having EPS hearings. All judges, except two, are having EPS hearings. We are working with the Public Defender's office and County Attorneys to address matters as they come up.

Focusing on HB459 provides certification and will move forward. It should be implemented by October 1, 2023.

#### 9:00 – 9:10 am: Program Bureau update – Mick Leary

Things are going good within the bureau. There are a couple vacancies within some adoption incorporators. They take all the adoption records that come in from the field, put them together in a specific order, then send to storage to be kept indefinitely. Central Office has moved to the Arcade Building on the Walking Mall from Park Avenue Building. Major projects such as budgets were passed at end of state fiscal year, June 30. We received the Prevention Plan back from the Feds. We had a meeting with Region 8 in Denver and have received feedback on what should be added to the plan. The plan should be approved within the next 6-8 weeks. PIP is in their last quarter handling data collection. Overall, everything is going well.

#### 9:10 – 9:40 am: Reports by Regional Administrators

##### **Region 1: Cindy Dufner reporting for Eric Barnosky**

- Family Support Teams are ongoing with 2.5 per week. We incorporate the Prevention Family Support team when we don't have immediate danger. Families need a wrap-around of services of what may be going on with the family.
- A new Family Engagement Coordinator was hired.
- 67 FEM meetings from following up from FST meetings.
- Completed commercial sexual exploitation training with 170 in attendance on June 22.
- Two open positions available in Hardin and CPS worker from Miles City office who has agreed to run referrals each week.
- Field Lead Training specialist has support coming in every other week.
- Intensive Service unit worked closely with Wendy's placed kiddos and finding families.
- Retention and recruitments working out well as a team

##### **Region 2: Sahrita Jones-Jessee**

- Great Falls has had two EPS hearings so far. Pre-Hearing conferences have been going on for three months now.
- County attorney's office now has fully trained Josie Ray. Val Winfield takes 50 percent of the workload and Josie Ray takes the other 50 percent.
- Great Falls had two trainings - QEW TRAINING brought a lot of tribes and ICWA trainings had 40 staff members in attendance
- Community Outreach – went to Green Apple Counseling to train them on our process. Also trained Family Connections and Alliance for Youth.
- Child Bridge reached out for a day of service. They cleaned all our vehicles and donated 12 employee recognition gift bags.
- Conrad office is fully staffed. Training new supervisor.
- Havre has two openings. Got permission to advertise in newspaper.
- Great Falls has three CPS openings with interviews this week. Hired a full time Safety Resource Specialist to carry the eight Prevention Plan caseloads.



Marti mentioned there are plans for Community Planning trainings and meetings in the regions sometime in late fall. Marti would like everyone to attend if possible. Information will be sent out in the near future for everyone.

Dana Toole discussed Safety Science Training returning to CFSD. There were efforts years ago to get it out across the state.

Marti discussed the QEW and ICWA training. Would like to move the trainings outside of Helena to the different tribal regions closer to the reservations. The first one was in Havre by Rocky Boy and Fort Belknap and the second one was in Great Falls. Marti would like Lisa Evers to continue to attend the trainings. Mick mentioned that the CIP group is working with Salish to have the next meeting in that area.

### **Region 3: Jason Larson**

- Three judges are hearing cases on Tuesday and Thursday. Six of the eight judges want to do their own hearings. Judge Davies has a subcommittee on how that can be handled. In places like Billings, judges take their cases back so if a case was dismissed and then re-enters, they try to keep that family within that judicial courtroom.
- OPD (Office of Public Defenders) has lost some attorneys in the Billings area
- Family Support Teams have been going well since last December
- ICWA Court had two grant funded positions (Judge Todd and Sousa) that hired internally.
- Vacancies – fully staffed in 6 counties. Billings has 8 vacancies, 7 of them being CPS positions. Should be up and going by late Fall.

### **Region 4: Jennifer Hoerauf and Laura McCullough**

- Trying to get training and start implementing Pre-hearing conferences under Judge Burger's courtroom.
- One of the main county attorneys who handles DN cases in Gallatin County has moved on. Working with Deputy County Attorneys in Bozeman in order for everyone to be on the same page.
- In-home plans on getting kids home sooner.
- We are seeing many kids continuing on to the Licensing staff for finalization of permanency.
- Dillon office has one vacancy.
- Laura will take over Centralized Intake soon. Nikki and Laura have been doing some cross training. The last CI Supervisor Transfer Meeting was today. Hotline Centralized Intake will also be at the Arcade Building soon. Helena Office is starting their DN meetings again where they meet with the judges, CASA, OPD, County Attorney and CPS. One CPS and SST position vacancy in Helena will be filled shortly. One position posted in Centralized Intake.

### **Region 5: Courtney Callaghan**

- Less going on right now than normal.
- Family Support team in Missoula is newer than other areas. Have established a routine and good relationship with community partners.
- Expanded Family Support teams from the Missoula County area and picking up Mineral County cases. Rachel Gregory, coordinator.
- Emergency Protective service hearings Missoula County – everyone getting early service hearings. Missoula County decided to run the EPS Hearing differently. Every family is getting

that initial hearing, but it all goes through one judge and assigned out from there. Of the five judges, Judge Halligan is the entry point for all the hearings. Then it is moved to a Pre-conference hearing and then to the assigned judge.

- It is still a work in progress to get attorneys assigned. We make sure attorneys are making contact with their clients.
- Everyone is spending more time in the office again since teleworking.
- Mac Church in Missoula Alliance is having a regional BBQ/office event next week for a get to know you time.
- Filed on 41 cases – 29 of 41 are either with a non-custodial parent or with a relative or a family-know person.
- Substance abuse is high, along with the housing instability issue.

### **Region 6: Marti Vining**

- Marti Vining gave update for Angie who has decided to move on as RA and would rather be a frontline social worker by going back into the field. The position has been advertised and should be filled soon.
- The CPS Supervisor position in the Libby/Thompson Falls area has been filled and will start August 2
- Kalispell pilot site started by having one judge handling EPS hearing on Wednesdays. Then all the judges agreed that all four judges would handle the hearings.
- ICWA Training by Lisa Evers and Sahrita hosting the meetings.
- Three tribes attended the QEW training.

### **9:40 – 9:50 am: Program Improvement Plan (PIP) and FFPSA (Families First) – Nikki Grossberg**

- Families First Prevention Services Act has partnered with AMD. One cohort is in training this week trying to increase the number of mental health providers who are trained in this model. There are a variety of individual providers across the state and train with their agencies. The next cohort is in October with the possibility of a third cohort. Nikki will be getting this information out to the Management Team so everyone will be aware of the therapist in their area who are being trained in this model.
- There is a group of people under the Child Abuse Montana Chapter. Will include other divisions. Currently, Watson's Children's Shelter is the one agency in Montana that handles Health Families America. The chapter has put in for a grant through the Montana Healthcare Foundation so they may hire a coordinator who will pilot that and get into other areas in order to expand.
- IT System is working on updating CAPS system
- Policy procedures on Prevention Plan
- We have had six regional trainings introducing new procedures for the last 3-4 months. We are in our final six months of implementation. Then a year of measurement and data collections if all of the strategies we have implemented have made changes on what is needed.
- The next State Advisory Council meeting will be held at a different location rather than the Arcade Building since the conference room is not large enough to handle this group.

### **9:50 – 9:50 am: Public Comment**

There were no public comments.

### 9:50 – 9:55 am: Wrap Up/Next Meeting: Chairwoman Edith Clark

Edith Clark gave her thanks to everyone for their help and support. Nikki asked if there were any questions.

Ken Holmland asked if there is any information on Cares Act money?

Nikki reported that with ARCA money for the ones that impacted champion services was per capita. We put a proposal together from the tool from DOJ. There is always more demand for money than what there is available. Ken would like to be kept updated on the Cares Act money.

Megan Bailey asked if we are able to look at leveraging some of the workforce development or training monies over to the department? Nikki said that is one of the things that we did consider. Ken Holmland said there is no way to move the monies. Megan would like funding to go to the shortages. Ken said this is one-time funding and we need to stay away from wages funding which would be an on-going expense. Megan thought it could be used for training.

Nikki Grossberg said the next State Advisory Council meeting has not been set yet but will be in October and should be in person. Invite will be sent out for next meeting as soon as a decision has been made on the actual date.

Meeting adjourned at 9:55 am

## State Advisory Council Meeting

**October 22, 2021 – 8:30 am to 1:00 pm (In-person Meeting)**

Delta Colonial Hotel – Capitol Conference Room

**Present:** Acting Chairwoman Rochelle Beley, Julie Feck, Heather Denny, Christy Hendricks, Brenda Schye, Ken Holmland, Julie Burk, Randy Schwickert

**CFSD Representatives Present:** Nikki Grossberg, Jennifer Hoerauf, Laura McCullough, Effie Benoit, Eric Barnosky, Deb Cole, Jennifer Blodgett, Theresa Becker, Lynne Johnston

**Guest:** Matt Schubert

**Absent:** Mick Leary, Sahrita Jones-Jesse, Courtney Callaghan, April Sommers, Detective Schoenfelder, Carrie Krepps, Dana Toole, Greg Daly, Lisa Evers, Loretta Rex, Megan Bailey, Mercedes Oxford Kemp, Judge Randall Spaulding, Traci Perez, Trudi Schmidt, Wayne Phillips, Valerie Winfield, Laura Sebulsky, Gabby Wheeler

### 8:30 – 8:50 am: Welcome, Introductions and Approve Minutes

Acting Chairwoman Rochelle Beley called the meeting to order at 8:30am. Rochelle Beley asked everyone to introduce themselves. Rochelle Beley asked for a motion to approve the July 23, 2021 minutes. All approved. Since a quorum of 51% was not reached at this meeting, an email will be sent out to members to vote on approval of the minutes and the CJA Budget. If anyone would like to be on the Board, please contact Nikki. Nikki reported that we are not able have this meeting in the Arcade Building due to the size of the conference room. Nikki will see about arranging to have a Hybrid system by the next meeting. Let Nikki know if this is an option anyone would like to consider. Ken Holmland attended a meeting that had a Hybrid System. There were challenges, but the issues were worked out and the system went smoothly for them.

### 8:50 – 9:50 am: CFSD Update – Nikki Grossberg

The State Advisory Council will provide Child and Family Services with guidance about what is working or not working in their communities or around the state. Historically, we would report out to the State Advisory Council. We would like the member's input on what is happening in their areas. We are at the end of our third round of the Prevention Plan and will start the new round in November. In the next review, we will see how things are working for everyone and how we can improve the system.

Nikki updated everyone on the following items:

- Marti Vining is no longer with CFSD so she can have more time to spend with her family. Nikki is taking over as Acting Administrator of CFSD until a replacement can be hired;
- Jason Larson of Region 3 has retired with Deb Cole taking over his duties;
- Angie Rolando of Region 6 has resigned in order to concentrate on law school, with Jennifer Blodgett replacing her;
- Adam Meier, Director of DPHHS, has done restructuring within our departments. Our branch was changed to the Social Economics Branch with Nikki being under the direction of Erica Johnston who now has 5 divisions – two of which are Child and Family Services and Early Child and Family Services which is a newer division focused on childhood and family support.
- Laura Smith has moved to Intermountain Children's Home as their new director;
- Effie Benoit is the new Fiscal Program Bureau Chief;
- Christy Hendricks, Office of Public Instruction, is taking over as interim contact person replacing Heather Denny;
- Child Welfare 101 training is in progress. The Safety Model, which educates people on how we do what we do and how we assess families, is being reviewed. If we do not get our data out there, people tend to make assumptions on what our data is, so we want it to be accurate. Training is on the state and regional levels and so far has been in Butte and Miles City. Six more trainings are upcoming with four of those including safety signs. The next trainings will be in Bozeman October 26, Kalispell October 27, Great Falls November 2 and Billings November 3. Child Welfare 101 trainings will be in Missoula and Helena but will not have the safety training. Christy Hendricks asked Nikki if there is anything she should do to help . Nikki would appreciate any assistance from her.
- Nikki talked about the CPS reports to Child and Family Services. The number of calls coming into Centralized Intake had dropped during the COVID season, but has increased since the return of normalcy to the system.
  - There were 10,935 calls in 2019, 10,272 in 2020 and 9,328 in 2021;
  - Nikki discussed the types of allegations for FY21 which has increased since SFY18;
  - Kids in care has been trending down. SFY19 was 3,950 and 3505 in SFY20;
  - Removal Rate has gone down from 10.6% to 8% with SFY19 2,399, 2000 in SFY20 and 1,813 in SFY21;
  - Updated prevention plan procedures are to focus and correlate with the Safety Model;
  - State and Regional Removal Rates were shown trending the up and downs;
  - Number of children removed by age were compared for SFY20 to SFY21;
  - Permanency outcomes were compared for SFY19, 2020 and 2021 in relation to reunification, adoption and guardianship;
  - Exits and Entries of kiddos beginning in SYF19 was shown from into and out of system.



What does a successful child welfare system look like? What are we trying to achieve?

- Increased knowledge and reduced bias/stigma around substance use disorders;
- Increased use of community prevention services;
- Data-driven decision making;
- System Approach to improvement;
- The right children in foster care for the right amount of time;
- Safety reduced number of children in foster care;
- Reduce number of child fatalities caused by abuse or neglect;
- Resilient child welfare workforce.

Nikki answered questions from members on her discussion. She did not have any information at hand for the federal data point but will get the information and send it out to everyone.

Surveys recently administered:

- Wellness Survey;
- Workforce Survey in November;
- Survey in August with another group on developing a wellness program based on feedback from our staff;
- Employment Assistance program is available to staff;
- Nikki will have more information at the next meeting in January;
- Next step is to start focus groups.

Training

- On the workforce trend with legislation, we have a requirement for child welfare workers being certified. We have administrative rules to support that legislation;
- Montana Child Abuse Neglect Training;
- The Regional Training is a three-week program where we have added a variety of additional trainings with our partnership with UofM. We go out to our regions and begin training in an in-depth manner;
- The MCAN Training focuses on our Safety Model;
- Enhanced Visitation Training;
- In our Child Advocacy Center, we make sure the staff understands how it operates;
- Training is also available online;
- Workforce Training in the first year;
- Annual Supervisor Training has four modules with some learning teams in between. Two of the modules focus on leadership about child welfare, two on the safety model and the practice model when children come into care.

A Bill was passed that if rules are changed in the interim there is nothing we can do about the interim but we can review all those changes when legislation comes back into session.

Families First is a five-year plan that started in 2018. States have the option to use the Title IV-E Prevention Plan that was originally submitted last November 2020. First feedback was received in June 2021, resubmitted and the second round of feedback in September/October. This plan allows us to draw a Title IV-E reimbursement at 50% for specific models that are through the Clearing House for specific families who agree to work with us on a prevention plan. Our final plan will be submitted in January with a year of data collection. We had Title IV-B and now Title IV-E in order to serve families.

Two focuses:

- Preventing kids from coming into foster care, and
- Increasing the requirement for kids going into therapeutic group home level of care.

### 9:50 – 10:10 am: Budget Update – Effie Benoit

Effie Benoit gave a brief background on her experience before beginning her presentation on the budget update:

- There have been 3,236 children in foster care since June 30, 2021 with 27 children exiting;
- IV-E saturation rate has increased by half of a percent over last quarter;
- Foster care benefit payments were at \$22.4 million last year with \$14.2 million from state general fund and \$6.2 million from Federal IV-E;
- The current year has \$30.8 million and will spend \$27.3 million for foster care payments;
- There was \$19.9 million for adoption payments last year with appropriations of \$27.9 million for FY 22. We are expected to spend \$22.3 million with 3,149 children in adoption placement;
- There are 1,157 children in guardianship with \$5.5 million in funds and will spend \$6 million;
- Money will be transferred from one fund to another if needed;
- There are 38 vacant positions – 23 CPS workers, 1 supervisor position and 3 Centralized Intake workers as September 30;
- CFSD Financial for FY 21 spent \$105.4 million with 54% on benefits and 32% in personal services;
- SFY22 has \$115.5 million and projected to spend \$108 million;
- Will be spending less under our appropriations in each of our budget sources.

COVID Relief Funding – There is a lot of interest in how we are spending this money.

CARES Act – March 2020

- Domestic Violence (spent \$102,144 of \$111,582 - by end of year, it will all be spent) – This money is a FVPSA grant and is very specific about what it can be spent on;
- Title IV-B had \$108,741 that has all been spent;
- Guardianship and Foster Care funding had \$2,754,850 funds obligated by 12/31/2020 that also went to therapeutic group homes and shelter care. Additional funding was provided through Medicaid or different divisions.

Funding from CAA (Consolidated Appropriations Act) passed December 2020

- Chafee Education and Training Vouchers Program (\$432,971 and spent \$201,292)
- Chafee transition to adulthood (\$2.9 million and spent \$1.8 million)
- CRRSAA Act – December 2020. We did not receive any of this funding.
- ARPA (American Rescue Plan Act) – Domestic Violence received \$376,207 and spent \$10,790 so far; CAPTA (\$310,00 which none has been spent, we have until 2025 to use)

Nikki reviewed the Children Bureau expenditures. Will get this information out by email to everyone. Children Adjustments Act of 2022 is \$94,000. \$3,000 admin, \$4,000 CJA task force, \$15,000 CANN conference, \$20,000 for trainings, \$4,000 Expert Witness training, \$25,000 to Children's Advocacy Funding plus \$50,000 in mini grants.

Deb Cole discussed her opinion of the three-year survey. She felt very ill-prepared because the questions were so specific and did not relate to her position.

Motion to approve expenditures. Brenda Schye motioned and seconded by Rochelle Beley. All approved.

10:10 – 10:30 am: BREAK

10:30 – 11:30 am: Reports by Regional Administrators

**Region 1: Eric Barnosky**

- The Family Support Team Coordinator needs to become very knowledgeable in all of our communities about who the service providers are so they can work together as a team;
- Region 1 has had 64 meetings so far this fiscal year in all services. COVID has allowed them to have meetings virtually which is great for this region in order to bring people together. This method works great for them, and they will continue with it;
- They have an MOA that is being amended to continue their relationship with tribes and CFSD. This agreement has been in force for 10 years. Before 2011, whoever got the report was the one who handled the case. Now, there is a specific person assigned;
- When a request is made, they reach out to Churches who respond back to CFSD if services can be donated;
- They had Child Welfare training in Miles City two weeks ago. Good turn-out from counselors, schools, foster parents, judges, attorneys, and service providers;
- Dawson County is in the Court Improvement project and will be using current facilitators. She is interested in moving forward with the pre-hearing conferences with Judge Meeker. Will be hiring additional facilitators;
- CASA is expanding their territory as far northeast as possible;
- HB 39 has expedited their emergency protective services hearing dates and expanding language.

**Region 2: Sahrita Jones-Jessee**

No update is available since Sahrita is on vacation.

**Region 3: Deb Cole**

- Deb Cole is taking over for Jason Larson, who has retired;
- Care Portal was on wayside with COVID but was reinstated two weeks ago in Billings;
- Family Support Team (FST) was started January 2021. If there is an immediate danger, action is taken to FST within three days which parents need to agree to. Usually have two to three each week;
- An increase in the number of protection plans are in motion;
- Child 101 training was on November 3;
- EPS Hearings have been in process since 2019. Previously, the pre-hearings were on Tuesday and Thursday and in court by following Tuesday. The major change is that they are done every day now. Another change is that the judge who starts a case hearing will see it through to the end which has a positive impact on families;
- The ICWA court is in the EPS hearing system now under Judge Souza handling removals in Northern Cheyenne, Crow and Fort Peck tribes. An ICWA expert is always available. Judge Davies handles removals from all other tribes;
- There has been an increase in parenting time;
- Family Recovery Court has incorporated ICWA Recovery Court which is done weekly. Parent has to be requested and screened to be in the weekly ICWA Recovery Court since it is more intensive and will be committed for 12 months. Focus is to get kids back into the

- home quicker;
- A new change is the Direct Intern Program so we are able to get interns from Montana State in Billings for their education on child welfare;
- The regular judges are Fehr, Harada, Davies, Harris, Mauldin, and Souza does the ICWA court.

#### **Region 4: Laura McCullough and Jennifer Hoerauf**

- Laura McCullough recently took over the supervision of Centralized Intake hotline. They are having joint meetings with the different providers to see what can be done to build the gap between what was happening at the hotline and in the field. Centralized Intake workers have been going out in the field for cross training in order to see the other side of the hotline calls;
- Laura brought in Molly Malloy who is providing the Masterwork Social Program at Carroll College to speak about that secondary piece on how we can support each other;
- Internally, their office has created a resiliency working with the workforce available;
- Had a meeting about the new program RE Family Services that focuses on RV vacation efforts;
- Region 6 had 65 kids in adoptions and 46 in guardianship which is significantly high;
- Butte has the Meadowlark Program that has pregnant women coming in with substance abuse, violence, or mental health concerns who need intervention on developing plans in place due to their ongoing substance abuse or other conditions;
- Judge Berger is becoming involved in implementation of the pre-hearing conferences;
- Livingston is trying to rebuild their CDC Center.

#### **Region 5: Courtney Callaghan**

Courtney is on vacation so there is no update available.

#### **Region 6: Jennifer Blodgett**

- Jennifer Blodgett gave an update on her experience and background;
- The Kalispell office has large turnover. There is a struggle in finding available housing;
- There are four judges in Flathead county with weekly EPS hearings. In the outlying areas, they had one hearing which was quite a struggle;
- During COVID many resources were lost, but trying to get this improved;
- Concentrating on the Protection and Prevention Plan with eight families in Kalispell;
- In Kalispell, the Montana Children's House resource is available;
- Have had six babies in the past 4 months due to child abuse;
- They had Child Welfare 101 training November 27;
- Ken Holmlund asked about hospital rules. The State follows the same rules that is expected of the parents. Jennifer is trying to get a system going.

#### **11:30 Lunch Break**

#### **11:50 am: Resource Parent/Licensing Bureau – Theresa Becker**

One of the initiatives that came as a result of the five-year Child and Family Services plan was the Parent Advisory Board which has been meeting for about a year. The board sent out applications in the foster parent community to apply. They had a core group of 10 individuals to give us feedback about the work we do in foster care licensing and child welfare. They are currently working on their bylaws. Kyla Rock is the Permanency Program Manager of the ICPC unit. They are looking at the KCS training which is the training following the pre-service training that foster parents complete. The



small things they can do is identify a guest down the road or what kind of information we want them to have. Also, what kind of information they can provide back to us on how they are impacting them and their lives and their communities and ways to do the job more effectively. The core group meets virtually on Tuesday night after dinner.

Licensing on fingerprint background checks has always been challenging trying to make the fingerprint background check consistent. Some of the highlights of background checks are:

- Safety and well-being of kiddos;
- 11 scan machines across the state in order to get results back in days;
- Virtual training is available;
- Identifying barriers and how to mitigate them;
- Doing everything we can to be creative;
- Community cultural families;
- Stability to permanency;
- Increased permanency to 11 weeks of adoption;
- We work with tribes and families to be approved for adoption or guardianship;
- Continue to work on permanency.

Brenda Schye asked what percentage of adoption are subsidized? Theresa responded that the majority are subsidized but did not have that figure. Amounts vary according to each specific adoption case.

#### 11:50 am: Charlie Health – Laura Sebulsky

Laura will report at next meeting in January since she was unable to attend today. Rochelle Beley mentioned some of the good aspects of Charlie Health and the good they do for the child welfare system.

#### 11:50 am – 12:15 pm: Community Discussion Report Out – All Board Members

- Rochelle Beley discussed how other therapists treat the department and how they are against them by doing too much or not enough. Rochelle feels that she should advocate the department and talk about our rules and regulations.
- Julie Fleck of Integrated Health expressed that she is impressed with what is happening with the foster parents. The department as a whole keeps innovating and moving forward with new methods in a difficult climate right now in terms of hiring.
- Brenda Schye said that Nikki and Marti have made it possible when it comes to additional positions and initiatives.
- Jennifer Hoerauf said Valley County feels more isolated because people are disappointed in their community and their denial about COVID. It has been disheartening to know that nobody is talking about Child and Family Services, they are a family. Our state is the highest in the nation in terms of cases and our county is the highest in the state. They still hammer the health department like it is their fault. There should be more compassion.
- Ken Holmlund said the most effective conversations they get in is from the parents on a one-on-one basis. He would like to get the word out to people. They hear the negative more than the positive.
- Jennifer said parents are important in court. Parents who come to testify are disgruntled. They say it is up to the department to get them out of their situation.
- Theresa Becker mentioned that Kyla Rock and Jeff would like to make contact with the birth

parents to bring them in and see about their participation. We would like to have more birth parents and youth on the board. If anyone you know would like to be on the board, let Nikki know and an application will be sent out.

- Christy Hendricks said we need better communication with Brandy on what the kids need. There is a huge communication with Brandi going over foster care data on kids who are a concern such as kids not showing up, kids saying they are home-schooled, are out of state and other various excuses. Need to close communication gap and work together with these kids' issues. Christy sent Brandi a concern spreadsheet so she is able to talk to others so they and everyone can be on the same pages. A foster care dashboard is out there for all the schools to look at. They started a foster care newsletter. There has been an increase of calls from caseworkers. Heather Denny would prefer that caseworkers call the minute the school gets obnoxious, and they can take care of it.

#### 12:15 – 12:30 pm: Public Comment

There were no public comments.

#### 12:30 pm: Wrap Up/Next Meeting: Acting Chairwoman Rochelle Beley

Meeting date for the next meeting has not been set yet, but will be in January. Rochelle asked everyone to turn in travel vouchers to Lynne to get reimbursed for travel expenses.

Meeting was adjourned at 12:30 pm.

### State Advisory Council Meeting

#### January 28, 2022 – Hybrid Meeting (Zoom and In-person)

In-person location: 111 No. Jackson, (Arcade Building) – Fifth Floor Conference Room

**Members Present:** Edith Clark, Dana Toole, Lesa Evers, Brenda Schye, Randall Spaulding, Kim of CASA, Julie Fleck, Megan Bailey, Marci Buckles, April Sommers, Rochelle Beley, Shannon Tanner, Kaci Gaub-Bruno, Julie Burk, Carrie Krepps, Ken Holmlund

**CFSD Representatives Present:** Nikki Grossberg, Lynne Johnston, Effie Benoit, Theresa Becker, Sahrita Jones-Jessee, Laura McCullough, Courtney Callaghan, Eric Barnosky, Jennifer Blodgett

**Absent:** Greg Daly, Jennifer Hoerauf, Wayne Phillips, Valerie Winfield, Trudi Schmidt, Tracy Perez, Randy Schwickert, Sue O'Connell, Mick Leary, Laura Kopf, Mercedes Oxford Kemp, Melissa Lavinder, Loretta Rex, Christy Hendricks

**Guest:** Matt Furlong, Laura Sebulsky of Charlie Health

#### 8:30 – 8:50 am: Welcome, Introductions and Approve Minutes

Nikki opened the meeting at 8:30am. Nikki made note that Laura Sebulsky is not in attendance. Megan Bailey will give her a call to check on her attendance. Edith asked everyone to introduce themselves. Dana Toole made the motion to accept the minutes. All approved. No one objected to this meeting being recorded. Nikki will continue with the meeting since Edith cannot be heard very well.

### 8:50 – 9:00 am: Overview for the Meeting – Nikki Grossberg

Nikki said the current State Advisory Council bylaws were renewed in 2017 under a previous leader. Nikki emailed the bylaws to all members and staff prior to this meeting. The objective for this workgroup is to review the bylaws to decide what needs to be improved. The State Advisory Council (SAC) comes from CAPTA, and we are responsible to have an advisory board which is referred to as a citizen's review panel. This has also been combined with our responsibility to have a State Task Force called the Children Justice Act (CJA) Grant. The majority of this meeting is about the intent of this group to update the bylaws and to use this group as an advisory group to make any necessary changes in child welfare and to improve on any strengths that are happening across the agencies. Nikki emailed the Regional Advisory Council's list through our work under the Program Improvement Plan. Nikki reviewed the objectives of the Program Improvement Plan where we can create more opportunities for engagement with our community partners.

Nikki wants everyone to answer the questions that were sent out in her email on everyone's interests and ability to fall into the component of CAPTA and CJ. While looking into the bylaws, we need to focus on the length and membership types of this advisory board. We only have a little more than half of what we need for the position types. Children's Justice Act has many strict requirements on different members we need on this committee. We are missing position types. Laura McCullough was going to reach out to see what she could come up with. Need to share information on what makes the most sense to improve the child welfare system. Need input from all members of this group.

### 9:00 – 9:20 am: Charlie Health – Laura Sebulsky

Megan gave her personal opinion of Charlie Health. She is very impressed with the Charlie Health. Megan will give anyone who wants it a direct contact for Charlie Health.

Good points:

- Kids 12 and up with high risk is their specialty
- Kids with substance issues
- Expert psychiatric consult within 5 days
- Dually licensed
- Kids will have care in less than 72 hours
- Telehealth Model – tracking data with incredible outcomes
- Intensive mental health
- If child has outpatient health therapist in the community, they can still work with Charlie Health
- Groups catered to issues children are having such as LGBT youth groups, anger management, co-occurring substance use problems
- Incredible high attendance
- Northern Cheyenne kids are using Charlie Health
- Can integrate family counseling
- Great documentation for medical records
- Credentialed in Montana, Wyoming, North & South Dakota, Oregon and Washington
- Medicaid is available
- Trainings for regional offices
- Available for parents under 30 for assessments
- Website available – [Charliehealth.com](https://charliehealth.com)

Laura Sebulsky joined the meeting and explained some of Charlie Health's programs and services

- Set up to be an easy provider and can handle full caseloads
- Built new form for each state. Laura will send link
- Very diligent about providing medical documentation as requested
- Studying outcomes – pre, during and post
- Can cater to each company's needs
- Exceptional discharge program
- Work with tribal nations and kids who live in non-tribal homes
- 60% of staff are working with tribal staff. Have worked with every tribal nation in Montana
- Sexual offender program
- Psychological assessments
- Peer support advisors
- Discharge plan
- Dually licensed
- Special curriculums
- Work with children who have had sexual abuse problems
- Physical therapists
- Programs are 8-10 weeks
- 40 groups running at the same time
- Support groups for LGBTQ, caregiver, survivor, teen mom, suicide and provider support
- Scholarships in place for women and those who have a high deductible
- CPS Training
- Medicaid provider. Works with every insurance company in the state
- Will provide laptops to kids who are in need. Kids are showing marked improvement with the Charlie Health programs. Charlie Health would like people to call them if they are in need of anything
- Highly motivated on helping kids who need it

Charlie Health has worked with CPS and will support them at any time. All regional administrators are invited to reach out to Charlie Health. Laura Sebulsky will reach out to Megan Bailey.

### 9:20 – 9:40 am: Budget – Effie Benoit

#### CHILD COUNTS

- There are 3,209 Children in Care as of 9/30/21 and 3,092 as of 12/31/2021. Variance of 117 children. Percent of change is at 3.65% since September 2021.
- The Foster Care program funding is at \$29.2 million this year which is 1.9 million more since last October which is due to the Title IV-E projection for this year.
- Adoption - \$27.5 million in appropriations and expected to spend \$22.1 million. This projection has decreased by \$100,000
- Guardianship – Appropriated \$6 million and projecting to spend \$7.4 million which is an increase of \$840,000 primarily in general funds.
- These funds can be used as a sponge program which can be used to cover the deficit in any of the three programs.

#### VACANCY REPORT

- There is a total of 57 vacancies which includes 34 CPS workers, 2 CPS Supervisors, and 5 centralized intake workers.



## EXPENDITURES:

- CFSD as a whole is appropriated \$116 million and projected to spend 110 million.
- State funds are at 57% and Federal funds are about 42%
- COVID –Spent almost all monies and that went to domestic violence shelters. Money not spent after reimbursements is sent back to federal government.
- Consolidated Appropriations Act – Half of the funds are spent on the Chafee program. We have until next September to spend the funds
- CRRSAA – none
- American Rescue Plan Act (ARPA) – We have received 3 allotments for a total of 2.5 million dollars for domestic violence. We have until 2025 to spend these funds. CAPTA award has forensic interview training going from 2 weeks to three weeks for the next couple of years for law enforcement and providers.

Lisa Evers is interested in the number of Native American children in care broke down by region. Do we ever see good or bad results reported? Understanding the numbers is important for Native numbers and State numbers. She would like to see the work in progress. This is one big topic that Nikki would like to talk to this group about and what is happening in the child welfare system. Nikki asked everyone to send any information they had to understand how to improve this process. We need to know the ones who are in tribal care and those in state care. If there are other data points of interest that this group should look at, please let Nikki know.

April Sommers had questions on the reduction of kids in care. She would like to know the why's on the numbers. The program directors have been asking about the dramatic decrease in caseloads. We have worked hard on this process for the past 3-4 years to implement family support teams and service families sooner which has helped prevent removals. Nikki pointed out the following:

- When we are out on an investigation, we are looking out for danger assessments and our protection plan to prevent removal
- Under Child Welfare 101 training we talk about some of the data
- Kids are not being removed on the weekends because schools aren't calling in reports
- Calls have not gone down at Centralized intake due to better screening
- There is a decrease on reports being called out for investigation
- There are emergency protective service hearings with all judges
- Serving kids in home and removing the right kids for the right amount of time
- Removals were down 200 from previous year
- Kids are put into adoption and guardianship as soon as possible and guardianship has helped more
- We are wanting to streamline adoption procedures
- There are a reduced number of kids in foster care

Eric Barnosky talked about his review on progress that has been made.

- Making solid plans to reunite kids safely with their families
- Updated policy around permanency planning
- Actively working in implementing the new policy
- Developing specific plans for building out concurrent plan and meeting every three months
- Review plans and looking at the progress that has been made has resulted in quicker reunifications
- Big benefit in eastern region is the new ISU worker who has had a very challenging caseload for kids with high needs

April Sommers would like to know why the numbers are going down. There are mixed reason such as keeping kids at home if possible. Some are reporting 50% less caseloads compared to last year. Program Directors are encouraged to contact Regional Directors to help provide information. The main concern is that the kids are safe. There is also a staffing shortage. They can also reach out to Nikki with any concerns. Families First's main objective is to keep kids at home if possible.

Dana Toole wanted to talk about the 2021 Legislative Audit. She is interested in the finding that the hotline in Montana gets more reports than other child abuse systems. We are screening in more reports. We changed from a 3 to 5 supervisor support. We encourage community reports and looking at them thoroughly. This means Montana cares about their kids.

#### 9:40 – 10:10 am: Public Comment

- Nikki would like to know everyone's thoughts. Do the By-laws need to be edited? What is this group responsible for? Copies of the By-laws were handed out to those in physical attendance.
- Rochelle mentioned that when the by-laws were reviewed in 2017, there was discussion on membership and terms. They were kept at staggered levels. Some members (such as herself) have been on the council for 20 years.
- Dana Toole asked if we could get council members, such as prosecutors, law enforcement, medical -pediatric, different associations such as nursing association, county attorney association, sheriff's office, chief of police, MSPPOA, police protective association. Dana would like to find out if they are able to send a member to the state advisory council from their association. We are missing a member from these associations who are critical to the council.
- Nikki said we need to decide about quorum requirements of bylaws. Do we need voting and quorums in the by-laws. We are good at getting information out to the council, but not getting information in from others. In regards to CAPTA and CJ, is there anything to vote on? Do we need quorums and voting in the bylaws?
- Dana Toole said that the CJ Task Force which is encompassed in this group has to vote on the CJ Budget once every 3 years. That is the only one that is required that she knows of.
- Nikki said the SAC meets, take notes and then approve the minutes. Nikki wanted to know what else we vote on.
- Brenda Schye discussed who should be on the council. The SAC email notification goes out to people who have not attended a meeting in years. She feels we tend to ignore the bylaws after new ones are added or deleted.
- Nikki said we could stagger on who steps down and those who step up. Nikki discussed the Regional Advisory Council for 2022 and what days and times they could be available for regional meetings. We need to get calendars out there so everyone is aware of the whole year's schedule. Following through and communication is a big thing for the SAC meetings. Does this work for our regions and what is their response for a meaningful role?
- Nikki asked everyone to think about attending 2 meetings a year. People are not going to keep coming to a meeting if there is no reason to attend. Restructuring is essential for this group.
- Lisa asked if these bylaws are new or revised ones. Do we have a list of members in the bylaws. What is the current list and how many Native Americans are on the committee. It is critical with the number of kids in care. We need to have a current list. Do we need to have this list included in the bylaws?

- Nikki made note that the bylaws were created 30 years ago and revised in 2017. This is important to keep up to date.
- Lisa said it is important to have more input and views for the SAC. Nikki feels the structure of the council should change and that the state staff should be more of a bystander and a resource. The council should have more members from associations or organizations. Lisa Evers would like to see more native involvement. The Bylaws says no more than 15 members and there are term limits. The Bylaws that was revised in 2017 was changed but it was never implemented. It is more important to have the right people as members.
- Carrie Krepps mentioned we should have term limits for members and then find another one from their organization to take over as their community member.
- The state council at that time was comprised of the chair of each regional council, someone of the foster parent association, legislators who were actually appointed by legislative leadership so it changed periodically, and people were appointed by the governor. The Department decided to do away with this and said it doesn't have to be statute. The table used to be only members of the council and the staff sat in the back being used as a resource. It has totally changed and flipped its role.
- Nikki had discussed with Marti Vining before she left and Edith that this council should be the "The Council" and have a chairperson who is facilitating it. The State division administrator is just for information sharing and preparing reports. Over the years, the state has taken over and this needs to change.
- April Sommers talked about how they can support the work.
- Dana Toole said we should look at what was deleted and that Native Americans need to be more involved in the council.
- In talking about the makeup of the committee and term limits, some of us are personally representing certain things and some are representing agencies. It is important to consider not just term limits for actual people but also who takes over within the organization or program after someone steps down.
- Rochelle Beley – Private practice people should be involved with the council. The Department should have hands on experience interacting with people.
- Lisa Evers asked if this advisory council was ever governor appointed or director appointed. Nikki was not aware of the council ever being governor appointed. Currently, it is not governor appointed. Lisa would like Nikki to talk about the regional advisory council and how they affect this community.

### Regional Advisory Council Background

- Nikki discussed that there were regional councils across the state. When Nikki started, there was one in Region 5, we had one in Missoula and one in Kalispell which met quarterly and invited providers, CASA, and county attorneys to join, and to report out things that were going on with CFSD and also get input from community members. The regional administrator would report out and go around the table for information sharing.
- Eric Barnosky of Region 1 reported on what he could remember of the regional advisory council from the past 21 years. They had three advisory councils and went through phases over the years. They had state or regional advisory councils in the Highline, Glendive/Sidney and Miles City areas. A great deal of time was spent on prevention plans. Roles fluctuated over the years. In-home service providers were a crucial part of their advisory councils annually. There was some legislative involvement from the community as well as service providers, a foster parent, legal and county attorney. If things were done differently, they would talk through that and give information. Brenda Schye, who was also in Region 1,

discussed that there was a big debate because each region was to only have one council, but Region 1 was so big they needed three. It was decided that each region could do whatever they wanted to make things work. There were school administrators, legislators, and police departments in each region who could have their input. It was a great way to increase public awareness.

- Rochelle Beley came to the meetings over the years as chair for the Great Falls area.
- Lisa Evers discussed travel costs associated with Regional Advisory Council. How do they include their ICWA Specialist since they need more than just one person to attend.
- Dana Toole said you don't have to have this council to handle CAPTA or CJ and they can be separate councils. Is there a better way to get the assessments of CJ or CAPTA? Should they be a separate function? This is something that could be voted on.
- Nikki would like to know what the next steps should be. What needs to be addressed at this time? Should they be addressed now or just stop for now?
- Dana feels a different structure should be addressed. She feels we could look at the old code as a guideline. We could talk with Edith and Brenda about what happened 30 years ago. We need more legislative involvement especially in the local councils. Dana had no immediate change suggestions. We need more information. All these comments from everyone has given Nikki better guidance.
- Brenda, Edith, Rochelle and Nikki could meet to figure out what changes should be made.
- Edith asked if it would be helpful to have a smaller committee meet between now and the next meeting to look at what should be done. Then Nikki could report back on her suggestions for changing the bylaws. Nikki will set up a meeting to figure out the next steps should be. If anyone has ideas or changes, please email Nikki and let her know.
- Dana Toole suggested that law enforcement should be added to the State Advisory Council. Nikki asked what regional councils have law enforcement on them. Region 5 and 6 did not recruit for law enforcement. Great Falls and Helena recruits law enforcement.
- Ken Holmlund said he would reach out to find someone to replace himself who would not mind going to the meetings.
- Lisa Evers mentioned officer terms and that they should be two or three years. Should it be State fiscal year or a calendar year? She asked Eric Barnosky to find a copy of the legislation that supports this. Brenda said it was in the 1980s.
- Nikki will get bylaw changes in order and present them at the next State Advisory Council. Reach out to the regional administrator in your area if someone wants to be on a regional council. Most of the regional meetings are virtual.

#### 11:15 – 11:25 am: Public Comment

Matt Furlong wants to inform the State Advisory Council that the behavioral health system has a network of all the counties working with the service area authorities. All 56 counties have the potential of an advisory council. They are looking for stakeholders that intersect with law enforcement, education, providers, services and consumers. Some of those could be places where it is a combined council. There are three service area regions in the state of Montana – Western has 28 counties, Central has 15 and Eastern has 13.

Behavioral Health Alliance of Montana has a report on the deficits that lists all the organization who are lacking services:

- Shodair Hospital
- Yellowstone BGR
- Aware



- Intermountain
- Youth Dynamics
- Rimrock
- Youth Homes

Matt Furlong will send this report to Nikki since there are many more providers with a lack of services.

In reference to the bylaws, he mentioned it should be decided what type of year should be used (calendar, fiscal or state fiscal) and increasing members on regional advisory council. We Get information out to members.

### 11:25 – 11:30 am: Wrap Up/Next Meeting: Chair Edith Clark

Nikki closed meeting at 11:10am. She will get 2022 calendars out to everyone. Nikki will get a date for the next state advisory council meeting scheduled.

Lisa Evers asked if the regional administrators meeting will continue or not. Nikki said we will talk about it at the next meeting so we can figure out what is helpful for the regional administrators.

## State Advisory Council Meeting

### April 22, 2022 – Hybrid Meeting (Zoom and In-person)

In-person location: 111 No. Jackson, (Arcade Building) - Fifth Floor Conference Room

**Members Present:** Edith Clark, Dana Toole, April Sommers, Rochelle Beley, Brenda Schye

**Members Present through Zoom:** Marci Buckles, Greg Daly, Caitlyn, Stewart, Kaci Gaub, Megan Bailey, Serena Wright, Christy Hendricks, Julie Fleck, Valerie Winfield

**CFSD Representatives Present:** Laura McCullough, Effie Benoit, Mick Leary, Lynne Johnston, Theresa Becker, Jennifer Hoerauf

**Absent:** Eric Barnosky, Jennifer Blodgett, Courtney Callaghan, Deb Cole, Nikki Grossberg, Sahrita Jones-Jesse, Carrie Krepps, Julie Burk, Ken Holmlund, Lisa Evers, Mercedes Oxford Kemp, Randall Spaulding, Sean Schoenfelder, Trudi Schmmidt

**Guest:** Ben Davis, Friends of the Children

### 8:30 – 8:50 am: Welcome and Introductions and Approve Minutes

Everyone introduced themselves. Rochelle Beley will take over as chairman.

### 8:50 – 9:10 am: Budget by Effie Benoit

- Over the last quarter the number of children in care has dropped by 150 to 2,942 children. This is a 4.85% decrease since December of 2021.
- When comparing the annual average number of children in care through March of 2021 to March of 2022, we are averaging 268 fewer children in care which is a decrease of 7.98%.

- The IV-E Saturation Rate has increased .88% in the last quarter from 29.35% to 30.23%.
- We are projecting the cost to fund Foster Care to be about \$30.5 Million this year and we are appropriated about \$24.7 Million. The foster care projection increased by \$1.8 Million since we were together in December primarily due to an increased projection in General funds.
- To fund the adoption program, there is about \$24 Million in appropriations for fiscal year 2022 and projecting to spend about \$22.3 Million. There is a slight increase in adoption projection by \$100,000 since last December.
- This fiscal year the Guardianship program has appropriated about \$8 million and are projecting to spend about \$7.3 million. This is a decreased projection of \$37,000 since December, primarily from Federal Funds.
- For CFSD positions, there is currently 68 vacant positions. Of the 68, 40 of those are CPS workers, 5 CPS Supervisor, 7 Central Intake Workers and all of our Central Intake Supervisor positions are filled.
- Looking at CFSD as a whole, this fiscal year, we are appropriated at \$116 million dollars and are projecting to spend right around \$107 million.
- We are projecting to spend just a little under our appropriations in each funding source with the state general fund at 52% and our federal dollars at 47% of our total funding sources.
- We have the Cares Act under the COVID Relief funding that expired September 30, 2021.
- For the Consolidated Appropriations Act, we have distributed all but \$128,000 of the Chafee Education and Training Voucher funds and not quite half of the Chafee Transition to Adulthood funds. We have until September of 2022 to identify eligible youth and offer financial assistance to them.
- The Domestic Violence program has received three distributions from the American Rescue Plan Act (ARPA) which we are just starting to allocate.
- CAPTA also received \$310,000 in ARPA funding that we have not started spending yet.
- We have until 2025 to spend all of the ARPA funds.

Mick reported that the reason why there are less children in care is:

- Kids are going out to adoption sooner
- Getting kids to permanency

Effie was asked to send out the power point presentation and the one-page condensed version to everyone. Effie will have Lynne Johnston send these out.

#### 9:10 – 9:30 am: CAPTA and CJA Budget by Mick Leary

Mick said there are two grant budgets that need to be approved – CAPTA and CJA. The one change is in the Basic State Child Abuse and Neglect Grant, CAPTA Title 1 2021 Budget Proposal Summary/ Narrative

<b>FFY 2021 CAPTA/Basic State Grant Budget</b>	FFY 2021 Projected Grant Award = \$317,137
<b>Cultural Awareness Conference</b>	\$30,000
<b>Supervisory Training and Development</b>	\$45,000
<b>Montana Prevent Child Abuse and Neglect Conference (CAN)</b>	\$80,000

<b>Print Materials</b>	\$6,137
<b>Citizen Review Meetings</b>	\$6,000
<b>University of Montana Supervisor Training/ Leadership Academy</b>	\$136,000
<b>Indirect (estimate)</b>	\$14,000
<b>TOTAL</b>	\$317,137

Application for Proposed Activities for 2022-2023

B. Proposed Line-Item Budget

Proposed Line-Item Budget for 2022-2023 (Activities funded July 1, 2022-June 30, 2023)

<b>Administrative Indirect Expenses</b> (i.e. Grant Manager travel and per diem expenses)	\$3,000.00
<b>CJA Task Force Meeting Costs</b>	\$4,200.00
<b>Montana Child Abuse and Neglect Conference</b>	\$15,200.00
<b>Forensic Interviewing Training</b>	\$20,000.00
<b>Qualified Expert Witness Training</b>	\$4,000.00
<b>Public Disclosure on Child Fatalities</b>	\$7,482.00
<b>Children's Alliance of Montana</b>	\$25,500.00
<b>Mini-Grants</b>	\$15,000.00
<b>TOTAL</b>	\$94,382.00

Question:

Megan Bailey would like a list of what trainings are offered so it could be submitted to the tribes so they can be linked back to those opportunities. Therapists across the state would love these trainings.

Answer:

Mick will get with Ike Jessee, training officer. There used to be a six-month calendar that the State would create and would list the trainings coming up which would be shared. Mick will check on getting this system back into operation.

Edith Clark moved that the CAPTA and CJA budgets be approved and that the people on zoom be contacted with their results for a unanimous approval. All were in favor. None opposed. Lynne will send out emails to all SAC members requesting their votes.

The following people from in person and zoom officially approved the CAPTA and CJA budgets as presented: April Sommers, Brenda Schye, Dana Toole, Edith Clark, Julie Burk, Julie Fleck, Ken Holmlund, Megan Bailey, Rochelle Beley, Trudi Schmidt. This makes ten SAC members which is a quorum on approving the CAPTA and CJA budgets.

#### 10:10 – 11:15 am: Discussion All

Rochelle Beley, Brenda Schye and Nikki met to figure out a way to make this council have a better purpose in order to meet federal guidelines. Rochelle asked Brenda Schye to summarize what she found out and how we could come up with more ideas so we can fulfill SAC's purpose.

- Zoom is a great concept, so people do not have to travel but at some level there has to be some face-to-face contact in order to connect.
- One thing that came up was orientation for council members.
- Are we satisfied with accomplishing our objectives and goals?
- Orientation, information sharing and training kept coming up again and again.
- We need to review the makeup of a council and who they represent.
- There needs to be continuity and have issues continuously updated.
- Having a shared drive to reduce paper flow.
- How can the council help the State in order to advocate?

Mick said the board can decide how it can work to be more productive. Brenda asked where the legislative piece is right now. She understood that it is the council's role. However, is there going to be someone who will do that. Mick said we are trying to figure out what is going to be proposed from the executive branch such as legislative changes and EPP Process. We need to figure some of these issues. Brenda thought the advisory council could have a subcommittee on legislative issues in order to track and advocate issues.

Ideas:

- Send an email so members can choose which subcommittee they would like to be assigned to
- Mick suggested that a calendar be set up so issues are handled in a timely manner
- Create an Orientation/Ongoing manual
- Who should send out emails?
- Mick suggested that there should be five people assigned to a subcommittee
- Not all input has to come from council members
- What is the strategic plan for the council?
- Greg Daly asked, in terms of advocating for the department workers and understanding what they do, didn't Marti Vining have an initiative of traveling the state with an education outreach to make people aware of what was going on day to day with department. Mick said yes there was. If there are remnants left can this be started up again for an education model and an internal support. It was called Core Training.
- Regional and CASA reports

Subcommittees needed:



- Strategic Planning
- Orientation and Recruitment (What is the purpose of this board)
- Legislative issues

Mick will meet with Nikki to figure out the subcommittee details and get back to the council. The MT Task list needs to be updated and distributed to council members. A column will be added for their location. The State Advisory Council used to be held around the state and not limited to Helena and would draw in more people. Can something be figured out what options would be available for them to have a meeting.

#### 11:15 – 11:25 am: Public Comment

There were no public comments.

#### 11:25 – 11:30 am: Wrap Up/Next Meeting – Chair-Elect Rochelle Beley

Rochelle Beley ended the meeting at 11:10am. The next meeting date will be announced which should be July 21 or 22, 2022 and should be in-person. The next meeting will include longevity recognition. Can the parking arrangement issue for attending the next meeting be resolved? Mick said he will remind Nikki about this. All travel expense vouchers should be given to Lynne on the first floor. Meeting minutes will be approved at the July 2022 meeting.





## Update on Services to Substance-Exposed Newborns



The information reported in 2020-2024 CFSP remains accurate. The Meadowlark Project, as described in the Collaboration section of this APSR, is enhancing Montana's response to perinatal drug exposure as well as substance-exposed newborns.

A brief excerpt from the Collaboration section indicates, "The Meadowlark Initiative brings together clinical and community teams to provide the right care at the right time for patients and their families; improve maternal outcomes, reduce newborn drug exposure, neonatal abstinence syndrome, and perinatal complications; and keep families together and children out of foster care." Additional information and resources can be found by going to the following site: <https://mthcf.org/the-meadowlark-initiative/>

The Meadowlark Initiative has created a venue for implementing Plans of Safe Care in Montana, as funded by the CAPTA State Grant funding, in a meaningful way by calling Centralized Intake prior to delivery of the infant for a voluntary meeting between mothers, CFSD and hospital care coordinators. Agency staff and providers were trained in October 2021 regarding the use of Plans of Safe Care.

CFSD presented at the annual Meadowlark Conference in April 2021 and April 2022 to support continued education and collaboration regarding use of Plans of Safe Care in Montana. Additional training was provided on June 9, 2022, to Meadowlark sites and CFSD Staff.

There have been ongoing collaboration meetings among the providers (hospitals, health care professionals, non-profits, and private providers; as well as other State DPHHS agencies) implementing Plans of Safe Care and CFSD staff. This collaboration has allowed CFSD to engage in a continuous quality improvement process around Plans of Safe Care; and how the State can continue to improve response and practice to families and infants who have been substance exposed.

As reported in previous APSR, CFSD continues to provide services to substance-exposed newborns based on the individual needs of the child. If substance-exposed newborns come into the child protection system, they are evaluated by medical staff, and the course of their care and treatment are guided by those recommendations. The CPS staff, in coordination with the medical team, are responsible for developing a plan that ensures the recommendations of the medical staff are carried out; to monitor the plan moving forward and to follow-up as necessary to ensure the safety of the child.

Also, these children would be referred to the local IDEA-Developmental Disability Part C Program for screening for developmental disabilities. If the developmental assessment indicates that the child requires services for a developmental disability, or requires further assessment, the CPS is responsible to make referrals to the appropriate services to the local developmental disability provider and ensure that the child receives the services as available.

In cases where there has been a determination that efforts to reunify are appropriate the plan developed by the CPS must include providing support and services to the birth mother and father to facilitate successful return of the child to the parents' care.

Montana statute requires medical professionals who know or have reasonable cause to suspect, because of information they receive in their professional or official capacity, that a child is abused or neglected by anyone regardless of whether the person suspected of causing the abuse or neglect is a parent or other person responsible for the child's welfare; they shall report the matter promptly to the Child and Family Services Division within the Department of Public Health and Human Services. This would include the reporting of any substance-exposed or newborns or newborns who are demonstrating withdrawal symptoms due to prenatal substance exposure, including alcohol. Montana statute does not distinguish between exposure to drugs that are legally or illegally obtained. The criterion for reporting is the impact on the safety of the child.

A substance-exposed newborn would be categorized as "Physical Neglect" in Montana. If the newborn was exposed to a "dangerous drug" (as defined in Schedules I through IV in Title 50, chapter 32, part 2) because of drug manufacturing or distribution the substance-exposed newborns would be categorized as "Exposure to Drug Manufacture/Distribution."

In Montana, exposing a newborn to a dangerous drug (as defined in Schedules 1 through IV in Title 50, chapter 32, part 2) is considered "Physical Neglect" by a caregiver. Further if the caregiver was manufacturing or distributing dangerous drugs, it would also be considered "Exposure to Drug Manufacture/Distribution" by a caregiver.

Currently, Montana does not anticipate needing or requesting any technical assistance to improve practice and implementation in this area. Should this change moving forward, the State will contact Administration for Children Youth and Families - Region 8 staff.

## American Rescue Plan Act (ARPA) Funding

Montana has not spent any of the \$310,026 in CAPTA funds allocated to the state under the American Rescue Plan Act (ARPA). The funds will be obligated by September 30, 2025 and liquidated by December 30, 2025.

CFSD needed state legislature approval to spend the funds. The process of developing a proposal to present to the legislature, presenting the proposal at an interim committee hearing and the committee approving the proposal took some time to complete. The approved proposal called for CFSD to collaborate with the Montana Department of Justice, Special Services Bureau, and the Children's Alliance of Montana to expand and enhance Multidisciplinary Teams (MDT) and Children's Advocacy Centers (CAC) across Montana. Due to the complex nature of child abuse and neglect investigations and family assessments, MDTs are utilized to enhance and improve investigations and responses for children and families.

MDT membership represents a variety of disciplines that interact and coordinate their efforts to diagnose, treat, and assist families. CACs are safe, confidential, child-centered environments where families have the benefits of comprehensive services including forensic interviews, medical care, counseling, case management, and advocacy.

The goals of the approved proposal are to provide:

- Strategic and increased outreach to counties that do not currently have MDTs and are interested in launching an MDT. Currently, at least 30 counties have no MDT.
- Training and support to new and existing MDT and CACs.
- Technical assistance and other supports to create new, accredited CACs.
- New local child fatality review processes to improve and standardize the performance of all system partners.
- Expanded safety science methods to MDTs and CACs.
- Increased Forensic Interview Trainings.
- The following performance metrics will be used to measure progress towards the goals:
  - Increase the number of counties with MDT by 20%.
  - Increase number of accredited CACs by 10%.
  - Facilitate three Forensic Interview trainings in state fiscal years 2022 and 2023.
  - Increase the number of counties sending law enforcement, prosecutors, medical providers, and victim advocates to the scheduled Forensic Interview training.

Updates on the CAPTA funds issued through ARPA will be provided in future APSR.



# Updates to Targeted Plans within the 2020-2024 CFSP

## Targeted Plan 1: Foster and Adoptive Parent Diligent Recruitment Plan

### Kinship Placements

MT Child and Family Services Division (CFSD) continues to focus on the placement of children in kin homes as a priority. CFSD continues the use of resource family specialist (RFS) as targeted kinship support staff in two regions to enhance the relationship between CFSD and kin providers, increase the awareness and understanding of licensing, which increases the timeliness to licensing and ultimately the timeliness to permanency whether it be reunification, adoption, or guardianship. The other 4 regions continue to work on timely contact with kin families and to provide support during placement and to encourage licensure. CFSD provides regional staff monthly updates that identify any unpaid kinship placements that have been made to ensure connection with RFS and the licensing process. The increased efforts focus on increasing engagement and interaction with kin, as opposed to just making them aware of information.

CFSD continues to use digital search systems to identify potential relative placement resources for youth in care for both temporary and long-term needs of children. Engaging kin through these searches and subsequent Family Engagement meetings increases the awareness not only for individual children but the child welfare system as a whole and increases the potential for families to consider fostering or adoption of kin and potentially non kin children. CFSD also has a process that allows kin to transition from a kinship only license to a youth foster home license when appropriate, increasing the number of youth foster homes with lived experience.

While placement with kin is a priority, the need for non-relative caregivers is ongoing. CFSD made additional updates to the website to make accessing and understanding information regarding foster care and adoption easier for all interested persons. Efforts to develop an application portal have not been successful but continue to be sought after. As indicated in the latest Program Improvement Plan (PIP) reporting all agency technology resources have been diverted to the CAPS migration project. Continued efforts to identify potential options for updates will be assessed and reviewed on an ongoing basis. Application forms and additional training resources have been updated on the website to increase access as well as awareness of the need for resource families. The Resource Parent Guide has been updated and will be accessible to families on a variety of platforms and sites.

### Bridging the GAP

Montana continues to use the traditional means of recruiting for non-kin resource families through the CFSD website, newspaper articles and national campaigns highlighting the overall need for resource families. CFSD used a targeted radio campaign this past year with a radio personality well known to the agriculture and central and eastern areas of Montana. Overall Montana continues to have fewer numbers of non-relative applicants for foster care.

Inquiries continue to be received via the website through a link to the Family Inquiry Tracking Tool (FITT) on the Adopt Us Kids site; CFSD has direct access to the inquiries and the site. Families can also inquire directly with the agency or through the answer net call system. Timely responses to inquiry continue to be a targeted focus of CFSD licensing staff.

CFSD continues to work with The Adopt Us Kids staff to review the inquiry process for resource families including kin to further enhance engagement and the timelines to licensure and permanency. The efforts have involved process mapping of the current inquiry and licensure process and will continue to identify the most effective means of communicating with interested persons, engaging them in the process and completing the licensing process.

CFSD licensing information can be found on website such as [parentingmontana.org](http://parentingmontana.org) and Adopt US Kids and through interactions with local and in state entities such as Child Bridge and the Child Placing Agencies. The Parent Advisory Board is also a source of information for families and individuals interested in foster care or adoption. They had an information table at the recent Child Abuse and Neglect Conference. They also initiated an Instagram page to increase awareness of their board which will also potentially increase interest and awareness of foster care and adoption in Montana.

CFSD provides twice monthly preservice trainings – Keeping Children Safe (KCS) and monthly required adoption trainings Creating a Lifelong Family (CLF) via Zoom to allow families easier and more timely access to training (which increases timeliness to licensure and permanency including reunification). Families can participate in a training offered by any region in the state that best meets their need/schedule. KCS has been updated to reflect changes in policy and procedure and is regularly reviewed by staff. Participants provide input following training during the home assessment process. CFSD will also engage the Parent Advisory Board for their input.

CFSD has worked to assist families in accessing both pre-service and ongoing training, ensuring that families have timely and reliable access. The use of virtual training has allowed greater access for families across the state, which increases timelines to licensing and decreases in timelines to permanency, including in more rural areas. CFSD will continue to provide the training virtually but has provided small in person training to those without internet access or made resource available at local offices to provide families access to virtual training. CFSD will continue to work to identify hybrid options.

CFSD continues to focus on identifying resources and education that will support a resource family in their ability to meet the needs of children placed in their home or for whom they provide respite. CFSD and the University of Montana Center for Children, Families and Workforce Development (UM) with input from the Parent Advisory Board have updated the CORE KCS training required for all CFSD resource families prior to the renewal of their first year's license. The Licensing Bureau Chief is listed as the contact person on the UM training site to allow families to make contact regarding concerns they have with the training site, information and or process.

CFSD renews families after their first year of licensure for a two-year period. RFS staff then engage with families at six-month check ins during the two-year licensure period. Families are asked at renewal and during check ins to share information regarding their experience, needs and recommendations with RFS staff.

The Licensing Bureau Chief and one of the RFS supervisors are case reviewers for the CFSR. Information learned from individual reviews as well as overall reports is shared with the RFS staff to increase support and engagement with individuals and RFS staff meet regularly with supervisors and monthly with the licensing bureau to share information learned from families as well.

CFSD RFS continue to work with community stakeholder groups including faith-based groups and agencies that provide support to resource families. CFSD has encouraged community support organizations to invite local/regional licensing staff to participate in support group and inquiry meetings to respond to questions and concerns from their members. Continued opportunities to provide feedback regarding the recruitment and training process will be made available to stakeholders including members of faith-based programs.

CFSD licensing staff will participate in DPHHS Regional Summits for Faith and Community Based Services in May 2022. The goal of licensing staff participation in the summits was to increase understanding of the need for resource families and the general licensing process by members of faith communities, as well as the community at large.

CFSD RFS maintains regular interaction with the Child Placing Agencies that recruit, train and study families to provide therapeutic level foster care to facilitate coordination of services and supports for families. CFSD maintains regular contact with Child Placing Agency staff, to review procedures and identify challenges as well as success in the process. CFSD has developed a procedure that allows their placement providers to transition their foster care license to a Child Placing Agency (therapeutic foster care) that provides therapeutic supports without the child having to change placements. This has increased placement stability and increased the possibility of permanency for a child.

CFSD extends that collaborative mindset to facilitate those same therapeutic level families to become permanent placements for children by creating a process that allows a family to maintain a therapeutic foster license through a Child Placing Agency and engage with the CFSD licensing program to undergo assessments for guardianship or adoption. This process has created permanency for several children but has had an unintended consequence of more families leaving Therapeutic Family Foster programs to care for children in their home permanently.

The CFSD Parent Advisory Board called Connected Voices for Montana Children, is made up of resource families (both kin and non-kin), birth parents and youth with lived experience. The boards statewide make up will increase the voice and awareness of the needs in the child welfare system, including for resource families. The board has been provided with information and the opportunity to provide feedback regarding proposed changes to administrative rules, training updates and practice procedures and has provided input back to the licensing bureau. The board was offered the opportunity to speak to the legislative interim committee regarding foster care licensing. The Foster Care Licensing Bureau Chief and the Permanency Unit Supervisor attend board meetings regularly to provide information to and gather information from the board as well as provide technical assistance to support to their efforts.

CFSD continues to use their list serve email process (with approximately 1100 recipients) to share information from this agency as well as outside entities both in the state and nationally that focus on service to children and families. Families are added to the list serve when they become license and can request to be removed at any time. Families can respond to information shared back to the agency or directly with the local licensing staff. The same information is provided to tribal licensing staff and social service directors, child placing agency staff, faith-based support programs and other resource parent support groups. The sharing of information electronically has been especially important during COVID and has allowed families and services providers to obtain needed information while not having to travel or be limited because of their location.

## Serving Vulnerable Youth

CFSD staff including permanency specialists, child welfare managers, Regional Administrators and RFS Supervisors as well as the guardianship program manager, post adoption program manager and the permanency specialist connected to the Chaffee program continued the ongoing review of the list of youth that CFSD has permanent legal custody of to facilitate additional action towards permanency. CFSD used Connect our Kids to identify connections and potential resources for aging out youth and older youth without identified permanency plans.

The Termination of Parental Rights (TPR) review identified delays to permanency and focuses on addressing barriers in a timely manner. Quarterly reviews have taken place in each region and will continue. The review has been expanded include all youth who have been in care 12 months or longer with a focus on ensuring that each child has a permanency plan and any barriers to permanency related to adoption or guardianship are identified and addressed. Overall timelines to permanency have decreased

As of the results of TPR reviews, the CFSD guardianship program manager met individually with staff in three of CFSD's state regions to identify barriers to guardianship and increase communication with field staff and timeliness to permanency through guardianship. CFSD believes that guardianship is a permanency outcome that is important to youth and families, especially kin maintaining relationship with birth parents. As a result of the increased effort and engagement, the number of guardianships finalized has increased significantly.

CFSD has worked to enhance their relationship with Child Bridge and Wendy's Wonderful Kids through meetings with program staff of those agencies and members of CFSD staff to increase targeted recruitment of children without identified permanency options as well as increase community awareness regarding the need for resource families. CFSD also uses the adoption registries Adopt Us Kids and A Family for Every Child to increase awareness of the need for permanency resources for children in CFSD care as well as overall awareness of the need for resources families in general.

The continued collaborative efforts with the adoption unit have resulted in fewer delays in processing adoption packets by the Adoption Unit. Continued communication is occurring regarding the process, responsibilities, and recommendations in weekly meetings between the Adoption Program Manager and the Foster Care Licensing Bureau Chief, regional meetings with CPS and RFS staff, the Adoption Program Unit attending several all RFS staff meetings and at CFSD management team meetings.

The transfer process between the CPS staff and the licensing unit have become more efficient and effective because of targeted communication regarding licensing and permanency and the TPR review process which identifies barriers to permanency and results in a targeted approach to addressing those. The transfer of learning between the adoption and guardianship units, RFS staff and CPS staff have resulted in increased awareness for both staff and families and stakeholders regarding the adoption and guardianship processes and have decreased timelines to permanency.

Collaborations with tribal social service and the licensing programs have continued in the past year. CFSD staff continues to provide technical assistance to tribes using the CAPS and MFSIS system, as well as to facilitate communication between the tribes and CFSD regarding foster care,



adoption, and guardianship. Tribal staff are noticed of all available training and resources across the state and nationally. Resource family specialist supervisors communicate with tribal licensing staff regarding placement in kinship homes on the reservation to ensure that families are connected to the appropriate licensing staff.

CFSD RFS work with tribal agencies using procedures that allow CFSD staff to complete assessments for guardianship and adoption on families, when tribes do not have the capacity or authority to, in a timely manner while allowing families to retain their tribal licenses and children to remain connected to family, culture and community while achieving permanency.

The communication with programs outside of CFSD (Vital statistics and Department of Justice) have increased timelines to licensing and subsequently permanency.

CFSD's working relationships with the Office of Vital Statistics continues to ensure timely responses to requests for birth and death certificates and information from the putative father registry that are necessary for identifying placement resources but also for adoption finalizations. A system has been created to ensure accurate requests, payment, and responses which all lead to increased timelines to permanency.

Through collaboration with the Department of Justice staff (another state agency) CFSD purchased and installed eleven live scan and two card scan machines this past year. The use of live scan and card scan machines has increased timelines of receipt of background information significantly, this increases timelines to licensure for all resources families which in turn increases timelines to permanency. CFSD continue to print families for dual purposes (foster care and adoption) to eliminate delays to permanency.

CFSD updated resources on their website to include resources for families serving LGBTQ+ youth. The Consortium for Children Compatibility inventory (Montana uses the Structured Analysis Family Evaluation (SAFE) study process for licensing which helps RFS identify families/individuals who have the capacity or willingness to parent children who are LGBTQI+. Resource families across the state have been introduced to the Montana youth bill of rights at their initial pre-service training which include the right that all youth are free from harassment or abuse based on the actual or perceived sexual orientation: are able to be open about their sexual orientation and gender identity and expression: are identified by their chosen name and pronouns and are able to wear clothing consistent with their gender identify: and are free from religious indoctrination that condemns or disparages their sexual orientation, gender identify or gender expression.

CFSD program staff have continued to educate field staff, including licensing staff on the availability and efficacy of services for resources families to be used in efforts to limit placement disruption and increase permanency such as those funded through the CFSD Prevention and Preservation contracts or Medicaid. Program staff have made a resource guide available listing the resources and areas they are available.

RFS staff are encouraged to identify resources for families, as opposed to relying solely on placing staff to access the resources. Accessing these supporting services increases placement stability which in turn increases timeliness to permanency including reunification. Additionally, services accessed can be transitioned to birth parents when children return home or continued when a child is adopted or enters a guardianship or adoption.

## Targeted Plan 2: Health Care Oversight and Coordination Plan

CFSD continues to use the existing Montana Medicaid schedule for initial and follow-up health screenings in conjunction with the Administrative Rule in Montana that requires all youth entering foster care receive an EPSDT screening within thirty days. If any mental health or dental needs are identified during this EPSDT screening, these services are eligible for Medicaid payment.

Furthermore, CFSD's investigation procedure states that any child "should be examined by a physician when there is reason to believe the child is a victim of serious physical or sexual abuse, has been removed from a methamphetamine lab, or there is reason to believe the child may have drugs in their system due to actions by the parent." This policy will continue to be evaluated to determine if changes or enhancements should be made in the future.

CFSD procedure continues to require that all children being served by CFSD in an in-home or out-of-home safety plan be referred to Part C. By making these screenings universal for the foster care population, more children with developmental disabilities, whether related to emotional trauma or cognitively based, will access entitlement services that will improve the wellbeing of the child. This procedure was instituted several years ago and initially the change did not result in the sustained overall increases in referrals that had been expected. Over the past two years, CFSD has re-engaged Part C Program staff within DPHHS and the Part C providers to identify barriers to making referrals and barriers to ensuring comprehensive screening for children.

CFSD continues to work with the Medicaid Division to obtain ongoing reports on foster children that list the health physical, mental, and dental health needs identified through required screenings, as well as the treatment and services received. CFSD analyzed the use of CAPS screens and determined that the Medicaid system data is far superior to anything that could be captured by CFSD workers. Therefore, moving forward, the goal continues to be developing processes that allow the various computer systems to share information in an efficient manner as new DPHHS systems are constructed and completed. CFSD continues to work towards replacing the current CCWIS (i.e., CAPS). An interface with MMIS is a requirement of the new system which is still several years from completion.

A component of Montana's PIP is improving field practice around the overall supervision of cases. CFSD has seen the depth of its workforce diminish in recent years, leaving more workers with less experience. The wellbeing of foster youths improves as supervisors become more skilled in assisting the less experienced workforce in effectively connecting treatment and case plans to screenings and assessments. The University of Montana Center for Children, Families and Workforce Development developed a supervisory training strategy as part of Montana's PIP.

There are 8 key activities associated with this strategy that will be implemented throughout the 8 quarters of the PIP. The training will consist of two tiers. Tier One is focused on case work supervision and effective coaching and mentoring of child protection staff to consistently monitor for and achieve good outcomes for families and children served by CFSD. Tier Two is focused on leadership in child protection. Both tiers of training have been completed and progress towards those measures is provided in Montana's CFSR-PIP reporting.

In 2015, the state legislature provided funding to expand the county public health program pilots. These pilots, currently called Foster Child Health Programs, run medical home programs for foster

children and have been successful in assisting CFSD to improve its ability to improve wellbeing outcomes for foster youth receiving these services. An update on this program is found in the Collaboration Section of this APSR. The goal through the 2020-2024 CFSP is to continue to assess the effectiveness and develop consistency of the program in each county, with the intent to expand to additional counties if results continue to demonstrate positive outcomes.

The Health Resources Division has a Behavioral Pharmacy Management Program, which meets monthly to review the use of psychotropic medications for all children receiving Medicaid. The committee reviews the types of medications used and the number of children receiving the medication. The committee also reviews any case that is outside the preferred recommended usage for a specific medication. These may include dosages above the recommended dosage, use of 2 or more medications of the same class of drug, use of 2 or more medications of different classes within the same time frame, and multiple prescribers for the same client. This committee then will provide the prescriber with a finding of their concerns and educational material that relate to the specified issue.

This service has been greatly expanded for foster children in the past several years through agreements with Mountain-Pacific Quality Health (MPQH), the company managing pharmaceutical services for Montana Medicaid recipients through the Drug Utilization Review (DUR) and administration of the Drug Utilization Review Board, Formulary Management, Prior Authorization (PA), and Pharmacy Case Management (PCM).

These contracted services share information about recipient drug use with providers and restrict utilization of some medications or therapeutic categories through benefit-design implementation. Mountain-Pacific has been providing DUR and Prior Authorization services to the Department for nearly 20 years.

The Pharmacy Case Management Program, the newest addition to services, was piloted with Montana Medicaid in 2002 and fully implemented in 2003. Initially the program focused on high utilizers of Medicaid services and patients with polypharmacy. DPHHS is very interested in expanding this program to help curb the huge increases in pharmacy costs while maintaining the clinical integrity of the provider community.

## **Psychotropic Medications for Youth in Foster Care**

CFSD continues to be concerned about the safe, appropriate, and effective use of psychotropic medications among children in foster care. While medications can be an important component of treatment, strengthened oversight of psychotropic medication use is necessary to attend to the clinical needs of foster children responsibly and effectively. Montana's goal continues to be ensuring children in foster care receive high-quality, coordinated medical services, including appropriate medication, even as their placements change.

As reported in the 2020-2024 CFSP, CFSD, Montana Medicaid, and Mountain-Pacific Quality Health (MPQH) are involved in project to evaluate the use of psychotropic medications in Montana Medicaid children, with a focus on foster care children, using a Clinical Pharmacist, to evaluate and improve the prescribing and monitoring of psychotropic medication through educational and clinical interventions.

The review process described below is unchanged from the 2020-2024 CFSP.

1. Monthly MPQH receive a list of all children under 18 Years of age that are in the custody of Child and Family Services for the month requested.
  - a. The list generally has about 2,000-2,500 children
    - i. Placements include:
      1. Family Foster Care
      2. Kinship Foster Care
      3. Therapeutic Group Home
      4. Residential Treatment Center
      5. Foster Care Group Homes
  - b. This list of names is sent to HID to be matched against the following predetermined criteria:
    - i. Child Well Check: This category will check to see if the recipient has had a well check visit within the last 365 days
    - ii.  $\geq 1$  Antipsychotic: This category includes all the atypical antipsychotics and the typical antipsychotics
    - iii.  $\geq 2$  Atypical Antipsychotic
    - iv.  $\geq 3$  Psychotropics: This category includes all psychotropic medications, including anti-anxiety/sedatives, ADHD treatments, antidepressants, antipsychotics.
    - v.  $> 1$  ADHD Treatment: This category includes stimulant medications, as well as non-stimulant medications.
    - vi.  $\geq 2$  Psychotropic Prescriber: This category will check to see if patients are receiving medication from more than two prescribers.
    - vii.  $\leq 6$  YOA on Atypical: This category checks to see if a patient 6 years of age receiving an Atypical Antipsychotic. (See below for a description of an adjunctive Medicaid program that goes along with this search parameter.)
  - c. For those IDs that hit against the above criteria, we review the claims data for the following:
    - i. Indication/Diagnosis: Medications are consistent with the diagnosis in database
    - ii. Dosage: Appropriate for age and started with lowest effective dose
    - iii. Laboratory Monitoring: Baseline and ongoing metabolic monitoring labs being monitored.
    - iv. Polypharmacy: Single drugs should be tried before multiple drug regimens are started.
    - v. Multiple Pharmacies/Physicians: Checking to see if patients are receiving duplicate drug therapy from different prescribers or pharmacies.
    - vi. Medication Compliance: Monitoring for medication compliance and monthly fills of maintenance medications.
    - vii. Drug-drug interactions: Monitoring for any potential drug interactions.
    - viii. Medication Misuse/Abuse: Monitor for early refill requests on controlled substances or drugs with potential for abuse.
2. If any of the above conditions are present, MPQH reaches out to the provider with a phone call or a letter requesting a telephone conference to discuss and/or additional information to be submitted back to us via fax. We are then able to:
  - a. Share case-specific medication, lab monitoring and side effect information with prescribers to improve prescribing and quality of care.
  - b. Create and share psychotropic medication education resources with prescribers
  - c. Serve as a medical resource on medication information for prescribers /CPS workers<sup>64</sup>



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

MPQH continues to provide a secondary review program that goes hand in hand with the foster care psychotropic program. This program requires all children under 6 years of age prescribed an atypical antipsychotic by a non-fellowship trained pediatric psychiatrist to have a consent form and baseline laboratory requirements prior to initiating the medication and receiving approval.

The provider and legal guardian must review the medication together, the side effects, and both consent before initiating the medication, as well as obtain the necessary laboratory monitoring requirements. They must also continue to follow continued laboratory monitoring requirements, as well as form renewal. This process enables oversight of prescribing, as well as medication and lab monitoring education and compliance with the providers.

The contract with MPQH and the work done by their staff continues to be very well received by CFSD staff and clinicians across the state and is considered one of the most impactful components of the Health Care Oversight & Coordination Plan. The data in this year’s APSR is from FFY21

(October 2020 – September 2021) so there is some overlap from the data reported in the FFY22 APSR. The data from FFY 2021 revealed fifty-five (28%) children did not have current metabolic syndrome lab monitoring in claims databases. Case management clinical interventions provided under this project in FFY 2021 obtained metabolic labs (or drug discontinuation) in thirty-nine (71%) of these patients. The significance in this testing may lead to decreased long term health risks (e.g., diabetes, heart disease, obesity, and joint problems) associated with these medications.

In FFY 2021, MPQH additionally reviewed data for current psychotherapy in foster children, as therapy is an important part of the mental health treatment picture. Therapy can be beneficial in the treatment of a psychiatric disorder, behaviors, home/school relationships and family situations. Therapy can be used alone or in conjunction with medication.

The FFY 2021 claims data for this metric in the 198 children reviewed showed that thirty-seven (19%) Medicaid foster children did not have current psychotherapy claims. After case management clinical interventions, twenty-four (92%) children, who previously were missing current therapy claims, started psychotherapy (two providers stated that therapy was not appropriate in their patients).

Response rates with providers was collected in the 2021 data. When contacted about an intervention (i.e., labs, drug-drug interaction, dosage, duplicate therapy), providers respond and resolve the issue 69% of the time. Prescribers are responding and have shown appreciation for the information being provided by the pharmacist overseeing this project. Our program has continued to show growth and success over the years, but there are still barriers to overcome and work to be done to improve our successes (see information below).

Total Clinical Reviews	Total Clinical Interventions	Total Individual Children
406	229*	251

*\*52 interventions are currently pending with the provider*

## FFY2021

Total Individual Children	Total Clinical Interventions	Children without Metabolic Labs	Children with Labs Completed (or medication DC'd)	Children without Current Therapy	Children with Therapy Completed
198	139	28%	71%	19%	92%

The data from FFY21 shows a small decrease of 12% decrease in the number of youths reviewed, 224 in FFY20 and 198 in FFY21. The program continues to show positive impacts.

- Children without metabolic labs decreased by 10% (38% in FFY 2020).
- Labs being completed for medications that have been discontinued rose 8% (63% in FFY 2020). This is well below the 80% reported in 2018.
- Children without current therapy decreased by 8% (27% in FFY 2020).
- Children with therapy completed increased by 25% (67% in FFY 2020).

Overall, the program continues to demonstrate improved outcomes for foster youth.

The program is working very well and has for several years, but barriers identified in the 2020-2024 CFSP continue to exist to varying degrees. Those barriers are:

- Data for 2020 was collected again by federal fiscal year, so outcomes may differ from the previous years.
- Data from 2020 was affected by the COVID-19 pandemic. Provider offices were closed and not seeing patients in-person during COVID. Also, maintenance services were suspended during COVID, so labs and other routine care did not get completed as standardly as previously reported.
- Some patients we initiate an intervention (letter, call) will end up in an inpatient facility or residential treatment facility, and therefore will skew the results negatively.
- We do not have access to inpatient/institutionalized claims.
- We do not have access to chart notes.
- Some providers who prescribe atypical antipsychotics will not follow lab monitoring guidelines.
  - ◊ The same providers tend to not respond, and negatively impacts our response rates.
- No child psychiatrist on staff to perform higher level case reviews when needed.

The barriers do not significantly impact the effectiveness of the program, but they are issues that CFSD and MPQH will continue to attempt to address.

As reported in the prior APSR, due to the fact nearly all children in foster care in Montana receive Medicaid, CFSD already has access to nearly complete medical record files on these children, except for the records that exist prior to a child coming into care if he or she was not a Medicaid recipient. The bigger issue continues to be gaining access to those records for CFSD employees and the current treating medical professionals. DPHHS's development of MFSIS, the web-based case management system, that will replace CAPS (current CCWIS system) may provide some

answers as it will be possible to interfaces with other systems to capture information. Development of the MFSIS project slowed in the past year but it is expected to regain momentum in the upcoming year. Future APSR will continue to provide updates.

Montana's 2020-2024 CFSP went into detail on the procedures and protocols the state has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medical fragile conditions or developmental disabilities, and placed in settings that are not family foster homes because of the inappropriate diagnosis. The process requires prior authorization for these levels of care. Children must be with a Serious Emotional Disturbance (SED) and determination of medical necessity for the therapeutic services. This process is one reason Montana has a relatively low number of foster children in congregate care, approximately 9%.

The process described in the 2020-2024 CFSP is largely unchanged and remains in place. The largest change is the non-agency vendor providing prior authorization has changed to Telligen approximately two years ago. This change does have a significant impact of the services provided to foster youth or the process to ensure children placed in therapeutic settings have a medical reason for doing so.

The use of a functional assessment is required by the FFPSA to access Title IV-E funds for children placed in therapeutic group homes (i.e., QRTP). Montana uses the Child and Adolescent Services Intensity Instrument (CASII) to fulfill this requirement. The use of the CASII is in addition to the medical necessity approval process described in the 2020-2024 CFSP.

CFSD continues to utilize Chafee service providers to ensure that the components of the transition plan development process required under section 475(5)(h) that relate to health care needs of children aging out of foster care are met. Chafee providers are trained on this requirement. The providers submit service logs documenting that this requirement has been met and note whether the child exercised his or her option to execute a health care proxy. This will continue to be a standing agenda item for the annual business process meeting with the Chafee contractors.

### **Targeted Plan 3: Disaster Plan**

Between July 1, 2021, and June 30, 2022, the State did not have any disasters which required the activation of any disaster plans. The activation of all disaster plans related to the COVID-19 pandemic were initiated before July 1, 2020. CFSD is part of a larger state continuity plan and while the experiences from the COVID Pandemic will likely create changes in the continuity plan moving forward there are no changes to report at this time.

### **Targeted Plan 4: Training Plan**

The following narrative and tables provide an update of the 2020-2024 CFSP Training Plan. However, it should be noted that the updated narrative or tables may not contain all training provided in the upcoming year. Additional training may need to be provided as CFSD conducts ongoing analysis of the Division's training needs of internal staff and external stakeholders and as changes occur at the state or federal level. Federal funds may be leveraged, as available and appropriate, to provide any needed training identified in the upcoming year.

Whenever possible, the state will leverage Title IV-E funds for allowable training at the enhanced Federal financial participation rate under section 474 (a)(3)(A) and (B) of the Social Security Act, 45 CFR 1356.60(c)(1) and (2). A description of the training activities allowable for enhanced federal financial participation can be found in the Child Welfare Policy Manual Section 8.1h.

An example of an area that will require training, but the exact nature of the training is unknown at this time, is full implementation of the provisions of the Family First Prevention Services Act (FFPSA). As Montana moves forward with approval and implementation of the Title IV-E Prevention Plan and instituting Qualified Residential Treatment Program (QRTP) requirements additional training needs for both DPHHS staff and non-agency partners, including tribes, will be identified.

Training, identified in other sections of this APSR, that are likely to require the use of federal funds to facilitate and assistance from Administration for Children Youth and Families (ACYF) Capacity Building Center for States will focus on adult service providers engaging youth to increase participation in the Chafee Transition Program and increase youth participation in the CFSD Youth Advisory Board (YAB).

As training needs are identified CFSD will also identify partners to develop and potentially provide training addressing the areas of need. CFSD may utilize a wide array of training partners including in-house staff, other staff within DPHHS, non-agency community partners, ACYF staff and contractors, individuals, or groups in the public or private sectors and public institutions of higher education. The training may be developed for CFSD staff, tribal social services staff, or other stakeholders, which includes but is not limited to, foster/kinship/adoptive/guardianship families, CASA volunteers, attorneys, judges, and other agencies providing services to IV-E children and families. Future APSR will provide updates of training added throughout the year.

## **Recruitment**

As reported in the APSR submitted and approved in June 2019 for the final year of the 2016-2019 CFSP, the University of Montana Center for Children, Families, and Workforce Development (UM) expanded the degree programs eligible to receive a Title IV-E stipend. This change added a total of seven degree programs and expanded the program to students attending Montana State University (MSU) and Montana State University-Billings (MSU-B). The seven degree programs added in 2019 are:

### **UM-Missoula**

Psychology  
Sociology

### **MSU-Bozeman**

Human Development & Family Science  
Psychology  
Sociology

### **MSU-Billings**

Human Services  
Sociology



This change was made to assist CFSD in recruiting skilled individuals to apply for vacant CPS and CPS supervisor (CPSS) positions and other vacant positions within the division. As reported previously, CFSD's average length of employment of CPS and Centralized Intake Specialist (CIS) staff continues to be approximately two years and annual turnover rates for these staff is routinely in the mid-30% range. Recruitment and retention of staff continues to be a pressing issue facing CFSD which has been exacerbated over the past year due to a lack of increase in wages and the availability and cost of housing, particularly in communities in western Montana.

UM's ability to recruit students from these added programs continues to be very slow in developing. To date, one BSW stipend has been issued to a student outside the UM BSW and MSW programs. In addition, UM students' participation in the stipend program has been in steady decline for several years. To change this trend changes were made in the student stipend contract several years ago. The change allowed stipend recipients the ability to select geographic areas of the state in which they would be required to apply for vacant positions. This was done based on feedback from students recruited but unwilling to enter the program. A common concern voiced by these students was the requirement to apply for all vacant positions statewide. Students wanted to be to have a more active role in determining where they will work and live. This change did not initially result in an increase in participation in the IV-E stipend program. However, the change was implemented just in advance of the COVID pandemic, so it is difficult to determine how impactful this change was. There was a modest increase in participation in the 2021-2022 school year from the 2020-2021 school year. BSW stipend recipients increased from one to three and MSW stipend recipients from zero to one.

Discussions have continued with UM staff, overseeing the stipend program, to reach out to students in all three state institutions who are not participating in the IV-E stipend program to identify and mitigate student identified barriers and determine the level of awareness of stipend availability. Another potential source of information is Salish Kootenai College (SKC). The SKC Title IV-E Stipend Program, discussed in more detail later in this Training Plan, has had far greater success in recruiting participants. Understanding strategies SKC uses to promote the program and recruit participants could help inform UM strategies. The scope of the 2022-2023 school year contract with UM is being discussed. Inclusion of a CQI Plan to address program recruitment will be built into the scope and budget of this agreement. Updates will be provided in future APSR.



## **Retention**

Workforce development is major component of Montana's approved PIP. CFSD believes that decreasing turnover rates and increasing staff are critical to achieving improved safety, permanency, and wellbeing outcomes. The entirety of Goal 1 focuses on improving the depth and capacity of CPS workers through providing better support an improved supervision. Additional information on the strategies within this goal are discussed in other areas of the APSR.

As discussed in the Collaboration Section of this APSR, in addition to the PIP DPHHS, as an entire department, is embracing Safety Science. The data is still being evaluated but indications are that jurisdictions that have successfully integrated the Safety Science model into their practice have seen reduction in staff turnover.

This approach is applicable to virtually every aspect of child protection not just as a response to critical incidents. The model's foundational practices are very much in keeping with Family Centered Practice, family engagement and CQI. Seeking to understand situations and viewing staff involved as keepers of vital information about events, as opposed to pointing fingers, being dismissive and laying blame, mirrors the way CFSD expects staff to work with families.

CFSD has very recently hired its newly developed Wellness Coordinator position. This position will be responsible for implementing and evaluating the strategic plan for CFSD's Employment Wellness Program. The position will focus on developing and evaluating programs to enhance staff resiliency and increase staff retention.

The UM Social Work program recently expanded online options for individual wishing to earn their MSW. It is anticipated this change may lead to an increase in the number of current CFSD staff attending graduate school. It is unknown if or how this will impact retention efforts described in this Training Plan.

Any or all recruitment efforts discussed in this Training Plan and other efforts that may be identified in the upcoming year may involve staff training and the use of federal funds to provide that training. Updates will be provided in future APSR.

## **Collaboration with Salish Kootenai College (SKC)**

As reported in the 2020-20204 CFSP and previous CFSP, CFSD has an agreement with SKC for the school's BSW program to provide Title IV-E stipends to students wishing to enter child welfare upon graduation. The agreement also allows SKC to select students to receive MSW stipends to attend Walla Walla College's (WWC) MSW program. SKC has added stipends to attend the UM MSW Program to their 2021-2022 school year contract budget. CFSD staff can access a Title IV-E stipend directly from UM, so they do access stipends from SKC. The state's Title IV-E penetration rate is used to determination the federal financial participation for any stipends SKC issues to students attending the UM MSW program.

SKC provides all the match for the federal funds accessed under the agreement. WWC is a private institution and cannot provide required match toward IV-E allowable training activities. SKC also provides the required match for any stipends issued to students the UM MSW program. The agreement between SKC and CFSD has been in place for well over a decade and at the time it was





entered into it was believed to be the first of its kind in the nation.

Administration for Children Youth and Families (ACYF) has precluded state staff from receiving either a BSW or MSW stipend under the agreement. The reasoning for this is the federal financial participation in this program is based on the Title IV-E penetration rate of the

Confederated Salish and Kootenai Tribe's (CSKT) social services program. The CSKT penetration rate is considerably higher than the Title IV-E penetration rate of the state and ACYF has determined it is an inappropriate use of federal funds for state staff to take advantage of training opportunities utilizing this tribes' higher penetration rate.

## **MCAN**

Historically, CFSD has adjusted the three-week in-person new worker orientation training, Montana Child Abuse and Neglect (MCAN), based on changes in administration, trainers, or unstructured feedback from the field. CFSD had engaged the University of Montana's Center for Children, Families and Workforce to do a formal evaluation of MCAN to assist in informing any changes. The initial report regarding the feedback from the first year plus of surveys was provided to CFSD in March 2022. The information contained in the report is being reviewed for any changed to curriculum and/or training practices for the 2023 training calendar.

All MCAN sessions were provided virtually beginning in in April 2020 due to the COVID pandemic. Following the release of COVID-19 restrictions in Montana, CFSD transitioned back to the three-week in-person training model for CPS staff. During the fourth quarter of 2021, the decision was made to provide the first week of MCAN in a virtual setting. This was done to minimize staff time away from the workplace and their families. The second and third weeks of training continue to be provided in-person.

In addition to the traditional three-week MCAN training, CFSD has developed and implemented a condensed version of MCAN training for non-CPS staff. CPS staff are required to participate in the full three-week MCAN. This condensed MCAN is formally titled "CFSD Practice Model Training for Non-CPS Staff" and allows all staff types, working directly with children and families, to receive the same training information regarding the agency practice and safety models. This condensed MCAN also provides a more duty-specific training model for non-CPS staff. Utilizing two versions of MCAN provides an efficient protocol to provide continuity in agency-wide training on CFSD's safety and practice models, terminology and field practices.

**INITIAL STAFF TRAINING**

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
<p>MCAN (Classroom)</p> <p>Funding Source: Title IV-E, General Fund</p>	<p>The training will address an integrated delivery model regarding the framework for Child Protection Practice in Montana, legal issues, confidentiality, ICWA, specifics of child maltreatment (abuse/neglect identification), family centered practice and engagement, and the Family Functioning Assessment and Safety Assessment Management System. Additional topics will include out of home placements, case management, substantiations/fair hearings, and preparation for court. Fieldwork activities to reinforce transfer of learning are included.</p>	<p>CFSD Central Office</p>	<p>CFSD Training Officer</p>	<p>84 hours</p>	<p>New CPS staff</p>	<p>4-6 times per year</p>	<p>Development of a case plan, case review, case management, family centered social work practice, cultural competency, permanency planning using kinship care, general substance abuse, domestic violence, and mental health issues, effects of separation, grief and loss, child development, and visitation, communication skills, family preservation, assessments regarding determination of need for intervention, ethics, service referrals</p>
<p>MCAN (Online)</p>	<p>Participants will be trained on the following: Child and Youth Development, Non-Discrimination, Cultural Competency, Adult and Child Mental Health, Substance Use Disorders, Understanding Poverty, Documentation and Professional Skills</p>	<p>Online</p>	<p>University of Montana Workforce Training Consultants /CFSD FLTS</p>	<p>26 hours</p>	<p>New CPS, CI, SST, RFS staff</p>	<p>Within 30 days of employee start date/ Short-Term</p>	<p>Case plan documentation, case review, case management, ethics, child development, cultural competency</p>



## INITIAL STAFF TRAINING

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
CFSD Prac- tice Model Training for Non-CPS Staff  Funding Source: Title IV-E, General Fund	The training will address an integrated delivery model regarding the framework for Child Protection Practice in Montana, legal issues, confidentiality, ICWA, specifics of child maltreatment (abuse/neglect identification), family centered practice and engagement, and the Family Functioning Assessment and Safety Assessment Management System. Additional topics will include out of home placements, case management, substantiations/fair hearings, and preparation for court. This training is for non-CPS staff types withing CFSD and is designed to be more duty specific for non-CPS staff types.	Virtual	CFSD Training Officer, Training Unit Staff	22 hours	New CI, SST, RFS staff	3-4 times per year	Development of a case plan, case review, case management, family centered social work practice, cultural competency, permanency planning using kinship care, general substance abuse, domestic violence, and mental health issues, effects of separation, grief and loss, child development, and visitation, communication skills, family preservation, assessments regarding determination of need for intervention, ethics, service referrals
CAPS/ MFSIS  Funding Source: Title IV-E, General Fund	CAPS/MFSIS is CFSD's case information recording and provider-payment system. As described above changes are being made to this training.	In Person / Hands on Training in the field	Training provided by FLTS and CPSS	As needed to be able to learn and apply skill	New Case- workers, Licensing Casework- ers	On-Going	Case management, licensing and documentation.
Estimated Total Cost of Training Type	\$55,335.00						
Cost Allocation Methodology	CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between Title IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only Title IV-E allowable costs are claimed on the quarterly federal reports.						

**ONGOING IN-SERVICE TRAINING**

Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/Duration	Title IV-E Administrative Functions
Forensic Interview Training  Funding Source: CJA Grant	Participants build skills that will help them effectively interview children alleged to be victims of child abuse or neglect. They will develop skills that will enable them to conduct interviews in a manner that will decrease the traumatic effect of the interview on the child.	Montana POST Academy, Helena	Department of Justice and contracted presenter	5 days	CFSD staff, Tribal staff, Law Enforcement	2-3 times per year	Case management, case review and documentation, communication skills, assessments to determine need for removal, confidentiality, ethics
Policy Training  Funding Source: CAPTA Grant	The training focuses of new statutes and policy with review of policy as needed.	WebEx (online)	CFSD staff and guest presenters	4 hours	CFSD staff, in-home services providers, Tribal social services staff	2 times or more per year	Case management, case review, documentation
Qualified Expert Witness Training  Funding Source: CJA Grant	Topics of training will include review of the QEW handbook, case preparation and presentation, and an overview of ICWA.	Conference center and court rooms when available		12 hours		Annually	Case management, case review and documentation, cultural competency
Resource Family Specialist Training  Funding Source: Title IV-E, General Fund	The training offers information regarding Structured Adoption Family Evaluation (SAFE), confidentiality and sharing case records, provision of home and community services, and policy and forms updates, case scenarios, Focus will continue to be implementation of the SAMS model, improved outcomes in permanency and well-being, and enhancement in leadership and supervisory skills	Conference center	CFSD staff and guest presenters	12 hours	CFSD RFS staff	Annually	Case management, case review, case documentation

**ONGOING IN-SERVICE TRAINING**

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
<p>Supervisors' Leadership Trainings</p> <p>Funding Source: CAPTA Grant Title IV-E, State General Fund, Adoption Incentive funds</p>	<p>Focus will continue to be implementation of the practice model, fidelity review, improved coaching and mentoring of staff to improve outcomes for children and families as detailed in the PIP and implementation of FFPSA.</p>	<p>Conference center, local offices</p>	<p>CFSD staff, UM staff and presenters with expertise on specific topic areas</p>	<p>16 hours</p>	<p>CFSD supervisory staff and Management Team</p>	<p>An initial implementation schedule can be found in the state's PIP</p>	<p>Case management, case review, case documentation, coaching and mentoring</p>
<p>Safety Model Supervisor Training</p> <p>Funding Source: CAPTA grant, Title IV-E, General Fund</p>	<p>This training will address the agency safety model as a whole in regard to the supervisory management of the application of the safety model by field staff. The focus will be on improved application of the safety model through enhanced coaching and mentoring of critical thinking skills in field staff through supervisory consultation practices with the goal of improving safety decisions to improve outcomes for children and families.</p>	<p>CFSD Local Offices</p>	<p>CFSD Training Supervisor</p>	<p>22 hours</p>	<p>CFSD CPSS</p>	<p>2 – 3 times per year</p>	<p>Development of a case plan, case review, case management, family centered social work practice, cultural competency, permanency planning using kinship care, general substance abuse, domestic violence, and mental health issues, effects of separation, grief and loss, child development, and visitation, communication skills, family preservation, assessments regarding determination of need for intervention, ethics, service referrals</p>

**ONGOING IN-SERVICE TRAINING**

Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/Duration	Title IV-E Administrative Functions
CFSD Advance SAMS Course  Funding Source: CAPTA Grant, Title IV-E, General Fund	This training is an advanced course centered on the agency Safety Model for staff who have been with the agency at least one year and have successfully completed MCAN training. The training will address an in-depth look at the application of the SAMS model in field practice with the goal of improving safety threat identification, resource referral, and safety management with the goal of improving outcomes for children and families in the areas of safety, permanency, and well-being.	CFSD Local Offices	CFSD Training Unit	22 hours	CFSD CPS staff	2 – 3 times per year	Development of a case plan, case review, case management, family centered social work practice, cultural competency, permanency planning using kinship care, general substance abuse, domestic violence, and mental health issues, effects of separation, grief and loss, child development, and visitation, communication skills, family preservation, assessments regarding determination of need for intervention, ethics, service referrals
Cultural Competency  Funding Source: Private Grant, General Fund, Title IV-E, CAPTA	The training will address the ability to increase cultural awareness and to develop skills toward more effectively understanding, communicating with, and interacting with people across cultures.		University of Montana presenter	5 hours	CFSD staff	Annually	Cultural competency
Provider Training  Funding Source: State General Fund	Training topics include legislative and policy changes, case file reviews, updating facility profiles, and mandatory reporter guidelines.	Virtual-ly and in-person	CFSD staff and guest speakers	8 hours	CFSD staff and contracted in-home provider staff	Annually	Case management, case review, case documentation



**ONGOING IN-SERVICE TRAINING**

Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/Duration	Title IV-E Administrative Functions
Childhood Trauma (ACEs) Funding Source: Title IV-E	This training addresses the trauma focused identification of Adverse Childhood Experiences and the effects on children, and parents, throughout the lifespan.	Regional training sites/Virtual	UM Workforce Training Consultants	3 hours	CFSD Staff	4 times per year	Case management, case review, documentation
Family Engagement Meetings Funding Source: Title IV-E	This training addresses the processes and protocols of Family Engagement Meetings as well as overall processes for family centered engagement in case practice.	Regional training sites/Virtual	UM Workforce Training Consultants /CFSD Staff	1 hour	CFSD Staff	4 times per year	Case management, case review, documentation, family centered engagement
Substance Use Disorder Training Funding Source: Title IV-E, State General Fund	This training addresses the complexities of substance use disorders in the child welfare system including the assessment, evaluation, and treatment of substance use disorders and their effects on the family. Included are modules addressing mental health considerations, case management, and treatment of substance use disorders regarding the effects on child safety and family preservation.	Regional training sites/virtual	CFSD Training Unit, UM Workforce Training Consultants, Guest Speakers	15 hours	CFSD Staff	2-3 times per year	Case management, case review and documentation, communication skills, assessments to determine need for intervention, confidentiality, ethics

**ONGOING IN-SERVICE TRAINING**

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Parent Coaching and Supportive Visitation  Funding Source: Title IV-E	This training addresses the engagement with families in order to address safety issues relating to visitation with parents and children and staff interactions in a supportive manner for parents and children to complete visitation facilitated by the agency in a positive, skill building environment.	Regional training sites/Virtual	UM Workforce Training Consultants	3 hours	CFSD Staff	4 times per year	Case management, case review, documentation
Child and Family Ombudsman Training  Funding Source: State General Fund	This training addresses the practices and review protocols for the integration of the Child and Family Ombudsman's office, through State Department of Justice, in CFSD case practices and reviews.	Regional training sites/Virtual	DOJ Ombudsman staff, UM Workforce Training Consultants	2 hours	CFSD Staff	4 times per year	Case management, case review, documentation, family centered engagement
MDT/CPT/ CAC  Funding Source: State General Fund, Title IV-E	This training addresses the cooperative interaction of the justice system, law enforcement, schools, service providers, and other community stakeholders and partners in the child welfare system involvement with families in their individual communities. Also incorporated are the processes, procedures, and protocols of local/ regional Child Advocacy Centers and the available of service providers to assist families addressing trauma incurred as a result of circumstances involving the children in the household which meet the required criteria for service through the Child Advocacy Center.	Regional Training sites/ Virtual	CFSD staff, UM Workforce Training Consultants, Guest Speakers	2 hours	CFSD Staff	4 times per year	Case review, case management, family centered social work practice, cultural competency, domestic violence, and mental health issues, child development, communication skills, family preservation, assessments regarding determination of need for intervention, service referrals

**ONGOING IN-SERVICE TRAINING**

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
<p>Engagement and Communication with Children</p> <p>Funding Source: Title IV-E</p>	<p>This training assists staff with engagement strategies with children in the assessment phases of the initial investigation, throughout any necessary intervention, and throughout the length of the case in its entirety. Staff are trained on techniques for engaging children in case practice based on age, stages of development, cultural considerations, and other child specific considerations.</p>	<p>Regional Training sites/ Virtual</p>	<p>CFSD Training Unit, UM Workforce Training Consultants</p>	<p>4 hours</p>	<p>CFSD Staff</p>	<p>4 times per year</p>	<p>Case review, case management, family centered social work practice, cultural competency, domestic violence, and mental health issues, child development, communication skills, family preservation, assessments regarding determination of need for intervention, service referrals</p>
<p>Engagement and Communication with adults</p> <p>Funding Source: Title IV-E</p>	<p>This training assists staff with engagement strategies with adults in the assessment phases of the initial investigation, throughout any necessary intervention, and throughout the length of the case in its entirety. Staff are trained on techniques and strategies to actively engage adults in case practice and decision making and inclusion of adults in the decision making processes of case practices with considerations for mental health concerns, substance use disorders, cultural considerations, and other individual specific considerations.</p>	<p>Regional Training sites/ Virtual</p>	<p>CFSD Training Unit, UM Workforce Training Consultants</p>	<p>4 hours</p>	<p>CFSD staff</p>	<p>4 times per year</p>	<p>Case review, case management, family centered social work practice, cultural competency, domestic violence, and mental health issues, child development, communication skills, family preservation, assessments regarding determination of need for intervention, service referrals</p>

**ONGOING IN-SERVICE TRAINING**

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
<p>Engagement and Communication with Adults</p> <p>Funding Source: Title IV-E</p>	<p>This training assists staff with engagement strategies with adults in the assessment phases of the initial investigation, throughout any necessary intervention, and throughout the length of the case in its entirety. Staff are trained on techniques and strategies to actively engage adults in case practice and decision making and inclusion of adults in the decision making processes of case practices with considerations for mental health concerns, substance use disorders, cultural considerations, and other individual specific considerations.</p>	<p>Regional Training sites/ Virtual</p>	<p>CFSD Training Unit, UM Workforce Training Consultants</p>	<p>4 hours</p>	<p>CFSD Staff</p>	<p>4 times per year</p>	<p>Case review, case management, family centered social work practice, cultural competency, domestic violence, and mental health issues, child development, communication skills, family preservation, assessments regarding determination of need for intervention, service referrals</p>
<p>Estimated Total Cost of Training Type</p>	<p>\$392,795.00</p>						
<p>Cost Allocation Methodology</p>	<p>CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between Title IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only Title IV-E allowable costs are claimed on the quarterly federal reports.</p>						



CONFERENCES							
Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/Duration	Title IV-E Administrative Functions
Prevent Child Abuse and Neglect Conference  Funding Source: CAPTA and CJA Grants	Participants will attend workshops that will outline current child welfare issues, identify practice guidelines, principles or skills, and address treatment or service delivery programs, services or models that may help workers address needs of their clients and provide effective case management.	Conference center	CFSD staff and guest speakers	2 days	CFSD staff, foster/ adoptive parents, law enforcement, CASA, judicial, educational, direct service providers, and medical providers	Annually	Case management, data entry and collection, cultural competency, family centered practice, child abuse and neglect issues including impact on children, permanency planning
Tribal Social Services Association Conference  Funding Source: CAPTA Grant	Attendees will participate in workshops that will present current child welfare issues from a Tribal perspective.	Conference center	CFSD staff, Tribal representatives, guest speakers	3 days	CFSD staff, Tribal Social Services	Annually	Cultural competency
Estimated Total Cost of Training Type	\$392,715.00						
Cost Allocation Methodology	CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between Title IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only Title IV-E allowable costs are claimed on the quarterly federal reports.						

## FOSTER AND ADOPTIVE PARENT TRAINING

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Keeping Children Safe (KCS) Training  IV-E, General Fund	Participants will receive training that will qualify them to become licensed foster parents. Training includes an orientation to foster parenting; licensing and medical policy; child abuse and neglect; the impact of abuse on development; attachment, grief, and loss; discipline and stress management, adoption and permanency; as well as cultural issues relating to the primary family.	CFSD offices, Community sites throughout the state	CFSD staff, foster parent co-trainers	18 hours	Current and potential foster, foster to adopt, and adoptive parents	Monthly	Recruitment and licensing of foster homes
Creating a Lifelong Family  Funding Source: Title IV-E, General Fund	The training focuses on the child's need for a permanent home. The training is designed to enhance the skills of prospective adoptive parents and to provide information about the issues adopted children and their families face. The goal is to help adoptive parents create a home that will last a lifetime	CFSD offices, Community sites throughout the state	CFSD staff	6 hours	Current and potential foster, foster to adopt, and adoptive parents	Monthly	Recruitment and licensing of foster homes
Estimated Total Cost of This Training Type	\$10,905.00						
Cost Allocation Methodology	CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between Title IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only Title IV-E allowable costs are claimed on the quarterly federal reports.						

## FOSTER AND ADOPTIVE PARENT TRAINING

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Foster/Adopt on-going and in-service Trainings  Funding Source: Title IV-E, General Fund	Participants will attend workshops, webinars, and conferences that will address current child welfare issues pertaining to foster and adoptive parents	In person and virtual	CFSD Staff, National presenters, local experts	20 hours annually	CFSD staff, foster/ adoptive parents	On-going	Family centered practice, cultural competency, overviews of child abuse/neglect issues, effects of separation, grief/loss, child development, visitation
Resource Family Core Training	Participants will complete online training (once they have completed the initial 8 hour training module) on the foster and adoption process and to enhance the individual's ability to meet the needs of children in their care. Each section covers a specific topic: Grief and Loss (2 modules), Child Development (2 modules) , Discipline, Culture, Legal Process, Trauma and Reasonable and Prudent Parenting.	CFSD offices, UM Moodle Site	UM/CFSD staff	10 hours	Current and potential foster, foster to adopt and adoptive parents	On demand and as needed	Recruitment and licensing of foster homes
Estimated Total Cost of This Training Type	\$10,905.00						
Cost Allocation Methodology	CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between Title IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only Title IV-E allowable costs are claimed on the quarterly federal reports.						

**LONG TERM TRAINING FOR PERSONS EMPLOYED BY OR PREPARING FOR EMPLOYMENT**

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
<p>University of Montana, Title IV-E Stipend Program, Bachelor of Social Work</p> <p>Funding Source: IV-E</p>	<p>Bachelor’s level Social Work curriculum emphasizes the professional competencies required for social work practice in a public child welfare setting and includes interfacing with foster care, adoption assistance, and group home care programs and working effectively with professionals in the medical, educational, and judicial systems.</p> <p>Through the program, students are able to address social problems from a broad ecological and strengths based perspective moving between fields of practice, incorporating best practices into their professional repertoire, applying critical thinking skills to all phases of the change process, critiquing themselves and professional approaches, and utilizing a framework for social justice to address complex problems at all levels of society.</p> <p>Significant changes in the 2019 APSR are detailed earlier in the Training Plan section.</p>	<p>University of Montana, College of Social Work</p>	<p>BSW Program Faculty</p>	<p>BSW students may take the stipend for a maximum of four semesters; however, the usual duration is two semesters.</p>	<p>Students accepted to the BSW program commit to employment with CFSD.</p>	<p>Annually/ Long-Term</p>	<p>Referral to services, Preparation and participation in judicial determinations, Placement of children, Development of a case plan, Case review, Case management and supervision, social work practice and methods, cultural competency, child abuse and neglect issues (the impact of child abuse and neglect on a child), permanency planning, general substance abuse, domestic violence, and mental health issues, ethics</p>



**LONG TERM TRAINING FOR PERSONS EMPLOYED BY OR PREPARING FOR EMPLOYMENT**

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
<p>University of Montana, Title IV-E Stipend Program, Master of Social Work</p> <p>Funding Source: IV-E</p>	<p>Master’s level Social Work curriculum emphasizes providing students with frameworks for understanding historical, political, and cultural contexts of practice, honoring difference, confronting oppression, and taking action for social justice; preparing students to bridge direct practice with individuals, groups, and families and the knowledge and skills of community building; teaching students to integrate research, policy analysis, and advocacy in their practice regardless of setting, problem area, or specific job description; and preparing students as social work leaders committed to promotion of empowering, participatory, social-justice-oriented practice.</p>	<p>University of Montana, School of Social Work</p>	<p>MSW Program Faculty</p>	<p>MSW students that are CFSD employees may take the stipend for between four to six semesters (most utilize the two semester option). Non-CFSD employee MSW students may take the stipend for two semesters.</p>	<p>Non-employee MSW students or MSW student employees of CFSD participating in the MSW program commit to employment with CFSD.</p>	<p>Annually/ Long-Term</p>	<p>Referral to services, Preparation and participation in judicial determinations, Placement of children, Development of a case plan, Case review, Case management and supervision, social work practice and methods, cultural competency, child abuse and neglect issues (the impact of child abuse and neglect on a child), permanency planning, general substance abuse, domestic violence, and mental health issues, ethics</p>

**LONG TERM TRAINING FOR PERSONS EMPLOYED BY OR PREPARING FOR EMPLOYMENT**

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
<p>Confederated Salish Kootenai College, Title IV-E Stipend Program, Bachelor of Social Work (SKC sub-contracts with Walla-Walla University to provide SKC students access to an accredited MSW program).</p> <p>Funding Source: IV-E</p>	<p>The BSW and MSW curriculums emphasize Identification as a professional social worker, application of social work ethical principles to guide professional practice, critical thinking to inform and communicate professional judgments, diversity and difference in practice, human rights and social and economic justice, research-informed practice and practice-informed research, knowledge of human behavior and the social environment, policy practice to advance social and economic well-being and to deliver effective social work services, response to contexts that shape practice, and the expectation of engagement, assessment, intervention, and evaluation with individuals, families, groups, organizations, and communities.</p>	<p>BSW/ SKC campus</p> <p>MSW/ Walla- Walla Univer- sity Campus</p>	<p>SKC program faculty</p> <p>Walla- Walla University Program faculty</p>	<p>BSW students typically take the stipend for 6 quarters</p> <p>MSW students typically take the stipend for between 4-8 quarters</p>	<p>BSW students accepted into the program commit to employment in the Child Welfare System</p> <p>MSW students accepted into the program commit to employment in the Child Welfare System</p>	<p>Annually/ Long-Term</p>	<p>Referral to services, Preparation and participation in judicial determinations, Placement of children, Development of a case plan, Case review, Case management and supervision, social work practice and methods, cultural competency, child abuse and neglect issues (the impact of child abuse and neglect on a child), permanency planning, general substance abuse, domestic violence, and mental health issues, referral to services, ethics</p>
<p>Estimated Total Cost of This Training Type</p>	<p>\$2,326,975.00</p>						
<p>Cost Allocation Methodology</p>	<p>CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between Title IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only Title IV-E allowable costs are claimed on the quarterly federal reports.</p>						

OTHER TRAININGS							
Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Printed Resource Materials  Funding Source: CJA Grant	<p>Resources reprinted every year include the “School Guidelines on Child Abuse and Neglect” and the “What Happens Next? A guide to the CFSD’s child protection services (cps).”</p> <p>Centralized Intake (CI) brochures – The brochures explain the toll free child abuse hotline information, includes a section on “Why Does Montana Have Centralized Intake?” What can you expect when you call CI; defines what a CI Specialist is, defines the Roles of the CI Specialists, and defines the overall purpose of CI. This brochure distributed at conferences, trainings, and other meetings.</p>	Printed materials	CFSD- CFSD- Brochures are distributed to the county offices and other appropriate organizations including local schools. The “What Happens Next?” booklets are distributed to families working within the cps system, to mandatory reporters, school districts, and other interested organizations	N/A	Current and potential foster, foster to adopt, and adoptive parents	Updated annually	Service referral
Estimated Total Cost of This Training Type	\$4,875.00						
Cost Allocation Methodology	CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between Title IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only Title IV-E allowable costs are claimed on the quarterly federal reports.						

**OTHER TRAININGS**

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
<p>Child Welfare 101 (Previously CORE Training)</p> <p>Funding Source: CAPTA State Grant, Title IV-E, Adoption Incentive, State General Fund</p>	<p>CFSD training for community partners and stakeholders centered on the Montana Safety Assessment and Management System (SAMS) and CFSD case decision processes from the initial report through the entire case process. Training addresses various child welfare topics, including, but not limited to, Safety, Permanency, and Well-Being decision making processes and procedures. Training outlines CFSD involvement within the child welfare system across the state emphasizing CFSD as a component, or piece, of the child welfare system and outlining the necessity for collaboration between CFSD and all community partners and stakeholders in further the mission and work of CFSD.</p>	<p>Regional Training Sites/ Virtual</p>	<p>CFSD Training Development Specials and Division Administration</p>	<p>3 to 4 hours</p>	<p>Community Partners, stakeholders, judges, attorneys, law enforcement, school staff, community members at large</p>	<p>Quarterly throughout the state</p>	<p>Social work practice, child abuse and neglect issues, permanency planning, communication skill building, assessment, referral to services, ethics.</p>
<p>Estimated Total Cost of This Training Type</p>	<p>\$4,975.00</p>						
<p>Cost Allocation Methodology</p>	<p>CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between Title IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only Title IV-E allowable costs are claimed on the quarterly federal reports.</p>						



# STATISTICAL AND SUPPORTING INFORMATION

## Section 1: CAPTA Annual State Data Report Items

### A. Information on the Child Protective Service Workforce

All CFSD Staff except administrative support and Fiscal Bureau staff are required to complete new worker in-service training as soon as possible.

All CFSD Supervisors, Child Protection Specialists (CPS), Centralized Intake Specialists (CIS), Resource Family Specialists (RFS), Social Service Technicians (SST) and other specified employees are required to engage in hands-on CAPS/MFSIS training, provided by internal staff familiar with operating the systems, throughout their onboarding process.

All field and Centralized Intake Supervisors will complete the onboarding Training Manual with all new Child Protection Specialists, Centralized Intake Specialists, Social Service Technicians and Resource Family Specialists.

All Centralized Intake, field and program staff are required to participate in all policy trainings. All Child Protection Specialists are required to complete Forensic Interviewing Training within 18 months after being hired unless a Regional Administrator excuses them from this training. All Regional Child Protection Specialists, Family Resource Specialists and Supervisors are required to complete Keeping Children Safe (KCS) within 24 months after being hired.

All Child Protection Specialists, Family Resource Specialists and Supervisors are required to complete annual blood-borne pathogen training. All new CFSD staff are required to complete HIPAA training within 30 days of being hired.

Child and Family Services Policy Manual: Reference Information Background Checks for Employees of CFSD: CFSD Employee; Child Protective Services (CPS) Background Check to include Out-Of-State Checks; Criminal Background Check (CBC); and a Driving Record Check (DMV).

A name-based records check using the Criminal Justice Information Network (CJIN) performed by the Montana Department of Justice or a companion agency in another state. CBC results are generally available within 24 hours. National background checks are conducted by the Federal Bureau of Investigations Results may take 10 to 14 business days. Fingerprint-based criminal records checks are completed on newly hired CPS and SST workers. Fingerprint-based checks are also utilized for newly hired CPS supervisors who are hired from outside the agency.

#### Driving Records Check conducted by the Dept. of Motor Vehicles (DMV)

Child protection, adult protective services, criminal background checks (CBC) and driving record (DMV) checks are required for all new hires. The records will be reviewed to determine whether the applicant has been convicted of any criminal acts that are directly related to the responsibilities of the prospective position, or if the applicant has any involvement with the CPS system, which would be relevant to the position.

A CBC and DMV check are required for all MPEA qualifying position transfers (i.e., CI, CPS and Family Group Decision Making Coordinator). Internal transfers/promotions within CFSD will be

required to complete the CBC, child protection and DMV checks. A clear statement notifying the applicant of the requirement for a background check will appear on the position announcement. The CFSD applicant selected for the position will receive a contingency letter indicating the job offer is contingent upon the results of the background check. The offer of employment will be rescinded if the applicant does not pass the background check.

Relevant felony history, or substantiation of child abuse or neglect will be reviewed, and the applicant will be given an opportunity to challenge the accuracy of the report and contact information to get the report corrected. All background checks will be reviewed in accordance with EEO guidelines (e.g., reviewing the nature and severity of the crime, relation of the crime to the prospective job, and time elapsed since the crime occurred). As a rule, any applicant who has a relevant felony criminal history or who has a substantiation of child abuse or neglect will be disqualified.

Selected applicants refusing to complete a background check will not be advanced in the selection process.

## **B. Data on the education, qualifications, and training of such personnel**

### **CPS Education Requirements**

Minimum Qualifications (Education and Experience):

- Bachelor's degree in social work, human services or psychology, or directly-related degree.
- Two years of social services work experience, or directly-related work experience, working with children and families in difficult and sometimes volatile situations.
- Other combinations of directly related education and experience maybe considered on a case-by-case basis.
- Child protection work experience and professional certification preferred.
- Experience working with tribal government entities and/or other organizations of native peoples is highly preferred.

### **CPS Supervisor Education Requirements**

Minimum Qualifications (Education and Experience):

- Bachelor's degree in social work, human services or psychology, or directly-related degree.
- Four years of child protection work experience or other directly-related work experience working with children and families in difficult and sometimes volatile situations.
- Supervisory work experience preferred.
- Other combinations of directly related education and experience may be considered on a case-by-case basis; however, a bachelor's degree is required.
- Experience working with tribal government entities and/or other organizations of native peoples is highly preferred.

### **Centralized Intake Requirements**

Minimum Qualifications (Education and Experience):

- Bachelor's degree in social work, psychology, or related human services field.
- One year of human services experience working with children and families.
- Other combinations of directly related education and experience may be considered on a case-by-case basis; however, a bachelor's degree is required.
- A six-month completed internship with Child Protective Services will be accepted in lieu of the one year required experience.

Internship with Child Protective Services will be counted equivalent to one year of direct experience. In order to receive credit for the internship applicant must have a letter of recommendation from the Child and Family Services Division Supervisor/Manager.

### Training Assignment Requirements

Training assignments are not typically used when hiring new staff. Training assignments are for no less than three (3) months and up to twelve (12) months. During the training assignment the newly hired worker may receive a wage that is less than newly hired staff meeting the minimum requirements. Job performance is observed and discussed between the employee and supervisor on a regular basis during the agreement. The employee will attend and satisfactorily complete the following training:

- Meet weekly in person with the CPS supervisor to assess progress, discuss questions, and receive training direction
- Complete CAPS training and demonstrate an understanding of CAPS screens and ACTD documentation
- Attend, actively participate in and complete three weeks of in person and one week of online Montana Child Abuse and Neglect Training (MCAN)
- Complete all On-Boarding requirements for new CPS employees as set forth in the CPS On-Boarding Manual.

Internship with Child Protective Services will be counted equivalent to one year of direct experience. To receive credit for the internship, the applicant must have a letter of recommendation from the Child and Family Services Division supervisor/manager.

### Child Protection Specialist

Applicant must have a valid driver's license and access to a vehicle. The successful applicant will be required to sign a Driving Release Record form. May sometimes be on call twenty-four hours a day to provide services in emergencies. Regular shifts may include nights and weekends.

### Duties

The successful applicant will perform professional social work in providing protective services to children who are being abused, exploited, or neglected. This position performs work in X County and the surrounding counties. This position investigates referrals, counsels, develops treatment plans, coordinates work with other programs, and researches other available services.

These cases are likely to involve legal action, thus there would be time spent working with law enforcement, county attorneys and the courts. On-call crisis intervention, and information and referral are also routine to this position. Must have a valid driver's license and access to a vehicle, as travel is required.

### Competencies

Knowledge of the principles and practices of social work; human growth and development; patterns of behavior; state and federal laws relating to child welfare; and community resources.

Skill in establishing community relations and public relations; evaluating the success or failure of plans for intervention; communicating effectively; and working well with employees, other agencies, and the public.



Ability to diagnose severe problems in social functioning; develop and implement plans with individuals experiencing severe problems in social functioning such as physical abuse cases, mental illness, and sexual abuse; identify clients' needs not being met through existing community investigations of abuse, neglect, and exploitation; and to communicate verbally and in writing with individuals from diverse socioeconomic and cultural backgrounds. Demonstrated ability in treatment intervention and testifying effectively in court is needed.

### **Training Manual**

Supervisors for Child Protection Specialists, Resource Family Specialists, Social Service Technicians and Centralized Intake Specialists receive an onboarding Training Manual. The manual outlines training expectations for the first six months of employment. New Child Protection Specialists and Social Services Technicians coordinate with their direct supervisor and their regional Field Lead Training Specialists. Family Resource Specialists and Centralized Intake Specialists coordinate with their supervisors to complete the requirements timely. Child Protection Specialists and Resource Family Specialists are expected to have a working knowledge of the training materials through Phase 4, of their respective manual, prior to independently managing a caseload.

The manual contains sections of CFSD policy and Montana statutes on child protective services issues that are read and reviewed with the staff member's direct supervisor and Field Lead Training Specialist, dependent on staff type and role. Field Lead Training Specialists and Supervisors facilitate no fewer than three investigations prior to a CPS worker conducting their own, independent investigation. The manual walks a new worker through all the of areas he/she must learn to be able to do their job successfully. At the first possible opportunity, ideally after the new CPS has been





in their respective role for at least thirty days, new CPS staff are also required to complete MCAN training as described below. All new Socials Services Technicians, Resource Family Specialists, and Centralized Intake Specialists are required to attend the agency's Practice Model Training for Non-CPS Staff within their first year of employment with the agency.

### Policy Training

All CI, field and program staff are required to participate in all Policy Training. The Division training to ensure staff is informed before new laws and policies become effective and to provide refresher training on selected topics such as the Indian Child Welfare Act and Nondiscrimination training. Policy Training is required for all CPS related staff, presented by the Division's Program Bureau staff, and has an emphasis on new statutes and policy. Since 2008, the Division has included nondiscrimination training in Policy Training, and this will be included in all future policy training sessions.

### Resource Family Specialist (RFS) Training

RFS staff complete required initial training which includes condensed MCAN training (referenced in the Targeted Plan Update: Training Plan in this APSR), Child and Youth Development, Non-Discrimination, Culture, Children and Adult Mental Health, Substance Use Disorders, Professional Skills, Understanding Poverty and Documentation as well as training through the onboarding manual regarding ICWA, Centralized Intake, Family Centered Practice, Substitute Care, Legal Process, and Runaways and Sex Trafficking.

RFS are required to participate in KCS (Keeping Children Safe) (the training for resource families) and Creating a Lifelong Family (Required for Adoptive Families) at first hire prior to being a presenter of the training. RFS staff also complete the KCS Core required training for resource families which includes Grief/Loss, ACES, Child Development, Positive Discipline, ICWA/Cultural competency and Reasonable and Prudent Parenting.

RFS staff continue to be required to complete SAFE training through the Consortium for Children at first hire and refresher training biannually.

### Supervisors'/Leadership Meetings

Supervisors' training and quarterly meetings are discussed in detail in the Updates to Targeted Plans within the 2020-2024 CFSP: Training Plan of this APSR.

### Forensic Interview Training

Basic and Advanced Forensic Interview Training is provided in collaboration with the Department of Justice (DOJ) and CFSD. The presenters are national speakers based in San Diego. Both agencies share training opportunities with child protection staff and law enforcement officers. The collaborative training occurs at least twice each year.

**C. Demographic information of the child protective service personnel:**

<b>CI and CPS Worker Demographics</b>		
Gender	N	%
Male	59	22.69%
Female	201	77.31%
<b>Total</b>	<b>260</b>	
<b>Service w/CFSD</b>		
Years	N	%
<1	75	28.85%
1 to <3	88	33.85%
3 to <5	41	15.77%
5 to <9	31	11.92%
9 to <15	11	4.23%
15 to <25	10	3.85%
25+	4	1.54%
<b>Total</b>	<b>260</b>	
Mean (yrs)	Data Not Currently Available	
Median (yrs)	Data Not Currently Available	
Range (yrs)	Data Not Currently Available	

<b>CI, Field Staff Supervisors, Mgrs., RA Demographics</b>		
Gender	N	%
Male	9	13.64%
Female	57	86.36%
<b>Total</b>	<b>66</b>	
<b>Service w/CFSD</b>		
Years	N	%
<1	1	1.52%
1 to <3	0	0%
3 to <5	4	6.06%
5 to <9	25	37.88%
9 to <15	18	27.27%
15 to <25	11	16.67%
25+	7	10.61%
<b>Total</b>	<b>66</b>	
Mean (yrs)	Data Not Currently Available	
Median (yrs)	Data Not Currently Available	
Range (yrs)	Data Not Currently Available	

Education Level for CPS and CI Workers / Supervisors and Ras				
Education Attainment	CPS, CI Workers		CPSS, MGR, RA	
	N	%	N	%
HS or Equiv.	5	1.92%	0	0.00%
Some College or AA	1	0.38%	0	0.00%
Bachelor's Degree	211	81.15%	45	68.18%
Some Graduate School	35	13.46%	10	15.15%
Master's Degree	1	0.38%	0	0.00%
Doctorate	0	0%	4	6.06%
Missing	7	2.69%	7	10.61%
<b>Total</b>	<b>260</b>		<b>66</b>	

As of 06/10/2022

Provided in the table above, the percent of CPS and CI staff that have a bachelor's degree, not necessarily a BSW, is 81% and 68% of CPSS and regional administrators hold a BA degree. Also, in the table above, 13% of CPS and CI workers have a master's degree (not necessarily an MSW) and CPSS and regional management with a master's degree (not necessarily an MSW) is 15%.

The information below is the number of students who received a Title IV-E stipend during the 2021 – 2022 school year in UM and Salish Kootenai College (SKC) program:

- Number of Title IV-E BSW Students Supported:  
**UM: 3**  
**SKC: 18**
- Number of Title IV-E MSW Students Supported:  
**UM: 1**  
**SKC/WWC: 21**

## Section 2: Juvenile Justice Transfers

There were no children transferred from DPHHS-CFSD into the custody of the State Juvenile Justice system in SFY 2022. Children in the custody of DPHHS-CFSD are generally not transferred to the custody of the State Juvenile Justice System. If a child who is in the custody of the Department commits a status offense, the youth usually remains in the custody of DPHHS-CFSD and services are provided to remedy the behavior that brought the youth to the attention of Juvenile Justice Court.

If this same youth is adjudicated a delinquent youth, CFSD and Juvenile Probation frequently share responsibility for the youth, with the youth remaining in the Department's custody while supervision is provided by the Juvenile Probation Officer. In rare instances when a youth has committed a crime involving violence or the use of weapons, a transfer may occur, but the youth is most likely committed to the Department of Corrections. This data is obtained from the SACWIS system.

### Section 3: Education and Training Vouchers

Attachment C – ETV Vouchers Awarded

Annual Reporting of Education and Training Vouchers Awarded		
Name of State/Tribe: Montana		
	Total ETVs Awarded	Number of New ETVs
Final Number: 2018-2019 School Year (July 1, 2018 to June 30, 2019)	55	29
2019-2020 School Year (July 1, 2019 to June 30, 2020)	63	36

### Section 4: Inter-Country Adoptions

There are no SFY 2022 reports of children, who were adopted from other countries, entering state custody because of a disruption of the adoptive placement or the dissolution of an adoption. The division continues to be available to assist families who have adopted children internationally as needs arise.

### Section 5: Monthly Caseworker Visit Data

This information is provided in “Monthly Caseworker Visit Formula and Standards for Caseworker Visits” section of the APSR.