



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Child and Family Services Division Annual State Plan Report State Fiscal Year 2024

Montana Rocky Mountain Front by April Grosse of Great Falls, MT

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GENERAL INFORMATION

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Department of Public Health and Human Services (DPHHS) Child and Family Services Division (CFSD) has provided on their website the 2020-2024 Child and Family Services Report (CFSP), subsequent Annual Progress and Services Reports (APSR), and Montana's Child and Family Services Review (CFSR) Program Improvement Plan (PIP).

CFSD's website link is: <https://dphhs.mt.gov/CFSD>

ACRONYMS LIST

Addiction Recovery Teams (ART)-----	28	Child Welfare Manager (CWM)-----	36
Administration for Children and Families Children's Bureau (ACF-CB)-----	13	Child Welfare Prevention and Support Services (CWPSS)-----	17
Adoption and Foster Care Analysis and Reporting System (AFCARS)-----	27	Children's Advocacy Center (CAC)-----	43
American Rescue Plan Act (ARPA)-----	99	Children's Alliance of Montana (CAM)-----	13
Annual Progress and Services Reports (APSR)-----	2	Children's Justice Act (CJA)-----	13
Area Needing Improvement (ANI)-----	24	CI Specialists (CIS)-----	100
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Child Abuse Prevention and Treatment Act (CAPTA)-----	13	Criminal Justice Information Network (CJIN)-----	100
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Child and Family Services Division (CFSD)-----	2	Department of Justice (DOJ)-----	103
Child and Family Services Report (CFSP)-----	2	Department of Public Health and Human Services (DPHHS)-----	2
Child and Family Services Review (CFSR)-----	2	Driver Record Checks (DRC)-----	100
Child Placing Agency (CPA)-----	48	Driving Record Check (DMV)-----	100
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CFSD Region Map

REGION VI

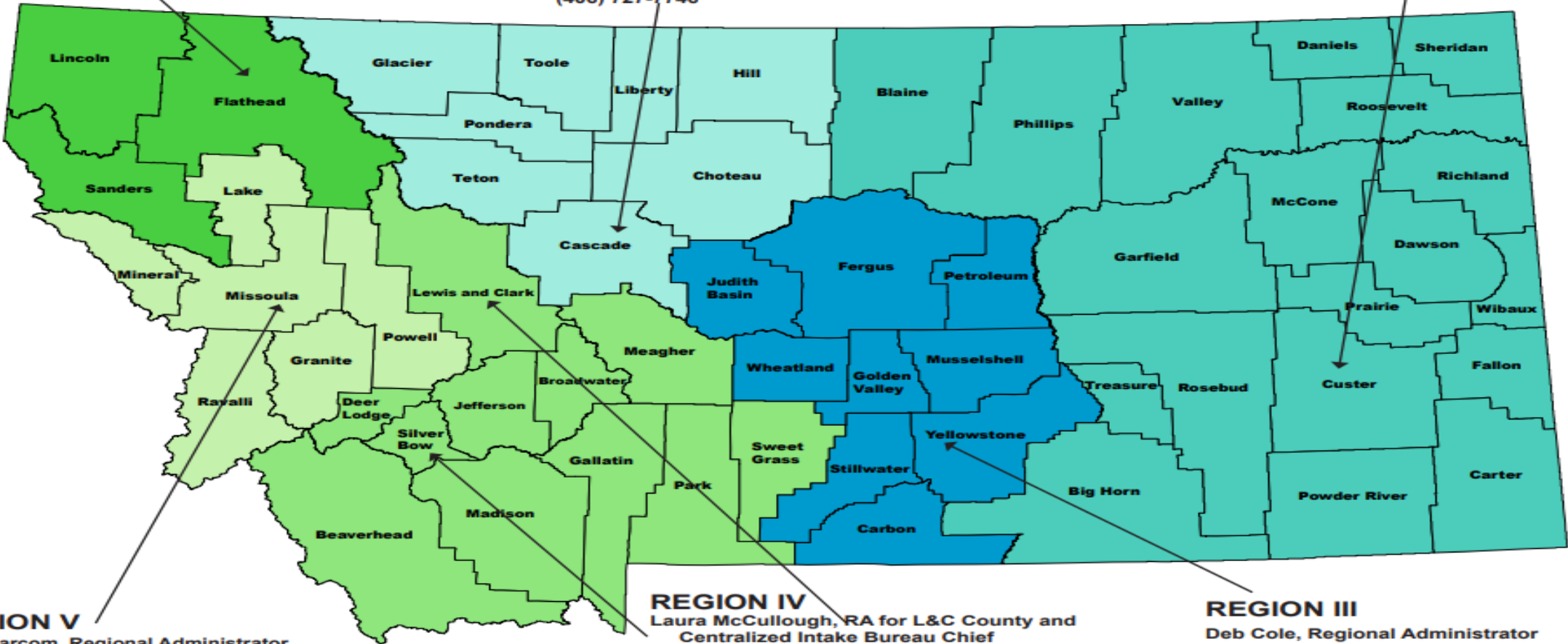
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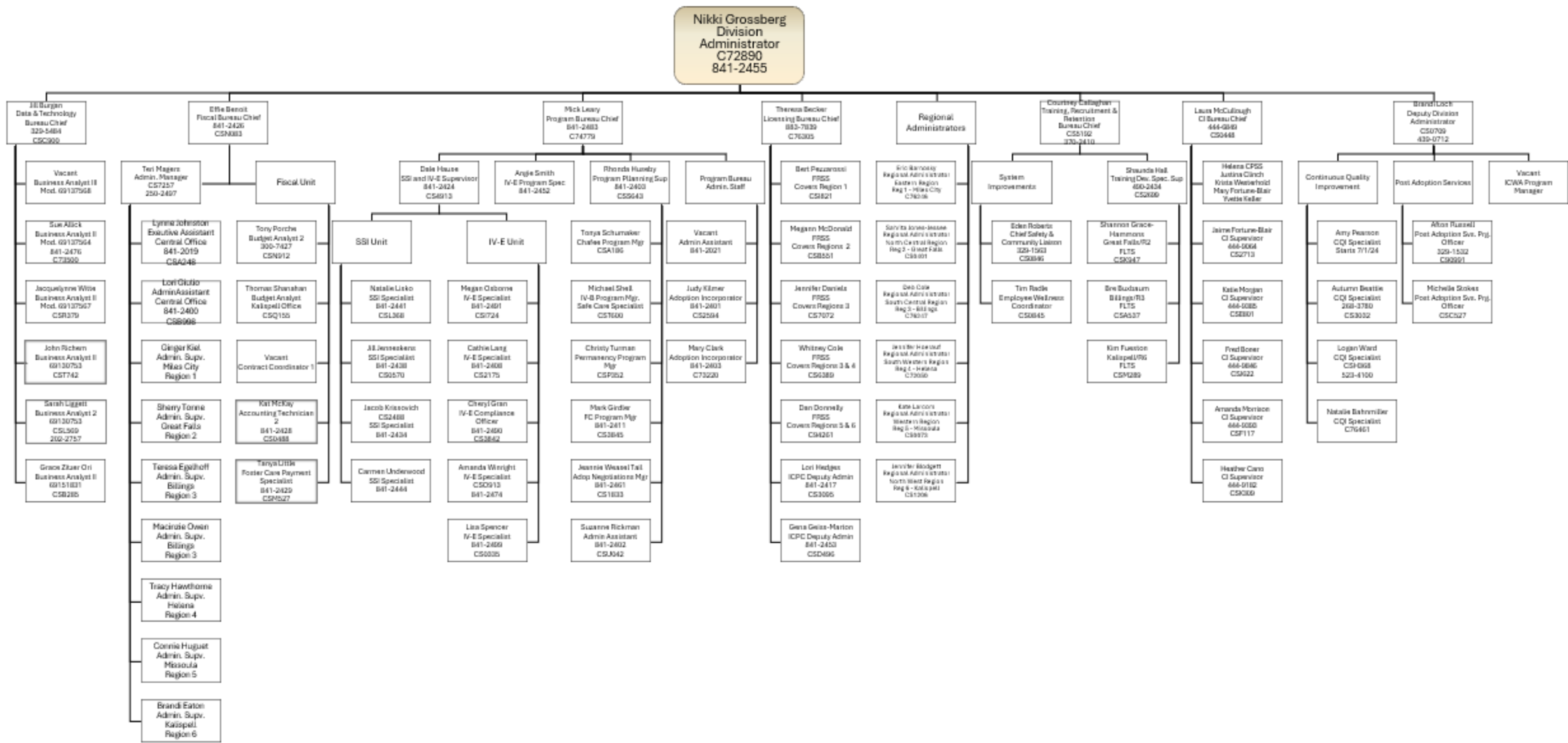
REGION III

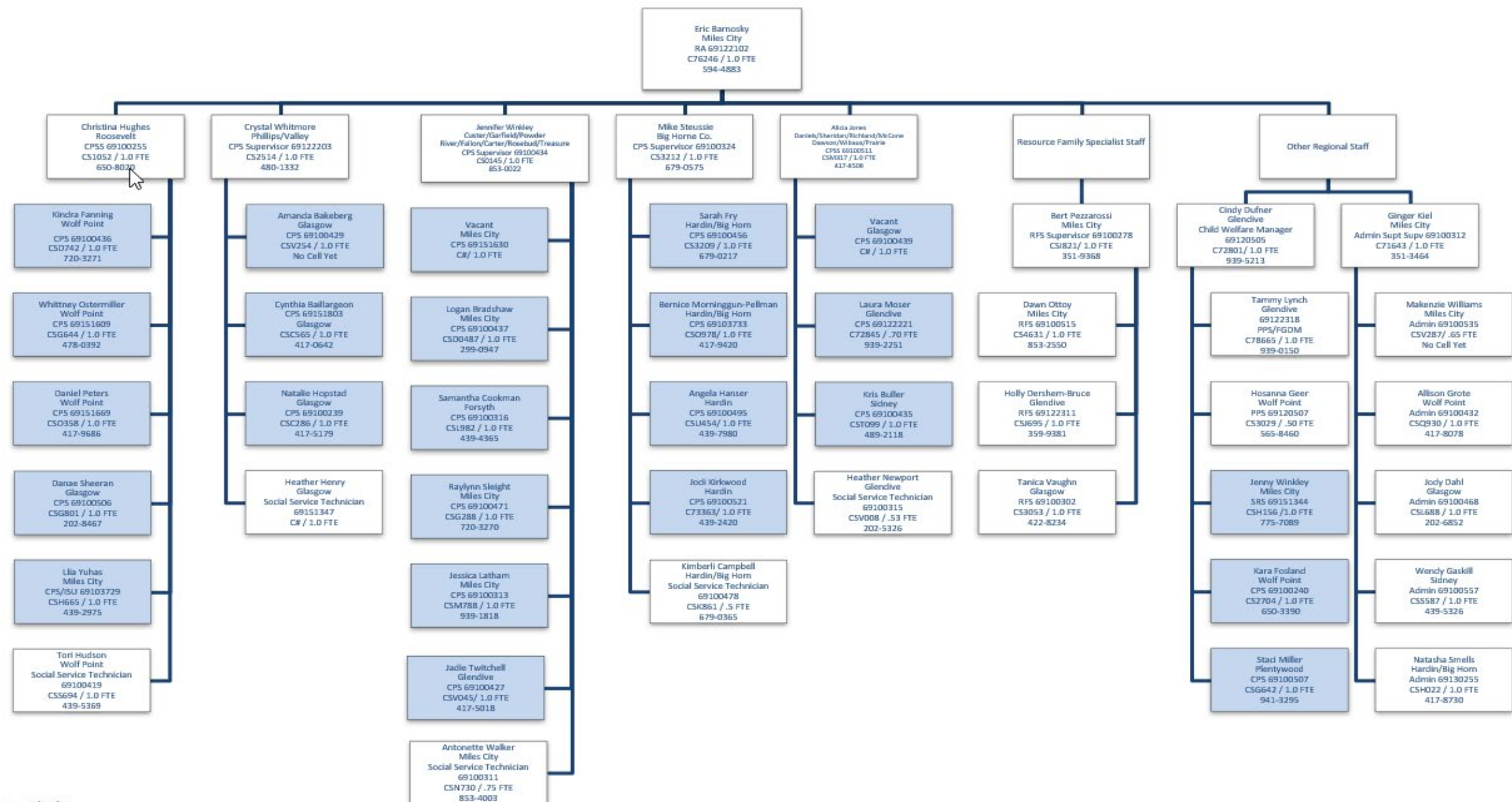
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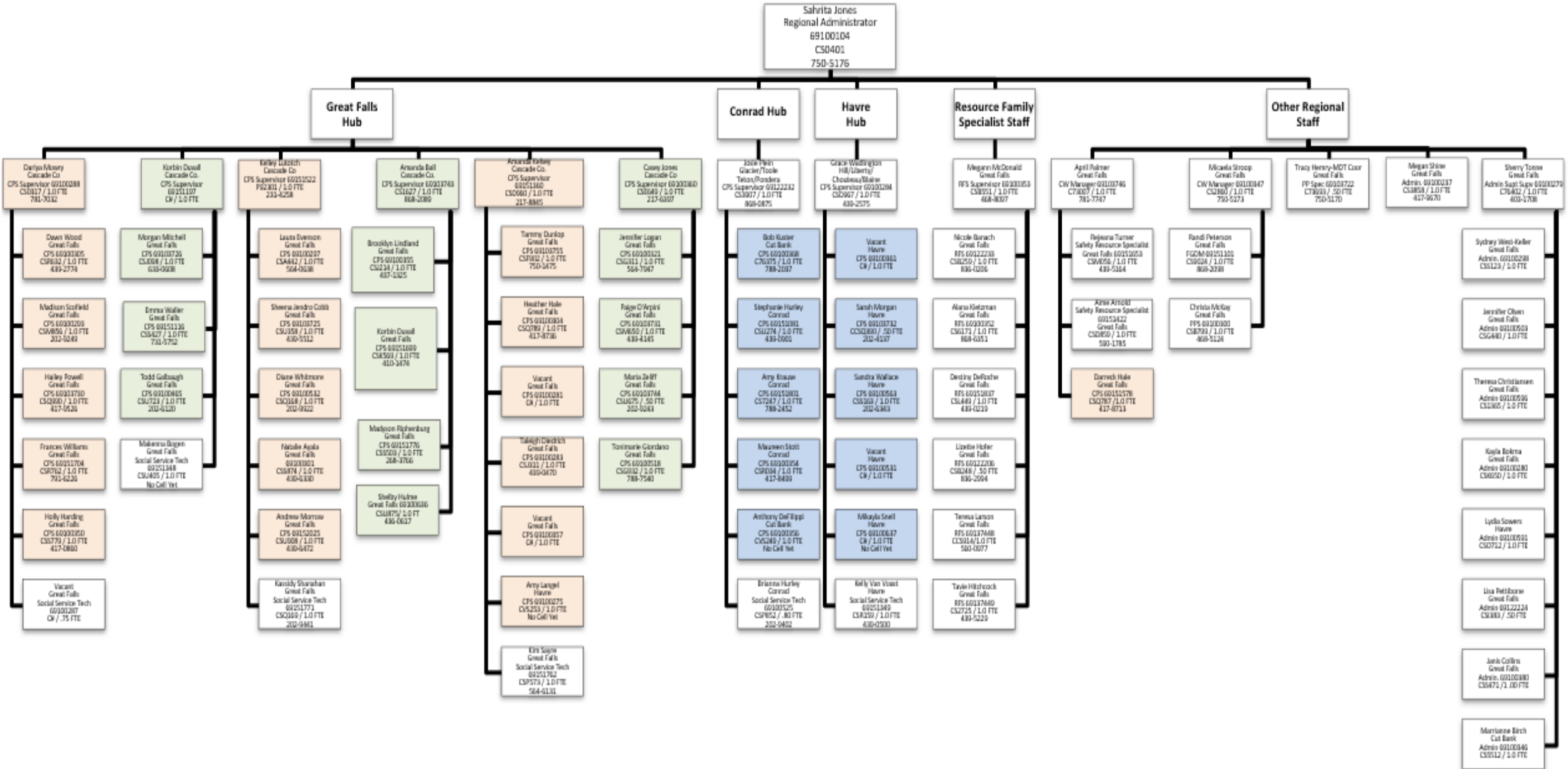
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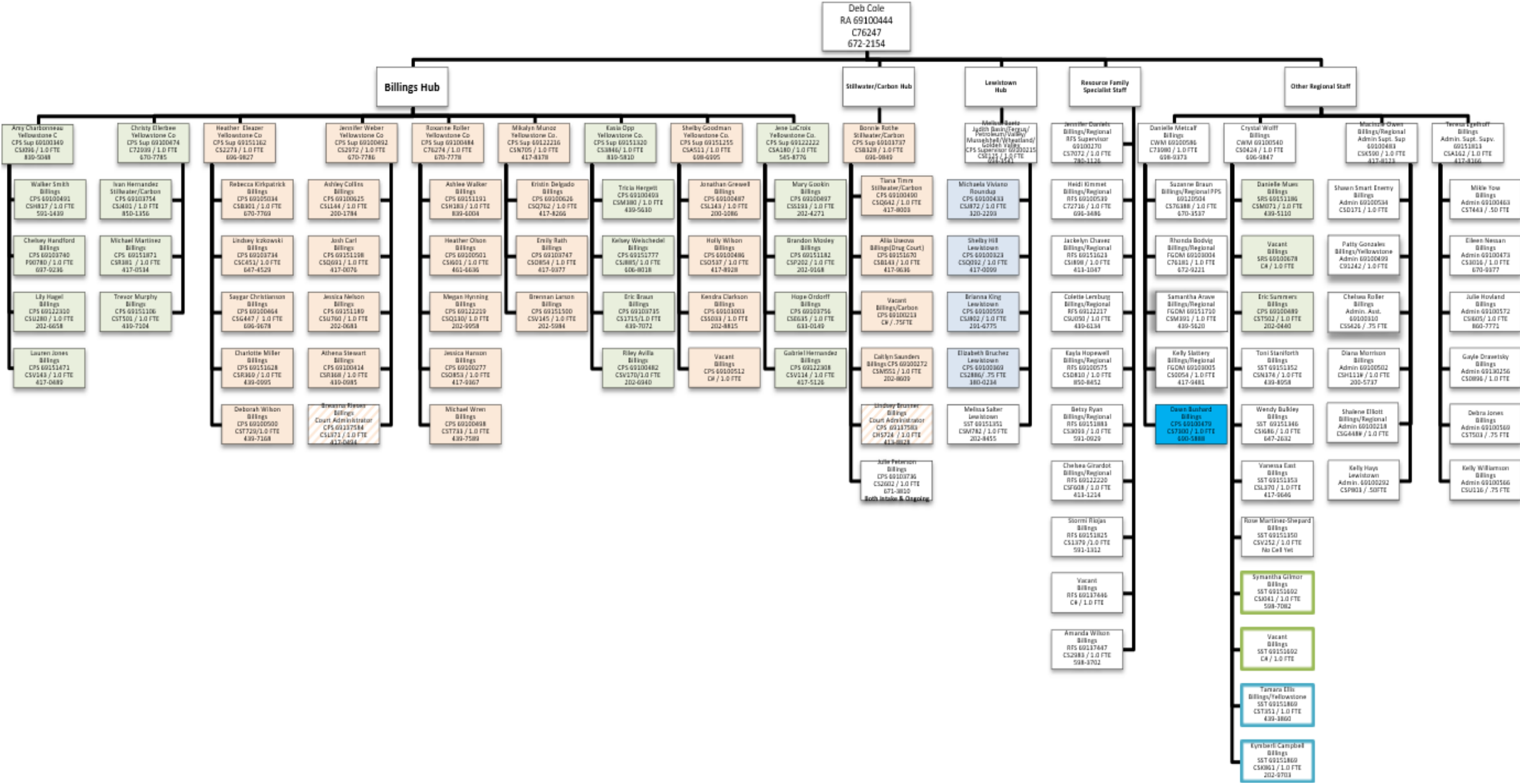
Management Team and Program Bureau (Central Office)

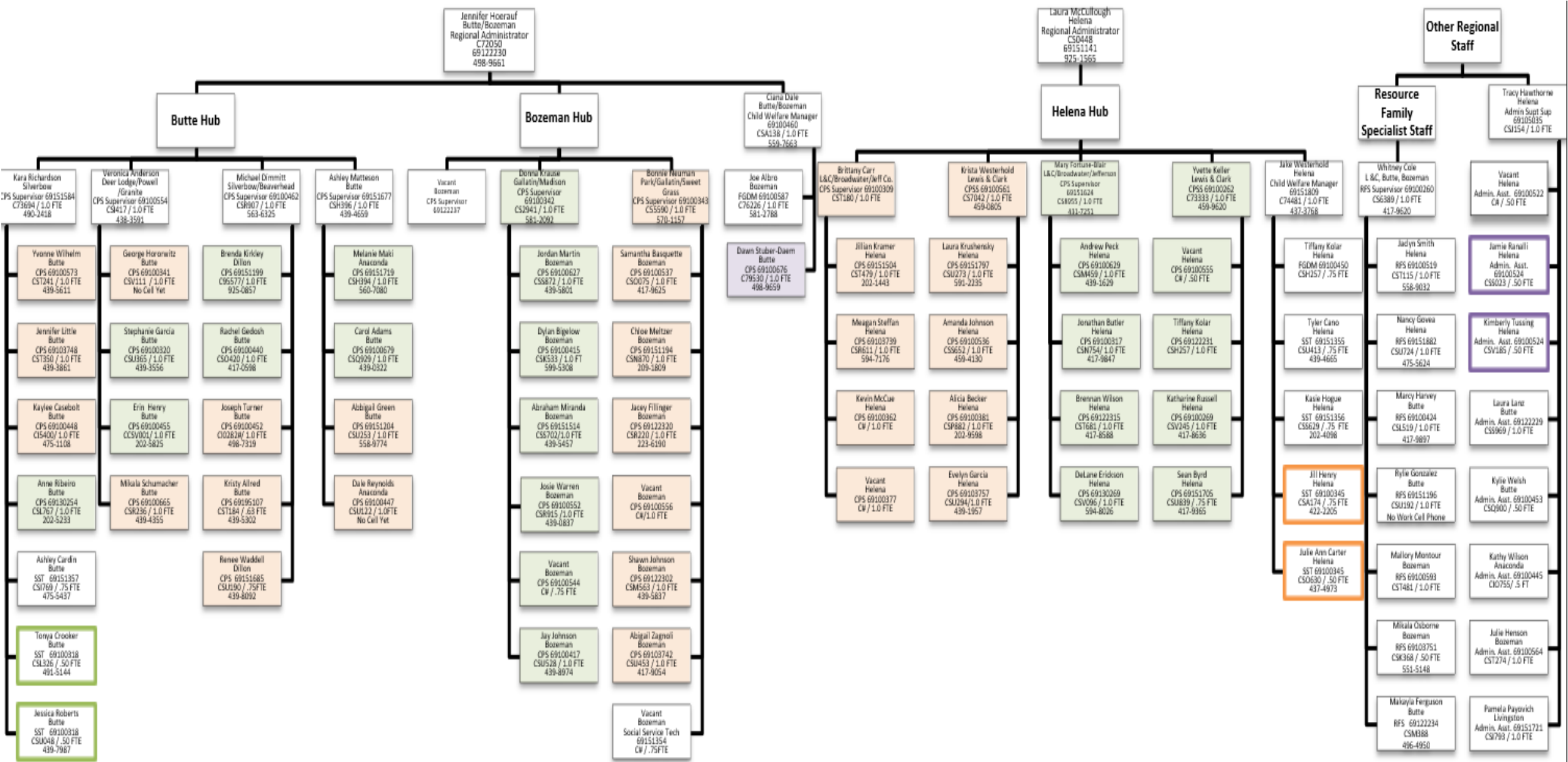
DPHHS CFSD Organization Chart can be located here: <https://www.dphhs.mt.gov/assets/dphhsorganizationalchart.pdf>

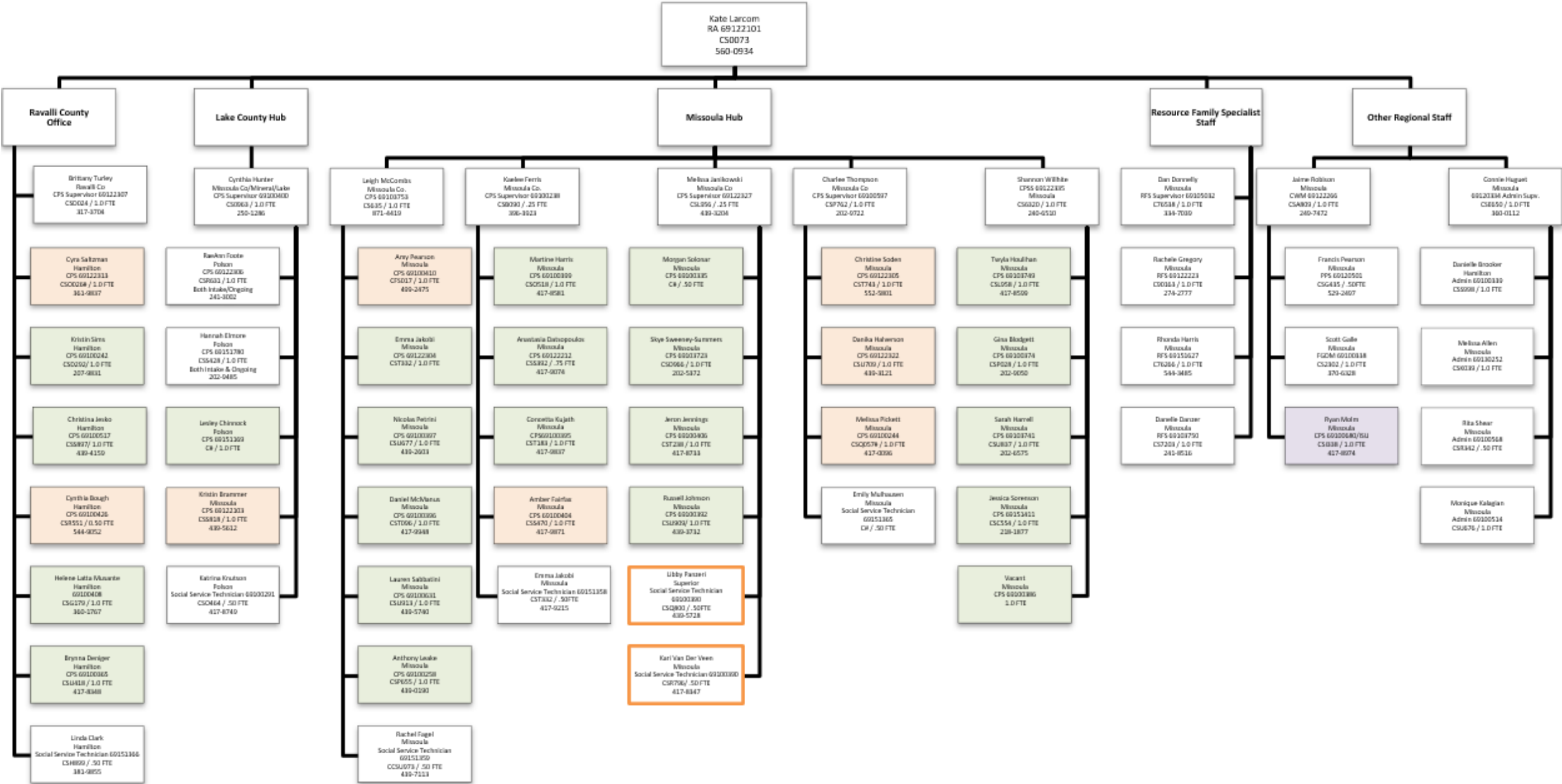


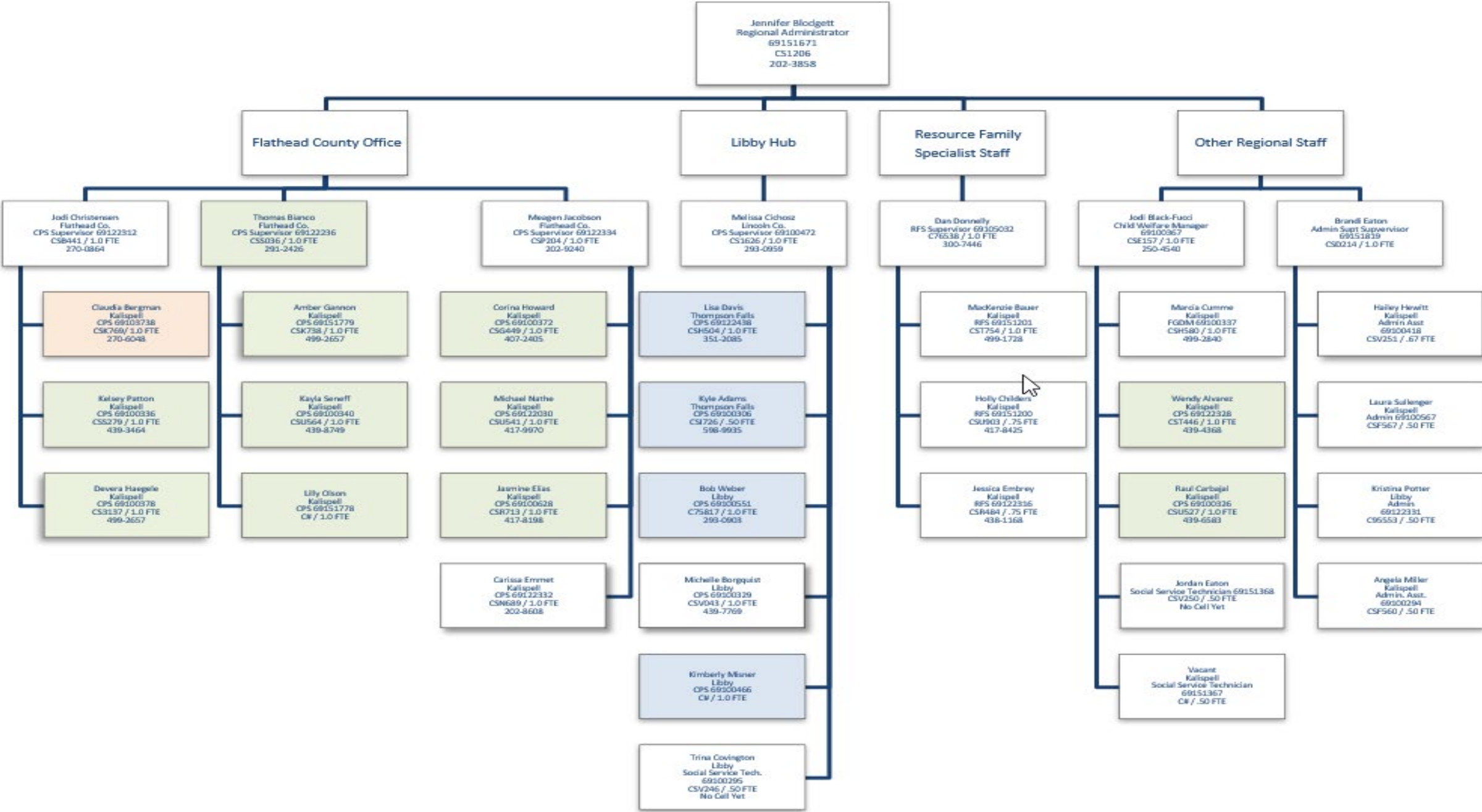












SECTION 1: COLLABORATION

Montana's 2020-2024 Child and Family Services Plan (CFSP) reported on a wide variety of ways the DPHHS CFSD routinely collaborates with multiple agencies and stakeholders to fulfill its vision. The narrative below highlights some of CFSD's efforts, over the past year (July 2023 – June 2024), to engage families, children, Tribes, providers, court partners and other stakeholders.

State Advisory Council (SAC)

The State Advisory Council (SAC) continues to function as the entity CFSD uses to meet the Child Abuse Prevention and Treatment Act (CAPTA) mandates for a State's Citizen Review Panel. Historically, the SAC also functioned as the Children's Justice Act (CJA) State Task Force. On July 1, 2023; with the support of the Administration for Children and Families Children's Bureau (ACF-CB), CFSD transitioned oversight of the CJA Grant to stakeholder and partner, Children's Alliance of Montana (CAM). CAM is now the designated Montana agency that is responsible for oversight of the CJA Grant. As such, the SAC has been in a period of transition over the past year to realign the goals and mission of SAC without the requirements of the CJA Grant.

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 2025-2029 CFSP. Over the past several years, SAC has been comprised of Task Force members required under CAPTA Section 107(c)(1), as well as representatives from Montana's Tribal social services agencies, members at the state-level who have an active role in Montana's child welfare system, and other internal and external stakeholders that have a vested interest in improving the child welfare system for children and families in Montana. In July 2023 CFSD entered a workplan with the Center for States Child Welfare Capacity Building Collaborative

(CSCWCBC) to help CFSD develop a more robust SAC to ensure the state is continuing to meet the needs outlined in CAPTA, as well as to define a clear vision, mission, and goals for the SAC. Part of this work with the CSCWCBC was to include expanding membership around individuals with lived experience in Montana's child welfare system.

The state was able to engage with the ACF-CB in two ways over the past year, impacting the future work of the SAC. The first way was that the CFSD identified a long-term partner CAM to assume the role of Grantee for Montana's CJA grant. This decision had been in the planning process for several years, and this transition took place effective July 1, 2023. The state will continue to receive designated funding from CJA and will continue with the strong partnership throughout the year. The state has received approval from the ACF-CB to return Federal Fiscal Year (FFY) FFY22 funding to the ACF-CB, for the purpose of funding being reissued to the CAM. This change in CJA grantees will result in the SAC being able to further identify the partners it would like on the council, ensuring the needs of the Citizen Review Panel are met; as well as to create new initiatives that are important to the SAC members and mission. As such, the second way the state has engaged with the ACF-CB is by receiving technical support from the CSCWCBC to help the SAC solidify their mission and vision and create a strategic plan based on the new structure of SAC. Over the past six months, the CSCWCBC has helped the state lead a sub-group of the SAC that was tasked with developing an initial Charter for the SAC, to include an updated vision and mission as well as updated short and long-range goals that the SAC has discussed wanting to focus on over the upcoming year(s). In April 2024, the SAC sub-committee presented the draft Charter to the larger SAC, and it was well-received. Breakout groups were held so that individuals could provide feedback and identify questions. All suggestions are in the process of being implemented within the Charter, with a goal of presenting the finalized Charter at the July 2024 SAC. These efforts will continue over the next year and will be included as part of CFSD's broader Continuous Quality Improvement (CQI) Plan that will be developed with the support of the CSCWCBC over the next year. Updates regarding the SAC will be provided in future APSR.

Regional Advisory Councils (RAC)

As reported in prior APSR and referenced in the SAC section above, each CFSD Regional Administrator (RA) has established a Regional Advisory Council (RAC). Region IV 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 RAC created its own 2023 meeting schedule. All RACs scheduled two to four meetings in 2022, and this has continued in 2023 and 2024. The CQI unit was directly involved in all meetings in 2022, but in 2023 this scaled back to having direct involvement in two meetings per year, with each region and corresponding councils taking more ownership.

Towards the end of 2021 and throughout 2022, the CQI unit highlighted Safety, Permanency, and Well-Being Outcomes and factors that impact these outcomes across the regions. Towards the end of 2023 and thus far in 2024, Permanency Outcomes have continued to be discussed, with emphasis on barriers to achieving timely permanency. Administrative,

CFSR, and Supplemental Context Data has been utilized in these meeting and discussions. The RACs will continue to be utilized to help inform necessary improvements within Montana's child welfare system. As referenced in the SAC section, SAC members' participation in RACs will also provide direct feedback from the RACs to the statewide SAC. This will create an intentional feedback loop between work taking place with the SAC and work that is taking place at the RAC's, to ensure alignment.

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 CFSR PIP Strategy 3.1, which focuses on expansion of Pre-Hearing Conferences (PHC) and Strategy 3.6, which focuses on streamlining CFSD's processes to promote timely adoptions.

The 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 PHC 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 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 PHC 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 Termination of Parental Rights (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 Child Protection Specialist (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 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 and an adoptive family was 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 CPS to identify and mitigate barriers to finalizing the adoption. The process used is identical in each region and the RFS Supervisor (RFSS) 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. This effort is being led by the Licensing Bureau Chief and RFSS. 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 Planning Team (PPT) 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 two years, that are expected to continue to reduce the time to achieve permanency include a revised the Concurrent Planning: Preserving Connections while Defining Permanency Options 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 Deputy Division Administrator and members of the CQI team continue to meet with all PPS staff monthly to identify and address barriers to integrating the procedure into field practice. Data has been collected regionally, via a tracking sheet by PPS staff, since the implementation of PPT's to help determine the effectiveness of the procedure and inform changes moving forward. In October 2023, the CQI team led a discussion with PPS staff to review initial data outcomes and to work to improve the data tracker that had been utilized since PPT implementation. The tracker was modified to be able to capture just the data needed to inform whether the use of PPT's is improving children's outcomes regarding increasing timeliness to permanency. Regional data is submitted monthly to the CQI team, who then inputs data into a statewide pivot table that can be broken down by region, case worker, supervisor, barriers to permanency, etc. to tell the story around the effectiveness of PPT's and inform practice in the field moving forward. An overall analysis of PPT data is anticipated to take place in October 2024, as data will have been collected for a full year since the implementation of the new data tracking form. Updates will continue to be shared in future APSR.

The Concurrent Planning: Preserving Connections while Defining Permanency Options 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 MCIP held two virtual conferences called "Moving the Dial" in State Fiscal Year (SFY) 2021. These conferences brought together teams of judges, Office of Public Defenders, county attorneys, Court Appointed Special Advocates (CASA) / Guardian Ad Litem (GAL), and CFSD staff from local communities to learn and collaborate 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 those impact parents and children.

The conferences are built around team break-out opportunities to discuss and implement positive changes in each local judicial area. MCIP and CFSD continues the "Moving the Dial" series of conferences. A conference was held on June 29 and 30, 2022. The topics of the training included disproportionality of Native American children in foster care, both nationally as well as in Montana, and the Indian Child Welfare Act (ICWA), specifically discussing Tribal jurisdiction, notice and transfer of cases from district to Tribal courts. The CFSD Division Administrator and the ICWA Program Manager were active participants in the planning of the training. The ICWA Program Manager was specifically tasked with bringing Tribal partners into the training planning group. In December 2023, the "Moving the Dial" topic was persons with lived experience focusing on impacts for permanency. A panel of parents, youth, and kinship providers with lived experience was the highlight of the conference.

CFSD, specifically the ICWA Program Manager, and MCIP collaborate in scheduling and providing training to individuals interested in being determined by the courts as a Qualified Expert Witness (QEW) for the 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 Tribe Reservation. The training provides information on the district court process, along with roles 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 CFSD's Montana Child abuse and Neglect Orientation Training (MCAN), which newly hired staff attend. 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 and ICWA Courts. As reported in the 2020-2024 CFSP, Yellowstone County (Billings) has instituted an 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 has 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 staffing's 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 had. 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.

Youth, Parent and Foster Parent Engagement

CFSD continues to support a Youth Advisory Board (YAB) through the Division's Montana Chafee Foster Care Independence Program (MCFCIP). In previous years, Montana saw a decline in the number of YAB members. Currently, there are 2 remaining YAB members. The suspected reasons for membership decline following the challenges that were associated with maintaining contact with Youth during COVID, include turnover in the CFSD MCFCIP Program Manager (MCFCIP-PM) position and an inability to implement more actionable objectives for the YAB members. One of the top priorities of CFSD and associated position types, such as the recently hired program manager, is recruitment of additional YAB members. CFSD's goal will be to develop a YAB representing: all geographic areas of Montana, men and women, Native Americans (urban and Tribal communities), Lesbian, Gay, Bisexual, Transgender and Trans, Queer and Questioning, Intersex, Asexual or Agender, and Two-Spirit (LGBTQIA2s+) 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, stakeholders, CFSD staff and CFSD Management Team. Moreover, developing structured feedback loops between these groups. CFSD has requested technical assistance from the ACF-CB to engage with the CSCWCBC in restructuring the YAB, a large piece of which, will be recruiting new members.

CFSD has partnered with the Quality Improvement Center (QIC) on a 5-year pilot project (2021-2026) focused on Quality Improvement Center of Authentic Engagement of Youth (QIC-EY). Through the QIC-EY project, CFSD and the QIC project Youth Engagement Coordinator (YEC), have recruited eleven individuals of varying and diverse demographics, ranging in age from 15-27 with lived experience, as Montana foster youth to participate as a community of practice identified as the QIC-EY Team of Lived Expertise (TLE). The function of the TLE is to inform implementation of the QIC-EY project principles in enhancement of permanency outcomes. The TLE includes the two remaining members of the YAB and at conclusion of the QIC-EY project in 2026, the interested TLE participants will be absorbed by the YAB to continue the efforts to incorporate the expertise of Youth with lived Montana foster care experience into the development and implementation of systemic enhancements related to practice and training. The TLE meets monthly on a virtual platform and in person annually. The TLE meeting agendas have included the communication of both strengths and challenges experienced by the TLE members during their time in foster care, review of Montana permanency and youth engagement data, and the identification and development of an intervention strategy entitled the "Montana Youth Foster Care Orientation and Permanency-Focused Youth Centered Meetings (YCM)" practice model. This intervention strategy provides for structured interactions between CFSD staff and youth through home visiting, virtual meetings, and YCMs, to increase awareness to the nuances of the Montana child welfare system, identification of the Youth's natural and professional support persons, and the permanency planning process. This intervention strategy will be tested for usability from July of 2024 – October of 2025 through the permanency focused engagement of 112 Montana Youth. Youth participation is voluntary, consent and assent from the Youth will be supported through communication between the Youth and both CFSD and QIC-EY partners. CFSD caseworkers and Family Engagement Meeting (FEM) coordinators will collaborate in the training and engagement of the

parents and foster parents supporting the Youth participating in the QIC-EY project through written correspondence, home visiting, FEM/YCM's, and pre-recorded "on demand" learning modules outlining the intentions of the QIC-EY project and the Montana Foster Youth Orientation practice model. The last component of the QIC-EY project is "capacity building" through supported sustainability planning in pursuit of CFSD goals to regenerate and sustain membership for the YAB. With the support of the QIC-EY project support team, the YEC, and focused efforts of the TLE, the capacity building phase of the project will be spent exploring means to not only increase and sustain YAB membership but to identify ways to enhance the YAB meeting structure, as well as group objectives and overall functioning.

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, following training of all Executive Directors and Leadership in congregate care facilities that took place in Fall 2022. Information on foster youth rights is currently included in Montana's foster parent training.

CFSD's Performance Improvement Plan Strategy 3.5 includes the development of a Parent Advisory Board which Montana calls Connected Voices for Montana Kids (CVMK). CVMK has been formed and is actively meeting monthly. The group includes birth, 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 is the lead staff member on the board. Additional information on the board is included in Section 2: Systemic Factors – Foster and Adopted Parenting Licensing, Recruitment and Retention in this APSR and Montana's PIP.

Statewide Resources for Older Youth

Deliberate efforts have been made over the past year to collaborate with statewide programs who provide services to older youth. Information has been shared with a variety of audiences including MCFCIP Contractors, Child Welfare Prevention and Support Services (CWPSS) contractors, resource and adoptive families, and schools. Program staff from Workforce Investment and Opportunities Act (WIOA) Youth, Vocational Rehabilitation, Pre-employment and Transition Services (Pre-ETS), Youth Homeless Demonstration Project (YHDP), Education and Training Voucher Program (ETV), Independent/Transitional Living – MCFCIP, and Title I services through Office of Public Instruction (OPI) have worked together on presentations that include the purpose of each program, core services, application processes, sharing local contact information, and how programs might be leveraged and funding might be braided to more holistically address older youth's needs.

Separately, CFSD and Vocational Rehabilitation partnered to increase foster youth participation in Vocational Rehabilitation Pre-ETS by 50% statewide, by the end of the state fiscal year. Through collaborative and intentional efforts, including those listed in the previous paragraph, that goal has been exceeded. Efforts will continue in the future to ensure eligible foster youth benefit from these programs and services.

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). The partnership between CFSD and UM focusses resources on recruitment of prospective employees through an IV-E stipend program, the on-boarding support and training to new CFSD staff, provision of annual training requirements for CFSD staff, and formal evaluation of provided trainings.

Through the IV-E stipend program, UM has the ability for students in applicable academic programs at Montana State University (MSU) and Montana State University – Billings (MSU-B) to access IV-E stipends, in addition to the students at the UM. This institutional expansion occurred following approval in the previous CFSP but has not shown to have increased or diversified recruitment. The CFSD, UM partnership currently supports a total of fourteen IV-E stipends, six of the fourteen are dedicated to Bachelor of Social Work (BSW) students and the remaining eight stipends are dedicated to students who are seeking a Masters of Social Work (MSW). The MSW stipends are highly sought by current CFSD employees and by MSW students interested in employment with CFSD largely through the UM. The UM has, however, had difficulties in recruiting BSW 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 where they will be required to apply for job openings. This has not resulted in significant increases in stipend participants, nor an increase in BSW students seeking or accepting employment with CFSD. Many stipend recipients are seeking practicum placement and subsequent employment in the largest CFSD offices across the state and are unwilling to seek or maintain employment in the more rural CFSD office locations. Despite the mentioned challenges in recruitment, two of the six BSW

stipends have been underutilized over the course of the 2023-2024 APSR reporting period. The IV-E stipend recruitment strategies will continue to be a focused discussion between CFSD and the UM. Progress in this area will be reported in future APSR. UM's role is also discussed in Section 2: Systemic Factor -- Staff and Provider Training.

CFSD discontinued the use of the Workforce Training Consultant (WTC) positions in June of 2023. The WTC roles consisted of five full time UM employees dedicated to a reflective coaching model for CFSD CPS staff types in their first year of employment. The success and retention of the WTC met irremediable challenges due to travel requirements, wage discrepancies between CFSD and the UM, and the unfavorable ratio of WTC to first year child facing CFSD staff. CFSD maintains three Field Lead Training Specialist (FLTS) positions under the Recruitment, Retention, and Training Bureau (RRTB) to assist in educating, coaching, and training supports to all 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. In collaboration with the UM, CFSD is implementing an expansion of the MCAN curriculum in August of 2024 to support specific learning concepts more thoroughly in the entirety of the practice model from the screening of intake calls reporting child abuse and neglect, to permanency and case closure.

CFSD continues to convene a monthly Safety Committee meeting. The role of this group is robust and over the past year, the committee has worked to review the effectiveness of the division's initial in-service training program and other training provided to field staff during their first year of employment. Recommendations developed by the committee were made to CFSD's Management Team and are in the process of being implemented. The Safety Committee has also engaged in CQI around several forms and processes related to initial and ongoing assessments of children and families. There has been significant planning, testing, studying, and revising around these processes to ensure the most effective forms and processes are in place; thus, increasing efficiencies for staff and positively impacting families as they become involved with the child welfare system. The safety committee in conjunction with the UM and the CFSD training staff are currently working to implement the Family Progress Assessment (FPA), as an ongoing assessment tool for case workers in development, monitoring, and implementation of the child's case plan. The revised MCAN training has been developed to incorporate content specific to case management, use of the FPA, and representation of the child's case plan throughout the life of the case. The results of the ongoing work of Safety Committee, inclusive of the progress toward implementation of the FPA, will be provided in future APSR.

Prior APSR mentioned the DPHHS-wide initiative to implement practices reflective of Safety Science Principles or "Collaborative Safety" 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 a more informed understanding of the systemic factors influencing case practice and outcomes or the targeted engagement of external stakeholders. The model is often associated with the development 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 increased their understanding of systemic factors influencing decision-making and staff retention and subsequently see 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 not only addressing issues of staff turnover and retention but to also improve the understanding of the influences, both internal and external to the agency, that impact the decision-making processes for field staff and supervisors alike, throughout the life of a case and if/how those decisions and resource allocations were related to any element of casework. CFSD has committed to utilizing the systemic review process supported by Collaborative Safety through the study of critical incidents, practice trends, and incorporation of safety science into on-boarding trainings for all employee types, as well as CPS Supervisor (CPSS) training. Future APSR's will reflect the outcome of these focused efforts.

As mentioned in previous sections of the APSR, CFSD has partnered with the QIC on a 5-year pilot project (2021-2026). Through the QIC-EY project, the on-going CPS and CPSS staff in designated pilot sites across the state have received additional and specified training in support of more positive permanency outcomes through authentic engagement of youth. Applicable supervisor staff have received nearly 20 hours of training and support in implementation of a coaching consultation model and applicable CPS staff have received approximately 15 hours of workforce training focused on engagement, communication skills, support LGBTQIA2s+ youth, and other cultural competencies to improve engagement of youth in permanency related case planning. The QIC-EY project, through collaboration with the National Council of Juvenile and Family Court Judges also created and delivered an on-demand youth engagement training for legal partners. CFSD made the training accessible to Judges, Attorneys, GAL's, and CASAs in the pilot areas. All QIC-EY trainings are studied for efficacy through pre and post surveys of the participants testing their degree of competency regarding the subject matter. At conclusion of the project in 2026, should the project prove favorable, CFSD will consider implementation of the project objectives statewide. More information regarding the QIC-EY project can be found at: [QIC-EY Overview - QIC-EY](#).

Child Welfare 101 (Formerly Named: Collaborative Resources Trainings or CORE)

As discussed in previous APSR, the purpose of Collaborative Resource Training (CORE) was to educate local community providers and legal partners on CFSD's safety model. The training focused on how 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 Division Administrator and RRTB Bureau Chief 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 FFY23 APSR submission, Child Welfare 101 presentations have been provided in all six CFSD's regions of the state. 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. Child Welfare 101 trainings are currently facilitated upon request from various stakeholders across the system.

Public Health Partnerships

Early Childhood and Family Support Division (ECFSD)

CFSD and Early Childhood and Family Support Division (ECFSD) continue to collaborate on multiple projects:

- **SafeCare Augmentation** in collaborated efforts to both implement and sustain the model in Montana through in-state trainers and coaches. For more information, please refer to *Section 4: Mary Lee Allen Promoting Safe and Stable Families (Title IV-B Subpart 2)*.
- **Part C Early Intervention Program** – For more information please refer to *Section 4: Services to Children Under the Age of Five*.
- **Family Support Services Advisory Council (FSSAC)** - For more information please refer to *Section 4: Services to Children Under the Age of Five*.
- **Montana Children's Trust Fund Board of Directors** - For more information please refer to *Section 4: Services to Children Under the Age of Five*.
- **Healthy Montana Families / Maternal, Infant, and Early Childhood Home Visiting (MIECHV)** - For more information please refer to *Section 4: Services to Children Under the Age of Five*.
- **Sexual Violence Prevention and Victim Services (SVPVS)** <https://dphhs.mt.gov/ecfsd/adolescenthealth/svpvs>
- **Families First Prevention Services Act (FFPSA)** in collaborated efforts to braid funding for home visiting interventions that are listed in CFSD FFPSA State Plan in which ECFSD contractors provide. These collaboration efforts include surveying home visitors and CFSD staff to help identify barriers in referring and increasing awareness of one another's roles, while a family is being supported by CFSD and ECFSD concurrently. For more information, please refer to *Section 4: Families First Prevention Services Act Transition Grant*.

Behavioral Health Alliance of Montana (BHAM)

CFSD continued to collaborate with the Mental Health Bureau during SFY24. CFSD Deputy Administrator is an active member of Behavioral Health Alliance of Montana (BAHM) which meets quarterly. BAHM overarching goal is to support families with quality behavioral health education, prevention, treatment, recovery support and related services available and accessible to people, families, and communities in need. More about the vision, alliance providers, and values can be located on their website at: <https://montanabehavioralhealth.org/>

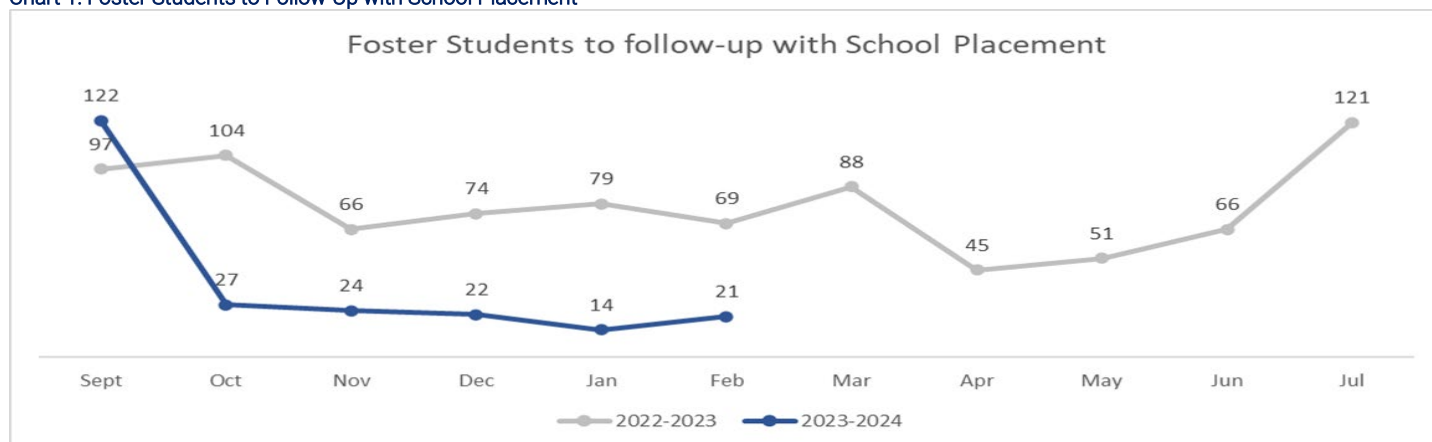
Office of Public Instruction (OPI)

CFSD has partnered with OPI to ensure that Montana's foster care students have educational stability. Every month a CQI unit member from CFSD meets with the Foster Care Point of Contact for the Department of School Innovation and Improvement to review the foster care students that are enrolled in the public-school systems and discuss the data regarding the foster care students that are not enrolled in public school or have dropped out or transferred out of state.

More recently, MCFCIP providers and the MCFCIP-PM were included in the partnership as an additional collaboration to identify youth who need additional engagement and support.

Chart 1 below shows a significant decrease in foster care students that were without a school placement for the 2023-2024 school year. The data for the end of year was not yet available to include in this APSR. This data shows how much impact the monthly meetings between CFSD and OPI are having on the foster care students.

Chart 1: Foster Students to Follow-Up with School Placement



The OPI staff has, and will continue to, attend both the SAC and RAC meetings across the state. CFSD and MCFCIP Providers participate with OPI in their Community of Practice Conference, which is held twice a year. In addition, the OPI staff submits an article to CFSD for their quarterly newsletter to help spread awareness and information to CFSD staff on new opportunities for foster care students, or upcoming events focused on supporting foster care students.

Youth Homeless Demonstration Program

CFSD continues to be an active partner with the Montana Continuum of Care (COC) coalition's YHDP. The COC coalition received a \$3.4m grant award as part of the YHDP from the U.S. Department of Housing and Urban Development (HUD). Grants were awarded to twelve agencies throughout the state. YHDP is an initiative designed to support communities in the development and implementation of a coordinated community approach to preventing and ending youth homelessness. Montana's blueprint and vision for preventing and ending youth homelessness, reflect authentic youth engagement, establishes a community-wide commitment to equity, and provides a framework for investment in youth-driven projects that respond to locally defined needs.

There are many factors that contribute to youth homelessness, including economic circumstances like family conflict, racial disparities, mental health, and substance use disorders, poverty, and housing insecurity. Youth who have aged out of the foster care system are at a particularly high risk. Studies have found that nearly one-third of youth experiencing homelessness have had experiences with foster care, 22 percent of youth in care experienced homelessness for one night or more within the first year after they left care, and 1 out of every 4 youth in foster care will become homeless within 4 years of aging out of care. Challenges such as the widespread shortages in affordable housing, compounded by a fragmented and undercapitalized infrastructure for essential community support services, make it necessary to focus on building strong partnerships between the many systems youths engage with. There is a disproportionate representation of foster youth among the homeless youth population. 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, MCFCIP has continued to work with Public Housing Authority (PHA) in Billings, Missoula, and Butte to refine processes of issuing HUD Foster Youth to Independence (FYI) vouchers to former foster youth who have lived experience in foster care. The lack of housing, as well as the lack of staffing within PHA's, has created difficulties in sustaining the traction of the program. Since the program requires supportive services, this adds another layer of difficulties for some PHA's.

The MCFCIP-PM will continue ongoing contact with the local housing authorities as well as the state's Department of Commerce Montana Housing Program (MHP) to work on accessing FYI vouchers to ensure former foster youth that are 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 difficulty competing for the housing that is available due to a 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.

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 needs 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 (City: Missoula)
- Cascade (City: Great Falls)
- Yellowstone (City: Billings)
- Dawson (City: Glendive)

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 here: <https://mthf.org/priority/the-meadowlark-initiative/>.

This Initiative has created a venue for implementing Plans of Safe Care in Montana in a meaningful way, prior to a call to Centralized Intake (CI). Agency staff and providers were trained in October 2020 regarding the use of Plans of Safe Care. CFSD has worked diligently with their local providers to ensure that pregnant mothers can access the services that assist in keeping their newborns safe before the birth of their child. This leads to better relationships with families and less trauma for all involved when the baby is born. CFSD presented at the annual Meadowlark Conference in April 2021, 2022, June 2023, and is planning to present in June 2024, to support continued education and collaboration regarding use of Plans of Safe Care in Montana. As of 2024, the Meadowlark Project is focusing efforts on prevention within the local hospital settings to try to get "ahead of the curve" regarding infant abuse and neglect.

SECTION 2: UPDATED ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

Assessment of Performance

Montana's CFSR 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 were 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 were moved into subsequent quarters for completion. The pandemic also required CFSD 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. CFSD finished PIP monitored reviews May 2023. All elements of the PIP and Measurement Plan were passed except for Item 6.

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. There have been no new case reviews completed since the last APSR. Therefore, case review data included in this section remains largely the same, with minor changes due to a few changes in rating items through Quality Assurance (QA) and secondary oversight. This section has also been updated with the Montana's Program for Automating and Transforming Healthcare (MPATH) federal performance measures reports, and the use of the State Data Profile of February 2024 provided by the ACF-CB.

Child and Family Outcomes

Chart 2 below 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 5; Jan – June 2023). No reviews have been completed since then. 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).
- 3, 5, and 15 in the second review period (July – Dec 2021).
- 4 in the third review period (Jan – June 2022); and,
- 12 and 13 in the fourth review period (July – Dec 2022).

Montana was unable to pass item 6. Results for our final review period thus far are indicative of improvement, though not enough improvement to reach the PIP target. Timely achievement of permanency has remained an area of focus in Montana.

Chart 2: Item Strength % by Review Period Statewide

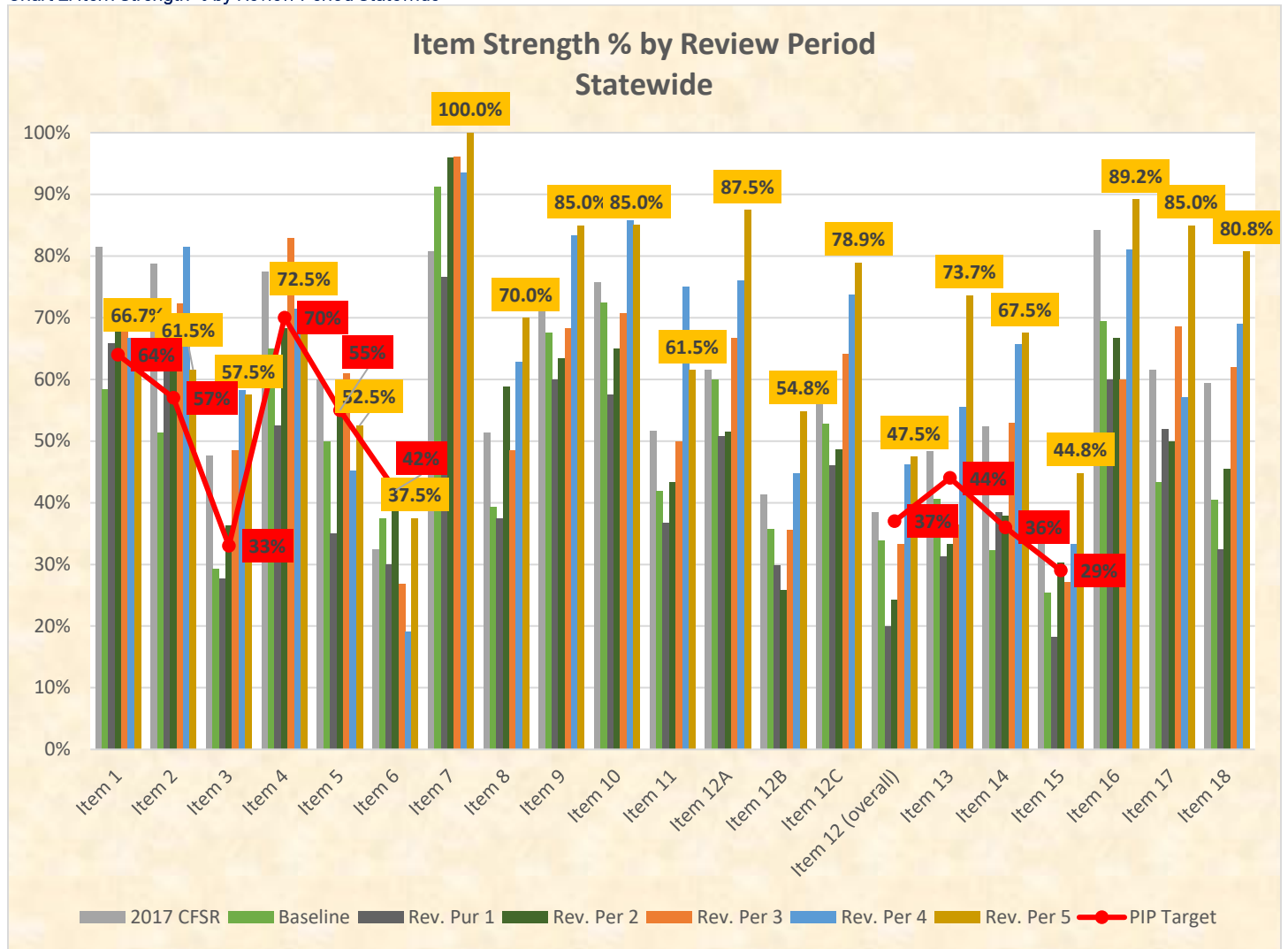


Table 1: The number of cases applicable for each item during each review period.

Item #	Baseline N=	Rev. Period 1 N=	Rev. Period 2 N=	Rev. Period 3 N=	Rev. Period 4 N=	Rev. Period 5 N=
Item 1	36	44	41	32	36	12
Item 2	37	40	41	36	38	13
Item 3	65	65	66	66	67	40
Item 4	40	40	41	41	42	40
Item 5	40	40	43	41	42	40
Item 6	40	40	41	41	42	40
Item 7	23	30	25	26	31	27
Item 8	33	32	34	33	35	30
Item 9	40	40	41	41	42	40
Item 10	40	40	40	41	42	40
Item 11	31	30	30	30	28	26
Item 12A	65	65	66	66	67	40
Item 12B	56	57	58	59	58	31
Item 12C	36	39	37	39	42	38
item 12	65	65	66	66	67	40
Item 13	64	64	63	63	63	38
Item 14	65	65	66	66	67	40
Item 15	55	55	56	59	57	29
Item 16	36	30	39	35	37	37
Item 17	53	52	52	54	56	40
Item 18	42	37	44	42	42	26

Safety Outcomes

ACF-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 the ACF-CB 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 were addressed in Goal #2 of Montana's PIP. The strategies under that goal included implementation of initial and ongoing assessments of safety 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 was also meant to 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 formalize ongoing assessments across case practice consistent with Montana's safety model, at which point fidelity reviews can expand to include this. In addition, a statewide safety committee was re-formed in 2022 that meets monthly with an initial focus on safety assessment and outcomes, and any changes that may need to occur systemically to support improved outcomes. This committee has also spent time reviewing cases for fidelity purposes. This committee, over the past year, has focused largely on revamping formal tools and processes used for foster home, daycare and facility investigations as well as developing and implementing an FPA. The FPA preliminary implementation will start on October 1, 2024. It will be required to be completed within 60 days of case opening, a minimum of every 6 months after, and at case closure. It incorporates all aspects required in the child's case plan. It also includes updated assessments of safety, needs, and services provided to address those needs.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment.

The CFSR findings noted that while Montana did not meet the 95% standard set by ACF-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 8). 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 though these incidents are captured within Item 1 of the CFSR. MPATH is also only able to capture the date of initiation on a report based on first contact made, not based on first contact with each identified alleged victim. This is due to constraints within the case management system Montana Family Safety Information System (MFSIS) and Child Adult Protective System (CAPS), the Statewide Automated Child Welfare Information System (SACWIS). While all dates of contacts are entered within MFSIS and CAPS, it only allows for one date of initiation per report.

For FFY23, there were a total of 6,555 reports that were screened as a Priority 1 (P1) is a response within 24 hours, Priority 2 (P2) is a response within 72 hours, or Priority 3 (P3) is a response within 10 days. Of the 897 P1s, initial contact was made timely in 89.6% of them. Of the 3,773 P2s, initial contact was made timely in 77.3% of them. Finally, of the 1,885 P3s, initial contact was made timely in 75.7% 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 Montana policy) than lower priority intakes. There has been an increase in the rate of timely contact on all priorities from the previous FFYs. There are additional reports requiring an investigation that do not contain a specified contact timeframe. Those are excluded from this calculation.

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%. Though there were some ups and downs, there was a net increase throughout the PIP monitored reviews. Additionally, there are times that this item is rated an Area Needing Improvement (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 MPATH supports a trend in increased timeliness of initiation of investigations.

Table 2: Safety Outcome 1

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.	
Review Period	Timeliness of Initiating Investigations of Reports of Child Maltreatment
2017 CFSR	81.58%
Montana (MT) Case Reviews Oct 2018 thru Mar 2019	84.62%
MT Case Reviews Apr 2019 thru Mar 2020	72.06%
MT Case Reviews July 2020 thru Dec 2020 (Baseline)	58.33%
MT Case Reviews Jan 2021 thru June 2021	65.90%
MT Case Reviews July 2021 thru December 2021	68.29%
MT Case Reviews Jan 2022 thru June 2022	68.75%
MT Case Reviews July 2022 thru December 2022	66.67%
MT Case Reviews Jan 2023 thru June 2023	66.67%

Table3: Investigations of Child Abuse/Neglect

Investigations of Child Abuse/Neglect					
Report Period	FFY2019	FFY2020	FFY2021	FFY2022	FFY2023
Total Number of CPS Reports Closed	10285	10148	8713	7311	6831
Total Substantiated Reports Closed	2280	2246	1844	1551	1515
% of Reports Investigation was initiated within required Timeframes of Received Reports	74.5%	74.5%	75.3%	76.0%	77.8%

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. MT has also been exploring options for more real time reports to the field on timely initiation of investigations. While pivot tables to address this have been created, they are not consistently shared due to concerns with how timely they can be done. There are multiple issues affecting this:

- There are some synchronization issues between MFSIS (where the information is entered) and CAPS (from where the information is pulled) that will delay the information making it to CAPS.
- Staff often do not enter the initial contact date that this data is based on until they close the investigation, which may be two months after contact is due.

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 61.5%. While both In-Home (IH) and Out-of-Home (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 in continued improvement in this area.

During SFY24 CFSD continued to hold Family Support Team (FST) meetings in several regions to help identify services that are beneficial to the family as soon as safety concerns are identified. As discussed in previous APSRs, 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 of FSTs are measured by when 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 prevent children from coming back into state care, are identified and implemented.

FST implementation over the past six years has included each region engaging their stakeholders in implementation efforts to obtain commitment of the community providers in supporting families. During the initial meetings with stakeholders and community providers, CFSD provided Child Welfare 101/CORE training as referenced in this section previously, to share CFSDs safety model at the time of intervention and timelines CFSD must adhere to. FSTs have been established in the following order:

- August of 2018 –Region II, Cascade County (Great Falls).
- Spring of 2020 – Region I, 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.
- December of 2020 - Region III, Yellowstone County (Billings).
- April of 2021 – Region V, Missoula County (Missoula).
 - In late SFY23 FSTs were put on hold due to staff capacity. FSTs were reinstated with stakeholder engagement in May of 2023.
- Spring of 2023 – Region IV, Lewis and Clark County (Helena) and Silver Bow County (Butte).
 - Due to issues with staff capacity, FSTs in Butte were put on hold with the intention of restarting in SFY25.
- Region VI, Flathead County (Kalispell) started to engage their stakeholders in May of 2024 with the hope of rolling out FSTs in their region soon.

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, OPI, 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.

Currently a member of the CQI unit is: collecting data and coordinating with each region through the FST facilitator, who is tracking meetings; monitoring the implementation of the program by meeting with the FST facilitators on a quarterly basis; gathering feedback from CFSD staff, families involved, and contractors around service delivery and methods, with a special focus on safety; educating local stakeholders and CFSD staff about FST meetings implementation, and the benefits of

having FST meetings; and, ensuring services are offered in support of families to promote healthy development of children.

For SFY24, data collected shows 625 children and their families were impacted through FST meetings with 64.16% of the children remaining in their home, and an additional 29% able to return home within 90 days of being removed. It should be noted the totals will likely increase in future reporting tables of FSTs as this CFSP was due prior to all the data being collected for SFY24. Statewide data is provided in the table below.

Table 4 Statewide Number and Percent of Children Involved in FSTs by SFY and Outcome (In-Home or Out-of-Home). SFY24 data ends as of May 2024.

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	
		N	%	N	%	N	%	N	%	N	%
SFY20	364	186	51.10%	178	48.90%	35	19.66%	13	7.30%	11	6.18%
SFY21	818	554	67.73%	260	31.78%	70	26.92%	26	10.00%	3	1.15%
SFY22	727	512	70.43%	205	28.20%	44	21.46%	22	10.73%	8	3.90%
SFY23	734	485	66.08%	249	33.92%	107	42.97%	11	4.42%	1	0.40%
SFY24	625	401	64.16%	224	35.84%	46	20.54%	7	3.13%	12	5.36%

CFSD used surveys during SFY24 to solicit feedback regarding preparation for the meeting, meeting agenda and facilitation, and post meeting collaboration. Based on survey feedback from regions using the model, the FST facilitators, and the program staff overseeing the implementation across the state, there has been an indication that the FST model has been successful in "jump starting" services more quickly and there is increased collaboration between CFSD, parents and community stakeholders. In addition, there is an indication of more timely coordination of the services being referred to, and started, with providers. The survey has been and will continue to be used to collect quantitative data. Survey data will be provided in future APSRs.

CFSD will continue to collect data and report the information in future CFSPs and APSRs.

FSTs in conjunction with adding protective capacities and parental needs/services to the FPA that needs completed within 60 days, and every 6 months after, should help with ensuring appropriate services are identified, implemented, and barriers to those services are identified and addressed.

Table 5: Safety Outcome 2

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.	
Review Period	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care
2017 CFSR	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 December 21	63.41%
MT Case Reviews Jan 22 thru June 22	72.22%
MT Case Reviews July 22 thru December 22	81.58%
MT Case Reviews Jan 23 thru June 23	61.54%
Review Period	Risk and Safety Assessment and Management
2017 CFSR	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 December 21	36.36%
MT Case Reviews Jan 22 thru June 22	48.48%
MT Case Reviews July 22 thru December 22	58.21%
MT Case Reviews Jan 23 thru June 23	57.50%

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 the State's 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.

Table 6: MT Statewide Data Indicators

CFSR Round 4 - Montana Statewide Data Indicators								
Observed Performance				Risk Adjustment and & Risk Standardized Performance (RSP)			RSP Relative to National Standard (CFSR Data Profile)	
FFY	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 Aug 2022 Updates	Met National Standard
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.								
Maltreatment in Foster Care: <i>Of all children in foster care during a 12-month period, what was the rate of victimization per day of foster care?</i>								
FFY 2018	1,426,334	160	11.22		15.03	12.88-17.54	<9.07	Not Met
FFY 2019	1,394,985	181	12.98		17.22	14.89-19.91	<9.07	Not Met
FFY 2020	1,278,223	166	12.99		17.18	14.76-19.99	<9.07	Not Met
FFY 2021	1,183,362	117	9.89		13.11	10.95-15.7	<9.07	Not Met
Recurrence of Maltreatment: <i>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?</i>								
FY19-20	3691	421	11.4%		14.90%	13.6-16.2	<9.7	Not Met
FY20-21	3648	425	11.7%		15.20%	13.9-16.6	<9.7	Not Met
FY21-22	3047	355	11.7%		15.20%	13.8-16.8	<9.7	Not Met
<i>Data comes directly from the data profile, which is compiled using National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Analysis and Reporting System (AFCARS) data.</i>								
CFSR Round 4 - Montana Statewide Data Indicators								

A deeper look into Item 3 shows that the biggest sub-item leading to ANIs in this item continues to be comprehensive and accurate ongoing assessments of risk and safety. This is closely followed by development of and monitoring of appropriate safety plans. 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. The most recent review period only included OOH cases. 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, are not of good quality, or are not being completed at key junctures of a case, such as beginning THV or closing cases. Both region I and II have taken specific steps to address some of this. In region I, 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 II, the RA and CWM 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 and capped at around 90%. In both regions, there has also been an overall increased strength percentage on Item 3, with region I reaching 50% in Review Period 1 and staying at or above that rating. Results for the current review period (with all region I cases being final), they

have reached a strength rating of 66.7% region II reached 50% strength rating for this item in Review Period 2 and has stayed above that since, with some fluctuation in numbers. In region VI, 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 RA, 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. In the 3rd review period, there was a significant increase and though there has also been fluctuation, the overall strength rating has remained significantly increased from baseline and in general continues to improve. Since no additional reviews have been completed since the last APSR, we cannot measure if there has been continued improvement on the specific CFSR item.

A recent revamping of the safety management plan, which includes utilizing the same form whether it is an in-home plan, or the child is in foster care, combined with additional training, is expected to improve the quality of the safety management plans. They are supposed to be reviewed at least once every 30 days as well. The combination of new form, re-training, and focus on it is expected to increase the quality of plans which will lead to additional improvements in item 3. Identified safety threats, the safety management plan, and any changes are also being incorporated into the FPA.

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 concerns, are regarding the parent of the child. This is indicative of concerns presenting on Trial Home Visits (THV), but more information would be needed to confirm that is the status of the child when those reports are received.

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 THV, will likely 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.

Table 7: Recurrence of Maltreatment & Maltreatment while in Foster Care

Recurrence of Maltreatment						
Data Source	FFY18	FFY19	FFY20	FFY21	FFY22	FFY23
ACF-CB Data Profile	11.7%	11.4%	11.7%	11.7%	-	-
MT MPATH	12.2%	12.6%	11.8%	12.1%	12.1%	10.9%
Maltreatment while in Foster Care						
Data Source	FFY18	FFY19	FFY20	FFY21	FFY22	FFY23
MT MPATH	11.79	12.92	12.19	10.12	10.06	10.57
Foster Care Provider is maltreater	23.9%	21.8%	14.7%	16.4%	13.8%	10.8%
Foster Care Provider is not maltreater	76.1%	78.2%	85.3%	83.6%	86.2%	89.2%

To summarize, the goals and strategies from Montana's PIP have resulted in improved safety outcomes for children, though more work needs to be done. Montana has seen more children exiting foster care than entering over the past several years. It is hoped that a continued reduction in the foster care population in conjunction with the effects of the PIP goals and strategies already implemented, and the updates to formal ongoing assessments will continue to result in improved safety outcomes for children.

Permanency Outcomes

Montana's performance on the two federal permanency outcomes, while showing improvement, continue to be lower than the standards set by ACF-CB for Substantial Conformity. Goal #3 of CFSD PIP addressed performance of the permanency outcomes.

The strategies of this goal were: hold PHC to engage parents and stakeholders early in cases and identify needs and services to inform the case plan; develop FST meetings 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 (ART) to ensure more timely 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 TPR and finalization of adoption by ensuring the adoption packet is completed without unnecessary delays.

This was planned to 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 would 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.

PHC began being held with data collected surrounding who was in attendance and a rating scale surrounding each parent's engagement in those conferences. ART teams were also developed, with data collection occurring surrounding participation and treatment recommendations, and they were eventually dissolved as noted in the PIP. FSTs were also developed with data collection occurring surrounding family involvement so children can remain in the home or be able to return to the home quickly. FST meetings have shown an increase in both maintaining children in the home, as well as returning children to the home sooner, as reflected in Tables 1-6. In region I, anecdotal data is indicative that families in the Fort Peck area, where Bureau of Indian Affairs (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. Currently, FST meetings are occurring in regions I, II, III, part of region IV, and have been off and on in region V. Region VI is planning to start them at the end of SFY24. In all regions except region I, they primarily occur in the primary metropolitan area(s) or the region and tend to exclude the more rural areas. In region I, they are more consistently occurring across the entire region, which is also mostly rural. Unfortunately, Montana's computer system is not easily adaptable to create and pull additional data points for pilot and other new processes, so all data has been hand-tracked so far. Montana is exploring ways to implement minor changes within the system to be able to at least identify in which cases an FST meeting has occurred, to better and more easily track outcomes.

In the beginning of 2022, Montana also implemented a new procedural process, in which all children placed out of the home will have a 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, although this is also done through hand-tracking within excel sheets. Beginning in March 2023, a training was rolled out to all supervisors in each region focusing on permanency planning, with the primary focus being on identifying appropriate goals based on the circumstances of the case, actively working on all goals in place, and updating them as case circumstances warrant. Since then, a member of Montana's CQI unit has also partnered with the PPS from each region to work through individual cases and circumstances specific to permanency planning and documentation of those goals as needed.

In looking at permanency in twelve months, Montana's numbers show that of all children who achieve permanency within twelve months (51.2), approximately 69% of them, achieved permanency within six months. This is a slight decrease (1.4%) with what was reported in the prior APSR. Children aged one and younger achieved permanency in twelve months at a rate of 37.9%, with 71.9% of those who achieved permanency in 12 months, did so within 6 months.

With the passing of the FFPSA, 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. FSTs 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. However, due to Montana laws and policies, Montana must seek legal intervention and placement authority for any child in an out-of-home safety plan for more than 30 days. This decreases the number of IH and voluntary cases possible.

Montana had 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%. There has been some variation since then, with both increases and decreases. Montana's final review period was 52.5%. Montana was able to pass Item 4 in Review Period 4, with a strength rating of 71.4%. This item also rose slightly for Review Period 5. Montana's goal was 70%. Montana was unable to pass Item 6. Montana's goal for this item was 42%. Montana saw both increases and decreases on this Item through PIP monitored reviews, with a low of 19% for Review Period 4. The final rating for Review Period 5 was 37.5%. It is unclear exactly why there was such a drop for two review periods, 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. Montana has maintained a focus on this item for several years and hopes to see improvement when reviews restart. While some improvement has been seen, more is

needed. As the full effects of some strategies cannot be observed for up to two years, Montana remains hopeful that timelines to permanency will continue to improve.

Table 8: Montana Statewide Data Indicators Baseline and Subsequent Years

CFSR Round 3 - Montana Statewide Data Indicators Baseline and Subsequent Years									
Observed Performance					Risk Adjustment and & Risk Standardized Performance (RSP)			RSP Relative to National Standard (CFSR Data Profile)	
Comparison to FFY	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 Aug 2022 Updates	Met National Standard
Permanency Outcome 1: Children have permanency and stability in their living situations									
Permanency in 12 months: <i>Of all children who enter FC in a 12-month period, what percent are discharged to permanency within 12 months of entering FC. Included reunification with parent, living with relative, guardianship or adoption.</i>									
Comparison to FFY18		2,155	995	46.2%		39.7%	37.9-41.5	≥35.2%	Better
Comparison to FFY19		2,028	1084	53.5%		45.5%	43.7-47.3	≥35.2%	Better
Comparison to FFY20		1,898	902	47.5%		41.8%	39.8-43.7	≥35.2%	Better
Comparison to FFY21		1,609	778	48.4%		43.8%	41.6-46.0	≥35.2%	Better
Children in Care 12 to 23 months- Permanency in 12 months: <i>Of all children in FC between 12 and 23 months, what percent discharged to permanency within 12 months of the 1st day of the period?</i>									
Comparison to FFY19		1,079	460	42.6%		41.3%	38.5-44.1	≥43.8%	No Dif
Comparison to FFY20		993	451	45.4%		43.8%	40.9-46.7	≥43.8%	No Dif
Comparison to FFY21		775	326	42.1%		40.4%	37.2-43.7	≥43.8%	Not Met
Comparison to FFY22		851	433	50.9%		48.6%	45.4-51.7	≥43.8%	Better
Comparison to FFY23		685	352	51.4%		49.1%	45.6-52.6	≥43.8%	Better
Children in Care 2+ years-Permanency in 12 months: <i>Of all children in FC on the 1st day of a 12 month period who had been in FC for 24 months or more, what percent discharged to permanency within 12 months of the 1st day?</i>									
Comparison to FFY19		1,050	441	42.0%		36.3%	33.9-38.8	≥37.3%	No Dif
Comparison to FFY20		1,130	433	38.3%		33.8%	31.5-36.2	≥37.3%	Not Met
Comparison to FFY21		1,108	405	36.6%		33.0%	30.6-35.4	≥37.3%	Not Met
Comparison to FFY22		1,015	390	38.4%		34.6%	32-37.1	≥37.3%	Not Met
Comparison to FFY23		950	383	40.3%		36.1%	33.5-38.8	≥37.3%	No Dif
Re-entry to Foster Care in 12 months: <i>Of all the children who enter foster care in a 12-month period who were discharged within the period, what percent re-entered FC within 12 months of their discharged?</i>									
Comparison to FFY18		1,605	139	8.7%		9.2%	7.9-10.8	≤5.6%	Not Met
Comparison to FFY19		1,699	150	8.8%		9.4%	8.0-10.9	≤5.6%	Not Met
Comparison to FFY20		1,656	109	6.6%		7.1%	5.9-8.5	≤5.6%	Not Met
Comparison to FFY21		1,508	83	5.5%		6.0%	4.9-7.4	≤5.6%	No Dif
Comparison to FFY22		1,283	93	7.2%		7.7%	6.4-9.4	≤5.6%	Not Met
Placement Stability: <i>Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?</i>									
Comparison to FFY19		319,450	1284	4.02		4.11	3.89-4.34	4.48	Better
Comparison to FFY20		296,723	1048	3.53		3.67	3.46-3.9	4.48	Better
Comparison to FFY21		238,238	833	3.50		3.60	3.37-3.85	4.48	Better
Comparison to FFY22		201,382	784	3.89		3.95	3.69-4.24	4.48	Better
Comparison to FFY23		182,523	755	4.14		4.16	3.87-4.46	4.48	Better
<i>Data is pulled from the Data Profile. All data comes from NCANDS (which is submitted on a FFY basis) and AFCARS (which is submitted twice yearly, at each FFY half year).</i>									

Federal policy expressed in the Adoption Assistance and Child Welfare Act of 1980 and the ICWA 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 14 below, in FFY18, more than one-half of all children who entered care during this period had an initial placement with relatives or fictive kin of the child. However, the rate of youth initially placed with a relative has been decreasing. The rate of children placed in group care also increased, though in the most recent years, has begun to decrease again.

Table 9: Relative Placement

	Statewide FFY2019		Statewide FFY2020		Statewide FFY2021		Statewide FFY2022		Statewide FFY2023	
	N	%	N	%	N	%	N	%	N	%
Initial placement with relative of those entering care period	1010	58.4%	1209	58.4%	982	53.3%	773	52.8%	608	46.1%
Not placed with relative at entry into foster care	720	41.6%	863	41.7%	862	46.7%	692	47.2%	710	53.9%
Total	1730		2072		1844		1465		1318	
Total family-like setting at end of period	3165	90.7%	3073	90.9%	2856	90.0%	2403	90.3%	2030	91.3%
Total group care at end of period	325	9.3%	306	9.1%	316	10.0%	257	9.7%	194	8.7%
Total	3,490		3,379		3,172		2,660		2,224	
Source: MPATH, 5/6/2024. 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, 91.3% were in a family-like setting. Outcomes tend to fall with other 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 Montana's Kinship Navigator Program (MKNP) discussed further in this section under Systemic Factors-Foster and Adoptive Parent License, Recruitment and Retention and the hiring of additional RFS (staff who license foster parents and manage cases from TPR to adoption) in Yellowstone County (Billings) and Cascade County (Great Falls). Both activities were 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. However, in recent years, RFS staff had a significant increase in pay which will hopefully help with retention. Also, in looking at the data, it became apparent that these staff members' 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 TPR. As the backlog of adoption cases has been reduced in Yellowstone and Cascade Counties, the RFS staff have been able to focus more attention on 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 that 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 that this early engagement with kin placements will improve the timeline for licensure of kin placements. Within the current reporting period, work was done with the programmers for MPATH to change some of the licensing reports available into a more useful format, and a new report was added. The new report identifies at a given time how many kinship providers are open that are not yet licensed. In addition to just having that data and being able to identify how many have been open for how long, this report allows licensing staff to identify unlicensed kinship homes that have not been closed and should have, as well as an added QA piece to identify homes that children have recently been placed in that they may not have been informed of.

As reported in the 2020-2024 CFSP, CFSD continues 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 2025 – 2029 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. Montana In-State TGH meet all the Qualified Residential Treatment Program (QRTF) licensing requirements. As reported in prior APSR, the number of available beds in TGH decreased by almost one-third in SFY22. During the past year all congregate care providers report they continue to struggle with recruiting and maintaining enough staff. Montana's 2023 Legislature did provide increased rates for most providers to make these employers more competitive in the job market. The new rates take effect July 1, 2023. Updates will be provided in future APSR.

Table 10: Permanency Outcome 2

Permanency Outcome 2	The continuity of family relationships and connections is preserved for children.
Review Period	Placement with Siblings
2017 CFSR	80.77%
MT Case Reviews Oct 2018 to Mar 2019	86.67%
MT Case Reviews April 2019 to Mar 2020	88.52%
MT Case Reviews July 2020 to Dec 2020 (Baseline)	91.30%
MT Case Reviews Jan 2021 to June 2021	76.70%
MT Case Reviews June 2021 to Dec 2021	96.00%
MT Case Reviews Jan 2022 to June 2022	96.15%
MT Case Reviews July 2022 to Dec 2022	93.55%
MT Case Reviews Jan 2023 to June 2023	100.00%
Review Period	Visiting With Parents and Siblings in Foster Care
2017 CFSR	51.35%
MT Case Reviews Oct 2018 to Mar 2019	44.74%
MT Case Reviews April 2019 to Mar 2020	24.69%
MT Case Reviews July 2020 to Dec 2020 (Baseline)	39.40%
MT Case Reviews Jan 2021 to June 2021	37.50%
MT Case Reviews June 2021 to Dec 2021	58.82%
MT Case Reviews Jan 2022 to June 2022	48.48%
MT Case Reviews July 2022 to Dec 2022	62.86%
MT Case Reviews Jan 2023 to June 2023	70.00%
Review Period	Preserving Connections
2017 CFSR	75.00%
MT Case Reviews Oct 2018 to Mar 2019	53.66%
MT Case Reviews April 2019 to Mar 2020	55.68%
MT Case Reviews July 2020 to Dec 2020 (Baseline)	67.50%
MT Case Reviews Jan 2021 to June 2021	60.00%
MT Case Reviews June 2021 to Dec 2021	63.41%
MT Case Reviews Jan 2022 to June 2022	68.29%
MT Case Reviews July 2022 to Dec 2022	83.33%
MT Case Reviews Jan 2023 to June 2023	85.00%
Review Period	Relative Placement
2017 CFSR	75.68%
MT Case Reviews Oct 2018 to Mar 2019	70.73%
MT Case Reviews April 2019 to Mar 2020	72.73%
MT Case Reviews July 2020 to Dec 2020 (Baseline)	72.50%
MT Case Reviews Jan 2021 to June 2021	57.50%
MT Case Reviews June 2021 to Dec 2021	65.00%
MT Case Reviews Jan 2022 to June 2022	70.73%
MT Case Reviews July 2022 to Dec 2022	85.71%
MT Case Reviews Jan 2023 to June 2023	85.00%
Review Period	Relationship of Child in Care with Parents
2017 CFSR	51.61%
MT Case Reviews Oct 2018 to Mar 2019	29.73%
MT Case Reviews April 2019 to Mar 2020	28.95%
MT Case Reviews July 2020 to Dec 2020 (Baseline)	41.90%
MT Case Reviews Jan 2021 to June 2021	36.70%
MT Case Reviews June 2021 to Dec 2021	43.33%
MT Case Reviews Jan 2022 to June 2022	50.00%
MT Case Reviews July 2022 to Dec 2022	75.00%
MT Case Reviews Jan 2023 to June 2023	61.54%

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.

Table 11: Needs of Children, Parents and Foster Parents

Needs of Children, Parents, and Foster Parents	Children	Parents	Foster Parents
2017 CFSR	61.5%	41.4%	57.9%
MT Case Reviews Oct 2018 to Mar 2019	43.6%	29.3%	34.2%
MT Case Reviews April 2019 to Mar 2020	42.8%	26.1%	39.3%
MT Case Reviews July 2020 to Dec 2020 (Baseline)	60.0%	35.7%	52.8%
MT Case Reviews Jan 2021 to June 2021	50.8%	29.8%	46.2%
MT Case Reviews June 2021 to Dec 2021	51.5%	25.9%	48.7%
MT Case Reviews Jan 2022 to June 2022	66.7%	35.6%	64.1%
MT Case Reviews July 2022 to Dec 2022	76.1%	44.8%	73.8%
MT Case Reviews Jan 2023 to June 2023	87.5%	54.8%	78.9%

Table 12: Wellbeing Outcome 1

Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's' needs	
Review Period	Needs of children, parents, and foster parents
2017 CFSR	38.5%
MT Case Reviews Oct 2018 to Mar 2019	21.0%
MT Case Reviews April 2019 to Mar 2020	13.0%
MT Case Reviews July 2020 to Dec 2020 (Baseline)	33.8%
MT Case Reviews Jan 2021 to June 2021	20.0%
MT Case Reviews June 2021 to Dec 2021	24.2%
MT Case Reviews Jan 2022 to June 2022	33.3%
MT Case Reviews July 2022 to Dec 2022	46.3%
MT Case Reviews Jan 2023 to June 2023	47.5%
Review Period	Involving parents and children in case planning
2017 CFSR	48.4%
MT Case Reviews Oct 2018 to Mar 2019	37.1%
MT Case Reviews April 2019 to Mar 2020	27.3%
MT Case Reviews July 2020 to Dec 2020 (Baseline)	40.6%
MT Case Reviews Jan 2021 to June 2021	31.3%
MT Case Reviews June 2021 to Dec 2021	33.3%
MT Case Reviews Jan 2022 to June 2022	36.5%
MT Case Reviews July 2022 to Dec 2022	55.6%
MT Case Reviews Jan 2023 to June 2023	73.7%
Review Period	Frequency and Quality of Caseworker Visits with Children
2017 CFSR	52.3%

MT Case Reviews Oct 2018 to Mar 2019	25.8%
MT Case Reviews April 2019 to Mar 2020	22.9%
MT Case Reviews July 2020 to Dec 2020 (Baseline)	32.3%
MT Case Reviews Jan 2021 to June 2021	38.5%
MT Case Reviews June 2021 to Dec 2021	37.9%
MT Case Reviews Jan 2022 to June 2022	53.0%
MT Case Reviews July 2022 to Dec 2022	65.7%
MT Case Reviews Jan 2023 to June 2023	67.5%
Review Period	Frequency and Quality of Caseworker Visits with Parents
2017 CFSR	33.3%
MT Case Reviews Oct 2018 to Mar 2019	10.5%
MT Case Reviews April 2019 to Mar 2020	12.7%
MT Case Reviews July 2020 to Dec 2020 (Baseline)	25.5%
MT Case Reviews Jan 2021 to June 2021	18.2%
MT Case Reviews June 2021 to Dec 2021	30.4%
MT Case Reviews Jan 2022 to June 2022	27.1%
MT Case Reviews July 2022 to Dec 2022	33.3%
MT Case Reviews Jan 2023 to June 2023	44.8%

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 sports settings is not assessed or addressed as often as the standard set by ACF-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 a relationship, can have lasting effects for the child.

As Montana's current Comprehensive Child Welfare Information System (CCWIS) 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 has not had or used 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.

Updates were made shortly before the last APSR to the state's safety management plan to capture needs of each child. This is designed to ensure caseworkers are identifying needs, ensuring services and appropriate supervision are in place, and that this information is clearly communicated to caregivers. Training began statewide at the end of March 2023 as the new form was implemented. Over the last year, as noted in previous sections, Safety Committee has worked on a new formal comprehensive needs assessment called the FPA. The sections previously added to the safety plan regarding the child's needs have been included, and evaluated multiple times to ensure they encompass all needs – and that all aspects required to be included in the child's case plan are. This new assessment has been piloted by some staff, and many report that it is beneficial. Preliminary implementation scheduled for October 1st, 2024. Though this form cannot be incorporated into the current electronic case management system, it is being planned to be fully incorporated into the new CCWIS system Montana is moving towards. Montana is also planning to add a code to the current system that staff can input when an FPA is completed so that Montana is able to identify how many kids have one, and how many are/aren't completed timely. This will be very limited data, but more than Montana is currently able to pull.

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 RACs, 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 FSTs, discussed in other sections of this APSR, is one-way CFSD is attempting to address these issues. FSTs 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 project that started as a pilot project in region I (eastern Montana) but has since become available to the entire state and is no longer a pilot. CFSD staff have partnered with CAM 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 then began working to identify and train more willing therapists to increase the number of available sessions. Additionally, the previously mentioned FPA will also include an evaluation of parents' protective capacities, needs, and services that have been recommended and are being provided, as well as an evaluation of the impact of those services. Until the FPA is implemented, the only place this is currently documented is in treatment plans ordered by the court and some monthly contact documentation. Treatment plans are generally limited to things required to address safety concerns and may not fully address all needs a parent has. Adoption of and the use of a periodic more comprehensive assessment tool will improve this outcome.

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 led 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 with. Montana's data around quality caseworker visits with children and parents indicate the lack of quality 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 both children and parents. However, Montana also tends to focus more on one parent than both, particularly if they are not residing together. Parents who are incarcerated or living in a different area also tend to be communicated with less. CFSD hoped the PIP focus on engagement and other changes, such as the integration of the Safety Science Model into CFSD's practice, would result in continued improved performance in this area. regions I and II have been focusing on efforts to improve the frequency and quality of caseworker visits with parents by identifying protocols and QA tools and tracking to measure their progress from implementation. Montana has limited data regarding the frequency of visits occurring. Currently, Montana only has data to show the frequency of visits occurring with children, and whether those visits are occurring in the home or not. Montana is currently working with the programmers for MPATH on the feasibility of adding a report that will focus on the frequency of visits with parents. This report would be broken down to identify the visit information as it pertains to a child's mother and as it pertains to a child's father. Each one would fall into one of the following categories, with the most preferable category given preference: In Person Visit, Phone Call, Attempted Visit, No Visit. If MPATH is unable to create the report, the Business Analyst Team will work on a more rudimentary Structured Query Language (SQL) that will allow for the information to be pulled monthly and distributed to regions. Either way, the data will not be perfect. Due to limitations within Montana's system and the available data, a parent will only be able to be excluded as not required from the report if there is a TPR entry for that parent. Ultimately, this means that deceased parents and unidentified parents (i.e. putative fathers) would still be included within this report. Montana recognizes that this would result in a slight elevation of missed visits within the data than is actual – and that there would be a larger impact on those pertaining to fathers. However, even with this difficulty, the availability of the data will help measure improvements in frequency of contacts and allow management to focus on this outcome in a way Montana has been unable to do in the past.

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 (KNP) is one-way CFSD is attempting to meet the unique needs of kinship care providers.

As discussed in prior APSRs, 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. However, this leveled out some over the last year of reviews. During

case reviews, this often resulted 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 indicates 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. One part of the previously mentioned FPA addresses whether it was completed in consultation with and reviewed with each applicable parent. If not, then there is a requirement to identify what efforts were made to do so. This should help Montana identify some of these barriers, as well as help set and enforce this as standard case practice.

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 that Montana achieved the PIP goal for this item. CFSD has continued 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 II (north central Montana) has implemented protocols focusing on the frequency of visits. Beginning in early 2021, the RA and Child Welfare Manager (CWM) held frequent staffing's with supervisors to identify visits missed and 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. Administrative data is showing the number of in-person visits, conducted by region II CPS staff, increased more than 15% since the implementation of the focused staffing. Region I 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 was in place long enough for case review data to fully indicate the effectiveness, though the last review period showed that 100% of cases reviewed had quality visits with kids. Because only foster care cases were reviewed, it is impossible to tell if the same effect was had on In-home cases. However, it should be noted that of the cases with lack of quality visits in the two prior review periods, half were In-home cases and half were foster care cases. The Region I 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 standardized 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, it is still below the 95% standard of substantial conformity set by ACF-CB with the most recent review information indicating that this is now met 89.2% of the time. While this is an increase, it still falls short of the standard. 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.

The CQI unit has partnered with the OPI to help address educational needs of children in foster care. While this is limited to ensuring that foster children are not inadvertently left behind by ensuring they are enrolled in school, the partnership has worked well to identify potential concerns with enrollment earlier. Each month, OPI receives a list of all children in Montana that are in foster care. They compare it to enrollment records. Any children on the list that are not placed out of state, are school age, and not identified as enrolled in a school in Montana, are followed up on to identify if they are enrolled in a private school, some other method of schooling, or to identify barriers to ensuring they are enrolled. Over the last year, the

number of children needing to be followed up on in this manner has decreased significantly.

Table 13: Wellbeing Outcome 2

Wellbeing Outcome 2: Children receive appropriate services to meet their educational needs	
2017 CFSR	84.2%
MT Case Reviews Oct 2018 to Mar 2019	45.5%
MT Case Reviews April 2019 to Mar 2020	40.5%
MT Case Reviews July 2020 to Dec 2020 (Baseline)	69.4%
MT Case Reviews Jan 2021 to June 2021	60.0%
MT Case Reviews June 2021 to Dec 2021	66.7%
MT Case Reviews Jan 2022 to June 2022	60.0%
MT Case Reviews July 2022 to Dec 2022	81.1%
MT Case Reviews Jan 2023 to June 2023	89.2%

Well-Being 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. Ongoing 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 FSTs, 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.

In addition to the agency's focus on quality contacts and better family engagement, additional training on the need to document medical and mental health information and including these things within the FPA (to include dates for last and next scheduled appointments) is expected to support improvement across these items.

Table 14: Wellbeing Outcome 3

Wellbeing Outcome 3: Children receive adequate services to address physical and mental health needs	
Review Period	Physical and Dental Health needs of the child
2017 CFSR	61.5%
MT Case Reviews Oct 2018 to Mar 2019	32.8%
MT Case Reviews April 2019 to Mar 2020	25.2%
MT Case Reviews July 2020 to Dec 2020 (Baseline)	43.4%
MT Case Reviews Jan 2021 to June 2021	51.9%
MT Case Reviews June 2021 to Dec 2021	50.0%
MT Case Reviews Jan 2022 to June 2022	68.5%
MT Case Reviews July 2022 to Dec 2022	57.1%
MT Case Reviews Jan 2023 to June 2023	85.0%
Review Period	Mental and Behavioral Health needs of the child
2017 CFSR	59.5%
MT Case Reviews Oct 2018 to Mar 2019	26.8%
MT Case Reviews April 2019 to Mar 2020	34.1%
MT Case Reviews July 2020 to Dec 2020 (Baseline)	40.5%
MT Case Reviews Jan 2021 to June 2021	32.4%
MT Case Reviews June 2021 to Dec 2021	45.5%
MT Case Reviews Jan 2022 to June 2022	61.9%
MT Case Reviews July 2022 to Dec 2022	69.0%
MT Case Reviews Jan 2023 to June 2023	80.8%

Systemic Factors

Statewide Information System

PIP Goal #3 "Improve service array through partnership with service providers to increase reunification rates and decrease time to permanency" was identified as addressing this Systemic Factor. Also, the mentoring and coaching processes in Goal #1 will also assist in addressing this Systemic Factor.

Montana's current system of record, CAPS, does contain the status, demographic characteristics, location, and permanency goals of every child who is or who has been in foster care. It has also been determined through case reviews that goals entered are not always accurate as to what the goals are and what is being worked on. To address this, the CQI unit developed and presented concurrent planning and goal setting training to all RAs, CWMs, PPS, supervisors and FLTS in March and April 2023. Each region was to roll out the same training to their field staff. The CQI unit will also be following up with each region to go through cases to help ensure accuracy of goal entries. Further, a data verification plan has been developed to be utilized concurrent to case reviews. The data verification tool will be utilized to gather data specific to this systemic factor. This will allow Montana to more accurately gauge the accuracy of the information entered as well as identify when corrections need to be made. This is planned to be rolled out when case reviews re-start in SFY25.

Additionally, the CAPS system is not easy to navigate, and information is not collected in a logical fashion because it is an antiquated, DOS/COBOL based system lacking the functionality of a modern web-based system. 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 began the process of developing a new system, MFSIS with the plan that it would 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, and is still used today. This module covers intake and investigation of reports of child abuse and neglect and houses the Family Functioning Assessment (FFA) used to determine if children are safe from abuse/neglect or if agency involvement is required to ensure the safety of children. No additional modules have been developed and the project has been on hold. Data collected in MFSIS is transferred back into CAPS as CAPS remains our system of record. However, there are some known synchronization difficulties between the two systems, sometimes resulting in some information taking an inordinate amount of time to sync, or not at all. The issues continue to be looked at and worked on by the Business Analyst team and contractors for both systems.

The current solutions, CAPS and MFSIS, are in Maintenance and Operations mode with minimal new functionality planned in the coming years. The State is pursuing a new CCWIS solution which will be funded by the Long-Range Information Technology bill passed in the 2023 legislative session. Montana completed a Request of Information (ROI) in 2023 and will pursue a competitive solicitation to identify the vendor solution that best meets program and technical requirements. Based on feedback from other states, Montana expects the replacement to be a multi-year project from procurement to full

implementation. Data Quality work continues to remediate shortcomings of data points that are integral to reporting and CQI efforts. Additional Business Analysts have been hired to increase capacity within the team to work on this. Montana has also procured external services with BerryDunn for Business Process Redesign to support high-quality, accelerated Design, Discovery, and Implementation for the new CCWIS solution redesign to support this but has not identified a contractor for the CCWIS system itself.

Data integrity within the system has been an on-going focus of the state. The contractor for CAPS, Peraton (formerly known as Northrup Grumman), runs AFCARS, and NCANDS and National Youth in Transition Database (NYTD) exception reports throughout the year, which outline missing or illogical data. The business analyst team puts the AFCARS error report into a pivot table monthly, an easier format for field offices to use. These are then provided to the CQI unit, who sends them to the field offices and works with the field as needed (also consulting the Business Analysts as needed) to correct missing data or data that is illogical (i.e. removal dates prior to a birth date). While these reports do not capture all the data in the system, it does capture those elements that are required for federal reporting. Within the past few years, a new CAPS screen, called the Case Profile, was developed, and added to capture additional data points on clients that were not previously collected. This includes information around sex trafficking, prior adoptions or guardianships, siblings and additional ICWA details. Trainings were also developed and provided for staff agency wide to assure these new data points on the Case Profile screen were completed accurately. In the past year, additional training resources were developed and uploaded to a Teams site accessible to all CFSD staff. These include the basics of entering some data within CAPS, navigation of the Case Profile, and some specifics regarding more common AFCARS errors. NCANDS exception reports are run less frequently, and errors or missing data are assigned to designated staff to work through amending appropriately. NYTD errors have also been run less frequently, but Montana is working towards a monthly report. Those are also given to designated staff working with the MCFCIP to address appropriately.

Montana formerly utilized Results Oriented Management in Child Welfare (ROM), through the University of Kansas, to develop management reports using CAPS data. In July 2021, Montana began using MPATH 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. The full transfer of reports occurred at the beginning of 2022. Validation efforts have continued since then to ensure accuracy of data, enhance reports and formatting as needed, and train additional staff on its use. The department continues to address accuracy issues to improve reporting and some of the more significant issues have been resolved. There remain some issues due to synchronization of data between MFSIS and CAPS. This has been a high priority to fix. In the meantime, a workaround has been developed to pull the information needed for some administrative reports directly from MFSIS while the issues are resolved. The move to MPATH has limited the number of fields allowable in drilldown reports. However, it also allows for ad hoc reporting, and a few individuals within the agency can create one time or repeat reports to fulfill specific needs not already captured in existing reports. Within the last year, additional access was obtained to the raw data MPATH receives through a SQL tool. While only a few people within the state have access to this tool, it does allow for compilation of other data not available through existing reports or the ad hoc reports. This has been valuable for compiling data on things Montana has historically had no data on. Further details can be found in later systemic factors.

Case Review System

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 met the PIP target for this item, there is still room for improvement. The agency has been 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 correlate to the frequency and quality of caseworker visits with each respective parent, as identified through comparison and analysis of the specific Item reports available through the CFSR Online Monitoring System (OMS). 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. The states involvement with the MCIP 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. Safety Committee has also been working to develop further tools for ongoing case management to be consistent with Montana's Practice Model. This includes the FPA noted in prior sections. The FPA is designed to be a comprehensive ongoing tool to capture assessment of needs of both children and parents, safety concerns, visitation plans, and services to both parents and children. It is intended to be completed through consultation and engagement with parents and children (the intent is not to sit down and complete it together, but to be able to complete based off contacts and informal or other formal assessments) and reviewed with same. There is space to include whether it was created in conjunction with them and reviewed with them. If it wasn't, the expectation will be that efforts to do so will be documented. It is to be completed by 60

days of entry to foster care, and a minimum of every 6 months thereafter. It was also designed to include all required elements of a child's case plan and will serve as the child's case plan going forward. Preliminary implementation is planned for SFY25. Though this will be a form that is filled out, and will need to be uploaded to our system, rather than completed and housed within it, a plan has also been made to be able to begin extracting some data around the case plans. Limited changes can be made to CAPS, but Montana has been able to add an activity code within the system that will be entered once an FPA is completed and uploaded. With that code, the Business Analyst team (and perhaps a future standard report) will be able to pull a listing of all children in care in each period, as well as all FPA activity codes entered. This will allow us to identify how many children do have documented case plans, and if they are done in the required timeframes. With a look towards the future and a new CCWIS system, Montana plans to have the FPA built within the system to allow for easier data extraction that will also be free of the potential errors in pulling the data based off an activity code entry.

Montana's current case management system also does not support a quantitative assessment or analysis of the frequency or timeliness of periodic reviews, permanency hearings, filing of TPR or provision of notice of hearings and reviews to caregivers. Each region has a system in place to ensure caregivers are given notice of hearings and reviews, but there is no tracking system for this, therefore the agency has no ability to currently evaluate its effectiveness. Regions also vary in their process to ensure timely case plans are entered for each child. Because of the way they work, there is no data that can be pulled from the case management system to identify any that are missing, or how many are completely timely. This is also the case for filing of TPR timely. The permanency hearing information is entered in the case management system, there is currently no way for Montana to extract the information in a reportable format or quantitatively assess this information.

Information from periodic reviews is also entered into the case management system, but there has been no method of extraction to make this information reportable. Each region does have a tracking system to ensure they are occurring and to notify caregivers; however, the tracking does not extend to identify quantitative information in how often this is occurring timely or not.

Despite the lack of data on these elements thus far, Montana has been brainstorming ways to identify quantitative data for periodic reviews, permanency hearings, and TPR. Currently, Montana believes there is no method for quantifying the notification to foster parents without being able to add something into the system or surveying foster parents regarding the manner.

Montana does have some plans for quantifying data for the periodic reviews, permanency hearings, and TPR. Periodic reviews and permanency hearings are entered within the system and are extractable utilizing SQL queries. Montana is also working with the MPATH programmers to determine if new reports for these can be built to be more efficient long-term. Though the dates of TPR hearings and determinations are entered within CAPS, the date of the filings are not. However, Montana has identified a way to pull all cases that would have a TPR filing, or exception documented due within a given month. Like the activity code for FPAs, the agency has also identified (though not yet created) similar activity codes that can be used for filing of TPR and for documenting exceptions. With this, a follow up report can be completed to identify the rate of timely filing of TPRs when exceptions do not exist.

Quality Assurance System

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

Montana's current formal QA system is primarily through periodic case reviews using the Onsite Review Instrument (OSRI) and Fidelity Reviews completed on the investigation process. Historically, 65 cases were reviewed every 6 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. Concerns are now sent directly to the Deputy Division Administrator, who meets with the applicable RA regarding the concern. A plan is then developed to address outstanding issues/concerns, and the information is forwarded to the Deputy Administrator for further follow-up. 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.

Case reviews are currently on hold, as Montana is restructuring who is doing them. The process identified for PIP monitored reviews was difficult to sustain, and the agency identified that they wanted all supervisors to be trained in the process to get the most out of the reviews in affecting case practice. Montana is currently in the process of training all supervisors, with a plan that at least 5 reviews will be completed monthly. These will begin at the beginning of SFY25. Montana is hoping that, out of this process, CFSD can identify some supervisors as 'champions' of the process. Montana further hopes that the agency will be able to build out a team of reviewers, beginning with those 'champions', for a more permanent process and PIP monitored reviews.

When a review period is finished and case reviews are all 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. This is also true of frequency and quality of visits with parents. As noted previously, Montana began emphasizing caseworker visits with children more, and some regions put in specific plans to enhance these. Montana has also been working on a plan to monitor the frequency of visits with parents as well, as the agency realizes that the frequency and quality of those visits and engagement with the family drives case plans and contributes to quality outcomes for families.

In April 2022, CQI staff began meeting individually with RAs to identify specific areas of practice the regions wanted to improve. Plans were put in process with regions I, II, III and VI. CQI unit assisted the regions in meeting their goals by using the Plan-Do- Study-Act format. While this is focused more on CQI, portions of it include QA, both in the areas being focused on as well as adherence to the Plan-Do-Study-Act model. When staffing levels changed affecting capacity in the fall of 2022, the CQI unit's level of support for these plans had to be pulled back. However, each region continued the work they were already doing and reached out the CQI unit as needed for clarification or assistance. Additional members were added to the CQI unit as two additional positions were added and all personnel were on board in July 2023. As of May 2024, there is one vacancy, though the position has been posted and interviews conducted, with the hiring process underway. Within the past year, the CQI unit has focused on QA and improvement in various areas of practice. Some of the focus areas of the team in the past year have been improving data accessibility and use to identify trends and improve practice, improving processes around tracking of In-State TGH placements and IV-E requirements, school enrollment for all kids in care, enhancing training (not yet in place, but being worked on) for new workers where gaps exist, and along with Safety Committee, improvement in some procedures, processes and forms specific to Facility Investigations and ongoing casework. Most of these are detailed in other sections of this report, where the results more directly apply.

As noted elsewhere, Montana also reconvened 'Safety Committee' in recent years which had an initial focus on safety and risk assessments early in the case. As noted in prior APSRs, they have spent time analyzing and collecting qualitative information regarding the process, barriers, and use of forms. This work has continued. Through that process, some forms have been revamped and revised to make use easier, capture additional information, and fill some of the blanks. Whenever possible, forms are aligned with each other to be consistent formatting and consistent in their use for ease of use by field workers, and ease of reading by anyone reviewing them. As new or revised forms have been completed, they have been piloted in various offices to identify if they work well and resolve any issues. As they are rolled out fully, training is also being done to facilitate the transition. The most recent training that has been released is specific to facility investigations. Because this is not a frequent occurrence, there is no identified staff member who completes them regularly. It was determined that the form previously used was difficult to use, and not inclusive of many potential scenarios. A subgroup of the Safety Committee worked with stakeholders, as well as getting feedback from the field, on barriers within these investigations and helped to revamp the procedure, forms used, and create a 'field guide' that gives workers guidance. All supervisors were trained at a supervisor meeting in the spring, and a training was released in April for any staff wanting to attend. Another training will be held in June.

Fidelity Reviews continue to be completed monthly by the Safety Committee, as well as some are facilitated by each region every month. Data from these reviews is being compiled through use of Microsoft Forms for further analysis, as more are completed to form a baseline impression, and then plan to address specific areas of practice concern. As the reviews are completed, certain demographic data, such as worker, county, and region, are all included to help identify any trends. As Montana nears having a total of 200 Fidelity Reviews completed, the agency is beginning to identify what specific elements within it to focus on as a state. More information can be found in Section 3.

Staff and Provider 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 of PIP Goal #1. CFSP goals. This systemic factor is also addressed in the Targeted Training Plan. To date in SFY23, 66 new CPS have completed MCAN. 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 Commercial Sexual Exploitation Identification Tool (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 SFY23. In addition to training specific to CPS staff, CFSD has implemented a 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 FY23, 56 CFSD staff have attended the training.

As reported in previous APSRs, CFSD developed and implemented the "Leadership Academy" supervisor training in SFY21. The training has continued 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 2024 and completed in May of 2024. The next group of supervisors is set to begin their trainings in July 2024 and will complete in December 2024. 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. Supervisor training curricula is delivered through on-line/on-demand learning with virtually facilitated de-brief sessions in addition to a week of in person classroom style learning focused on facilitation and application of the practice model. Supervisor training has been expanded to include six months of safety science leadership lab consultations and will be expanded further in July of 2024 to include six months of case review training.

The Leadership Academy, practice model for CPSS, Safety Science Leadership Labs, and Case Review Training, will run consecutively, supporting new CPSS staff for the first eighteen months of their employment. The three most recent supervisor training cohorts have included an average of seven participants.

Supervisor training for all leadership staff have continued in SFY24. Two meetings are held in-person and four are held virtually. The meetings serve as a 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 time to connect is valuable in making staff feel less isolated and more cohesive as a group. It is the intention of the CFSD Management Team to see the supervisor meetings continue throughout SFY25 and beyond.

Towards the end of SFY22, the RRTB was created. The new RRTB Bureau Chief oversees the training unit, a Wellness Program Coordinator and a Chief Safety Officer and Community Liaison (CSO). This Bureau Chief facilitates the Safety Committee mentioned in prior sections of the APSR as well as aspects of the Leadership Academy, Practice Model Training, and Advanced Practice Training sessions. This position was created to devote more resources and concentration on training, recruitment, retention, and the overall well-being of staff within CFSD. The Bureau continues to be in development and working to establish both functional contributions to CFSD staff and means to study the impacts of the contributions in terms of positive recruitment, retention, and training outcomes.

The Wellness Program Coordinator has been developing and implementing trauma-informed supports for CFSD staff of all position types since inception in 2022. Wellness Program efforts have been focused on creating feedback loops for staff to advocate for their physical and emotional wellness needs, to increase awareness of and accessibility to Employee Assistance Programming (EAP), and to increase trauma-informed supports to CFSD employees across the agency. Since 2022, the Wellness Program has been surveying CFSD employees across the agency on a quarterly basis in review of the support services they receive and/or have utilized, to gauge employee awareness of the offered wellness programming, and to solicit wellness training topics of importance or interest. Over the course of SFY23 and SFY24, monthly wellness collaboration meetings have been held virtually in presentation of EAP services, offered or available CFSD Wellness Program efforts, and suggested wellness training topics related to prevention of and addressing vicarious trauma, suicide prevention, nutrition, financial planning, and various other trauma-informed practices in promotion of employee wellness. Wellness program presentations and activities have been incorporated into new hire training in the first week of MCAN, annual Prevent Child Abuse and Neglect Conference (CAN), regional in-person visits and virtual visits across the state in promotion of learning and peer to peer support.

As part of legislation from the 2021 Montana Legislative Session, child-facing staff must obtain and maintain certification that was to support ongoing learning and training for child-facing CFSD staff. This has necessitated additional tracking mechanisms to ensure each staff is completing the required amount of training, as a comprehensive training tracker has not existed through Montana's Human Resources (HR) or Technology Division. Business Analysts, CQI staff, and Training

staff worked collaboratively to identify a platform and tracking mechanism that will encompass this need until a more comprehensive solution is identified through Technology and/or HR. This will allow the training division to be able to better track and identify what each worker has or has not completed and provide reporting as needed.

Information specific to Foster Parent training is contained in the sub-section specific to Foster Parent Licensing, Recruitment, and Retention. Some additional information is included in the Foster and Adoptive Parent Diligent Recruitment Targeted Plan. In addition to that, there are some homes that are licensed specifically for adoption when youth are circulated for adoption. Private agencies complete the licensing process for those families, but with oversight by CFSD and all must meet the same standards of hours of training.

Other facilities that provide care to children in foster care, such as groups homes, are licensed through the Office of Inspector General Licensure Bureau. They require specific information to begin the licensure process and have standards in place for each different type of facility they license.

Service Array and Resource Development

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 (Title IV-B subpart 2); Services for Children Under the Age of Five; John H. Chafee Foster Care program for Successful Transition to Adulthood (MCFICP); 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 of 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 ECFSD Milestones Part C Early Intervention Program 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 CFSD's 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 FST model 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.

Throughout recent years, efforts have also been made throughout Montana to increase the availability of mental health services, particularly to children and youth, through tele-health services. The Montana Rural Tele-Mental Health Program was established to meet this need. The program is coordinated by CAM with support from western regional Children's Advocacy Center (CAC). They have worked to identify mental health providers who are trauma trained and willing to provide tele-mental health services, ensuring training is provided to effectively provide mental health services through tele-health, and connecting youth and children who need access to this service through tele-mental health in areas where in-person services are not available. This program includes providing technology to the youth/child if needed to participate. They continue to work to identify additional providers, provide training, and evaluate the program and its efficacy.

In SFY24, CFSD and ECFSD collaborated on the Community Response Program being overseen by ECFSD. Families can be referred and receive services if they are not involved in an active CFSD case. They will provide primary and secondary prevention services. The Community Response Program is a short-term prevention program that includes:

- Family assessment of needs and barriers.
- Collaborative goal setting.
- Care coordination.

The purpose of this project is to pilot the Montana Community Response Program by providing voluntary prevention services to families who are reported to CFSD but do not reach the threshold of needing an investigation, or through

investigation do not reach the threshold to need further CFSD intervention. In addition, the Community Response Program can accept self and community referrals. The overarching goals of the program are:

- Provide comprehensive voluntary services for families recommended by CFSD.
- Provide a regional system for services and community referrals.
- Expand comprehensive, community-based services to strengthen families at risk for child maltreatment.
- Reduce re-reports to CFSD by reducing risk factors and building protective factors that strengthen families.
- Reduce demands on CFSD by reaching families early and meeting their needs before a crisis occurs.

Community Response Programs are currently in the following counties in Montana:

- Region II: Cascade County
- Region III: Yellowstone County
- Region IV: Lewis and Clark County
- Region IV: Silver Bow County

Agency Responsiveness to the Community

PIP Goal #1 "Establish a supportive learning culture within CFSD 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 are 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 ACF-CB as part of the CFSR, subsequent PIP, the 2020-2024 CFSP and subsequent APSRs, including this APSR. Specific examples included in this APSR include: discussions with judiciary on implementation of PHC and decreasing the time from 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 were held across the state allowed CFSD to provide information on their procedures and practices to local community stakeholders and receive feedback from those partners (Collaboration Section); 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 MCIP involvement in the PIP (QA 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 (ECFSD-MIECHV), Meadowlark Project referenced in the Collaboration Section (Medicaid), and the Healthcare Oversight and Coordination Plan efforts to address overuse of psychotropic medications and oversight of children entering TGH placements (Medicaid).

Foster and Adoptive Parent 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.

CFSD licensing staff or RFS 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 RFSS 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.

CFSD's foster parent recruitment is focused on finding fit and willing relatives for children coming into the foster care system. CFSD continued to focus on the placement of children in kinship homes as a priority. This not only allows children to maintain connections with community, culture, and family, but 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 from the Tribe prior to going onto the reservation to license kin homes, and Tribes have the final say as to whether Tribal or state licensing staff will license the home. RFS staff provided support to enhance the relationship between CFSD and kinship providers and increase the awareness and understanding of licensing, as well as available supports and resources. This engagement also focused on timeliness to licensure and permanency, whether it was reunification, adoption, or guardianship. RFS staff from all regions contacted families within seventy-two hours of notice of placement (provided by CPS or administrative staff).

CFSD assisted kinship families with obtaining fire safety equipment (smoke alarms, fire extinguishers and carbon monoxide alarms) and water testing at no cost, when the purchase of these items was a challenge for the families. This ensured safety of the children and family, as well as compliance with licensing standards and decreased timelines to licensure.

When other barriers were identified, such as lack of adequate beds or other household necessities, CFSD worked with community stakeholders, service groups and churches, and specific faith-based programs such as Child Bridge or Promise 686, to obtain those items to allow families to be considered for placement, maintain placement, or apply for licensure.

RFS staff continued to make referrals to the MKNP at the time of the initial contact. MKNP provided supports to kinship caregivers engaged with CFSD and provided a parallel process that allows families to have the support of the MKNP program, while engaged with CFSD licensing, but does not require them to be licensed to engage with the MKNP program. This additional support created greater opportunity for stability and permanency. RFS staff attended monthly kinship navigator update meetings. The MKNP coordinator met with the RFS staff to ensure understanding of the program and increase collaboration between the programs – all with the expectation of increased supports for kin families, which can lead to increased stability for placements and decreased timelines to permanency (including reunification).

While placement with kin is a priority, the need for non-relative caregivers is ongoing. CFSD updated its recruitment campaign and made additional updates to the website to make accessing and understanding information regarding foster care and adoption easier for all interested persons. The development of the CCWIS system has begun this year and RFS staff were able to make recommendations on the development of the system, including the consideration of a provider portal.

Montana CFSD continued to use the #FosterMT tag line on flyers that are distributed in communities and at events and added tabletop banners for use at community events. Both flyers and banners have a Quick Response (QR) code that directly links people to the CFSD website and inquiry link. The use of a QR code allowed families to obtain the information at an event but choose when to access the information or how to access the information (phone, tablet, or computer). The use of the QR codes is new so data regarding effectiveness is not available currently.

The five RFSS have been approved to participate in peer-to-peer diligent recruitment meetings hosted by Adopt Us Kids and the Center for Diligent Recruitment (CENTER). The entire RFS staff have been provided the link to the diligent recruitment site to ensure increased awareness and skills at all levels of the licensing bureau. As the CENTER was only started in January, there is not data available to determine the effectiveness of the engagement with the CENTER.

During this past year AdoptUSKids chose to eliminate the direct access to foster care inquiries for CFSD Family Intake Tracking Tool (FITT). CFSD created an internal process that allowed families to inquire by clicking on a link on the website. This change now uses the email address, askaboutfostercare@mt.gov and early results indicate that inquiries remain steady. Families were also able to continue inquiring directly with the agency staff or through the answer net call system (1-866 number).

RFS staff began to focus on speaking directly to all inquiring families, prior to sending out inquiry packets. Data regarding the effectiveness of these efforts is difficult to obtain due to the limitations of the system, as well as it being in the early stages of this level of engagement.

CFSD RFS staff also continued collaboration with the BIA regional staff and Tribal social service agencies on identifying placement resources and with Tribal social service agencies on licensing homes and providing technical assistance on the CAPS and MFSIS systems.

Montana continued recruiting for non-kin resource families through a variety of in-person events, radio Public Service Announcements (PSA), and using a podcast that highlighted the experience of a long-time foster/adoptive parent for National Adoption Month. The events were a combination of presentation, community awareness/recruitment and celebrations.

Table 15: Regional Recruitment Outreach

Regional Recruitment Outreach	
REGION I	
September 2023	Distribution of flyers to Miles City Community Agencies
October 19, 2023	Fatih and Community Summit Presentation
December 01, 2023	Miles City Christmas Stroll Booth
December 2023	Glendive Foster Parent Holiday party
March 23, 2024	Glendive Community Connection Event Booth
April 5 & 6, 2024	Glendive Spring Fling Booth
May 7, 2024	Glendive Foster Parent Appreciation/Bring a Friend
May 2024	PSA on Local Radio Stations
Year Round - Monthly	Collaboration with Miles City and Glendive Foster Care Projects
REGION II	
July 2023	Child Bridge Community Recruitment Event
August 22, 2023	End of Summer BBQ/Celebration
November 2023	Adoption Awareness PSA
June – December 2023	Foster Parent of The Month
January 26, 2024 February 6, 2024 March 21, 2024 April 8, 2024 May 21, 2024	Monthly Lunch and Learn
February 21, 2024 April 5, 2024 May 1, 2024 May 16, 2024	Talk About Foster Care at the Coffee Shop
April 9-11, 2024	Recruitment/Awareness Booth Child Abuse and Neglect Conference
April 2024	PSA for Foster Care Month
April 2024	Created Resource Parent Newsletter: Learning Points, Trainings Opportunities, and Local/Regional Activities.
REGION III	
August 3, 2023	Met With Crow Tribe Licensing
August 4, 2023	Lunch and Learn: Communication
August 7, 2023	Wendy's Wonderful Kids Golf Tournament
August 22, 2023	Met with Northern Cheyenne
August 25, 2023	Lunch and Learn on Reunification
October 17, 2023	Faith and Community Based Summit
November 16, 2023	Billings Urban Indian Health Center Collaboration
November 16, 2023	Standing Buffalo Strong Meeting Collaboration with Urban Indian Health
December 2023	Lunch and Learn: Cyber Safety
January 1, 2024	Child Bridge Support Group Presentation
January 29, 2024	Montana Kinship Advisory Board
February 6, 2024	Promise 686 Collaboration Meeting
February 7, 2024	Community Planning Meeting on Foster Parent Recruitment
March 23, 2024	Patsy Cline Review Recruitment and Awareness Booth
April 2024	Lunch And Learn: Cybersecurity for Foster Parents
May 2024	Faith Chapel: Foster Parent Recruitment Panel
May 7, 2024	Fentanyl Awareness Conference Recruitment and Awareness Booth
May 15, 2024	Second Annual Native American Walk for Wellness Booth
REGION IV – Helena	
May 2023	Helena Thank You Cards to All Foster Parents
September 2023	Helena Health Fair Booth
September – November 2023	PSA on Local Radio
November 21, 2023	Adoption Celebration
April 13, 2024	Hope for the Journey [Cohosted with Butte]
Year Round - Monthly	Learn About Foster Care Booth and Library
Year Round - Monthly	Facilitated Helena Monthly Support Group
Region IV – Butte	
August 2023	Foster Family Picnic
October 2023	Foster Family Halloween Event
April 20, 2024	Hope for the Journey [Cohosted with Helena]
May 2024	Child Bridge Collaboration
May 2024	United Way of Butte and Anaconda Presentation

May 2024	Anaconda Deer Lodge County Head Start/Early Head Start Open House
REGION IV – Bozeman	
November 2023	Adoption Month Celebration and PSA
December 2023	Foster Care Christmas Party
December 2023	Christmas with Santa and Band at Belgrade Middle School Presentation
April 2024	Hope for the Journey [Cohost with Sacred Portion Children's Outreach]
Quarterly	Quarterly Meeting with Local CASA Staff
Year Round - Monthly	Host Monthly Foster Parent Support Group
Year Round - Monthly	Host Monthly Coffee with Mom
Year Round - Monthly	Monthly Meet and Greet at Local Brewery
REGION V	
November 2023	Adoption Month Celebration
April 19-20, 2024	Flyers at 55 th Annual Kyiyo Pow Wow
May 2024	Booth at Bike for Shelter Booth
May 2024	Booth at Scheels' Kids Fair
REGION VI	
October 19, 2023	Faith and Community Based Summit
November 17, 2023	Adoption Month Celebration
May 11, 2024	Foster Care Appreciation Day

Data regarding the effectiveness of the recruitment and retention efforts is difficult to determine, due to limitations of the current data system.

The CVMK continued to be a source of information for families and individuals interested in foster care or adoption and a resource for Montana CFSD. The CVMK is comprised of resource families (both kin and non-kin), birth parents, and most recently, a youth with lived experience that is also a kinship provider. CVMK met monthly, via Google Meet, and held in-person meetings twice a year in varying locations (Helena and Missoula). They were able to offer time slots for public input at both sessions, have additional participants in the Missoula meeting, and to offer an opportunity for individuals with lived experience a place to express their opinions. They also hosted an information table at CAN in April 2024, which provided information regarding foster care and adoption. Information about this group was also provided at this venue to increase public awareness about the need for resource families and resources, as well as to provide a space for those with lived experience. CVMK also initiated a survey via the CFSD Listserv to gather input from resource families across the state and increase membership on the board. The survey results were provided to CFSD Management and the Licensing Bureau and were used in CFSD supervisor training on May 21, 2024, as well as in creating the lunch and learn schedule for training.

CVMK was encouraged to speak to and/or observe the legislative interim committee/process. They had the opportunity at the in-person meetings to discuss concerns with the CFSD Division Administrator and have been encouraged to participate in local RACs. Members were invited to two SAC meetings and participated in one. The Foster Care Licensing Bureau Chief and the Adoption Program Supervisor attended board meetings regularly to provide information and gather information from the board, as well as provide technical assistance to support their efforts. As of March 2024, only the Licensing Bureau Chief will act as the agency liaison to the board.

Foster Parents are required to complete 8 hours of pre-service training prior to licensure. This training has been revamped over the last year and was rolled out in March 2024. The changes were based on information gathered from foster parents and the Connected Voices for Children stakeholder group. CFSD has developed an updated version of the prelicensure training Keeping Children Safe Training (KCS), using components from the National Training Development Center (NTDC) curriculum. The training puts greater focus on trauma informed parenting, trauma behaviors of children, enhancing relationships, reunification, and foster care to support families. Anecdotal information (comments by participants) indicated a positive response and acknowledgement that some participants who have roles in other stakeholder groups (therapists and teachers) were being provided similar training to enhance their roles in working with youth who have experienced trauma. The training has only recently begun and due to limitations in the system, data as to the effectiveness is not available.

CFSD and the UM Center for Children, Families and Workforce Development maintained the required online core training (CORE KCS) as the supplement to the initial KCS training families complete. The training moved to a platform that was easier for families to access. The training is required for all first-year families and is available for all families as they may need on an ongoing basis. All foster parents must then complete 10 hours of additional training in the year after licensure to maintain their license.

CFSD recognizes the challenges resource families often face in identifying training that is accessible and focused on the needs of their families and the children in their homes. CFSD completed a survey of the CVMK board asking what ongoing

training needs for resource families they could identify. The CVMK board then did a subsequent survey of resource families using their own mailing as well as the CFSD Listserv to ask them to identify ongoing training needs. CFSD also reviewed renewal applications of families and collected comments specific to training needs. As a result, CFSD staff have initiated a training calendar of lunch and learn trainings. There were initial lunch and learn trainings between January and May of 2024 and were a combination of virtual and hybrid events. There is not data regarding the impact of the lunch and learn format or curriculum due to limitations of the system specific to data collection.

The CFSD foster care licensing web page has been updated. The page contains a subpage of training resources for resource families. The Resource Parent Guide (currently under review) provided information important to foster parents in all phases of their journey and has links to training and support resources available to families. The Resource Guide is available electronically to all families. The UM site has educational resources (in addition to the Core KCS) available for all families, including resource families.

The plan to add Right Time training to the Moodle site was delayed and ultimately decided against by the move by UM of the CORE KCS and Moodle site to a new platform and a change in personnel. Families were able to continue to access the training directly via the NTDC site.

CFSD continued to renew families after their first year of licensure for two-year periods, and foster parents must complete a minimum of 15 hours of additional training per year to renew. RFS staff continued home checks with families at six-month intervals, following their initial licensure. The check-in process focused on needs of families in terms of education, supports and communication with the agency.

Families are asked on their renewal application, at renewal visits, and during check-ins to share information regarding their experience, their needs, and any recommendations regarding their experience with CFSD. RFS staff and supervisors reviewed this information at regular staffing intervals, or on an "as needed" basis, depending on the information received. Individual case issues were addressed by licensing staff and supervisors, referred to placing staff and supervisors, and general program recommendations were shared within the Licensing Bureau and CFSD Management. Information learned from case reviews was shared with the RFS staff to increase staff understanding of the needs, concerns, and expectations of resource families and to increase support and engagement with families. RFS staff had regular staffing with individual supervisors and met monthly with the entire Licensing Bureau to share information learned from families, as well identify potential program changes or improvements.

RFS staff continued to engage with community stakeholder groups, including faith-based groups and grassroots organizations, that provide support to resource families. CFSD has encouraged community support organizations to invite local/regional licensing staff to present to support group and inquiry meetings to respond to questions and concerns from their members. Feedback from stakeholders and community groups is received individually from staff and supervisors, as well as through regional and state advisory councils.

To increase capacity to complete non-kinship home studies, CFSD renewed the contract with two Child Placing Agency (CPA). The goal continued to be to decrease the time to licensure and to increase the number of non-kin homes available across the state. Challenges have occurred related to CPA staff and as a result there were a limited number of studies completed outside of CFSD. Recent collaboration meetings between CFSD staff and the CPA staff have resulted in renewed engagement and increased focus on the use of the CPA, specifically for non-kin licensing.

CFSD continued to use the procedure that allows current nontherapeutic placement providers to apply to transition their foster care license to a CPA (therapeutic foster care) to meet a child's needs without the child having to change placements. This has increased placement stability and increased the possibility of permanency for a child because of the placement stability. Therapeutic families can also transition to a non-therapeutic license with the same process or transfer between private CPA. The process is designed to decrease timelines and paperwork for families, while ensuring safety, well-being and permanency of children.

CFSD continued to facilitate those same therapeutic level families to become permanent placements for children through a process that allows a family to maintain their therapeutic foster license through a CPA and engage with the CFSD licensing program to undergo assessment for guardianship or adoption. This process continued to provide permanency for children but has the unintended consequence of more families leaving therapeutic level care programs and foster care overall to care for children in their home permanently.

CFSD continued to use their Listserv/email process (with approximately 1290 recipients) to share and receive information from this agency, as well as outside entities both in the state and nationally, that focus on services to children, families, and

resource families across the state. Families are added to the Listserv when they become licensed and can request to be removed at any time. Families have responded to information shared back to the agency or directly with the local licensing staff and even with agencies that serve resource families. This system allows a consistent means of ensuring that families hear about important agency policy and practice updates, training opportunities and support services available to them. The sharing of information electronically has allowed families and service providers to obtain needed information, while not having to travel or be limited because of their location. It has also created greater awareness among stakeholders and increased opportunities for access to resources among families. The delivery rate for emails sent via the Listserv this year was ninety seven percent and the opening rate for emails sent this year was between thirty-seven and forty-eight percent.

RFSS have continued to lead the ongoing review of the list of youth who have been in care for twelve months or longer with CFSD (not just those whose parent's rights have been terminated). The review of this list identified delays to permanency and focused on addressing barriers in a timely manner. The goal continued to be to facilitate additional action towards permanency. Quarterly reviews have taken place in each region. Staff identified children who had an identified permanency plan and they identified barriers to achieving the plan, as well as those responsible to mitigate the barrier. Those children without an identified permanency plan were referred for a Permanency Plan Team meeting, specifically for discussing next steps, including barriers to identifying a plan and barriers to achieving that plan. Data regarding the decrease in timelines to permanency is available in other sections of this APSR.

CFSD continued to focus additional efforts to achieving permanency by focusing on identifying permanency resources for youth, including Child Bridge, Wendy's Wonderful Kids (WWK) and Wednesday's Child. The Licensing Bureau arranged meetings with PPS and CWMs this year with WWK recruiters to increase engagement. The WWK staff also attended regional CFSD staff meetings and met with the Licensing Bureau staff. The meetings have resulted in an increased awareness of the WWK program as well as increased referrals to the program. WWK recruiters provided monthly reports of their caseload and status to CFSD Management Team. Quarterly meetings were held with the WWK Montana team, the Licensing Bureau Chief and the national WWK team to identify barriers to communication and opportunities for increased collaboration.

CFSD and Child Bridge re-initiated the process to identify families for youth needing a permanent family. The process focused on identifying specific youth and involved engagement of the CPS/CPSS and other regional staff. Child Bridge focused on currently licensed families across the state who may be a permanency option. They initiated a relationship with the youth and worker and then worked to identify families from the ranks of those connected and supported by their program. Several children have been referred to the program and there have been potential matches made.

The WWK and Child Bridge programs and Wednesday's Child television stories also provided a means for recruitment of families through their community efforts to increase awareness of the need for permanency for youth, which increases awareness of the need for resource families.

The continued collaborative efforts with the adoption unit have maintained a pattern of minimal delays in processing adoption packets by the Adoption Unit. Continued communication has occurred regarding the process, responsibilities, and recommendations in weekly meetings between the Adoption Program Manager and the Licensing Bureau Chief.

The transfer process for permanency cases between the CPS staff and the Licensing Bureau has become more efficient and effective because of targeted communication regarding licensing and permanency, as well as the kids in care review process, which identified barriers to permanency and resulted in a targeted approach to addressing those barriers. The transfer of learning between the adoption and guardianship units, RFS staff and CPS staff have resulted in an increased awareness for staff, families, and stakeholders regarding the adoption and guardianship processes.

CFSD has maintained the use of live scan and card scan machines for emergency placements and applicant resources. The use of livescan and card scan machines continued the timely receipt and review of Criminal History Records Information (CHRI). This decreased timelines in receipt and review of CHRI have decreased the timeliness to licensure for both kin and non-kin or conversely avoided placement with individuals who cannot meet licensing standards or posed a safety risk.

CFSD reviewed and updated resources on their website, including those resources for families serving LGBTQIA2s+ youth. The Consortium for Children Compatibility inventory (Montana uses the Structured Analysis Family Evaluation (SAFE) study process for licensing) helps RFS staff identify families/individuals who have the capacity or willingness to parent children who are LGBTQIA2s+. RFS staff have each family complete the inventory at initial licensure and at renewal, to assist in identifying what families view as their strengths and needs and specifically their capability or willingness to parent youth who identify as LGBTQIA2s+. Resource families across the state are introduced to the Montana Youth Bill of Rights at their

initial training and provided a copy at their initial home visit. The Bill of Rights includes the right that all youth are free from harassment or abuse, based on their 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: and are free from religious indoctrination that condemns or disparages their sexual orientation, gender identity or gender expression.

CFSD program staff have continued to educate field staff, including RFS staff, on the availability and efficacy of services for resource families to be used in efforts to limit placement disruption and increase permanency, such as those funded through the IV-B program or Medicaid approved. RFS staff have identified and referred families for services and resources, as opposed to relying solely on placing staff to make referrals. Accessing these supporting services is hoped to increase placement stability, which in turn decreases 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.

Plan for Enacting State's Vision

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 CFSD's ability to achieve and sustain improved safety, permanency, and wellbeing outcomes for children.

The PIP specifically addresses the need for an improved coaching and mentoring skillset of supervisors, leading to improved decision-making in cases. The timeline for training staff and supervisors was detailed in Montana's PIP. The PIP has been successfully completed and there continues to be significant effort made by CFSD on training staff and supervisors over the past year. These efforts include continuing monthly Leadership Labs for supervisors, having ongoing training plans that each region develops for their staff, continuing to offer at least one monthly Advanced Practice training for staff, and working on developing a fourth week of standard training for new CPS workers. In addition, CFSD created a new RRTB designed specifically to meet the initial and ongoing needs of staff and supervisors within CFSD. This bureau is led by a Bureau Chief with eighteen years of experience in CFSD, most recently as an RA. There are three staff members who carry out the work of the Bureau:

- A Wellness Coordinator, who focuses specifically on staff wellness, decreasing burnout, and improving retention of staff by increasing education, awareness, and accessibility to prevention and treatment supports to address vicarious trauma and in promotion of a trauma informed organization.
- A CSO who is primarily responsible for handling community inquiries and implementing the Safety Science model for child welfare cases that experienced a critical incident as defined by the model.
- A Training Development Supervisor, who is responsible for developing and implementing a robust training program for all new and experienced staff (both frontline staff and supervisors). Additionally, this position supervises the work of FLTS, with coverage in each of the six regions in Montana, which are positions targeted at coaching and mentoring new staff over the course of their first year with CFSD. These positions work closely with the new staff and their supervisors to ensure staff are supported through their first year of employment and offer specific coaching and mentoring opportunities to seasoned staff who identify a need for additional support.

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 CFSD. The supports needed and timeline for ensuring supports are in place were 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 received a formal report from the ACF-CB, indicating that all key activities were successfully completed, except for the key activity regarding achieving timely permanency for children. Montana continues to move forward with building on the activities and goals from the PIP. In June of 2023, it was reported that Montana did not pass the permanency PIP Measurement Goal Item 6, due to the rate of performance being 37.5%, and the PIP goal being set at 42%. While Montana did not ultimately pass this goal, there have been significant efforts made by the state to increase this goal by implementing various strategies designed to educate staff around appropriate and timely goal setting for children as well as ongoing work with the court system, via the MCIP, and implementing initiatives such as PPT meetings, that are designed specifically to ensure children are achieving timely permanency. There is still work to be done in this area, but significant improvements have been made, and will continue to be a primary focus of the State. These

efforts continue, and permanency outcomes are reviewed on a regular basis. Permanency and Concurrent planning are a portion of the new training being developed for all new workers.

CFSD's training efforts have focused on the collaborations with UM Center for Children, Families and Workforce Development to develop and provide the supervisory training. This has been an ongoing project of CFSD, and it was incorporated into the PIP for the reasons described above. The supervisor training will directly impact the CFSD'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 has 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 FFPSA. Implementation of the provisions under FFPSA 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 CSCWCBC and Capacity Building Center for Courts in conjunction with MCIP. 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 key activities in the PIP have been completed and final submission made, Montana is re-evaluating any technical assistance needed, as well as further partnership with the CSCWCBC.

Because the PIP and CFSP goals are closely aligned, CFSD 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 continue 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 Montana ROM to MPATH and the pursuit of a new CCWIS system support the goals and objectives of both the PIP and CFSP.

Progress Made 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 SFY19 the rate decreased to 10.2, in SFY20 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 SFY20. However, there was increase in SFY22 to a rate of 37.1%, and a decrease in SFY23 to a rate of 32.7%.

Goal 1 Objectives

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

- 2024 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.

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

- 2024 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 PHC. Updates on PIP Strategy 3.1 were provided as part of the "Judicial Systems Partners" update in the Collaboration Section of this APSR.

Through partnership with MCIP, 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.

- 2024 APSR Update: MCIP has a workgroup specific to Quality Legal Representation which includes exploring pre-filing models. CFSD and MCIP are piloting a pre-filing model in Missoula County with the support of Montana Legal Services Association.
 - The MCIP continues to make efforts to expand the PHC 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 mandated. 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.

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

- 2024 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 ACF-CB Title IV-E Prevention Services 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.

Goal 1 Measure

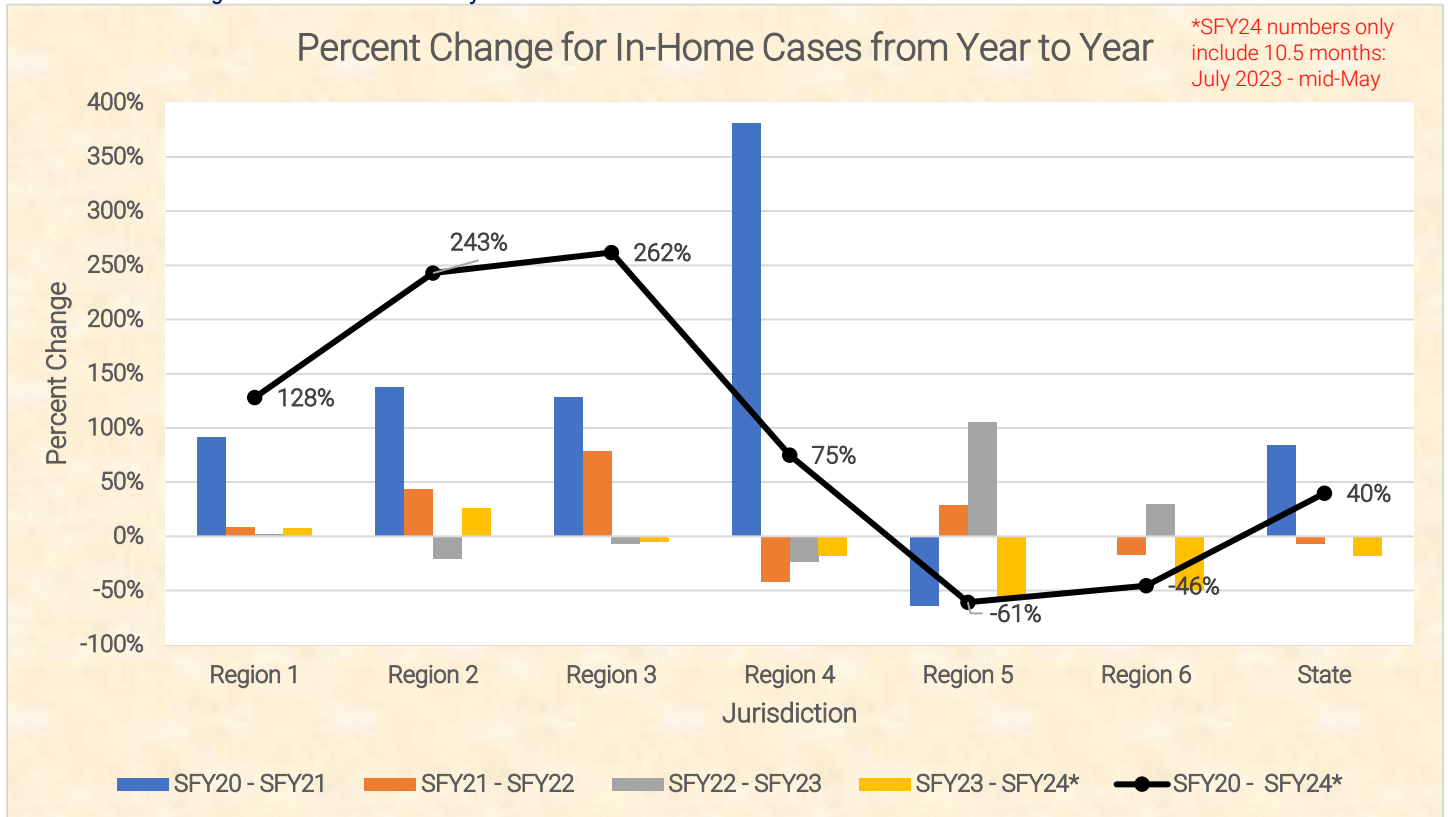
The rate of children entering foster care in Montana will match or fall below the national average by SFY24. The source of this data will be taken from CAPS which is Montana’s SACWIS and the most current population data available. Number of IH cases will increase by 5% each year through SFY24.

2024 APSR Update: In SFY21 the statewide removal rate decreased by less than 1% (see percentages provided in Goal 1). However, in SFY22 the removal rate decreased by just over 1%. In SFY23, Montana’s removal rate was 6.0. When looking at the removal rate for a full twelve months, it is 5.4 for the most recent twelve months available (May 2023 – April 2024) According to national Supplemental Context Data received in 2024, the National Removal Rate from FFY23 is 2.22, which is a decrease from FFY19, which was at a rate of 3.14. According to the same data, Montana’s removal rate for the same period was 5.25.

According to the same supplemental context data, Montana’s removal rate for FFY19 was 8.86. however, it has decreased significantly and for FFY23 was 5.25. Though Montana has not achieved the goal of matching or falling below the national removal rate, Montana has made significant progress in this direction. Montana decreased their rate by 3.61, which is the largest decrease in the nation over the same period.

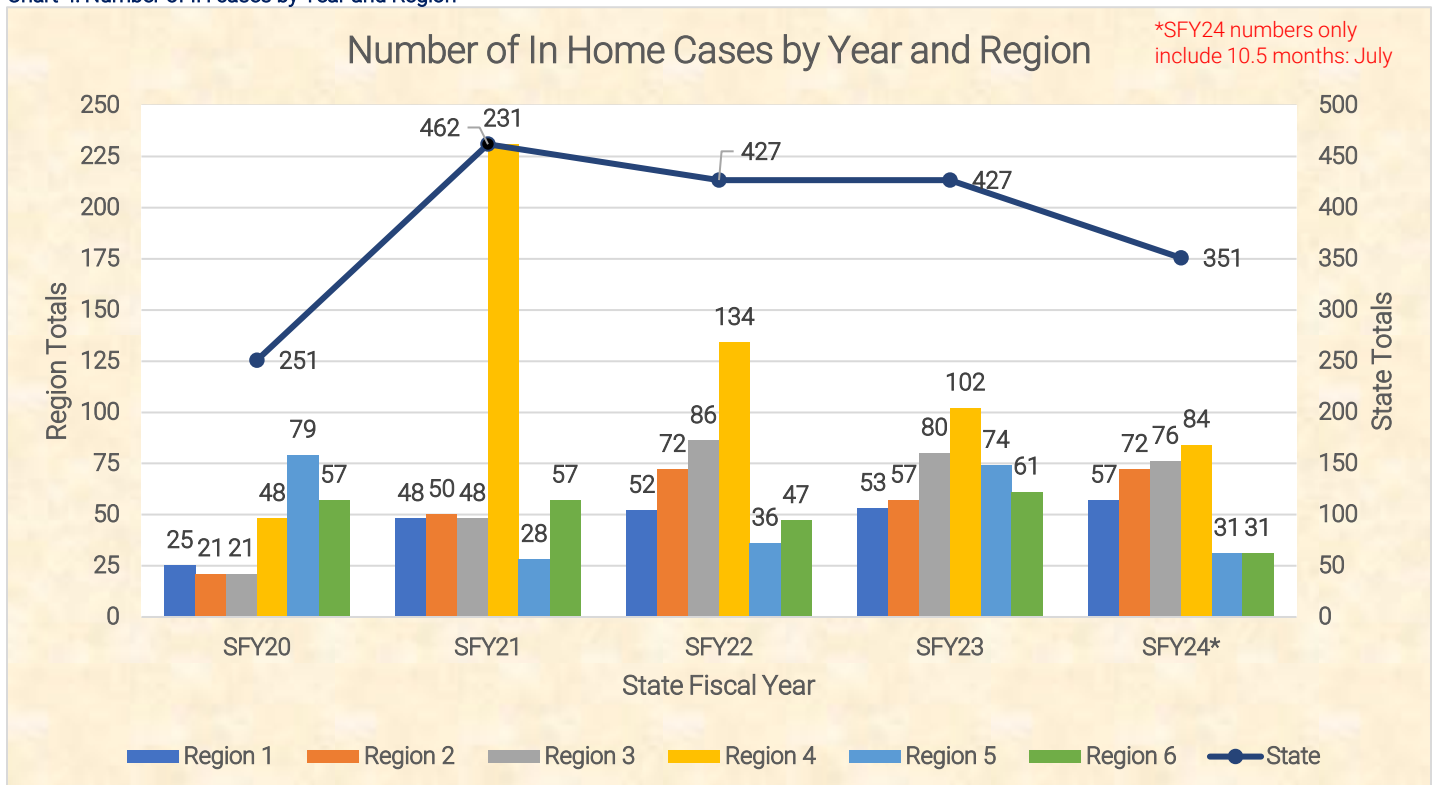
Previous APSRs identified increases in in-home cases based on the total number of in-home cases open at any point each year. However, in a deeper look within available administrative data, CFSD had identified that those numbers will not present a fully accurate picture. It has been identified that there are several in-home cases that were opened in years passed (going back to before the current CFSP) that were not closed out in the system when they should have been. Due to this, a new look at data for this was created this year and is based on the number of in-home cases opened each year. Both across regions and state-wide, there have been increases and decreases from SFY20 through SFY24. However, overall, there has been an increase of 40% of in-home cases statewide from SFY20 through SFY24. It should also be noted that the numbers for SFY24 only include 10.5 months (July 2023 – mid-May 2024), while each other year includes a full 12 months. The below chart shows the percent change from one year to the next, within each region and for the entire state. There is an additional line that shows the percent change for each region and the entire state from SFY20 through SFY24. Though there are decreases in percentages in each region (and statewide) except region I, the overall percentages show increases of at least 75% for regions I, II, III, and IV, and a 40% increase statewide. Regions V and VI both show net decreases. While the data shows a decrease in cases from SFY23 – SFY24, a full year’s data is unavailable for SFY24. However, based on the number of cases opened within SFY24, it appears that once SFY24 is over, the numbers will be like SFY23.

Chart 3: Percent Change for In-Home Cases from year to Year



The below chart shows the number of in-home cases opened in each region for each state fiscal year. Just like the previous chart, it is important to note that the numbers for SFY24 are only inclusive of July – mid-May, while all others are the full twelve months. There is also a line, set to a different axis, which shows total statewide cases for each year. It is notable that there was a significant increase in these cases for region IV the first year, with decreasing numbers in years following.

Chart 4: Number of IH cases by Year and Region



Though Montana did not see a 5% increase each year in in-home cases, overall, there has been a 40% increase. This indicates that there has been improved practice in identifying and assisting parents in being able to work through treatment plans, while keeping children safe in their home. However, Montana still maintains significantly more Foster Care Cases than In-home cases. Some barriers to increasing the number of In-home cases include availability of services to safely maintain children in the home in conjunction with a requirement that through state law that children may only be on an out-of-home protection plan for 30 days, at which point the state must return the child to the home or file in court and formally place the child in foster care. It should also be noted that due to the way CAPS is set up, there are cases that are IH cases that may erroneously reflect as OOH cases (i.e. the child has been 'removed' from the home in a legal sense but remains placed with a parent). It is also known that not all IH cases and Prevention Plans have been appropriately opened in CAPS. It is unknown how frequently this is occurring, though efforts have been made to ensure cases are entered appropriately.

Goal 2: Increase permanency outcomes for children and families.

As noted, in the CFSR Round 3, Montana is below the ACF-CB 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 staff, the agency has been focusing on building their skills of engagement with children and families.

Goal 2: Objectives

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.

- 2024 APSR Update: The PIP Key Activities under PIP Goals 2.1, 2.2 and 2.3 are completed.

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 achieving this objective, as well as the transfer of learning process in the Training Plan.

- 2024 APSR Update: Montana determined that continued efforts to implement Motivational Interviewing would not be continued.

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.

- 2024 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, CFSD is piloting Visit Coaching with internal CFSD, who are also responsible for visitation.
- In addition to the Visit Coaching, these goals were also implemented as parts of PIP strategies:

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

- Implementation of PHC. Updates on PIP Strategy 3.1 were provided as part of the "Judicial Systems Partners" update in the Collaboration Section of this APSR.
- Implementation of FSTs. Information on this strategy was provided in the Collaboration Section of this APSR.
- Implementation of ART Teams. Tracking and CQI efforts were made throughout PIP. ART was not successful in Montana due to circumstances outside of CFSD to include the partnerships CFSD engaged with having significant turnover, and thus limited engagement in the process. As a result, ART was discontinued as a practice in Montana. However, there continues to be work at the regional level that focuses on engaging peer support mentors, when possible, with parents during FST meetings, PPT meetings, and others.

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.

Utilize MCIP 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.

- 2024 APSR Update: See information provided in iii above. In addition, MCIP 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.

Goal 2 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.

2024 APSR Update: In SFY19 the percent of children exiting state care was 39%, in SFY20 was 41.2% in SFY21 the rate exiting care was 39.8%, in SFY22 the rate exiting care is 41.7%, in SFY23 the rate exiting care is 41.0%. To date, the rate exiting foster care in SFY24 is 37.8%. As in prior years, once all data is finalized for the fiscal year, we believe the rate will have increased. Overall, Montana did not meet the goal of increasing the percentage of kids exiting care. However, CFSD has continued to see more children exiting foster care than entering foster care. Montana does believe a continued focus on permanency outcomes should occur, and this will be addressed in the new CFSP, though with different measures to focus on.

Montana also did not meet the goal of increasing home visits by 10% each year. This will remain a focus, with new metrics, in the new CFSP as well. In SFY21, the monthly home visits rate was 63.8%. In SFY22 the visitation rate was 70%. The visitation rate for SFY23 was 71.5%. For the first ten months of SFY24, the visitation rate is 70.9%. It should be noted that 19.7% of required visits so far in SFY24 are for Tribal youth. Montana does not maintain a contractual requirement that Tribes document visits with youth in the statewide case management system. Only 11.7% of those required visits are documented, though it is likely that more occur. Without Tribes documenting visits with Tribal youth, Montana will not be achieving a goal of 95% visits with youth in foster care. The rate of visitation for SFY24 among only state managed cases is 85.4%, which is an increase from 74.0% in SFY21.

Goal 3: Increase collaboration with primary prevention organizations 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.

Goal 3 Objectives

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

- 2024 APSR Update: As reported in previous APSR, CFSD enhanced questions at the CI and during investigations based on this objective. CFSD continues to provide Pack-n-Plays to families where unsafe sleep issues have been identified.

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

- 2024 APSR Update: CFSD collaborates routinely with the ECFSD. Specific meetings have been held in 2023 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 with and 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.

Goal 3 Measure

Child deaths related to unsafe sleep environments will decrease by 1% each year. Baseline data from Fetal, Infant, Child, and Maternal Mortality Review (FICMMR) will be utilized.

2024 APSR Update: FY23 data, specific to safe sleep fatalities, is not available. Collecting and reporting this specific data has been difficult in recent years 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 CI 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 negotiated for higher wages also and an agreement was achieved in SFY24.

Goal 4 Objectives

Establish a supportive learning culture within CFSD 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.

- 2024 APSR Update: Implemented as part of PIP strategies:
 - Utilize Existing and Developing Partnerships to Address Organizational Learning. Key Activities 1.1.1, 1.1.2, 1.1.3 are completed.
 - 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.
 - 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.
 - 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.

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 UM. In addition, expand to other State Universities so workforce can be improved statewide.

- 2024 APSR Update: This has been completed and details on this objective are provided in Section 2: Systemic Factor – Staff and Provider Training and the Targeted Training Plan.

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 increased skills and job satisfaction.

- 2024 APSR Update: This objective was addressed by completion of PIP Strategy 1.1.

Develop and evaluate a supervisor training in collaboration with UM's Center for Children, Families and Workforce Development that includes administrative, educational, and supportive domains. (National Association of Social Workers (NASW) 2013).

- 2024 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.

Goal 4 Measure

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

2024 APSR Update: The data being reported in the 2023 APSR was 14.47% of these staff-types have three to five years of experience. As of June 2024, 27.27% of the CI staff-type have three to five years of experience in their positions, whereas 14.73% of the CPS staff-type have three to five years of experience in their respective positions. Collectively, as of June 2024, 16.03% of these staff-types represent CFSD with three to five years of experience. Although the data is not representative of the targeted 20%, CFSD can note a slight improvement in the retention of these particular staff types since the last APSR.

Goal 5: Incorporate Continuous Quality Improvement throughout CFSD 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 sources 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.

Goal 5 Objectives

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

- 2024 APSR Update: This was completed, but the process continued to be revised as needed. Montana was utilizing Supervisors, CWMs, FLTS, WTCs, PPS, Central Office Staff, CPS, and a few other staff types. However, as noted in QA sections of the APSR, Montana's review process is currently on hold as it was deemed unsustainable. Currently, all supervisors are undergoing training in use and application of the OSRI and how it relates to best practices in case management. CQI personnel maintain the role of training new reviewers, overseeing the review process, and conducting QA on reviews completed.

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.

- 2024 APSR Update: Steps were taken to achieve this objective. In April of 2022 a group of six parents with lived experience came together and developed a Parent Advisory Board. CFSD, with the support of the CSCWCBC, developed CVMK. Additional information on this can be found in Section 1: Collaboration – Youth, Parent and Foster Parent Engagement, and Section 2: Systemic Factor – Foster and Adoptive Parenting Licensing, Recruitment and Retention of this APSR. This group will continue to be grown through CFSD's partnership with the CSCWCBC, to align the work of this group with other existing boards that include people with lived experience in Montana's child welfare system.

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

- 2024 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 and Montana has begun to be able to identify and utilize new reports as well. 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 allows 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, due to the required technical understanding to utilize this system. A synchronization issue between MFSIS and CAPS has also affected the accuracy of some MPATH reports related specifically to investigations. Due to this, a work around has been identified to extract data directly from MFSIS to provide accurate reporting regarding investigation and substantiation numbers, as well as to provide a monthly report of overdue investigations to Management. A complete fix of the synchronization issue requires cooperative work by CFSD and two contractors. It is unknown when it will be completed, but efforts are being made towards this. Several data points have been identified as being particularly useful to management and supervisors and are provided monthly. Some of these, as noted, are provided in a pivot table format so that both management and supervisors can identify trends across regions, units, and individual workers. This also allows them to identify specific cases in which something does/does not apply. Additional reports are being developed as well. These reports include:
 - Monthly Caseworker Visits with Children (Pivot)
 - Timely Completion of Investigations (Pivot)
 - A list of all overdue investigations (every two weeks)
 - AFCARS errors (Pivot)
 - Credit Check Reviews Documented (Pivot)

Some other monthly reports distributed to specific program staff include Monthly Adoption Disruptions, Kids turning 18 while in Foster Care, and Kids in subsidized guardianships and adoptions turning 18.

Utilize YAB to inform needs and improvements of the agency from the youth perspective. Incorporate a YAB member on to the SAC to create a voice within the council from the youth perspective.

- 2024 APSR Update: As reported in prior APSR, the YAB has had significant turnover. The turnover in YAB membership, COVID and turnover in the MCFCIP-PM position has resulted in very few youths participating. Strategic planning to

recruit more youth to participate was a top priority over the past year. CFSD requested assistance from the CSCWCBC to support the growth, recruitment, and retention of the YAB. This assistance was granted by the ACF-CB, and work began. The initial goals are for the YAB to identify a clear vision and mission for their board, define a team charter and bylaws, and focus on efforts that will improve the livelihood of children and youth in foster care in Montana. There were meetings with the CSCWCBC and YAB held in January and April 2023, July of 2023, January, and April of 2024. Updates on YAB are included in the collaboration section of this APSR.

Hold quarterly meetings 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.

- 2024 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. RAC meetings are held at least twice per year, and many quarterly, in each region. The Division Administrator worked closely with Legislators during the 2023 Legislative Session. Several bills impacting child welfare in Montana were proposed, and the Division Administrator worked diligently with Legislators to educate and ensure bills and changes to the child welfare system would be positive for children, families, and the workforce, which was evident in those bills that successfully passed through the legislature. More information regarding these is in Section 1 & 2 regarding feedback to stakeholders.

Goal 5 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 the APSR.

2024 APSR Update: Montana utilized the OSRI to conduct 130 case reviews each year through completion of PIP monitored reviews. Each review period, beginning in July 2020 (6-month review periods), at least sixty-five cases were reviewed. However, in Spring 2023, only 40 were reviewed to close out PIP monitored reviews. As PIP monitored reviews ended and Montana sought to refine the review process, provide additional training, and transition to the Round 4 OSRI tool before resuming reviews in calendar year 2024. Montana initially planned to restart reviews in early 2024, however, it is now expected that these will begin in fall of 2024. All supervisors are currently being trained to complete reviews. Out of this process, Montana hopes to identify 'champions' of the process and build out a more permanent review process as the Round 4 review, and subsequent PIP-monitored reviews approach. CFSD has continued to have routine meetings and input from stakeholder groups regarding topics relevant to improved outcomes for families.

Feedback Loops

2024 APSR Update: Feedback loops are addressed throughout the APSR. Specifically, in Section 1: Collaboration, Section 2: Foster and Adoptive Parenting Licensing, Recruitment and Retention, Section 2: Progress Made to Improve Outcomes Objective #5, and Section 5: Consultation and Collaboration with Tribes. 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

Montana 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 for Montana's Supplemental Context Data, Montana's total population in 2022 was comprised of 77.2% white, 9% AI/AN, 4.9% Multi-race, 7.3% Hispanic, and less than 1% of Black, Asian, Native Hawaiian or PI. Given the most significant non-white population in Montana is Native Americans, these children and families will be the primary focus of this section.

There are eight federally recognized Tribal governments in Montana 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 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 the most recent Supplemental Context Data (February 2024) while AI/AN comprised of 9% of the child population in Montana in 2022, 24% of all entries to foster care in FFY23 were AI/AN. According to data available through

MPATH, as of April 2024, Indian children are the subject of 11.7% of child abuse and neglect reports and 14.73% of the state's total child abuse and neglect victims for the previous twelve months. In April 2024, 28.11% of the foster care exits. At the end of April 2024, 40% of the children in care were Native American. It is apparent that AI/AN children are entering care at a rate higher than any other race by population. While they are exiting at a rate higher than entering, it is also apparent that AI/AN children are staying in care longer than white children. Montana is unable to differentiate some of these rates at this time between state managed cases and tribally managed cases but will seek to do so in the future. Montana also suspects that one reason AI/AN children remain in care longer is a longer time to achieve permanency in ICWA applicable cases. However, as Montana is unable to extract ICWA eligibility from CAPS currently, there is no data to support or disprove this theory.

There are smaller disparities within the Hispanic and multi-race populations. For Hispanic children, their entry rate was 7.8% in FFY23, while their population was 7.3% in 2022. For multi-race, their population was 4.9% in 2022, and entry rate for FFY23 was 9.6%. Exit rates for Hispanic children are slightly lower than Entry rates. However, for multi-race children, exit rates are slightly higher than entry rates. White children make up 77.2% of the child population (2022) and are subject of 74.6% of the reports (last 12 months according to MPATH data). They make up 67.8% of identified victims within a twelve-month period, 56.25% of removals and 51.07% of exits.

Montana case reviews, through use of the OSRI, provide some additional data. Reviewing data from the PIP baseline period through currently completed cases, there is a mixed bag of white children achieving better outcomes on some items, and Native American children achieving better outcomes on some items. There were 5 items (1 Safety, 1 Permanency, and 3 Well-Being) in which there was no more than a 1% difference. There were 7 items in which Native children achieved better outcomes (2 Safety, 3 Permanency, 3 Well-Being). There were 6 items in which White children achieved better outcomes (5 Permanency, 1 Well-Being). 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 affected rating on this item (White children achieved strengths at a higher rate). In contrast, over the last several years, cases involving Native American children had consistently better or the same ratings for all Safety and Well-Being Items than cases involving white children. The specific reasons for this are unknown but will continue to be explored.

Montana Tribes do not currently 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 ACF-CB. 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 ACF-CB 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 but 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 ICWA cases and compliance issues related to ICWA. Progress in these areas will be provided in future APSR.

SECTION 3. QUALITY ASSURANCE SYSTEM

Foundational Administrative Structure

Montana continues to develop a formalized CQI process and has effectuated policy and procedure toward using information from all areas of CFSD in a structured "Plan, Do, Study, Act" process. CFSD currently has four full-time staff positions devoted to CQI. This is double the positions Montana had dedicated to CQI in 2022 and earlier. All CQI unit members are new to CQI within the last 1.5 years, however, they have other experience within the agency. Previously the CQI unit and Business Analysts functioned under the IT and Data Systems Manager. However, when that position was vacated in June 2022, there was some restructuring, and a Data and Technology Bureau Chief was hired that oversees work on the Case Management System. She directly oversees CFSDs Business Analysts, which have also recently increased in number.

The CQI unit reports directly to the Deputy Division Administrator. There is some cooperative work done between the Data and Technology Bureau and CQI unit, specifically as it relates to data and improvement projects. One CQI unit member recently moved to the Data and Technology Bureau, as well as primary management of the MPATH data system. While the CQI unit and Data and Technology Bureau are separate now, both have been expanded and work collaboratively to support both availability and quality of data, which in turn supports Quality Improvement.

In 2020, CFSD developed its Leaders in Organizational Change (LOC) work group. This group was charged with guiding CFSD in developing division wide CQI processes and feedback loops. However, this group was put on hold in January 2023 due to lack of capacity to maintain it through other programmatic requirements and transition within the CQI unit. However, Safety Committee, as previously noted in an earlier section, has also been revived and is focused on this work.

CFSD employs nine CWMs that are responsible for ensuring safety, permanency, and well-being outcomes are monitored and achieved in all foster care cases. CWMs also supervise FEM facilitators and PPS positions to guide case practices designed to improve safety, permanency, and wellbeing outcomes, including oversight of Safety, Permanency, and Wellbeing Roundtables. Initially, there was one CWM per region. However, over the last two years, regions II, III, and IV added an additional CWM. For regions II and III, one CWM oversees things related to ongoing casework, and one CWM oversees things related to investigations and when cases first open. In region IV, the two CWMs are more regionally allocated, to be consistent with the same division among RAs.

In recent years, CFSD has undertaken a thorough revision of policy and procedure. While not all policies and procedures have been completely re-written, many have been. Processes continue to be refined as Montana learns and grows through implementing more CQI plans. Revisions specific to CQI will continue to be informed by knowledge garnered via ongoing experience facilitating and developing/disseminating data via case reviews, the development/implementation of Montana's PIP, and looking forward to Round 4. The CQI plan 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 unit has partnered with the CSCWCBC in this project, as well as training and support through building a more formalized CQI structure.

CFSD has utilized ACF-CB's CapLEARN CQI Training Academy as a training resource for the current CQI unit and will be making this available for other staff directly involved in CQI efforts.

Through partnership with the CSCWCBC, 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. The CQI unit will continue to look for ways to ensure continuous learning and refreshers occur on the CQI processes to promote consistent use of CQI methods.

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 ACF-CB 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 assisted CFSD 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. The IT and Data Systems Manager left in June 2022. At that point, management of the MPATH data system moved under a member of the CQI unit. In the past year, that team member moved to a Business Analyst position within the Data and Technology Bureau. Primary management of the MPATH data system moved with her, though the CQI unit also assists.

Business Analysts have worked with Peraton through AFCARS data pulls and exception reports to identify areas in which data is often not entered or not entered accurately. They have worked to provide some training to all staff to enhance the accuracy of data entry to promote the overall quality of data entered. In January 2024, the CQI unit and Data and Technology Bureau partnered to enhance this work. While Business Analysts maintain creation of a pivot table and data needed reviewed, entered, or fixed, the CQI unit assists the field with understanding and making these changes as needed.

Montana employs the use of two different case management systems, CAPS and MFSIS. CAPS remains the system of record and most reports and data are pulled from CAPS. However, MFSIS is the system in which all investigation details are entered. There are known synchronization issues between the two systems. Information input into MFSIS is supposed to be synced to CAPS; however, in some cases this does not occur timely. Due to the different entities that manage the two systems, this requires cooperation and coordination to fix. Both entities, in addition to CFSD, have had staff turnover and limited capacity. Work has been done to address the issue, with a heavy focus on ensuring accuracy of data pulls for federal reporting while permanent fixes are identified to prevent the issue from occurring. This is still in progress. Because this affects several useful reports, and data elements that are publicly reported monthly, CFSD's business analysts have worked with the statewide technology services division to develop workarounds so this information can still be accurately reported and used monthly.

Montana is in the beginning stages of a new Case Management system that will replace the existing systems. It will encompass aspects of both, collect more data that is currently collected, and allow for more comprehensive reporting on Child Welfare Outcomes.

CFSD has been using the federal OSRI 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). Montana completed its final PIP monitored review period in June 2023. During the PIP monitored reviews, it was determined that our internal review plan was not sustainable long term, and more training for reviewers would be beneficial. It was decided that Montana would take time off from CQI reviews using the OSRI to identify a more sustainable plan and training. The original plan was to restart reviews in early 2024, however this has been delayed. Montana began training all supervisors in application of the OSRI in March 2024, and plans to utilize supervisors to complete at least one review per region per month beginning in July 2024. It should be noted that the initial reviews will still be considered training process and not include interviews with all case participants. Due to the break in reviews, Montana has no new data from use of the OSRI.

Case Record Review Data and Process

Montana's primary method of case review has been through utilization of the OSRI. Montana began using this tool regularly following the Round 3 Federal Review conducted in 2017. At the beginning of this CFSP, Montana was preparing for PIP monitored reviews. At that time, each review was conducted by two reviewers and QA occurred by the CQI unit. Information in each rating summary of the case review contained only a few sentences of information regarding the item. Many changes were made to the process throughout the time PIP monitored reviews occurred. These included identifying a more regular pool of reviewers, providing more in-depth initial training to reviewers, implementing regular ongoing training to reviewers, expanding the quality of information included in rating summaries, and reporting of the information obtained through them. Throughout PIP monitored reviews, Montana was able to identify things that did not work as well, and course correct. Throughout the 3 years of Baseline and PIP monitored reviews, a variety of staff were trained and participated in the review process. CFSD Management has found it most useful for supervisors and training staff to be well versed in the OSRI, as it provides a good foundation of best practice, and they are the positions that drive day-to-day practice change within the state. Due to a combination of this, and the determination that the method used to finish PIP monitored reviews was unsustainable, Montana elected to temporarily stop reviews at the end of the Round 3 PIP monitored reviews, develop a new ongoing review plan and training, and provide that training prior to re-implementing reviews utilizing the Round 4 OSRI.

Supervisory Staff (CWMs, CPSSs, RFSSs, and CI Supervisors) were split into 6 different groups in which they would undergo training on the tool. These groups would move seamlessly from other trainings into the Case Review Training. These groups are staggered with different start dates over a four-month period. The first group began training in March 2024. There are monthly sessions for each group that cover different aspects of the case reviews and how they pertain to everyday work within the field. Each supervisor will complete the mock case in the OSRI by the end of August 2024. Actual reviews will start occurring in September 2024, with the end goal that each region (I, II, III, IV-Helena, IV-Butte/Bozeman, V, and VI) will have a review completed each month, for a total of 40 completed in a year. QA will be completed on these reviews, and feedback given to the reviewers, this will serve more as a learning experience for future reviews and there will not be an expectation for corrections or additional information be included. This will change in January 2025, when Montana will expect to conduct reviews more similarly to as described in the available CFSR Round 4 Instruments, Tools, and Guides. QA will be utilized as intended, reviewers will not review cases from their own counties, avoiding conflict of interest, cases will be assigned through random sampling, and all case participants will be interviewed. Montana has also developed a comprehensive guide to be used by reviewers that incorporates various resources put out by ACF-CB and provides both clarifications and expectations for the reviews. Some of these come from the published Frequently Asked Questions and

some will come from further clarification sought directly with ACF-CB. The intent of this is to be a living guide that is updated frequently and will serve as a method of continually informing all reviewers of new information obtained or learned through review processes. Throughout this time, Montana hopes to identify some Case Review Champions within the supervisory groups, and plan to build out more regular reviewers from this process before beginning PIP monitored reviews following the Round 4 CFSR.

Montana is currently planning for an ACF-CB -led Round 4 Federal Review in August 2025. While Montana would also like to pursue a state-led review, the capacity of Montana to identify and train sufficient staff to complete reviews on an ongoing basis has been a struggle. While this remains a hope for the future, Montana would like to take thoughtful and slower steps towards achieving an ongoing review process to ensure sustainability and sufficient training. Taking these steps slower than would be necessary to support a state-led review will help ensure that problems identified with any initial roll out will have time to be adequately addressed and the process can be built in a way to not be overwhelming to anyone. Ultimately, by the time PIP monitored reviews occur for Round 4, Montana would like to have shorter review periods to support an overall greater number of review periods. This helps ensure more opportunities to show improvements, and more frequent full reports to management with progress.

In addition to case reviews utilizing the OSRI, Montana has worked through development of a Fidelity Review Tool that focuses on the investigation phase of a case. Though this tool was developed and implemented in limited capacity in SFY23, it has been used more frequently since then. Safety Committee led the development and implementation of this tool. It is now utilized by both Safety Committee and regional staff. Montana is working through gathering enough responses for a sufficient baseline. At this time, roughly 20 reviews are completed each month. There is an effort to have reviews completed by each region, and to try and match % of reviews by region to the % of investigations done by each. Some regions request randomly selected investigations to review, while others choose them on their own. Of those that are randomly selected, a Business Analyst manages that, while also trying to ensure there is not over-representation of any one worker/supervisor by those completed.

Analysis and Dissemination of Quality Data

Internally, CFSR provides several data reports each month, as well as yearly data updates for same outcomes. These are prepared by both the Data and Technology Bureau and the CQI unit.

On a monthly basis, the following reports are completed and provided to Management Team:

- A point in time list of investigations that are past due date – provided every two weeks.
- A caseload report indicating the number of investigations/kids assigned per worker as both fully staffed, and by positions occupied during the month.
- A pivot table detailing the number and % of required monthly visits that occurred with youth in foster care during the prior month.
- A pivot table detailing the number and % of investigations completed on time in the previous month.
- The number of reports requiring an investigation received by county.
- Copies of all completed fidelity reviews.

Additional reports have begun being developed and utilized in recent months to help inform program development and increase efficiencies. Some of these include:

- Adoption disruptions that occur monthly.
- Entries of credit checks completed that are reviewed with the youth they apply to.
- Kids in foster care that are turning 18 while in care.
- Kids who are in subsidized adoptions or guardianships that are turning 18 while in care.

Within the last year, there has been more of a focus on completing investigations timely and improving the number of monthly visits that occur and are documented. Reports provided on these allow management to identify trends, and to make this as broad as desired, or specific enough to encompass only one supervisory unit or worker. Not only does the monthly view of data help promote improvement and identification of problem areas, but it also ensures the data is being looked at frequently, which allows for concerns within the data to be identified (for instance, cases being attributed to the wrong county).

On a yearly basis, data is updated for state fiscal numbers regarding things such as kids in care, total number of removals, permanency outcomes and timelines. This helps inform planning and may also be presented externally, including to the legislature.

CFSD also 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. This mailbox is maintained by a combination of Business Analysts and CQI unit, to ensure someone can respond to inquiries timely. Aside from Courts and Tribes, a partial list of these stakeholders includes CASA, WWKs, CACs, 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.

CFSD worked with the MCIP in the collaborative development of a PIP submission and to ensure data used by MCIP, 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 ACF-CB, CFSD continued this collaboration toward implementation and ultimately the completion of the PIP toward ensuring that strategies and key activities are monitored for effectiveness and that any adjustments are data informed. Montana continues to partner with MCIP for future improvements.

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 THV, 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 forementioned data with stakeholders per their request, the agency has moved towards sharing case review data, and analysis of same, with SAC and RAC to help engage them 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. Along with this, Montana has shared data from the Data Profile and Supplemental Context Data as well.

As of this time, Montana is not using the data quality self-assessment tools available through CCWIS Technical Bullet #7. However, as Montana continues toward the acquisition and development of a new comprehensive case management system, this and other available technical bulletins and available self-assessment tools will be reviewed. Further updates will be available in APSRs associated with the new CFSP.

Until the end of 2021, Montana contracted with the University of Kansas and utilized the ROM program. Montana switched this to MPATH beginning in January 2022. MPATH utilizes the same data ROM used and provides similar reports. There have still been some technical issues being resolved in the areas of display, filters, and ease of use. Many fixes have been implemented, and the Data and Technology Bureau continues to work with Oracle (contractor for MPATH) to address any reporting, data quality or presentation issues. 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. Use of this is limited to a few people, due to the complexity involved in ensuring the correct data elements are pulled in and the technical skills it requires. Within the last year, more custom reports have been developed utilizing this to limit some hand-tracking of information and improve efficiencies in various programs. Additionally, all foster care data that is sent to Oracle was recently made available to select staff within Montana so that additional reports and queries can be run using SQL. This has improved Montana's ability to assess quality of MPATH reports, as well as report on additional data elements not captured in existing reports.

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.

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

Since the prior APSR, Montana has continued to share 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 MCIP in the development and implementation of a collaborative PIP submission and to ensure data used by MCIP PHC 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 were also utilized to impart case review results (regionally and statewide) and directly linked review outcome data to daily case practice. Initially, these included regional management and supervisors and occurred once every six months for each region. Over time, these were modified to better meet the needs of understanding and discussing the data and trends to inform adjustments to programs and processes to improve outcomes. By the end of

PIP monitored reviews, these were occurring quarterly and included all of Management Team, WTCs, FLTS, and the CQI unit. Additionally, Portable Document Format (PDF)s of completed reviews were shared with the region from which the case was pulled. Since reviews have not been occurring over the last year, these processes have ceased. With the upcoming onset of reviews again, the CQI unit and Management Team are considering the most effective methods of communication to improve case practice following reviews.

Additionally, RAC meetings are occurring in each region, at least once every 6 months. CFSD continues to share various data during these meetings, depending on the agenda or interests of the meeting and meeting participants. These meetings are also used to help foster feedback loops regarding what the Agency is doing, as well as ways stakeholders can be involved in improving outcomes. Montana has also begun sharing data more regularly with the SAC. The primary focus of this data and discussions has been regarding Permanency, with a focus on timelines to achieving permanency. This is the one item Montana was unable to successfully complete through the PIP and PIP Measurement Plan process. Additionally, Montana was struggling to meet the National performance outcome on one of the measures within the Data Profile.

CFSD began to provide training specific to the Safety, Permanency, and Well-Being outcomes and items to field staff. This included discussions with field staff about the case review results, and improvements that can be made in case practice to improve outcomes. Four of the six regions completed these trainings. Currently, a 4th week of initial worker training is being developed. With this, aspects of best practice that are looked at through the CFSR are also being incorporated. This serves a two-fold purpose: 1. Caseworkers will know and understand what to expect when they have a case pulled for review, and 2. Caseworkers will enter case management with a better understanding of expectations and case practice surrounding Safety, Permanency, and Well-Being outcomes.

LOC was a group created for the specific purpose of helping support the CQI process in Montana. It was created in 2021 and consisted 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 was meeting monthly for one hour. However, this group was placed on hold due to capacity in the beginning of 2023. Ultimately, it was decided to discontinue the group, as another group, Safety Committee, was restarted with much the same focus. However, this group met for 1.5 days per month in person and was therefore able to accomplish a lot more. Prior to being discontinued, some of the work accomplished by the LOC group included working towards improving stakeholder engagement and building out participation in RACs, work on a CQI plan, and identification of barriers to achieving permanency through focus groups and surveys of CFSD staff. From that, it was identified that training for staff in planning for permanency and steps to take to promote timely achievement of permanency was insufficient. Out of this, a quick tip sheet was developed and disseminated. The CQI unit also developed a training that was provided to supervisors and CWM, who were then to provide it to staff, specific to concurrent planning and appropriate goal setting. Additional training is now being built into initial worker training. The CQI unit continues to work with the CSCWCBC on full development of a CQI plan and improving Stakeholder Engagement.

Other examples of feedback loops in place include the RAC, SAC, Leadership Meetings, Management Team, Legislators, Providers, and the UM. 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 2: Feedback Loops and described in detail in other sections of the APSR.

SECTION 4: FINAL UPDATE/REPORT ON THE SERVICES DESCRIPTION

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. The use of these funds is limited to child welfare services that are cost allocated through the states federally approved cost allocation plan.

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, TGH placement, residential placement, or other services deemed necessary to achieve timely permanency and provide for the children's safety and wellbeing.

There were no reports of any child who was adopted from another country who has received services from CFSD in SFY24. For SFY24 there were no other post adoption supports requested or provided for families or children adopted from other countries. Post Permanency Services will continue to be made available to families who have adopted from other countries.

Services for Children Under the Age of Five

During SFY24 CFSD partnered with the following services to directly impact children under the age of five. These services included:

- **The Meadowlark Project** in which detail information is shared in *Section 1: Collaboration – Public Health Partners*.
- **SafeCare Augmented** in which detail information is shared in *Section 4: MaryLee Allen Promoting Safe and Stable Families*.
- **Foster Child Health Program** in which detail information is shared in *Section 1: Collaboration – Public Health Partners*.
- **Montana's Title IV-E FFPSA State Plan** in which detail information is shared in *Section 4: Families First Prevention Services Act Transition Grant*. The plan includes the following interventions throughout the regions in Montana that specifically target children under five years old:
 - Healthy Families America
 - Parents as Teachers
 - Nurse-Family Partnership

CFSD continues to encourage field staff and court staff to closely examine the feasibility of subsidized guardianships 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 immediate ability to safely parent. This is particularly true in ICWA cases as virtually all Tribes in Montana prefer the use of guardianship to the TPR whenever possible. This decision to establish guardianship of very young children must be made case-by-case and should not be used to expedite permanency when TPR and adoption is in the children's best interest.

Part C Early Intervention Program -

CFSD continues to look for ways to strengthen collaboration with the ECFSD Montana Milestones 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. More can be found regarding this program at:

<https://dphhs.mt.gov/ecfsd/childcare/montanamilestones/index>.

Family Support Services Advisory Council (FSSAC)

CFSD continues to participate in the Montana FSSAC which serves as Montana's interagency coordinating council to advise and assist the Department to plan, develop, and implement Montana's comprehensive, multi-disciplinary, coordinated program of early intervention and family support services for children, aged birth to three, with developmental delays or disabilities. The Council advises appropriate local and State agencies regarding the integration of services and supports for infants and toddlers and their families, regardless of whether the infants and toddlers are eligible for Montana's Part C services or for other services in the State. More can be found regarding this program at:

<https://dphhs.mt.gov/ecfsd/childcare/montanamilestones/fssac/index>.

Montana Children's Trust Fund Board of Directors

CFSD participates in the Montana Children's Trust Fund Board of Directors. This board helps in developing parenting resources for all ages which are provided on their website below; however, specific to children ages under five years of age included, but are not limited to:

- Advice for new moms and dads.
- Developmental Milestones
- Hygiene and Potty Training
- Safe Bodies
- Sleep
- Parenting Montana (Resource by Age)
- Soothe a Crying Baby
- Preventing Abusive Head Trauma in Children

More can be found regarding this program at: <https://dphhs.mt.gov/ecfsd/childrenstrustfund/CTFBoard>

ECFSD - Healthy Montana Families Division / Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

ECFSD uses funding streams such as MIECHV to contract with agencies to provide evidenced based voluntary home visiting services, such as:

- SafeCare Augmented
- Parents as Teachers
- Nurse Family Partnership
- Family Spirit

ECFSDS support evidence-based and comprehensive home visiting and coordination services to improve outcomes for children and families in Montana. These improved outcomes include, but are not limited to:

- Child Development
- School Readiness
- Child Health
- Family Economic Self-Sufficiency
- Maternal Health
- Positive Parenting Practices
- Reduction in:
 - Child Maltreatment
 - Juvenile Delinquency
 - Family Violence
 - Crime

CFSD aligns with ECFSD overarching goals and continues to partner in multiple ways outlined *Section 1: Collaboration – Public Health Partners* in order to support families and caregivers with children under the age of 5 who also experience at least one of the following:

- Low income (under 200% of the Federal Poverty Level)
- Pregnant women under 21 years
- History of child abuse or neglect or interactions with child welfare (Caregiver or enrolled child)
- History of substance abuse or need substance abuse treatment (Self-reported or identified through referral)
- Users of tobacco products in the home (nicotine delivery systems)
- Low student achievement (caregiver or child)
- Child with developmental delays or disabilities (enrolled child or another child in the household)
- Families that include current or former members of the armed forces

More can be found regarding this program at: <https://dphhs.mt.gov/ecfsd/homevisiting/index>.

Additional Efforts to Support Services for Children Under the Age of Five:

Montana's PIP incorporated numerous strategies that were not specifically targeting children under the age of five years old, however, collective strategies positively impacted service delivery and improved outcomes for children under age five. The PIP implemented strategies that were continued during SFY24 were:

- Engaging families and community providers at the forefront of a case by facilitating FSTs in which detail information is shared in *Section 1: Collaboration*.
- Engaging families through FEMs held at different times throughout a case to identify the child(ren)s needs.
- Engaging families in Concurrent Planning at PPT meetings which is discussed in multiple sections of this APSR.
- Gaining Feedback on community services and internal practices at State and RACs in which detail information is shared in *Section 1: Collaboration*.
- Improving supports and services to foster/kinship/pre-adoptive placements in which detail information is shared in *Section 2: Systemic Factors – Foster and Adoptive Parenting Licensing, Recruitment and Retention*.
- Improved coaching and mentoring skills for supervisors to provide improved staffing to CPS staff in which detail information is shared in *Section 2: Systemic Factors – Staff and Provider Training*.
- Improved ongoing assessment from TPR to adoption in which detail information is shared in *Section 4: Monthly Caseworker Visit Formula Grants and Standards for Caseworkers*.

CFSDs Social Service Technicians (SST) are utilized internally to supervise family time/visitation when a child has been removed from their parent. CFSD continues to train their SSTs in Marty Beyer's Visit Coaching model to support family time/visitation. SSTs using this model provides CFSD with a consistent model for family time/visitation. The Visit Coaching model is described in more detail in *Section 4: MaryLee Allen Promoting Safe and Stable Families (Title IV-B subpart 2)*.

Montana also has expanded Medicaid. The broadened services allow for more children and families to be provided physical and mental health services.

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) has continued over the past year. Procedures are in place that 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 than older children to be victims of abuse or neglect, that results in a fatality or near fatality. System improvements, identified through use of this model, could lead to changes that better protect this vulnerable population of children. More information on this program can be found in *Section 4: Efforts to Track and Prevent Child Maltreatment Deaths*.

Efforts to Track and Prevent Child Maltreatment Deaths

Since 2021, CFSD has been under contract with Collaborative Safety, LLC, to develop and implement a collaborative safety model. CFSD developed, and currently uses, an internal review process that includes the Division Administrator, Deputy Division Administrator, RAs, central office staff, and frontline staff.

Systemic process review protocols and foundational approaches are components of this collaborative safety model. This model uses systemic analysis to understand the influences and impacts, both internal to the agency and external, on decision-making processes through the life of a case and if/how those decisions and resource allocations were related to any element of casework in a case involving a child fatality. This information may then be used to assist in informing agency changes and to inform conversations with community stakeholders about external influences and impacts on the work CFSD completes.

Since FFY22, CFSD has employed a CSO who leads the Systemic Processes and Operations Review Team (SPORT). The SPORT is comprised of five CPSS and the CSO. The CSO is responsible for guiding each case through all steps of the review process, documenting the process, maintaining a record of all cases reviewed, and maintaining a record of all review summaries and recommendations made to the CFSD Management Team.

When a fatality or near fatality occurs, the CSO and SPORT initiate the process by conducting an initial file review to determine if the full Systemic Review Process is warranted. Due to the labor-intensive nature of the Systemic Review Process, not all fatality or near fatal events can be reviewed. If the CSO and SPORT determine the case will move forward with the Systemic Review Process, the CSO invites at least one of the staff members involved in the case to participate in a Human Factors Debriefing (HFD), which is an interview grounded in safety science principles. After the HFD, a Systems Mapping Team is developed that is comprised of CFSD staff from across the state. The Systems Mapping Team meets and assists in identifying the influences and impacts on casework, internal and external, that may have contributed to the fatality or near fatality event. The CSO and SPORT then develop a narrative from the Systems Mapping Team and score the case using a Scoring Analysis Tool (SAT) developed by Collaborative Safety, LLC. The mapping team narrative, scoring summary, and any recommendations are delivered by the CSO and SPORT to the CFSD Management Team, who then review the information and may make recommendations 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 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 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., SFY19 and SFY20). 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., SFY21 and SFY22). The report will be released no later than December 31, 2023. A further explanation of the program, goals, and process of the FICMMR program can be found here: <https://dphhs.mt.gov/ecfsd/ficmmr/index>

Initiatives and programs described in *Section 4: 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.

Marylee Allen Promoting Safe and Stable Families (Title IV-B subpart 2)

Services provided in the four areas under the Mary Lee Allen Promoting Safe and Stable Families Program (Title IV-B, subpart 2)

- Family Preservation.
- Family Support.
- Family Reunification; and
- Adoption Promotion and Support Services.

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.

Family Preservation, Family Support and Family Reunification

Montana's robust array of family support, family preservation, and reunification services provided through CFSD, 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.
- Family Support Team Meetings.
- 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 referred to 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 CWPSS 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, and family reunification services.

Throughout all the title IV-B, subpart 2 funded 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. 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.

Geographical accessibility continues to be a factor in providing and sustaining effective services in Montana. As reported in the 2019 – 2024 CFSP and prior APSR, CFSD's goal was to provide services to at least fifty-one of the fifty-six counties where services had previously been provided. For SFY20 to SFY24 forty-nine counties had services provided due to Montana's very large geographic area and relatively small population. Though there are limited providers in the rural areas that are not contracted with the division, CFSD works with the providers in contracted counties to provide services if the need arises. Staff may occasionally provide a limited number of trauma-informed evidence-based programs referenced below; however, these types of services provided by CFSD staff are rarely paid from Title IV-B subpart 2 funds.

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:

1. 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,
2. 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 2,300 children and 1,580 families were provided family support, preservation, and reunification services. Some families received both categories listed below:

1. Family Support/Preservation: Approximately 1400 children and 980 families
2. Reunification: Approximately 900 children and 600 families

CFSD provides title IV-B, subpart 2 flexible and comprehensive services to as many of the fifty-six 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 outlying counties to provide the flexible service provisions based on need.

To support preservation and reunification services, CFSD continues to host *Visit Coaching* model trainings by Marty Beyer. Program overview, goals, components, delivery, and training information can be found on the California Evidenced Based Clearinghouse: <https://www.cebc4cw.org/program/visit-coaching/detailed>. 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" is utilized by providers to train additional contractors who

have been hired after the initial training opportunities were held. There are approximately twenty contractors who have become trainers of the model and have continued to train their internal staff on the model. In total there are approximately 130 contractors' staff who have been trained in the model across Montana. Visit coaches and trainers are supported on a bi-annual basis with Marty for peer support, and fidelity check-in. In addition, the trainers are also invited to participate in national conferences for Visit Coach trainers. Multiple coaches have had the opportunity to participate in national and local presentations regarding different components of the Visit Coaching model and how it has impacted working with families.

CFSD continues to train home visitors throughout Montana in *SafeCare Augmented* home visiting model. ECFSD leverages MIECHV funding, and CFSD used Title IV-B funding to support the collaborative implementation of the SafeCare Augmented model in Montana. 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. Program overview, goals, components, delivery, and training information can be found on the Title IV-E Prevention Services Clearinghouse: <https://preventionservices.acf.hhs.gov/programs/599/show>. The Program Planning Unit-CWPSS Program Manager continues to have bi-annual calls with all SafeCare home visitors, and their supervisors to support implementation across the state and allow for peer share and learning. In addition, during SFY24 two refresher training were provided to SafeCare home visitors 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 five 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. In addition, 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. The fidelity of the implementation of SafeCare is in part based on coaching staff as they implement SafeCare. Though it is always ideal that a home visiting model be provided face-to-face, however, when individualized family needs arise needing the service through a virtual platform, the home visitors can accommodate this with the adaptations provided by the SafeCare National Training and Research Center for home visitors to maintain fidelity, while delivering the model through a virtual platform.

In addition to the models listed above, several CWPSS contractors are also trained and provide other robust model interventions listed below. The models program overview, goals, components, delivery, and training information can be found at the website provided by the model's name listed below:

- Trauma Focused Cognitive Behavior Therapy (TF-CBT) <https://preventionservices.acf.hhs.gov/programs/590/show>
- Parent Child Interaction Therapy (PCIT) <https://preventionservices.acf.hhs.gov/programs/590/show>
- Motivational Interviewing (MI) <https://preventionservices.acf.hhs.gov/programs/590/show>
- Child Parent Psychotherapy <https://preventionservices.acf.hhs.gov/programs/627/show>
- Common Sense Parenting <https://preventionservices.acf.hhs.gov/programs/562/show>
- Functional Family Therapy <https://preventionservices.acf.hhs.gov/programs/417/show>
- Nurturing Parenting 0-5 <https://preventionservices.acf.hhs.gov/programs/217/show>
- Nurturing Parenting, 5-12 <https://preventionservices.acf.hhs.gov/programs/218/show>
- Nurturing Parenting Models using Supered Visitation Network <https://www.svnworldwide.org/>
- 1-2-3 Magic <https://www.cebc4cw.org/program/1-2-3-magic-effective-discipline-for-children-2-12/>
- Circle of Security <https://preventionservices.acf.hhs.gov/programs/630/show>
- All Babies Cry <https://www.allbabiescry.com/>
- Parenting a Second Time Around <https://www.cebc4cw.org/program/parenting-a-second-time-around-pasta/>
- Attachment, Regulation and Competency <https://www.cebc4cw.org/program/attachment-regulation-and-competency-arc-client/>
- Love and Logic <https://www.cebc4cw.org/search/results/?keyword=Love+and+Logic>
- Exchange Parent Aide <https://www.cebc4cw.org/program/exchange-parent-aide/>
- Various Parenting Classes using the models listed above.
- Family Time "Visitation" utilizing the models listed above.
- Therapeutic Supervised Visitation <https://www.cebc4cw.org/program/therapeutic-supervised-visitation-program/>
- Couples Therapy – Various Models
- Co-Parenting – Various Models
- Screenings:
 - Adverse Childhood Experience <https://www.cdc.gov/aces/about/index.html>

- Ages and Stages Questionnaire <https://agesandstages.com/products-pricing/asq3/>
- Protective Capacity

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 Program Planning Unit-CWPSS Program Manager also provides to CFSD staff bi-annually a desk catalog showing contractors, service arrays and geographical locations where services are being provided. CFSD staff are provided updates on any changes that are made that affect the service array offered in their areas. In addition to these updates for staff, the Program Planning Unit-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.

The CWPSS contractors throughout the state are encouraged to participate in FST meetings when hosted within the county they serve. More information about FSTs is in the Collaboration section of this APSR.

The Program Planning Unit-CWPSS Program Manager conducted in-person site visits throughout SFY24 focusing on locations with the greatest need, and in addition, completed virtual site visits as well to discuss contractual provisions and identify well-supported, supported, promising, and general practice model interventions to be utilized in service delivery. In addition, the CWPSS Program Manager has monthly virtual platform meetings with the contracted providers to create a platform to have robust discussions around service delivery, guidelines and questions, contractual updates, and peer-share around service delivery across the state with a focus on celebrating success stories with families served. These check-ins allow for contractors to voice concerns, updates to program models, suggested models, and ongoing information related to CWPSS contracts and program delivery across the state. This is an ongoing opportunity for providers to connect, discuss what works and how to troubleshoot issues that may be related to programs, program delivery, or other issues that arise. From time-to-time informational presentations, information sharing, and collaborative discussions are presented by other members of CFSD including the Contracts Manager, Fiscal Bureau Chief, Director of CFSD, and stakeholders outside of CFSD.

CWPSS contractors submit a billing log monthly indicating what model intervention is being utilized in which counties, provide certificates of training, and share 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 PCAN Conference hosted by CFSD in April of 2024. CWPSS contractors are encouraged to attend for purposes of career development, as well as to have a better understanding of 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 family's challenges and barriers to success. This conference was free for contractors, and the keynote and breakout sessions were:

- The Hopeful Science Behind Positive Childhood Experiences, Carla Ritz.
- Supporting Youth in The Digital Age: Small Adjustments, Big Impact, Adam Dodge.
- Centering On Digital Safety in Our Work, Adam Dodge.
- Core Principled and Applications to Increase Positive Experiences and Grow Hope, Carla Ritz.
- Emerging Issues in Digital Safety, Adam Dodge.
- Shifting The Paradigm, Working with Parents with Intellectual/Developmental Disabilities, August Elliott and Nicole Brisson.
- Nothing About Us, Without Us-Youth Voice and Collaboration Works, Lacey Hallet and Kristy Pontnet-Stroop.
- Foster Care Teens-Education, Mentoring, Advocacy, And Community Partnerships, Steven Coop, Stacie Eckenstein, Shandell Lavallie, Taysen Edelen, And Janessa Henderson.
- Strengthening Families' Protective Factors Framework, Carrie Porter.
- Self-Defense In the Real World, Susie McIntyre.
- Building Community, Protecting Children: If We Can, You Can, Leesha Ford and Susie Zeak.
- Internet Crimes Against Children, Brian Cassidy.
- Update On Substance Use Trends Impacting the Pediatric Population, Kathryn Wells, MD.
- Hope Through Innovation and Relationships: Burning Brightly While Not Burning Out, Kathryn Wells, MD.

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

- No small matter: Launch of an early childhood campaign in Montana.
- Building hope and resilience in violence prevention: partnering with the arts.

CFSD continues to explore ways it can leverage services and find opportunities to increase provisions of services to families by ongoing collaboration with the Human and Community Services Division (HCSD) (i.e., the division that houses the Temporary Assistance for Needy Families (TANF) program).

CFSD continues to work with 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 continues to partner with ECFSD surrounding voluntary home visiting programs, parenting support, trainings, resources, and education. In addition, the partnership with ECFSD has been strengthened through 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.

Adoption Promotion and Support Services

Services provided by CFSD include recruitment of adoptive homes, adoption specific training (Creating a Lifelong Family), and the provision of post-adoption services. As to date there have been 245 adoptions finalized during SFY24.

The Post Permanency Program Officer (PPPO) oversees the Adoption Promotion and Support Services. The PPPO's responsibilities include completing records searches, requests for renegotiations for adoption assistance or for communication between birth families. The PPPO duties consist of offering ongoing consultation with adoptive families regarding services and interventions for their child, and being accessible to:

Any family who has adopted a child from or has a guardianship through:

The Montana foster care system.

A private agency, including international adoptions.

Adoptive family who finalized the adoption in another state and currently resides in Montana.

Adoptive family who finalized in Montana and have since moved to another state.

Any individual who was adopted in Montana or is a birth parent.

Assistance offered post permanency continues to expand as more and more peer-to-peer networks and groups are established and strengthened through collaboration, training, and funding. The potential number of families served increases monthly. An increase in funding has also occurred for families participating in therapy and alternate, non-Medicaid covered interventions and treatments such as Neurofeedback.

The PPPO continues to provide support to a diverse range of families both in the state of Montana and across the country. Described below are just a few examples of how the PPPO has collaborated with families and stakeholders to address identified needs:

- Resources for children with Developmental Disabilities in Montana.
 - The PPPO assists families in communities facing access and transportation barriers to specialized services by supporting families in accessing tele-health services and referring families to Medicaid transportation.
- Assessments and ongoing treatment for Sexualized Maladaptive Behavior
 - The PPPO assists families with obtaining appropriate assessment and community-based services since Medicaid does not cover these services and out-of-pocket cost is a barrier to families. This support has helped maintain permanency with youth who demonstrate sexually maladaptive behavior, as well as siblings who may be affected.
- Cost of room and board for out-of-home, therapeutic treatment.
 - Due to an employee shortage Montana experienced a dramatic decrease in bed availability for in-state TGH Acute Psychiatric Hospitals, and Psychiatric Residential Treatment Facilities. In response to the decrease in resources, the PPPO provided increased support for families in crisis, which included facilitating interdisciplinary treatment team meetings, on-going family consultation, and extensive resource and referral services. To meet the increased need for care coordination the PPPO worked closely with Children's Mental Health Bureau and a newly developed position in DPHHS for Complex Case Coordination to successfully assist families with access to mental health services and stabilization in the home.

As of May 2024, a second PPPO has been hired to help build capacity to meet the increased needs of adoptive and guardianship families in Montana and to develop a more robust range of services. Plans for future 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.

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: *Section 1: Collaboration*, *Section 4: Services for Children Under the Age of Five*, and *Section 4: Efforts to Track and Prevention 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 FFY05, children ages 0-5 years have made up more than 50% of the state's foster care population. Children in this age group continue to represent the largest age group entering care, though this has decreased slightly over the past five years. 55% of children entering care in SFY19 were aged 0-5. In SFY23, children aged 0-5 accounted for 48% of entries to foster care. A particularly vulnerable subset of this group are infants under age one.

As reported in other places in this APSR and preceding 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 CI.

Montana uses an enhanced staffing process for all reports involving children ages 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 CPSS managing investigations as well as the region's 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 in becoming more skilled in identifying potential safety issues, evaluating the use of in-home safety plans better, identifying needed services better, and exposing 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 that was part of the PIP makes this process more effective and improves safety outcomes for children.

DPHHS continues to invest in evidence-based in-home service models that target the safety of very young children. There are thirteen model interventions currently offered through the CFSD CWPSS contracts which are described in detail in *Section 4: MaryLee Allen Promoting Safe and Stable Families (Title IV-B subpart 2)*. 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 CAC and Multiple Disciplinary Teams (MDT) by expanding the work being done to address serious non-accidental trauma in real time and help CAC meet accreditation standards. A 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 ages five years and younger but improving CAC and MDT across the state will also provide improved services to this subset of children.

Kinship Navigator Funding

Montana has applied for and received Kinship Navigator Grants since the first federal allocation was awarded during the FFY18 Title IV-B funding cycle. As stated in previous applications, Montana does not operate an evidenced-based KNP. The FFY23 Kinship Navigator Grant continues to be used to allow the state to develop an evidence-based KNP that will meet the ACF-CB Title IV-E Prevention Services Clearinghouse's stringent standards to access Title IV-E funds.

CFSD contracts with MSU's Extension Family & Consumer Sciences Program (MSU-E) to meet the goals of the program. There are two primary reasons CFSD 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 MKNP project. As a result, MSU-E had:
 - a. Recognized presence across the state.
 - b. Connections with a wide variety of community providers and a good deal of knowledge of benefits in many communities across the state.
 - c. Existing website with resources, outreach materials and information on support groups
 - d. Immediate access to eligibility and enrollment information for federal, state, and local benefits and services.
 - e. 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 the state's child protection agency.

MSU-E is an active member in a multi-state project to develop an evidence-based model for providing MKNP 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 ACF-CB Title IV-E Prevention Services Clearinghouse approval to access Title IV-E funds to financially support the use of the model. It is Montana's intent to participate in the Title IV-E KNP when the multi-state project is approved to access Title IV-E funds by the Title IV-E Prevention Clearinghouse.

MKNP 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.

The program instructions for applying for the FFY24 became available in early June. CFSD has been made aware by the ACF-CB - region 8 that the funding for the FFY24 grants have been reduced. The amount of the reduction won't be known until the PI are issued. CFSD is working with the Casey Program, to potentially use the funds that the program provided to CFSD, to help offset the loss of federal funding. CFSD's goal is to sustain the program despite decreased support from the federal government.

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 THV) 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 THV) 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 have historically been identified as issues preventing Montana from achieving the federal benchmark. Also, family engagement was cited as a significant issue in the 2017 CFSR and is an area of focus in Montana's approved PIP. A significant portion of Montana's required visits (nearly 20%) are for Tribally managed cases. Montana has not contractually obligated Tribes to document these visits, and only 11-12% of those required visits are documented. This also contributes to a difficulty in achieving the 95% visit rate. See the Progress Made to Achieve Outcomes Section for more information.

Despite not achieving the federal performance standard, the state's FFY23 numbers have increased to 72% after falling to 59% in FFY20. CFSD continues to conduct a high percentage of visits in the child's residence. CFSD has seen a stabilization in its CPS workforce in recent months, if that trend continues the hope is the state will see more significant gains in this measure beginning in FFY24.

Table 16: Monthly Caseworker Visits

FFY23 Monthly Caseworker Visit Table	
2023 Federal Visitation Measures	FFY2023 Federal Count/Percentages
The total number of unique children in care for at least one full month in the FFY	3,447
The total number of visit months for children who were in foster care during the FFY	28,241
The total number of visit months in which at least one child visit occurred face-to-face	20,300
The total number of visit months in which at least one child visit was in the home	17,545
The percentage of child visits	72%
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 resulted in continued improved outcomes in many areas including the number and quality of caseworker visits with children.

Adoption and Legal Guardianship Incentive Payments

As reported in the previous APSR, most of the state's incentive funds have been spent providing respite for post permanency families and assisting in offsetting the room and board cost of out-of-home therapeutic care for children with significant behavioral health concerns. The funding has also been used to support family relationships for children in care through travel and visits with birth relatives, including siblings. There are fewer children going into guardianship and adoption placements because of the significant decrease in children in foster care over the past several years. It's unclear the amount Montana will receive of the federal incentive moving forward. The goal at this time is to identify alternate funding sources to try and minimize interruptions to the services being provided.

Adoption Savings and Expenditures

The total unexpended balance as reported on the FFY23 ACF-CB -496, Part 4 is \$1,027,986. It is estimated that Montana will spend FFY23 savings during FFY24. Montana did not experience any challenges in accessing or spending the funds. The funding was spent on increased expenditures in the 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 and services being billed against the contracts. Montana is not required to complete an Adoption Savings Methodology form because the methodology for calculating Adoption Savings and Expenditures has not changed.

Families First Prevention Services Act Transition Grants

CFSD received notice in January 2022 that the state's Title IV-E FFPSA Prevention Plan was approved with an effective date of October 2021.

CFSDs current electronic case record system was 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 has a different eligibility criterion requiring significant changes to the electronic case management system. CFSD continues to collaborate with the internal technology bureau as well as the non-agency vendor responsible for making changes to CFSDs electronic case record system. CFSD future planning is to capture FFPSA requirements within the new CCWIS system being developed in the next CFSP period.

Qualified Residential Treatment Programs (QRTF) / Montana Therapeutic Group Homes (TGH):

Montana's sole use of this grant funding has been to offset the room and board costs, of Title IV-E eligible children placed in a congregate care facility (e.g., TGH, 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. The implementation of FFPSA requirements allowing Title IV-E funds to be used when children are placed in the state's private, non-profit TGH is an extensive and gradual process to fully institute changes across many systems including but not limited to: CFSD field and program staff, the state's TGH 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. Barriers to full implementation include: the availability of resources to make the necessary changes in the electronic case management system; integrating TGH procedures into practice across all CFSD field offices and integrating the TGH requirements into the daily practice of the many non-agency partners who play a role in process (e.g., Tribal social services, Tribal courts, TCMs, etc.).

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. The grant funds were fully expended in June 2023. A new process was developed allowing Tribes to bill for the first fourteen days of a youth's placement in a congregate care facility. These payments are no longer issued through CFSDs CAPS directly to the provider. The Tribes pay the provider the room and board for the youth's placement and afterwards invoice CFSD for the Title IV-E allowable reimbursement. Tribes have been provided the needed documents to submit the invoices and training on how to complete the process. This invoicing process for congregate care facilities has been included as an attachment to the Tribal Title IV-E agreements that will be effective July 1, 2024.

Prevention Plans:

CFSD did not use FFPSA funding during SFY24 to pay for services listed on Prevention Plans with families. CFSD chose home visiting and mental health models that were Well-Supported to be in their FFPSA Montana Approved Prevention Plan. These models are currently funded through other grants, MIECHV funding, and private funding. This has been a barrier in braiding funding for Montana as FFPSA funding is Payer of Last Resort, and all the models already have a funding stream to pay for the services.

- **Parents as Teachers (PAT) and Nurse Family Partnership (NFP):** ECFSD uses MIECHV grant funding to cover the cost of these two models. CFSD will continue to collaborate with ECFSD in learning how to leverage funding to support families who meet FFPSA candidacy and model eligibility criteria.
- **Healthy Families America (HFA):** Missoula County provider Watson Children's Shelter is the only program offering this model in Montana currently. They use private funding to cover cost for families enrolled in the program. CFSD has collaborated with them on reaching out to other states who have HFA also listed in their FFPSA State Prevention Plan to learn ways of leveraging funding to support families with the model intervention. Criteria of how families are eligible and enrolled in the model often do not align with CFSD Prevention Plan timeframes, efforts, requirements, etc. Other states have reported similar barriers during the All-State FFPSA meetings. CFSD will continue to collaborate with HFA nationally and locally to explore ways to overcome model barriers to support applicable families with the model.
- **Parent and Child Interaction Therapy (PCIT):** PCIT is a model whose cost is covered by Medicaid and Insurance in Montana. Over the past several years CFSD hosted trainings to increase the number of therapists in Montana that were certified in the model. Approximately 20 therapists were trained through SFY23, and an additional 5 were trained as trainers for their agency during SFY24.

Montana FFPSA Prevention Plan Evaluation 2023 Annual Report

CFSD contracts with MSU-E to meet the goals of the program. In efforts to evaluate FFPSA Prevention Plans, CFSD assigned a staff from each region to track prevention plans, service referrals, and overall outcomes. This information is shared quarterly with the MSU-E evaluator, and reports are generated on an annual basis. The following is the Montana FFPSA Evaluation 2023 Annual Report.

On February 9, 2018, the landmark bipartisan FFPSA was signed into law. The FFPSA includes reforms that support keeping children and youth, where possible, safely with their families, and helps ensure they are placed in the least restrictive, most family-like setting appropriate to their special needs when foster care is needed. Children experience trauma from maltreatment which can be compounded when a child is removed from a home they are familiar with. While sometimes necessary for safety, trauma can continue when they are returned to a parent after growing attachment to foster families (Gauthier, Fortin, & Jeliu, 2004). When a child can safely stay in their home situation while parents get support in protective caregiving and wraparound care, research would suggest children experience less future maltreatment and greater placement stability (Rivera, & Sullivan, 2015).

CFSD has been and continues to be committed to prevention efforts across Montana. CFSD has been supporting families through prevention methods for many years and is central to child wellbeing. Children must be protected from the trauma of abuse and neglect. When safe to do so, CFSD is committed to protecting children from the trauma of separation from their families by effectively utilizing prevention services.

In 2020, CFSD made significant efforts to identify, increase and implement evidence-based prevention models and updated their prevention process to engage and support families through what is now called a 'Prevention Plan. On January 5, 2022, Montana's FFPSA State Plan was approved by the ACF-CB.

What are Montana's Families First Prevention Services Plan?

CFSD implementation of Prevention Plans are to improve outcomes for children and families in areas specific to their needs as follows:

- Improved parenting behaviors, knowledge, emotional responsiveness, parent/caregiver collaboration, and conflict resolution skills within the family unit; and
- Reduce family conflict, symptomatic problem behavior exhibited by children and adolescents, substance abuse, child maltreatment, and mental health symptoms.

Overall CFSD expects that the outcomes provided by the prevention plan will result in parents being better able to safely care for their children in their homes or with kin, thus preventing foster care placements when possible.

How Families Enter Prevention Plans:

- CFSD investigates the report and identifies if Impending Danger is present.
- CFSD determines if a Safety Plan can be put in place with the child remaining in the home.
- CFSD offers a Prevention Plan when parents agree to participate, and impending danger can be mitigated.
- CFSD and the parent(s) outline tasks and community services to support change on the Prevention Plan.

Prevention Plans can be in place up to 12 months, and the plan created between CFSD, and the families can have other models listed to support the family on an individualized level; however, CFSD can only claim FFPSA IV-E funding for any of the four Well-Supported models that exist on a prevention plan with a family.

The four well supported FFPSA evidenced-based models listed in the Montana FFPSA Plan are:

- ***Parents As Teachers*** (Home Visiting):
 - 22 Counties – Map of counties can be located at: <https://dphhs.mt.gov/ecfsd/homevisiting/index>
 - A model focused on engaging parents and caregivers in promoting the optimal early development, learning, and health of young children, emphasizing parent-child interaction, development-centered parenting, and overall family well-being. This includes personal visits, building connections, resource network, and conducting child developmental, health, hearing, and vision screenings.
 - This model is a good fit for parents who are expecting or who have a child under age five at enrollment.
 - Existing research indicates Parents as Teachers improved parenting knowledge and skills, prevention of child abuse and neglect, increased school readiness, and early detection of developmental delays and health issues.
- ***Nurse Family Partnership*** (Home Visiting):
 - 6 Counties - Map of counties can be located at: <https://dphhs.mt.gov/ecfsd/homevisiting/index>
 - Moms enrolled in Nurse-Family Partnership get care and support to have a healthy pregnancy and families have a trusted resource on child development and future economic self-sufficiency for their new family. This includes specially educated nurses regularly visiting the expectant or new mom.
 - This model is a good fit for first-time moms, starting early in the pregnancy and continuing until the child's second birthday.
 - Research indicates measurable, long-term differences for the whole family including positive maternal and child outcomes for low-income families.
- ***Healthy Families America*** (HFA) (Home Visiting):
 - Missoula County
 - HFA seeks to engage parents to improve parent-child interactions through positive parenting, promoting child health and development, and family self-sufficiency. Providers visit homes weekly until the child's third birthday, and preferably until the child's fifth birthday.
 - This model is a good fit for high-risk families before the child's birth or within three months of the child's birth.
 - This program is theoretically rooted in attachment and bio-ecological systems theories and research shows improvements in parenting practices, healthy child development, and enhanced family well-being.
- ***Parent Child Interaction Therapy*** (PCIT) (Therapy)
 - 11 Counties – Broadwater, Cascade, Flathead, Gallatin, Lewis and Clark, Lincoln, Madison, Missoula, Powell, Silver Bow, and Yellowstone.
 - PCIT first focuses on warmth in the parent-child relationship, then treatment builds skills for parents to manage behaviors while remaining confident, calm, and consistent in discipline. Therapy involves 12-20

sessions in two phases, child-directed interaction (CDI) and parent-directed interaction (PDI), in which therapists instruct and coach caregivers in play therapy and operant conditioning skills.

- This model engages both parents and was originally intended to treat disruptive behavior problems in children aged 2 to 7 years.
- Research indicates the program reduces negative parent-child interactions and increases parental warmth and consistency among other well-being improvements for both parent and child.

Evaluation Components

The Title IV-E Prevention Plan under the FFPSA required program evaluation to understand how and if services were meeting the intended legislative goal of keeping families together. Implementing consistent process and outcomes evaluation across the state can help CFSD to improve programmatic flexibility to meet changing community needs efficiently and effectively. Safely and supportively keeping children in their homes could have long-term positive impacts on individual, family, and community well-being for years to come.

The plan involves encouraging evidence-based programming as a part of prevention services. The plan also involves evaluating the use and success of these programs to ensure CFSD is meeting the goals of FFPSA. After initial exploration, some evaluation plans shifted to better answer questions at present stages of implementation. For example, we initially planned to assess fidelity to delivery and outcomes for well-supported models, but due to low statewide numbers, this would not have resulted in practical or generalizable information. This evaluation will help identify strengths and opportunities to work towards additional funding to help families access these services. The goal of the plan is to improve the lives of Montana's youngest residents by supporting strong and healthy families.

Collected Data

CFSD is committed at all levels to evaluation and CQI. Each region has a designated staff member tracking data element of Prevention Plans in regions they are held. Staff members of the CQI Unit are supporting regions throughout Montana in their ongoing prevention efforts to engage family and community stakeholders at the forefront of CFSD intervention. CFSD continues to build strong partnerships with the ECFSD, the Children' Mental Health Bureau, and other community stakeholder in informal learning collaboratives to ensure families are supported with home visiting, mental health, and substance use disorder models that support their family best in their time of need.

In partnership with DPHHS, MSU-E Assistant Professor, Brianna Routh, PhD, provided program evaluation planning and implementation support. Data collection for these new program components was designed to determine current outputs and outcomes and to help consider what would be most valuable in future case-tracking systems.

Regional representatives collected information from Protection Plans and Prevention Plans provided the data to the research team on a quarterly basis. Data is limited as some regions are still building capacity to offer and track these services. The data collected included:

- Report reasons for Child Protective Service involvement.
 - 39.7% Chemical Dependence
 - 19.5% Domestic Abuse
 - 9.7% Mental Health Concerns
 - 9.0% Lack of Parenting Skills
 - 6.7% Physical Abuse
 - 3.6% Sexual Abuse
 - 3.9% Housing Unsafe
 - 7.9% Other Reasons (including lack of/inappropriate supervision, neglect, refuse to care other, not following through on services)
- Protection Plans and/or Prevention Plans Opened.
 - During 2023 167 Prevention Plans were entered.
 - Upon investigation CFSD can utilize a Protection Plan (up to 60 days if the child remains in the home) to assess for the child's safety and risk.
 - The type of Protection Plan being utilized prior to the 167 families entering a Prevention Plan with CFSD were:
 - 40.7% Out-of-Home Protection Plan
 - 56.5% In-Home Protection Plan
 - 2.8% Combination Plan of In-and-Out-of-Home Protection Plan
- Services CFSD Referred Families To:
 - On average families who entered a Prevention Plan were referred to at least three services/providers.
 - 435 services were referred for from the 167 Prevention Plans.

- Service programs CFSD referred to:
 - Home Visiting Models: Health Families America, Nurse Family Partnership, Parents as Teachers, and Safe Care etc.
 - Parent Education Models: Nurturing Parenting Program, Parenting Class, Circle of Security, Family Based Services etc.
 - Mental Health Services: Parent Child Interaction Therapy, Anger Management, Domestic Violence, Couples Therapy, Individual Therapy, Wraparound etc.
 - Substance Use Disorder Services: Chemical Dependency, Multisystemic Therapy
 - Family Support Referrals: Medical, Community Resources (General), Part C Screenings, etc.
- Services Families Received (according to the trackers knowledge):
 - In alignment with reasons for the report, the most common service referred was mental health services for the individual, couple, or family. While many parent education models were referred to, none of these services currently have a well- supported evidence-base rating from the Title IV-E Clearinghouse.
 - 47.6% Mental Health or Individual Counseling
 - 21.6% Parent Education Model
 - 17.2% Substance Use Disorder
 - 8.0% Family- Support or Other
 - 5.5% Home Visiting
 - 1.1% ALL Montana Well Supported Families First Programs (*Parent Child Interaction Therapy, Parents as Teachers, Nurse Family Partnership, Healthy Families America*).
- Prevention Plan Reasons for Closure:
 - 63.7% Achieved family goal of safely maintaining the child in the home.
 - Data reflected that relevant support and resources for the caregiver and/or child through the Prevention Plan appeared to increase the rate of the family achieving their goals and keeping the child(ren) safe in the home at time of closure.
 - 17.6% Child was removed.
 - 7.7% Lack of parent(s) cooperation.
 - 7.7% Other reasons not listed.
 - 3.3% Family moved away.

Survey and Collaboration Opportunities

Some services are more common, particularly in different regions of the state. There may be opportunities for expanding what services meet Title IV-E Prevention Services Clearinghouse guidelines to include services already supporting Montana families.

To increase access and use of the well-supported FFPSA models in Montana, CFSD surveyed 70 family services Providers which included Direct Service, Home Visitors, Clinicians, Supervisors and Others (Director, office manager etc.). Their shared insight and feedback were:

- 67% offer at least one of the four Montana Families First Services (n=70).
- 40% offer Parents as Teachers (most common).
- 26% offer SafeCare Augmented (supported, but not well-supported program in the Federal Clearinghouse).
- 62% had less than a month wait for any of their services in the past year (n=37).
- 21% were aware of the Families First Services Clearinghouse.
- 33% were aware of Prevention Plans from Child and Family Services.
- 40% were aware of Family Support Team Meetings
- 32% of providers say they have been invited to and attended at least one meeting.
- 21% of providers said more than 40% of their clients were referred by CFSD Prevention Plans.
- 26% of providers said more than 40% of their clients were not referred through CFSD.
- While organizational resources on the part of care providers and CFSD were both highlighted as a barrier, participant engagement in programs to fidelity was a larger noted challenge for providers.
 - Service providing organizational barriers were identified as:
 - 32% stated their organization lacked enough full-time employee positions.
 - 30% stated their organization faced reimbursement challenges.
 - CFSD referral barriers were identified as:
 - 43% referred participants eligible for services are not referred by CFSD, or part of a Protection or Prevention Plan.
 - 32% participants referrals from CFSD are filling out incorrectly, lack complete information, or ineligible for the service CFSD has referred them for.

- Participants barriers were identified as:
 - 54% of participants aren't engaged in the program once they are enrolled.
 - 51% of participants aren't successfully completing the program.
 - 43% of eligible participants are not being referred from CFSD.
 - 35% of participants view the relationship with CFSD as hostile or bad.
 - 35% of participants aren't maintaining change after completing the program.

These findings from providers who offer the models listed in Montana FFPSA State Plan could be an indicator that caregivers do not perceive program content or delivery to be relevant at the time of referral. This aligns with reasons for report indicating caregivers may have personal challenges to overcome before they can focus on FFPSA supported currently in Montana despite this potential opportunity for improvement for some families. For many, these programs and resource referrals did meet their needs and kept families together. CFSD will continue to collect data to understand if this safety and permanency is long-term for prevention plan and FST meeting participants.

Barriers Identified by States During Casey Families Bi-Monthly FFPSA Call Held December of 2023

- 43 approved plans, but only 26 claiming admin services and 14 jurisdictions claiming child services.
- Operational lag: Once you get approved and you need to operationalize new or approved prevention services, do procurement etc.
- Cost allocation process: To successfully claim, you need to amend your cost allocation plan and set up your cost pools so you can successfully differentiate prevention claims from other types of claims. If services could be eligible for other funding mechanisms (MIECVH, TANF, and Medicaid), FFPSA is payer of last resort.
- Reporting requirements: For prevention services and for child-specific administration, you must be able to identify when the child's prevention plan starts, what prevention services they are receiving, and at what cost, this doesn't always align with provider billing.
- Jurisdiction capacity: Move upstream to community pathways and meeting reporting requirements can require additional operational capacity.

Next Steps for Montana FFPSA Evaluation:

- Continued evaluation of prevention plans and intervention service providers and expand the data collection.
- Improve capacity, increase data completeness, and improved understanding of impacts.
- Quality improvement of communication about outreach and evaluation efforts.
- Increase awareness and engagement in these services.
- Explore additional options for family service intervention models that may better align with needs and capacity within Montana.
- Increase potential eligibility reach and meet different service needs.
- Explore how eligible services can better drawn down federal funding.
- Increase braiding of resources within federal guidelines to maximize capacity.

Success Story:

One CPS shared, "A prevention plan was implemented with a dad living outside of the home who assaulted his wife and was experiencing [a substance abuse disorder]. Through his engagement with services, he] returned home and the family home remained a stable environment, he continued to attend counseling and remain sober, so the prevention plan was closed. The wife was provided information about a scholarship program that could help her finish her teaching degree!"

Family First Transition Act Funding Certainty Grants

Montana is not an applicable state.

Chafee and Education and Training Vouchers (ETV)

The John H. Chafee Foster Care Program for Successful Transition to Adulthood, which Montana is continuing to refer to as the MCFCIP, has engaged in several activities over the past year dedicated to making the program be more transformational in the lives of the youth that are served through Chafee. This includes a complete evaluation of procedures and has led to more efficient processes. In the past year, processes have been intentionally modified to strengthen the connection between CFSD field staff and the non-state MCFCIP service providers.

CFSD acknowledges the importance of youth involvement and youth leadership with lived experiences. Because of this, CFSD has partnered with the QIC-EY group of young people and has redirected efforts of the YAB to the QIC-EY group. The program continues to have youth involvement in the overall programmatic side by listening to what youth are saying is and

isn't working, participating in the QIC-EY pilot program, and by utilizing the NYTD survey date to assist in making overall changes.

Montana CFSD will continue to serve all Chafee eligible youth. There were approximately 450 Chafee eligible youth in foster care, at any given time, in SFY24. CFSD does not have an accurate count of the number of former foster youth residing in the state. Based on an internal database reporting, MCFCIP served over 500 Chafee eligible 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 and is a continuing issue for youth aging out of foster care. The concern is heightened by the 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.

HUD housing assistance programs i.e., FYI Voucher Program and HUD Section 8 housing vouchers have assisted in securing housing for former foster youth. Currently, Chafee Youth can utilize FYI vouchers in three communities in Montana: Billings, Butte and Missoula. The MCFCIP-PM has met with the participating PHA and Chafee providers to evaluate the program and what barriers may exist in expanding the program to more communities. The MCFCIP-PM has started outreach to the State of Montana Department of Commerce in the housing division to explore the possibility of the State participating in the FYI Vouchers Program. 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 biggest housing gap 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.

MCFCIP 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 Policy of 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.

The MCFCIP-PM has worked to streamline processes as they pertain to Medicaid for youth that are aging out of care. This year CFSD, along with members of the Health Care Division, held several meetings to develop processes between departments to ensure that youth aging out of care were transitioned to the Former Foster Care Medicaid coverage automatically and without interruption. This new process has proven to be effective and has strengthened interdepartmental collaboration.

As reported in the previous APSR, MCFCIP has updated educational materials regarding the program to provide more access and updated information on the services the program offers. The updated materials continue to be used. 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.

This year, CFSD made a change to the life skills program that was currently being utilized. It was determined that Life Skills

Reimagined was underutilized by youth and Chafee providers. CFSD along with Montana Chafee providers researched other options that exist, while still providing beneficial life skills to the youth they serve. By sharing this resource with youth, it was determined that Level All would be a relevant and valuable platform for Chafee youth to access additional online training and resources. Not only does Level All come at no cost to the Chafee program, but it allows access anywhere that offers internet or Wi-Fi. The ease of access is important especially for rural youth in foster care as they are not able to attend in-person life skills groups. This offers another avenue to help bridge the gap to accessing life skills support.

A former YAB member will be attending the Foster Club All-Star Internship for six weeks, including two weeks in Oregon in June – July of 2024. The All-Stars serve as advocates and content experts to present to appropriate groups regarding youth engagement and youth services. The MCFCIP has provided sponsorship to other Foster Club All-Stars and is one of only fourteen states participating in this year's internship. Foster Club All-Stars are expected to serve as leaders in their communities. In addition, the Foster Club All-Stars will be attending the 2024 Teen Summit to present educational sessions and be peer mentors.

The state continues to take steps to strengthen the collection of high-quality data. An example is the MFCIP-PM continues to host an annual business process meeting with all the state's local contracted service providers. This year the meeting will take place in June 2024. There will be no change in Chafee providers so the state will continue to have an experienced group of providers. All counties, including Tribal reservation communities, within the state will continue to be served. The Confederated Salish and Kootenai Tribe Chafee Program Manager will also be invited to participate in the meeting. A standing agenda topic is the importance of collecting and accurately reporting NYTD required services and engaging youth to complete NYTD surveys. Another goal of this year's meeting is to have a discussion with providers of how-to best report participation rates and identifying outcome metrics that can be readily collected and reported to CFSD leadership, staff, and other interested stakeholders. The new MFCIP-PM has been holding monthly virtual meetings with contracted service providers. The meetings serve a variety of functions, including collaboration with other services in the community, information on new processes and procedures, and a standing discussion on NYTD data collection and completion of youth surveys. 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. Site visits to each provider organization will be conducted annually. NYTD survey responses, participation rates and other outcome metrics will be topics of discussion. The MFCIP-PM emails the state contracted providers and Confederated Salish and Kootenai Tribe Chafee Program Manager weekly, 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 aged nineteen to twenty-one. CFSD and MCFCIP providers utilized a variety of services to attempt to locate the former foster youth aged nineteen to twenty-one population, including: Google, Facebook, ConWeb (a publicly accessible database containing offenders supervised by the Montana Department of Corrections), and SVOR (Sexual Violent Offender Registry). 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 continues to involve the public and private sector in assisting current and former foster youth 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, Fallon, Custer, Powder River, Carter Counties and eligible youth on the Fort Peck Reservation.
- **Kairos** serves Glacier, Toole, Liberty, Hill, Blaine, Chouteau, Pondera, Teton, Cascade, Judith Basin, Fergus, Petroleum Counties and the Fort Belknap, Rocky Boy and Blackfeet Reservations.
- **Tumbleweed** serves Wheatland, Golden Valley, Musselshell, Yellowstone, Stillwater, Sweet Grass, Carbon, Big Horn, Crow, Rosebud, Treasure Counties, and Northern Cheyenne.
- **Action Inc.** serves Lewis & Clark, Powell, Granite, Deer Lodge, Silver bow, Beaverhead, Madison, Gallatin, Park, Jefferson, Broadwater, Meagher Counties.
- **Youth Homes** serves Lincoln, Flathead, Sanders, Lake, Mineral, Missoula, Ravalli Counties.
- **Confederated Salish and Kootenai Tribe Social Services Program** operates the Tribes' Chafee Program. Confederated Salish and Kootenai Tribe serves all eligible Indian youth residing on the reservation, whether they are Confederated Salish and Kootenai Tribe members or not, and all Confederated Salish and Kootenai Tribe Chafee eligible foster children placed on or off 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 MCFCIP staff work closely with a variety of community and statewide agencies and organizations to assist youth in accessing services. These agencies and

organizations include but are not limited to: Human Resource Development Councils (HRDC), Job Corps, Boys and Girls Club, Big Brothers Big Sisters, Job Service, housing authorities, WIOA programs and Tribal employment offices, public school systems, Montana Career Information Systems for resume writing and career planning, Department of Labor, local pediatricians, and local providers who specialize in managing credit, taxes, and budgeting. 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 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 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 2023 Summit was held in Great Falls, Montana, at the University of Providence campus. This provided an opportunity to not only tour the University of Providence campus, but also the College of Great Falls (a state two-year college). Examples of speakers and topics at the Summit included Reach Higher Montana regarding scholarships, ETVs, FAFSA and other financial aid options, local banking institutions regarding opening financial accounts, and managing credit, taxes, and budgeting. Montana Career Information Systems regarding resume writing and career planning participated. 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. Foster Club All Star program provided presentations on permanency, advocacy, and transitional living skills. In addition to the informative speakers and presentations, team building activities and a banquet ceremony to celebrate were part of the Summit experience. The Youth Summit 2024 is being planned now and will include similar topics and resources relevant to older youth.

Over the last year MCFCIP has made efforts to bring together MCFCIP providers and many different providers who serve older youth across the state. These efforts have been made through virtual monthly MCFCIP provider meetings that have invited individuals to connect and present their information and services to the collective group. Some of these presentations have included information from the Office of Public Assistance, the Dual Enrollment Program, other Bureaus within CFSD, an overview on sex trafficking in Montana, WIOA Youth Program, as well as Vocation Rehabilitation and Pre-ETS. These meetings are planned to continue and will work to build a collaboration of services for older youth to ensure gaps are being filled, services are being braided and funds are being leveraged.

Additionally, CFSD continues to coordinate with other state and federal government programs providing services to older youth. As described previously, CFSD is also working with the CSCWCBC. CFSD works closely with other divisions within the DPHHS and other state entities to meet the identified needs of youth. Specific examples include: The HCSD (which includes Offices of Public Assistance) and the Disability Services Division (which includes Vocational Rehabilitation and Blind and Low Vision Services). The MFCIP-PM has established a relationship with Vocation Rehabilitation offices across the state and invited the staff to monthly Chafee provider meetings. Chafee providers had the opportunity to connect and collaborate with the Pre-ETS staff serving their individual areas on increasing utilization of the Pre-ETS program. The MCFCIP will continue to work with local Vocational Rehabilitation providers to increase referrals to their program. Vocational Rehabilitation continues to support those with disabilities with work skills and readiness.

As appropriate, CFSD works with state agencies outside of DPHHS. The most notable example is the state OPI, which includes McKinney-Vento programs and staff. MCFCIP will continue to identify online Work Readiness Workshops to educate youth on how to find employment, maintain a job, and other related skills within a work environment.

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 FYI Voucher Program. Information on this program was provided in the Collaboration Section of this APSR. 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 twenty-five. 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 MCFCIP-PM 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.

As reported in the CFSP and previous APSR Montana's 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. 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. Information on ETVs awarded can be found in "Attachment C" of this APSR. The MFCIP providers, in collaboration with Reach Higher Montana staff, actively assisted Chafee youth with the process of applying for ETV stipends. Reach Higher Montana is an integral partner assisting current and former foster youth in transitioning to adulthood in Montana. Over the past year, Reach Higher Montana and CFSD have collaborated to provide numerous outreach activities regarding the ETV program and the Mentoring program for all youth who are attending college. CFSD will continue to collaborate with Reach Higher Montana to strengthen the ETV program, maximize public outreach and community awareness, and assistance to youth applying for a voucher. In addition, CFSD will work closely with Reach Higher Montana to identify barriers to youth achieving a post-secondary educational degree and strategies to increase high school graduation rates to allow more Chafee eligible youth an opportunity to apply for ETV. Consistent phone calls with providers, referenced previously in this section, is another opportunity to discuss case specific topics that can include a youth's progress toward graduation or attendance in post-secondary schooling.

MCFCIP collaborates with 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.

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 face. Trainings and Education are based off principles of Positive Youth Development. The MCFCIP will continue to provide information to 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 support the implementation and recognition of the state's Foster Youth Rights. The youth voice in both the development of the presentation, as well as presenting the material, is critical to this training. A specific effort to educate adults working with Chafee eligible youth is the creation of a laminated poster with the CFSD Youth Bill of Rights. The laminated poster is expected to be posted, in a readily accessible area, in every family foster home and congregate care facility. The posters are also posted in local CFSD offices and Central Office. Chafee program partners at OPI distributed the Youth Bill of Rights to every high school in Montana, which also have foster care liaisons identified. CFSD foster home licensing staff visit each foster home every six months. The staff ask where the poster is located and provide another poster if needed. The MCFCIP and Foster Club All-Stars 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 CSE-IT to meet the requirement of the Federal sex-trafficking legislation requirements. The MCFCIP has trained Chafee Providers and CPS workers to educate

providers on how to conduct a CSE-IT assessment. This is an ongoing, as needed, training since both CFSD and contracted service providers see significant turnover in staff.

Training on topics related to transitioning youth are addressed as part of regularly scheduled training events, such as the CAN Conference and CFSD's semi-annual policy training.

MCFCIP-PM 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 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.

The efforts described above to educate staff and service providers also present an opportunity to develop feedback loops to also provide CFSD with information. This improves CFSD's overall CQI efforts to better inform changes to the system to better serve youth.

As reported in previous APSR and previously in this section, 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. 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 YAB and at the annual Teen Summit. The MFCIP-PM works closely with CFSD'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 specific barriers preventing Tribal youth from accessing Chafee services. Should any issues arise, they will be addressed immediately by the MFCIP-PM, 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. This will continue to be the case in the new agreements issued in SFY24. 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. As stated previously in this section, Confederated Salish and Kootenai Tribe is the only Tribe requesting funding from Montana's Chafee allocation to provide transition services on their reservation. Confederated Salish and Kootenai Tribe have developed their own program to best meet the needs of transitioning youth on their reservation so Confederated Salish and Kootenai Tribe services look somewhat different than those provided by the State's contracted service providers. Confederated Salish and Kootenai Tribe could choose to opt out of their contract at any time and request services be provided by the State's contracted service provider.

The MFCIP-PM is always available to Confederated Salish and Kootenai Tribe, as requested, as a resource to provide technical assistance or answer questions related to the grant or the provision of services. MFCIP-PM will also complete, at a minimum, annual site visits and consultation with Confederated Salish and Kootenai Tribe representatives. All Tribal youth, including Confederated Salish and Kootenai Tribe youth, access 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.

In summary, the child welfare system has a unique and important responsibility to assist youth to obtain skills and resources that will lead to successfully independent lives as adults. Montana is committed to developing relationships, sharing resources, and working with a variety of stakeholders to assist youth to be successful and supported long-term. Chafee has made progress on many levels during the last year and progress is expected to continue.

SECTION 5: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

The 2020 – 2024 final report will be distributed to the Tribal Social Services Directors of Blackfeet Nation, Chippewa Cree Tribe, Confederated Salish and Kootenai Tribe, 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 ACF-CB. Once CFSD receives confirmation from ACF-CB that Montana's 2024 APSR has been approved, Tribes will be provided with the link to the website where the approved plan is located.

CFSD central office and field staff continue to maintain working relationships with all the state's federally recognized Tribes. The regular, ongoing working relationships between CFSD and Montana's Tribal governments influences most sections of the CFSP/APSR. This section will highlight some specific collaborations.

The CFSD Title IV-E Program Manager position was hired in January 2024. This position had been vacant for quite some time. The position is responsible to provide technical assistance and oversight of the seven Title IV-E pass-through agreements, between CFSD and Montana Tribes, and the Title IV-E stipend contract with Salish Kootenai College has been vacant for some time. The CFSD Program Bureau Chief continues to be actively involved with Tribal pass-through agreements.

CFSD RAs and field staff have daily case specific discussions with Tribes related to ICWA and case management activities. 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 instructions 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. When requested by these Tribes, the 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 assesses 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. CFSD staff will be meeting with representatives from Fort Belknap and Northern Cheyenne Tribes in the upcoming weeks to initiate discussions to renew the Title IV-E Task Orders. This topic will be raised during those discussions.

As referenced in the paragraph above, CFSD staff are scheduling in-person meetings with the seven federally recognized Tribal governments with Title IV-E pass through agreements. The current agreements expire June 30, 2024. The in-person meetings will provide an overview of the Title IV-E agreements and a review of the proposed agreement boilerplate and agreement attachments. Follow-up virtual meetings or conference calls will take place as needed. The goal is to have the new agreements signed by both parties prior to July 1, 2024. The schedule for the in-person discussions is below:

- Crow – Friday, April 12, 2024.
- Confederated Salish and Kootenai Tribes – Monday, April 29, 2024.
- Chippewa Cree Tribe – Tuesday, April 30, 2024.
- Fort Belknap – Wednesday, May 1, 2024.
- Northern Cheyenne – Thursday, May 2, 2024.
- Fort Peck – Wednesday, May 8, 2024.
- Blackfeet, Wednesday May 14, 2024.

The Chairman of the Little Shell Tribe was sent an invitation to discuss the opportunity for entering into a Title IV-E agreement to assist in offsetting costs associated with the Tribe's ICWA staff. As of the writing of the 2020-2024 Final Report, the Little Shell leadership has not requested a meeting on this topic to schedule this discussion. An update of the Title IV-E agreements will be provided in future APSR.

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 throughout the lifetime of the case. The bulk of the work done with Tribes around ICWA compliance happens between CFSD local offices, County Attorney staff and Tribal ICWA staff as decisions are made on individual cases. Yellowstone (Billings) and Missoula (Missoula) Counties have developed ICWA Courts to help ensure compliance to the Act. MCIP provides QEW training several times throughout the year. The training is provided by Yellowstone County Attorney staff who represent CFSD in the Yellowstone County ICWA Court. The training locations vary and are held in or near Tribal communities. Once individuals receive this training, they are added to a list of potential QEW maintained on the CFSD website. Individuals are not QEW by taking the training, only courts can determine that someone is a QEW. The training is designed to prepare Tribal members who will testify in state courts and provide information on the state court process and their role as a QEW. CFSD Central Office and field staff participated in The Casey Program sponsored Race Equity Improvement Collaborative in Nashville, Tennessee, in October 2023. CFSD staff are also participants in the MCIP ICWA Communities of Practice (CoP). A CoP is a designated network of people who share information and knowledge either face-to-face or virtually. Each community is held together by a common purpose, which usually focuses on sharing experiences and insights related to a topic or discipline. The focus of the Montana CoP is ICWA. Virtual meetings of the CoP are held throughout the year. As reported in the 2024 APSR, the Montana Legislature passed SB 328 during the state's 2023 Legislative Session. The bill was signed into law by the governor in May 2023. This legislation creates a Montana version of ICWA. The state version mirrors the requirements in the federal Act and is designed to assure ICWA protections will be provided to Tribes and Tribal members, should there be changes, at the federal level, impacting the Act.

The state's ICWA Program Manager position is currently vacant. This position takes the lead in working with Tribal ICWA staff and social services directors on systemic issues related to ICWA compliance. The position description is being reviewed and rewritten. Internal departmental discussions are taking place to determine if this position will continue to reside within CFSD or if the position will be overseen by staff in the DPHHS Director's Office. Additional information on this position will be provided in future APSR.

SECTION 6: CAPTA STATE PLAN REQUIREMENTS AND UPDATES

Substantive Changes to State Law or Regulations

The 2021 State Legislative Session did not act on the statute governing the state's 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. DPHHS, specifically CFSD and 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 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. SFY21 and SFY22). The next biennial report will address fatalities and near fatalities because of abuse or neglect that occurred from July 1, 2022, through June 30, 2024 (i.e. SFY22 and SFY23). The report will be released no later than December 31, 2024.

Following the CANRC sunset in September of 2021, the intended work of the commission has continued via the hiring of a new CSO, who is currently implementing Collaborative Safety Science across CFSD, 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 of stakeholders (including providers, Tribal members, professionals involved in child welfare, etc.) and CFSD staff that review cases and publish fatality and near-fatality reports by December 31st of even-numbered years.

Significant Changes from Previous CAPTA Plan

CFSD has no significant changes to report from the previous CAPTA Plan.

CFSD continues to use the Basic State CAN Grant (CAPTA, Title I) for the following areas:

- Intake, assessment, screening, and investigation of reports of child abuse and neglect.
- Improve the Use of Multidisciplinary Teams and Inter-agency, intra-agency, interstate, and intrastate protocols to enhance investigations, and improve 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.

- Case Management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families (Sec.106 (3)).
- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols (Sec.106 (4)).
- 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.
- 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.
- 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.
- Developing and facilitating training protocols for individuals mandated to report child abuse or neglect.
- 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.
- 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.
- 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.
- 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 caregiving role of the non-abusing parent.

Montana's Citizen Review Panel – State Fiscal Year 2023

The SAC acts as Montana's Citizen Review Panel (CRP), as required by Section 106 (C) of 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 CFSD appoints members. The councils meet quarterly.

CFSD is organized into six regions. Each region has a local RAC that represents a diverse constituency. The local councils meet quarterly, or more frequently, 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 CFSD.

SFY24 Approved SAC Minutes

State Advisory Council Meeting: July 21, 2023 – In Person at Delta Colonial Inn - Helena
Members Present: Rochelle Beley, Josh Kendrick, Julie Burk, Carrie Krepps, Ben Davis, Christy Hendricks, Sean Schoenfelder
CFSD Representatives Present: Kyla Rock, Theresa Becker, Jennifer Hoerauf, Kate Larcom, Courtney Callaghan, Mick Leary, Natalie Bahnmler, Sahrita Jones-Jessee, Deb Cole, Nikki Grossberg, Autumn Beattie, Logan Ward, Brandi Loch, Lynne Johnston, Effie Benoit, Sarah Liggett, Rhonda Huseby
Guests: Chanetta Stewart, Antonica Frazier, Mike Burk, Kim Casey, April Sommers, Det Schoenfelder, Shannon Tanner, Kaci Gaub-Bruno,

Absent: Eric Barnosky, Jennifer Blodgett, Serena Wright, Dana Toole, Greg Daly, Julie Fleck, Megan Bailey, Valerie Winfield, Bonnie Bear Don't Walk

9:00-9:10am Welcome, Introductions

Quorum of 7 attendees was established for the State Advisory Council. Everyone introduced themselves.

9:10-9:10am Approve Minutes

Minutes from April's State Advisory Council Meeting approved and seconded as submitted. Brandi asked everyone to help themselves to the handouts. This meeting includes members from Connected Voices, Youth Advisory Board and State Advisory Council. The purpose of this meeting is to bring the groups together to make sure we have the right people for the right board and serving a clear purpose.

9:10-9:25am Center for State Role & Responsibilities by Chanetta Stewart

To open the meeting with an ice breaker, Chanetta asked everyone to talk to each other about the following:

- what their first job was
- what event brought them to CFSD
- share a feeling you have on what brought you to CFSD (change, love, compassion)
- think about where you are at in your sibling level and how does that affect your relationship.

9:25-9:35am Chanetta Stewart discussed Group Norms

- Team as best as you can
- Speak for yourself
- Listen and show you are here
- It's ok to disagree
- Move up and move back
- Take care of yourself and others
- Turn to wonder
- Share the lesson

9:35-10:00am Chanetta discussed Power Relationships and Strategic Sharing.

She asked everyone to discuss the following with each other.

Choose your purpose.

- What you will share
- The details

Choose with your..

- Audience
- Purpose

Claim the..

- Meaning and Significance
- Emotion
- Process of Sharing

There are 5 levels of Engagement:

- Informed
- Consult
- Collaborate
- Involved
- Empower

9:45-10:50am CQI Process (Entries & Exits and Prevention Efforts by Mike Burk)

Mike Burk went through survey results on:

- CFSD Management Team Engagement Survey
- CFSD Partner Group Survey Results

Brandi Loch explained what the components are that make up Child and Family Services. Brandi went into detail on who is in each department and a brief update.

- Regional Administrators
- Central Office
- Recruitment, Retention & Training Bureau
- Business Operations and Data Systems
- Licensing Bureau
- CQI Unit
- Program Bureau – Mick Leary
- Fiscal Bureau – Effie Benoit

The groups involved in CQI work are:

- State Advisory Council

- Regional Advisory Councils
- Youth Advisory Board
- Connected Voices for Montana's Children

Brandi explained what Permanency means - where we stand and where we want to be.

Sarah Liggett presented:

- Case Review Data
- Administrative Data
- PIP Monitored Case Review Results
- State Data Profiles
- Administrative Data

Brandi mentioned that everyone will break out into groups to focus on CQI presentation and Permanency Outcome achievement for Youth Advisory Board, Connected Voices and State Advisory Council.

Sarah Liggett explained:

- Barriers to Timely Achievement of Permanency
 - o Court Delays
 - o Agency Delays
 - o Licensing Delays
 - o Other Delays
- o Permanency Planning Teams (PPTs)
- o Data Collection
- o Efforts made to Improve Permanency Outcomes
- o Internal Training on Concurrent Planning

Each group broke out at 10:50am and returned at 12:30pm. The goal for each group is to discuss their group role, their individual role and how everyone can work together as a team. The points that were to be discussed:

- Identify notetakers, timekeepers and reporters
- Brief recap of Permanency Outcome presentation
- Discuss questions
- Plan of Action
- Gallery Walk
- Revise Plan of Action for Gallery Walk

Lunch break – 12:30 to 1:30pm Resumed at 1:35pm

Points of discussion:

- Report out of Breakout Rooms-Each spokesperson of the three groups gave their top points of discussion

Youth Advisory Board

- Spokesperson: Elizabeth Bruchez
- #1 Cultural Connections
- #2 Strategies to engage youth
- #3 Expanding the board
- Timeline: 6 months

Connected Voices

- Spokesperson: Carrie Krepps
- #1 Resource for parents and other providers
- #2 Reunification of timeline
- #3 How to build relationships with birth parents

State Advisory Council

- Spokesperson: Sarah Liggett
- #1 Have a specific agenda with specific items of discussion
- #2 Permanency Outcomes
- #3 Recruiting new members

2:15pm Wrap-up State Advisory Council Meeting

Ben Davis asked everyone what they felt were some ideas to bring to the next SAC meeting

- Identify Common Themes
- Individual Partner Group Commitments
- Collaborative Commitments Across Partner Groups and CFSD
- Identify CFSD Supports Needed

- Plus/Delta
- Formally close State Advisory Council meeting
- Move forward on Mentorship and Mentoring and bring back to next SAC meeting
- Need response back and providing information on what it is being shared

State Advisory Council adjourned at 2:30pm. Next State Advisory Council meeting is Oct 20, 2023

State Advisory Council Meeting - October 20, 2023 – Virtual via Zoom

Members Present: Rochelle Beley (Chair), Kim Casey, Carrie Krepps, Christy Hendricks, Julie Burk, Megan Bailey, Joshua Kendrick, Valerie Winfield, Bonnie Bear Won't Walk

CFSD Representatives Present: Courtney Callaghan, Deb Cole, Eric Barnosky, Jennifer Blodgett, Brandi Loch, Kate Larcom, Laura McCullough, Nikki Grossberg, Sahrita Jones-Jessee, Logan Ward, Natalie Bahnmler, Theresa Becker

Guests: Antonica Aleman, Kaci Gaub, Mike Burk, Michael Gallegos, Joy Jones.

Absent: Effie Benoit, Jennifer Hoerauf, Mick Leary, Sarah Liggett, Autumn Beattie, Ben Davis, Sean Schoenfelder, Serena Wright, Dana Toole, Greg Daly, Julie Fleck, Ashley Harada, Adam Larsen, Francis Garner

9:00-9:10am Opening – Call to Order

Chair Rochelle Beley called the meeting to order at 9:00am on October 20, 2023 via Zoom.

9:10-9:25am Welcome and Introductions. Welcome new members: Honorable Judge Ashley Harada of Billings and Billings County Attorney Adam Larsen (Brandi and Nikki)

Everyone introduced themselves. Minutes from July 20, 2023, State Advisory Council meeting were unanimously approved as submitted.

9:25-9:45am Recap of July on-site meeting with Connected Voices and Youth Advisory Board (Brandi)

- Plan-Do-Study-Act Cycle
- Review Agreements from July On-site
- Discussion – Accomplishments and Challenges

Many members have been on SAC for years and we have two new members, Judge Harada and Adam Larsen. Over the past year CFSD has contracted with Center for the States (Joy, Antonica and Mike) who have been working alongside us to help strengthen our engagement work which includes Connected Voices and Youth Advisory Board. In July 2023, they all got together to talk through permanency to involve the CQI Process (Plan-Do-Study-Act process). The SAC group talked about where we currently are as a state, where we are headed and what each of the groups wants as permanency. Out of the July meeting, the SAC had talked about gathering data and more people for the State Advisory Council. The Youth Advisory Board is also working towards recruiting more member and spreading the word around the youth bill of rights that was created. Connected Voices are working towards a mentorship program between resource parents.

9:45-10:15am SAC Past, Present and Future – moving toward a Community Practice Structure by Nikki Grossberg and Brandi Loch We have had the State Advisory Council for over 20 years which is a requirement under CAPTA (Child Abuse Prevention and Treatment Act). It has always been about coming together and for all the community members who have been a part of it to hear from the CFSD on what we are doing. Around 2018-2019 the State decided to change direction in order to get input and direction from the community stakeholders and use the knowledge that they have to improve the child welfare system we have. We included the Center of the States to help with this new system. If there are ideas anyone may have or know of interested people, they are transferred the Childrens Justice Act grant and CAPTA grant to the Childrens Alliance of Montana, but will remain a part of it.

10:15am-10:45am Understanding Communities of Practice and Relevance to the Work of the State Advisory Council (Mike Burk)

Discussion among those in attendance on what their practices are for the SAC group that has worked for them.

Mike Burk (consultant for Center of the States) reviewed the keys to success for the community and membership participation.

- Serve as an important source of information.
- Survey or conduct assessments to identify group needs.
- Conduct activities that help members see similarities with other members.
- Increase community status by bringing recognized experts to facilitate, recruit members with expertise or invite guests.
- Fostering, Learning and Improving Practice.
- Develop methods to store and share information to be easily available to members.
- Allow for Synchronous (i.e. virtual or in-person meetings) and asynchronous (i.e. message boards, shared cloud drives).
- Help members get to know each other.
- Structure and facilitate activities that promote social interactions among members (the importance of those sometimes dreaded icebreakers).

Benefits

- Opportunity to create new structure.
- Encourages focus on key topic areas.
- Allows for subgroups on key interest areas.
- Encourages shared learning and relationship development.

CAPTA Task Force general rules will be sent to everyone after the meeting.

Challenges

- Assistance needed in developing and training.
- Need to develop shared values and purpose.
- Need to identify key topic areas and structures.
- Need to identify and obtain technology (i.e. platforms for information sharing and storage to support).
- Next steps – to be discussed later in agenda.

10:15am – 10:25am Break

10:30am-11:15am What Does this Mean for us? Exploring participant and system roles in improving permanency outcomes

Brandi pointed out that the acronym CFSR stands for Child and Family Services Review. The last review in 2017 was where the State partnered with the federal government to do a holistic review of our child welfare system at the state level. The formal process was interviewing stakeholders, partners, families, and in-depth case reviews. Out of that review were a number of areas on strengths or areas that needed improvement. Out of that last review a program improvement plan was created that focused on certain areas that will improve outcomes for kids and families. We have worked on that over the past few years and just came to a close this last spring. Part of that plan was permanency. It was our ability as a state to create a appropriate permanency plans for kids and that it was in a timely manner. That is the only area out of our PIP that we did not end up passing on our last round. We have all been working on this as a state agency to focus on permanency. Part of that work is engaging our stakeholders and partners which is why we brought together our State Advisory Council, Parent Advisory Board and Youth Advisory Board to share the data around permanency and where we are at and where we are headed around that work.

Brandi recited the actual definition of Permanency: “Permanency in child welfare is the goal of providing children with a stable and lasting family connection. Child welfare agencies use various strategies to maintain children within their families of origin or place them with other permanent families, such as relatives or adoptive families. Permanency decisions are based on the best interests of the child and require a sense of urgency, ethical and legal considerations and specialized education, training and resources.” This definition is all meant for the benefits of the child.

Logan Ward reported the total of CPS Reports by Year from SFY 2019-2023

- There were 3200+ hotline calls in SFY 2023
- There were 6,926 reports compared to 10,935 in SFY 2023. There were about 11,000 in 2019
- There were 3,950 total kids in care in SFY 2019 compared to 2,442 in SFY 2023 which is a 38% decrease.
- There were 450 total kids in care under IV-E Tribal Jurisdiction
- There were 2,399 removals in SFY 2019 compared to 1,351 in SFY 2023 which is a 44% decrease. About 200 had cases that were resolved before having to go to court
- Removals by age from 2019 to 2023 of 2,399 are broken down by age groups (Age 0-5, 6-13, 14-17)
- Kids entering care was at 2,457 in SFY 2019 compared to 1,467 in SFY 2023
- Exits should be higher than entries by fiscal year. There were 2,399 entries in SFY 2019 and 1,351 in SFY 2023. There were 1,647 exits during 2023. There was a 43.7% decrease from 2019 to 2023.

Rochelle asked about the discrepancies amongst regions, counties, supervisors and workers about placement figures. There are different numbers given from each person. Nikki explained that one supervisor with one set of specific facts will have different facts than the next person, which is why there is a small discrepancy. There are so many factors that are included in different cases.

- Permanency Outcomes in 2019 had 65.5% kids in care and 58.1% in care in 2023 achieving permanency. Reunification is at 58% which is above national average.
- Timelines to Permanency – want to achieve reunification in 12 months, guardianship is at 18 months, adoption is at 24 months.
- Achievement of Permanency in 12 months for kids already in care 12-23 months at 48% and is above national average.
- Achievement of Permanency in 12 months for kids already in care 24+ months at 37.3% and is also above national average.

11:10am - What does this Permanency Data Mean for us and What are our next steps (Mike Burk and Brandi Loch)

As a professional serving on SAC and/or participating in a community of Practice? Engagement with children and families through your work, your community, your stakeholders

Carrie Krepps – Have we looked at the cross section of data of how quickly of a timeline for permanency there is that occurs versus long permanency? Nikki replied that it refers to the re-entry rate. Mike Burk said the re-entry rate for permanency is 8.7% with a 91.3% rate for children maintaining permanency. Anyone can request from CQI what data is needed.

12:00pm – 11:20am Action Plan and Next Steps (Brandi Loch)

Brandi said that the next meeting will be in-person in Helena January 2024. Permanency will be an on-going conversation at the State Advisory Council. Feedback is more than welcome at any time by contacting Rochelle Beley or Brandi.

In order to stay connected, our next steps are:

- You can connect with your Regional Advisory Council.
- You can reach out to Brandi if you have questions or thoughts.
- Identify needs or thoughts for January meeting.
- Members from Connected Voices and Youth Advisory Board will be at the January meeting
- What data or other information do you want or need?

11:28am Closing Adjournment

- "How can you stay connected" email will be sent out from Brandi.
- Michael Gallegos thanked everyone for guidance and participation.
- Next State Advisory Council meeting is scheduled in-person for January 19, 2024.
- Brandi will send out survey to get ideas.

No public comment

State Advisory Council adjourned at 11:28am

State Advisory Council Meeting – January 19, 2024 – In-Person at Delta Colonial Hotel

10:45am Welcome, Introductions

Rochelle Beley, Chair, opened the meeting at 10:54am and had everyone introduce themselves.

Brandi Loch, Logan Ward, Julie Burk, Autumn Beattie, Sarah Liggett, Natalie Bahnmler, Joy Jones, Mike Burk, Chanelle LaValley, Melissa Decamp, Maria Damaxen, Danny Erdahl, Kim Casey, Jennifer Hoerauf, Theresa Becker, Sarita Jones-Jessee, Laura McCullough, Christy Hendricks, Jill Burgan, Nikki Gardner, Kaci Gaub, Courtney Callaghan, Eric Barnosky, Deb Cole, Kate Larcom, Megan Bailey, Judge Ashley Harada, Jennifer Blodgett, Ben Davis, Adam Larson, and Nikki Grossberg. Lived Experience Panel Members: Arial Cowsler, Dannie Erdahl, Chanelle LaValley, Alyssa VanCampen, Christina VanQuinn, Dillon Hayes.

10:45am Approve Minutes

Motion to approve October 21, 2023, minutes made by Megan Bailey and seconded by Christy Hendricks. All approved.

Brandi Loch mentioned the objectives of this meeting...

- Introduce SAC members to the Legislative Process, MT State Legislature's Interim Committee on Children, Families and Health and Human Services Subcommittee, CPS Work Group and to process observations.
- Provide participants with perspectives of individuals with lived experience within the child welfare system.
- Provide participants with data to tell the story of permanency outcomes in Montana and discuss ways to use this data with the State Advisory Council.
- Identify volunteers to develop a draft State Advisory Council Charter to be presented at April 24, 2024, meeting.

11:00-11:30am Results of November 2023 Survey of State Advisory Council Members

State Level Policy Role of State Advisory Council – Observations from Legislative Subcommittee Meeting

Mike Burk sent out survey at end of October 21, 2023, meeting. Results are:

- Most people would attend hybrid meeting.
- Most said they would actively participate in in-person meetings.
- The top two topics
 - o Permanency enrolled in the council and having to improve in relation to tribes towards child welfare.
 - o Elevating the voices in Lived experiences.
- Every year every state goes through a Federal review. Montana will be going through it in late 2025.

How can we participate more:

- Every region needs to have at least one council.

Shared observations from the CPS Task Force Meeting

- A few of those in attendance have attended Legislative Committee or hearings.

11:30-12:45 Voices of Lived Experience - The Road to Permanency Panel

- Road to Permanency
- Feedback from those who have actual experience.
- Working on permanency (child has a permanent home or with family member or permanent connection)
- Key expectations: family stays together or returns to family setting as quickly as possible.

Laura McCullough asked the lived experienced panel attendees (Arial Cowsler, Dannie Erdahl, Chanelle LaValley, Alyssa VanCampen, Christina VanQuinn (Kairos), and Dillon Hayes) the following questions:

- Why are you involved?
- How long was your voice heard and how long did it take for you to be reunified?
- Did anyone tell you why you were in the foster care system and what was done to help you and your family?

- Were you able to maintain connections with biological parents?
- How did your foster parents meet you?
- How well were things arranged to prepare you for foster care?
- What would have made a difference to help you with the foster parent?
- What is one thing your CFSD worker or any other provider did that was most supportive? what would you want them to have done differently?
- Did you feel you had a voice while in foster care? Do you have anything additional you would like to share?
- Are there any questions or comments from audience?

12:45-1:25 Lunch

1:20- 1:45 Understanding and Using Permanency Data to Improve Outcomes

Permanency Planning Team Preliminary Data

- What impact did you hear on your roles?
- Believing Children – No one would ask if a child was happy or asked if they had issues.

1:45– 2:15 Breakout Groups on Permanency Data

Charts were reviewed that showed:

- Timelines to Permanency in months by fiscal year
- Achievement of Permanency in 12 months for those children entering care
- Achievement of Permanency in 12 months for children already in care 12-23 months
- Achievement of Permanency in 12 months for children already in care 24+ months
- Round 3 PIP Goal Related to Permanency
- Hold Pre-Hearing Conferences to engage parents and stakeholders early incases and identify needs and services to inform the case.
- 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.
- Improve permanency outcomes through the use of concurrent planning.
- Created permanency planning Team (PPT) meetings.
- Updated concurrent Permanency Planning procedures.
- Created and shared Permanency Planning Quick Tips.
- Provided Additional Training on concurrent Planning.
- Working to add additional training to MCAN that will include additional training on permanency.
- Reviewed PPT (Permanency Planning Teams) procedures and tracking and have updated it to collect better data.

Logan Ward reviewed the PPT report.

- Barriers to permanency outside of agency control
 - o Court delays.
 - o Frequently continued hearings.
 - o Delays in filing TPR by attorneys.
 - o Delays in receiving court orders.
- Permanency Planning Teams – Improving Outcomes

2:15 – 3:00 Breakout Groups Takeaways

Next Steps – Solicit Charter Development Volunteers/Wrap-up

- Think about the lived experience panel and the Data Story that was shared:
 - o What story does the data tell? What do you see? Anything missing?
- Think of the role you play in the child welfare system.
 - o What has been your experience with permanency?
 - o Is there anything you see that you can do in your role to improve the outcomes?

There was discussion in the breakout groups about their concerns and thoughts on the lived experience stories that the panel reported. They also discussed their roles in the child welfare system and ideas on how the system could be improved.

Idea: Julie Burk suggested to get all 11 judges together at an informal meeting to discuss what can be improved for permanency for children's outcomes.

Charter Development Volunteer Opportunity: where are we going as a State Advisory Council?

- o Mike Burk asked for volunteers to set up a charter of possibly 8 people who will help this group grow. This group will be a charter that will meet virtually for about an hour in length with dates to be scheduled.
- o If anyone would like to join the Charter, email Brandi.

Next Meeting Data: April 19, 2024 (9 am – 12 Noon - Virtual) . There were no public comments.

Meeting adjourned by Rochelle Beley at 2:45pm

State Advisory Council – April 19, 2024 – Virtual via TEAMS

Members Present: Chair Rochelle Beley, Ben Davis, Julie Fleck, Julie Burk, Jill Burgan, Bonnie Bear Don't Walk, Christy Hendricks, Carrie Krepps, Megan Bailey, Adam Larsen, April Barnings and Mike Burke

NEW MEMBERS: Shanell LaVallie (new Teacher and Educator in Great Falls, also with the Indian Child Welfare Program), Arielle Cowser (new from First Judicial District Court), and Stacie Eckenstein (new from CHAFEE)

CFSD Representatives Present: Brandi Loch, Nikki Grossberg, Courtney Callaghan, Theresa Becker, Deb Cole, Natalie Bahnmliller, Eric Barnosky, Sahrita Jessee-Jones, Jennifer Blodgett, Autumn Beattie, Mick Leary, Laura Mccullough

Guests: Jaime Robison, Ashley O'Bryan, Mary Wolf, Lona Gregor-Martin, Mackenzie Forbis, Kaci Gaub-Bruno

Absent:

9:00-9:15am Opening – Call to Order. Affirm new members.

- Chair Rochelle Beley called the meeting to order at 9:00am on April 19, 2024, virtually on TEAMS. Everyone introduced themselves.
- A motion to accept Shanell LaVallie, Arielle Cowser and Stacie Eckenstein as new members by Meagan Bailey and seconded by Ben Davis. All approved to accept the three new members.
- A motion made by Christy Hendricks and seconded by Megan Bailey to approve the minutes of January 19, 2024, as submitted. The minutes of January 19, 2024, were approved.

9:15-9:25am Partnering with individuals (Mike Burke and Mary Wolf)

9:25-9:35am Overview of Draft Charter and Chartering Process (Megan Bailey and Mike Burke of The Center of States)
At the meeting on January 19, 2024, Brandi had asked for those who were interested to join the subcommittee group so they could work on the Charter. What came out of that meeting was people wanted a little more direction on where the State Advisory Council is going and what each role is about within the State Advisory Council.

9:35-9:55am Charter Discussion in Small Groups

The Meeting Objectives are:

- Welcome new members,
- Review and finalize the team charter in order to provide a deeper understanding of the role of the State Advisory Council and collaborating partners in child welfare planning and implementation,
- Identify opportunities for meaningful and collaborative engagement between Child and Family Services and our community partners.

9:55-10:15am Charter Agreements and Next Steps (Megan and Brandi)

The members on this charter group (Rochelle Beley, Megan Bailey, Judge Ashley Harada) presented the outcome of the Charter. Everyone divided into small groups to make sure the Council agrees with moving forward. Mike Burke and his crew from Center States discussed some of the federal planning and assessment pieces that are coming up. Megan Bailey discussed the State Advisory Council Charter Agreement. This charter provides a foundation for the Councils work and is useful in orienting new members as part of the onboard process.

Team Charge

- Create a SAC structure that lets others know how decisions are made by making sure communication and feedback loops are established and used by providing a clear agenda for the work,
- Serve as the CAPTA Citizen review panel,
- Identify barriers, limitations and comments,
- Structure and Communication,
- The SAC will identify co-leads to act as meeting facilitators, set agendas for meetings and to keep communication alive between and among members,
- The SAC will review current by-laws and determine what role the by-laws will play in the future of SAC.

Draft Charter Small Group Discussion

- What should be added, modified or removed,
- Can it easily be understood by others,
- Need a recorder and a reporter,
- Is the language used inclusive?
- Do the elements you are reviewing resonate with you?
- The mission of the SAC will provide a space for professionals from across the child welfare system and those with lived experience to improve engagement across these systems.

The SAC will develop and regularly review procedures for building confidentiality agreements, which include the percentage of active members required to constitute a quorum, what we need to approve a vote, what are the expectations of membership, a removal and

replacement of active members, consent based decision making and also set up and regularly review channels for communication.

Each breakout group will send their notes to Brandi who will have it finalized for the next SAC meeting.

10:15am – 10:25am Break

10:30am-10:45am

- Understanding Federal Planning and Assessment Process

This is a plan that every state has to put together for a five-year look at what the vision, goals and objectives are, what needs to be done and engage with the various individuals and groups who are involved with the system either directly affecting it or to being supported. Right now, the State is in the end stage of the current Child & Family Service plan which ran through this year and then building the new Child and Family Service plan 2025 through 2029 federal fiscal year which starts in October and ends in September of each year. During the plan years, the state must give an update on all the goals and objectives they want to achieve.

- Importance of Collaboration with Community Partners

One of the main issues is with tribal communities and tribal children. The ACF-CB has four primary priorities:

- Creating an equitable child welfare system,
- Preventing foster care,
- Ensuring that youth exiting the foster care system leave with strength, holistic support and opportunities, and
- Ensuring young people who leave care at age 18 have the skills and experiences in order to live on their own.
- Your Role –
- Provide support and activities that set the foundation for meaningful and authentic engagement,
- Safety and well being with a healthy development permanency and success,
- Transitions, prevention, and protection including short and long term focused interventions aimed at meeting the family's needs and children's best interests,
- Timeliness, flexibility, coordination, accessibility to families and individuals delivered mainly in the home,
- Service continuum that is designed around measurable, achievable and measurable outcomes,
- Community-based services with residents, families involved in residents and sufficient intensity and duration to keep children safe and to meeting family needs,
- How to ensure that we keep children in their home and strengthen the families. If they have to be removed, how can we make sure they achieve permanency?

11:15-11:45am

Creating Opportunities for Meaningful Engagement and Collaboration between and among CFSD and Community Partners
Montana Child Welfare Advisory Committee's Environmental Scan forms who is here, who needs to be here and who needs to be invited.

Everyone filled out the Environmental Scan form instead of going into a small group:

- Who is well represented?
- Who is minimally or not represented? Tribes and parents, former foster parents, human resources, parents with lived experience?
- Who needs to be invited to the table?
- How will we invite them to the table?

11:45-12 noon Next steps and Formal Closing

Next steps:

- Mike Burke suggested to Brandy about putting together a document asking folks to join the Charter regarding what kind of time commitment they would be looking at, why are they being asked, and what is the focus,
- Child and Family Services review for Montana will take place the first full week in August 2025,
- Family services current 5-year plan that is currently in process and due June 30, 2024,
- Mike Burke gave an overview of the federal reports that are due. The goal of the reports is to monitor our child welfare system in Montana and make sure that we are doing everything we are required by the federal government and setting goals that are needed to improve our system and the lives of those who are involved,
- The need for tribal representation,
- Draft of some surveys and small group opportunities for all to be a part of,
- Data collection on children, families and community specific,
- Collecting data provided by the federal government to the state of Montana twice a year that outlines some of the areas where Montana is doing well and areas where we could use improvement to focus on as an agency,
- For those involved over the past year and a half, SAC focused on permanency for children so that we can make sure we are addressing permanency from the moment a child and family enters the foster care system until the end,
- Montana is in the middle of undergoing a selection process and creation of a whole new case management system for our staff and tribal people,
- Correspondence will be sent out by Brandi to invite everyone to review the next five-year plan and for the next review.

No public comment.

Next meeting is scheduled for July 19 In-Person from 8:30am-3:00pm.
State Advisory Council adjourned at 11:45am

FFY2023 CAPTA/Basic State Grant Budget Plan and Projected Grant Award

The following information is a cost proposal CFSD presented to the SAC for recommendations and approval of FFY23 proposed activities under Montana's CAPTA Basic State Grant. Approval was granted at the April 19, 2024, meeting. FFY25 proposed activities approved by the SAC in April of 2024 will be included in future APSRs.

Name/Title	Supervisory Training and Development
Program # Addressed	#1, #2, #3, #4, #5, #6, #7, #8, #11, #12, #13, and #14
Projected Grant Award	\$45,000.00
Description	Continued professional/managerial training is provided to all supervisory staff. The primary focus of this is CFSP goals, Title IV-B and IV-E, Legislative Audits, Legislative Changes, Federal and State Regulations, Policies and Procedures, Leadership Labs, etc. Other activities can include providing opportunities for leadership training for CFSD's supervisors, including CFSD's Management Team.

Name/Title	Non-Supervisor Training and Development
Program # Addressed	#1, #2, #3, #4, #6, #7, #8, #11, #12, #13, and #14
Projected Grant Award	\$30,000.00
Description	Continued Professional Development for all non-managerial and non-supervisory staff to be trained on ongoing Policy and Procedure updates, Legislative changes, CFSP Goals, Federal and State Regulations, and Title IV-B and IV-E processes.

Name/Title	Print Materials
Program # Addressed	#1, #2, #3, #6, #10, and #14
Projected Grant Award	\$8,404.00
Description	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. Others receiving copies upon request include: attorneys, Tribes, CASA, domestic violence programs and other stakeholders. Additionally this finding supports printing materials related to Legislative mandates from the most recent Legislative Session.

Name/Title	Citizen Review Meetings
Program # Addressed	#1, #2, #3, #6,
Projected Grant Award	\$17,000.00
Description	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 make recommendations acting as Montana's permanent CRP with continued input from CSFD's Management Team. Additionally, Montana has engaged in collaborative work with the Capacity Building Center for States to help strengthen the State's partnership with a number of boards, including the State Advisory Council, which also serves as the States Citizen Review Panel. With this collaboration, it is anticipated that there will be additional in-person meetings as the State navigates this critical work.

Name/Title	University of Montana Supervisor Training/Leadership Academy
Program # Addressed	#6, #12, #14
Projected Grant Award	\$136,000
Description	Funds allocated for an ongoing contract with the University of Montana, who provides intensive training to all supervisors across CFSD 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.

Name/Title	Montana Prevent Child Abuse and Neglect Conference (CAN)
Program # Addressed	#1, #2, #3, #4, #6, #7, #8, #11, #12, #13, and #14
Projected Grant Award	\$80,000.00
Description	<p>Each spring CFSD plans, organizes, and hosts the PCAN Conference in honor of Child Abuse and Neglect Prevention Month. The grant helps to support the Conference which attracts approximately 500 participants and nationally recognized speakers.</p> <p>The Conference brings together key staff from the child welfare field, foster and adoptive parents, Tribal social services, community stakeholders, and home visiting service providers. Other professionals are invited who represent the related disciplines of education, health care, law enforcement, the judiciary system, substance abuse, domestic violence, and mental health. Researchers, parents, advocates, and volunteers are also invited to attend.</p> <p>The annual conference has steadily grown in attendance from approximately 50 participants in 1998 to approximately 600 participants in 2024.</p> <p>The PCAN Conference is a collaborative project that encompassed a wide variety of professionals including: CFSD, CASA, the Court Assessment Program, the Montana Supreme Court Administrator's Office, the Department of Justice, Montana Children's Trust Fund, Permanency Planning, 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.</p> <p>The 2024 PCAN Conference was able to continue this year, in a hybrid format, on April 9-11, 2024, to help ensure the opportunity for Child Welfare staff and stakeholders to participate in the conference. All three days of the conference had sessions that were held in person, with targeted sessions also offered virtually: primarily for the legal and law enforcement partners across Montana. 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.</p> <p>In addition, the Conference also offers excellent opportunities for participants to:</p> <ul style="list-style-type: none"> 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, Provide opportunities for participants to 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. <p>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.</p> <p>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.</p>
Name/Title	Cultural Awareness Conference
Program # Addressed	#2, #3, #7, #10, #11, #12, #13, and #14
Projected Grant Award	\$30,000.00
Description	To offset expenses associated with the Annual ICWA or Cultural Awareness Conference held every year for all Tribal and state human services professionals. This includes efforts by the new DPHHS-level American Indian Health Director and staff.

Grant Plan and Projected Expenses Overview	
Supervisory Training and Development	\$45,000.00
Cultural Awareness Conference Support for DPHHS	\$30,000.00
Montana PCAN Conference	\$80,000.00
Non-Supervisor Training and Development	\$30,000.00
Print Materials	\$8,404.00
Citizen Review Meetings/SAC	\$17,000.00
University of Montana Supervisor Training/Leadership Academy	\$136,000.00
Estimated Indirect Costs	\$14,000.00
TOTAL	346,404.00

Plans of Safe Care for Substance-Exposed Infants and Affected Family or Caregivers:

As reported in previous APSRs CFSD has partnered with the Meadowlark Initiative. More information on the Meadowlark Initiative to bring Plans of Safe Care is provided in Section 1: Collaboration – Public Health Partners.

As reported in previous APSR, CFSD continues to provide services to substance-exposed newborns based on the individual needs of the child. Substance-exposed newborns coming into the child protection system are evaluated by medical staff and the course of their care and treatment are guided by those recommendations. The CPS is 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 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 DPHHS. 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.

American Rescue Plan Act Funding

Montana's CAPTA American Rescue Plan Act (ARPA) funding has been utilized to provide quality forensic interview training to multi-disciplinary teams across the state. Montana plans to increase the number of forensic interview trainings over the next two years with the ARPA funding in addition to enhancing current multi-disciplinary teams and providing support to counties who would like to create a team.

Ongoing Communication between Children's Bureau and States

State Liaison Officer (SLO)

SECTION 7: STATISTICAL AND SUPPORTING INFORMATION

CAPTA Annual State Data Report Items

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 new CFSD staff are required to complete HIPAA training within 30 days of being hired.
- All CFSD Supervisors, CPS, CI Specialists (CIS), RFS, 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 CI Supervisors will complete the onboarding Training Manual with all new CPS, CIS, SST and RFS.
- All CI, field and program staff are required to participate in all policy trainings.
- All CPS are required to complete Forensic Interviewing Training within 18 months after being hired unless a RA excuses them from this training. All Regional CPS, RFS, and Supervisors are required to complete KCS within 24 months after being hired.
- All CPS, RFS and Supervisors are required to complete annual blood-borne pathogen training.

Child and Family Services Policy Manual: Reference Information Background Checks for Employees of CFSD: CFSD Employee; Child Protective Services Check, 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.

Driver Record Checks (DRC) are conducted by the Department of Motor Vehicles.

Child protection, adult protective services, CBCs and DRCs 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 Child Welfare system, which would be relevant to the position.

A CBC and DRC are required for all Montana Public Employees Association qualifying position transfers (i.e., CI, CPS and FEM coordinators). Internal transfers/promotions within CFSD will be required to complete the CBC, child protection and DRC. 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 Equal Opportunity Employer (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.

Child Facing Employee Certification

All employees in child facing employment positions, currently defined as CPS and CPSS, are required to meet specific

certification requirements within their first year of employment and must meet ongoing requirements to maintain their certification in their second and subsequent years of employment. All employees in child facing positions must receive trainings in ethics, government statutory and regulatory framework, the role of law enforcement in the child welfare system, crisis intervention techniques, childhood trauma research, family centered practice, and the provisions of the ICWA. Following the initial certification process, which requires a score of eighty percent (80%) on exams related to the competencies required in the certification requirements, each staff member in a child facing employment position must complete twenty (20) hours of ongoing annual training to maintain their certification as recorded, and tracked, by the Division. The ongoing training requirements include annual Ethics training, as well as updates of statutory and/or regulatory changes from the state, and/or federal, level which is completed through the Division's Policy Training. Applicable staff record their training hours in the "CFSD Employee Training Tracker" for maintenance by the Training Bureau.

Supervisory Training

All supervisory employees of the Division are required to complete supervisory training throughout the year including, but not limited to, the topics of personnel management and supervision framework, the Division's safety and practice models, and leadership in the child welfare system. Currently, the Division hosts a minimum of two in-person supervisor meetings and four virtual supervisor meetings annually with an emphasis on meeting the ongoing needs of supervisory staff through the application of the topical areas. Each training period allows for adjustments to the training curricula to provide the most applicable information to supervisory staff within the Division to assist in satisfying the goal of CQI in supervisory application within the Division. Supervisory staff also have access to monthly virtual trainings and on-demand learning topics presented by DPHHS HR specific to personnel management strategies such as goal setting, coaching and corrective action, ADA accommodations and Family Medical Leave Act (FMLA).

Child Protection Specialist Minimum Qualification, Education, Training, and Experience Requirements

- Must have a BSW, human services or psychology, or directly related degree.
- Must have 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 may be 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 perform professional social work in providing protective services to children who are being abused, exploited, or neglected. Their position investigates referrals, develops treatment plans, coordinates work with other programs, and research 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. CPS must have 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. CPS must have the 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. CPS must have a valid driver's license and access to a vehicle. CPS are sometimes on call twenty-four hours a day to provide services in emergencies. CPS regular shifts include nights and weekends.

CPS Supervisor Minimum Qualification, Education, Training, and Experience Requirements

- BSW, 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 Minimum Qualification, Education, Training, and Experience Requirements

- Minimum Qualifications (Education and Experience):
- BSW, 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.

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 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 CFSD supervisor.

Training Manual

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 FLTS, dependent on staff type and role.

Supervisors for CPS, RFS, SST, and CIS receive an onboarding Training Manual. The manual outlines training expectations for the first six months of employment. New CPS and Social Services Technicians coordinate with their direct supervisor and their regional FLTS. Family Resource Specialists and CIS coordinate with their supervisors to complete the requirements timely. CPS and RFS are expected to have a working knowledge of the training materials through Phase 4, of their respective manual, prior to independently managing a caseload.

FLTS and Supervisors facilitate no fewer than two investigations prior to a CPS worker conducting their own, independent investigation. The manual walks a new worker through all the of areas they 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. All new Social Services Technicians, RFS, and CIS 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. CFSD will ensure staff is informed before new laws and policies become effective and to provide refresher training on selected topics such as the ICWA and Non-discrimination training.

Required Policy Training is provided through collaborative efforts of multiple Bureau's within CFSD (Program, Licensing, RRTB, CQI), and various supervisor roles throughout CFSD as applicable to support staff.

Resource Family Specialist (RFS) Training

RFS staff complete required initial training which includes condensed MCAN, 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, CI, Family Centered Practice, Substitute Care, Legal Process, and Runaways and Human Trafficking.

RFS staff are required to participate in KCS and Creating a Lifelong Family 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.

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 three times each year.

Ethics Training

Each calendar year, CFSD staff are required to attend training on Ethics in Child Welfare as provided through the collaboration with the UM's Center for Children, Families, and Workforce Development. The training consists of discussion and scenarios addressing the ever-changing landscape of child welfare practice in relation to the needs of children and families. Each training allows for the application of the ethical standards outlined by the National Association of Social Workers and adopted for practice by CFSD.

Demographic information of the Child Protective Services Personnel

Child Protection Specialist and Centralized Intake

Table 16: CPS and CI Staff Years of Service Count and Percentage

Years of Service	Count	Percentage
< 1	79	22.57%
1 to < 3	113	32.29%
15 to < 25	13	3.71%
25+	13	3.71%
3 to < 5	56	16.00%
5 to < 9	56	16.00%
9 to < 15	20	5.71%
Grand Total	350	100.00%

Table 17: CPS and CI Staff Education Requirements and Percentage

Education	Count	Percentage
Associate Degree	2	0.57%
Bachelors Level Degree	282	80.57%
Doctorate (Professional)	2	0.57%
HS Graduate or Equivalent	3	0.86%
Masters Level Degree	51	14.57%
Not Indicated	10	2.86%
Grand Total	350	100.00%

Table 18: CPS and CI Staff Gender Count and Percentage

Gender	Count	Percentage
Female	291	83.14%
Male	59	16.86%
Grand Total	350	100.00%

Supervisors/Managers

Table 19: Supervisors/Managers Years of Service Count and Percentage

Years of Services	Count	Percentage
< 1	1	1.20%
1 to < 3	6	7.23%
15 to < 25	17	20.48%
25+	6	7.23%
3 to < 5	3	3.61%
5 to < 9	22	26.51%
9 to < 15	28	33.73%
Grand Total	83	100.00%

Table 20: Supervisors/Managers Education Requirements

Education	Count	Percentage
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Bachelors Level Degree	58	69.88%
Doctorate (Professional)	2	2.41%
HS Graduate or Equivalent	1	1.20%
Masters Level Degree	12	14.46%
Not Indicated	8	9.64%
Some Graduate School	2	2.41%
Grand Total	83	100.00%

Table 21: Supervisors/Managers Gender Count and Percentage

Gender	Count	Percentage
Female	73	87.95%
Male	10	12.05%
Grand Total	83	100.00%

Juvenile Justice Transfers

There were no children transferred from CFSD into the custody of the State Juvenile Justice system in FY 2024. Children in CFSD's custody are generally not transferred to the custody of the State Juvenile Justice System. If a child who is in the custody of the CSFD commits a status offense, that youth usually remain in CFSD's custody, 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 CFSD'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.

Education and Training Vouchers

Table 21: ETV Awarded per School Year

School Year – July 1 – June 30	Total ETV's Awarded	Number of New ETV's
2018-2019	52	35
2019-2020	67	37
2020-2021	55	29
2021-2022	63	36
2022-2023	45	19
2023-2024	52	25

Inter-Country Adoptions

There are no SFY24 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. CFSD continues to be available to assist families who have adopted children internationally as needs arise.

Monthly Caseworker Visit Data

This information is provided in Section 4: Monthly Caseworker Visit Formula and Standards for Caseworker Visits.