

**STATE OF MISSISSIPPI**  
**Department of Human Services**  
**Division of Family and Children's Services**



**Mississippi FY 2010 - 2014**  
**Child and Family Service Plan**  
**(Five Year Strategic Plan)**

**Submitted June 2009**

# **Child and Family Service Plan FY2010 - 2014**

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## **ORGANIZATIONAL OVERVIEW**

Mississippi's Division of Family and Children's Services (DFCS) state-administered child welfare system is administered at the local level by 84 county offices through thirteen Regional Directors. A central strength to this system lies in the flexibility afforded each region to determine how best to meet the needs of children and families. The Regional Directors take an active part in the operations of the county offices within their region. Each Regional Director has a Regional Area Social Work Supervisor (ASWS) that assists with the day-to-day operations and frees the Regional Director to deal with the major issues within the regions. Each region also has a Resource Area Social Work Supervisor to supervise and monitor the licensure and adoption workers of DFCS's services on a regional basis. DFCS has also been given approval to hire 15 licensed Master's level Social Work Consultants (1 for each region and 2 each in Hinds County and Harrison County). Each region and other service providers, such as contractors and community-based organizations, provide a wide variety of services to children and families. These services include programs designed to strengthen families, reduce the risk of child abuse and neglect, and support and preserve families.

Under the umbrella of the Mississippi Department of Human Services (MDHS), the Division of Family and Children's Services is the agency authorized by state statute to promulgate regulations, policies and procedures necessary to implement the state's child welfare system and to ensure the safety, permanency, and well-being for Mississippi's families and children. The DFCS is responsible for the Title IV-B Subpart 1 (Child Welfare Services), IV-B Subpart 2 (Promoting Safe and Stable Families), Title IV-E (Foster Care and Adoption Assistance), Child Abuse Prevention and Treatment Act (CAPTA), Chafee Foster Care Independence Program (CFCIP) and Educational Training Voucher (ETV).

### **Vision, Mission and Principles**

#### **DFCS Vision Statement**

Our vision is that children grow up in families, safe from harm, without fear of constant disruption and that they have the opportunity to experience continuity of relationships. We have a vision of children having stability and of having a sense of belonging. We have a vision of children having childhoods. Further, our vision is that no child under our "watch" continue to experience abuse or neglect and that families change for the better as a result of our intervention.

#### **DFCS Mission Statement**

Our mission is to lead Mississippi in protecting children and youth from abuse, neglect and exploitation by providing services to promote safe and stable families.

In addition to the Mission and Principles, a renewed focus has been placed on Family Centered Practice. Family Centered Practice requires the entire system of care seek to engage the family system in helping improve the family's ability to safely parent their children. The Mississippi Department of Human

Services, Division of Family and Children's Services has identified six values that will be honored in working with clients, community partners and each other:

- Competence: We have technical skills and knowledge; we work with common sense; we make informed decisions; and we follow through to achieve successful outcomes.
- Integrity: We are honest in our interactions; we are accountable for our actions; and we do the right thing.
- Responsibility: We do what we say we are going to do; we take initiative.
- Respect: We treat others with kindness, compassion, dignity, and honor differences of our clients and each other.
- Personal Courage: We are loyal to the Mission of DFCS; we advocate for our clients; we lead by example even when doing so carries risk.
- Collaboration: We make decisions for the common good; we share resources based on need; we work together effectively in teams; and work with a collective knowledge of all programs and services.

## **Organizational Structure**

Don Thompson became the Executive Director of MDHS in July 2008. In September 2008, Lori Woodruff was hired as the Deputy Administrator for the Division of Family and Children's Services (DFCS). Thereafter, DFCS entered a reorganization plan in cooperation with the Division of Human Resources and the Mississippi State Personnel Board. The following positions were created at this time and were filled by personnel with a vast amount of knowledge and experience in the social service field:

- Director of Family and Children's Services
- Director of Field Operations for the northern regions of the State
- Director of Field Operations for the southern regions of the State
- Bureau Director of Performance Quality and Improvement
- Bureau Director of Finance and Administration
- Director of Child Welfare Professional Development
- Council of Accreditation Coordinator

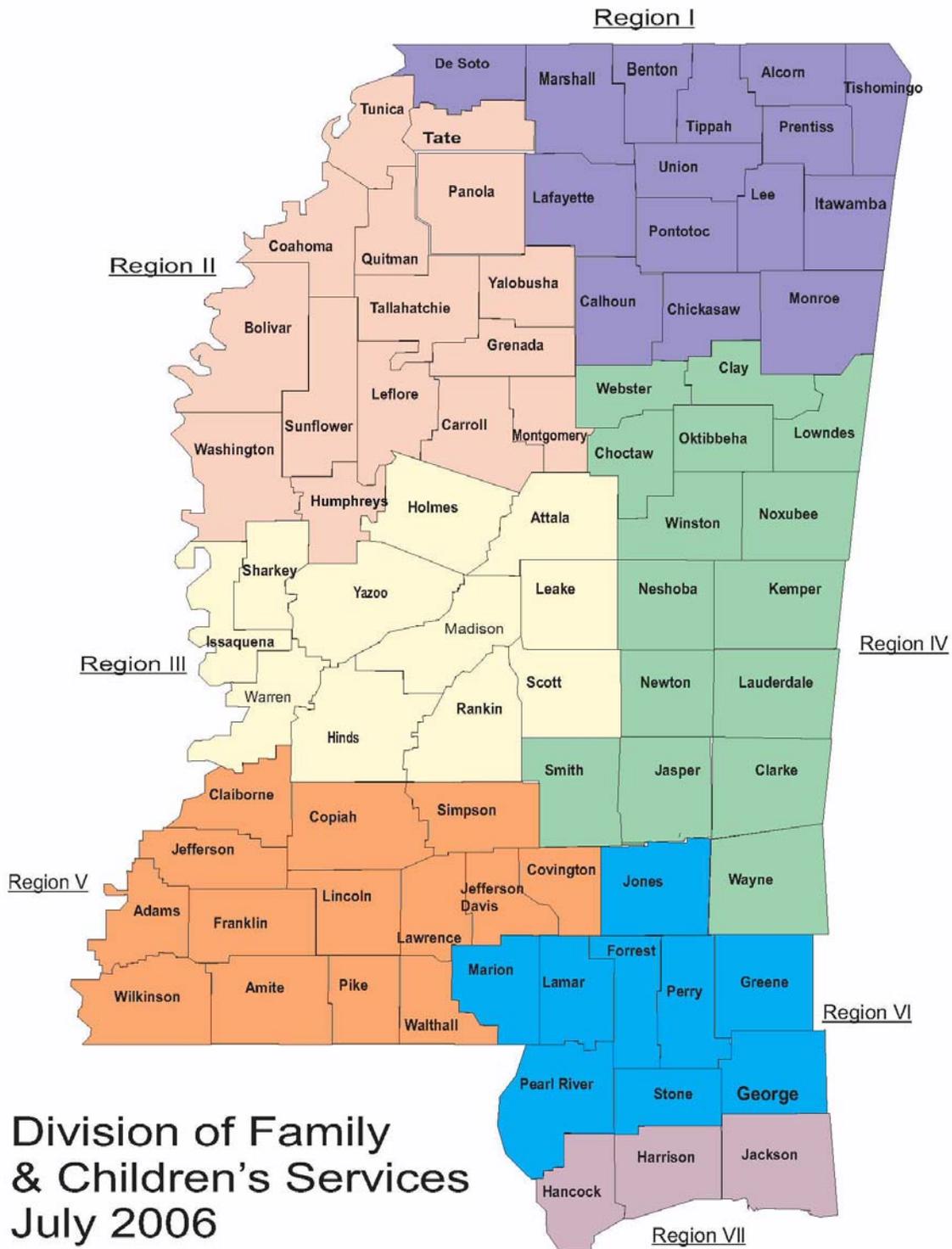
Currently, the Deputy Administrator oversees the entire operations of DFCS with emphasis on the Council of Accreditation, Professional Development Services, DFCS Policy Services, Communications, the *Olivia Y. Settlement Agreement* and Administrative Support.

The seven previous regions were divided and now number thirteen. Six Regional Directors were hired or promoted from within DFCS. The regions are now currently referred to as:

- Region 1 North
- Region 1 South
- Region 2 East
- Region 2 West
- Region 3 North
- Region 3 South
- Region 4 North
- Region 4 South
- Region 5 East

- Region 5 West
- Region 6
- Region 7 East
- Region 7 West

**Regional Maps (Before and After)**

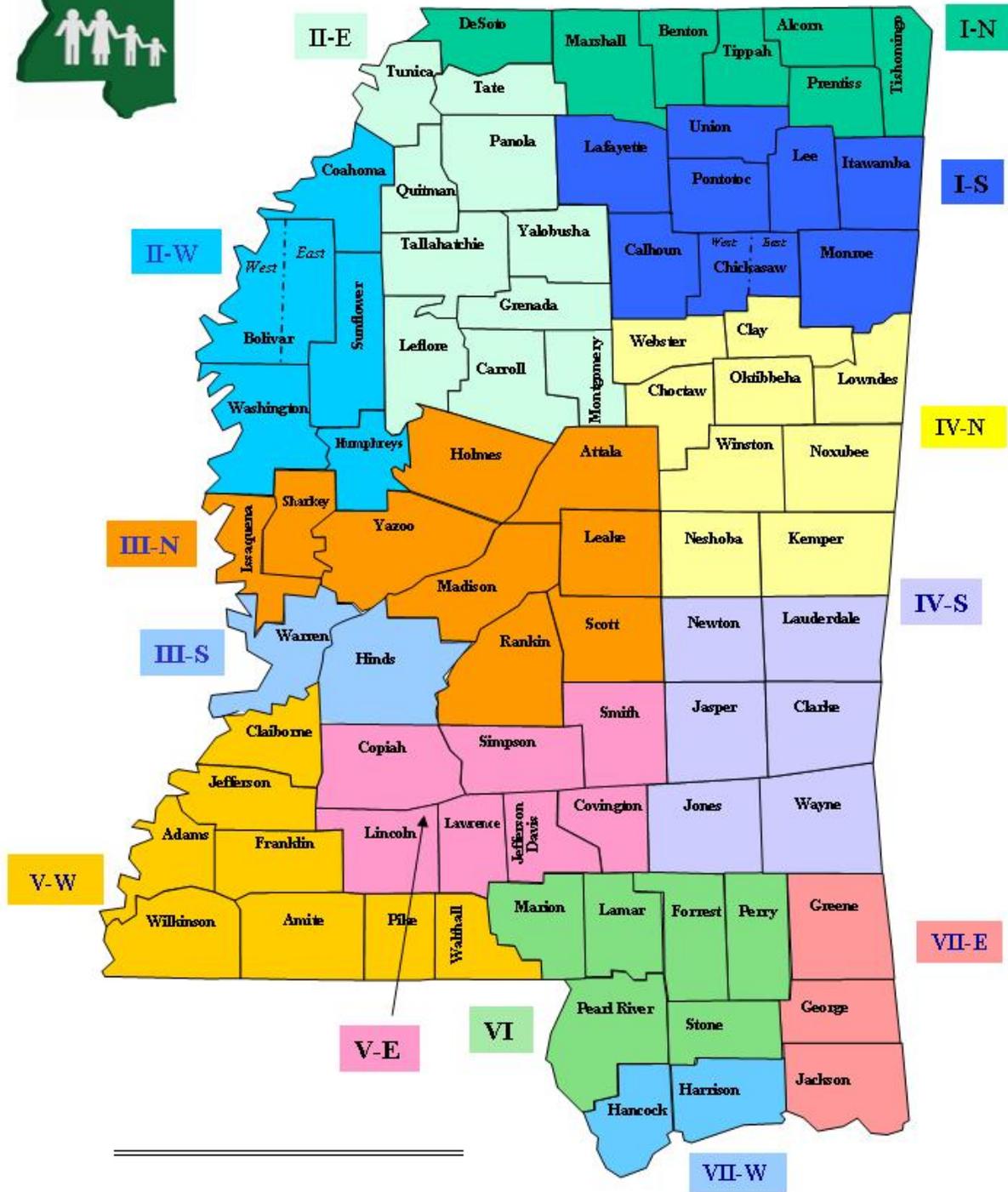


**Division of Family  
& Children's Services  
July 2006**



Mississippi Department of Human Services  
 Division of Family and Children's Services

Approved 11/20/2008



There has been a statewide increase of approximately 115 social workers and 12 supervisors.

Included in the reorganization are five units covering different areas of the DFCS services that are integrated and work with each other to ensure that all of the needs of the division, our families and children, clients, stakeholders, community partners and other service providers are met. Accountability is also paramount in this new administration. Policy, practice, quality assurance and improvement, and service delivery are monitored in order to obtain the best possible outcomes for our clients. The following units ensure that the renewed focus of DFCS is followed. These units are broken down further into specific responsibilities.

- **Goals**

DFCS will continue to hire qualified social workers and supervisors to better serve the children of Mississippi as well as to meet specific lawsuit Settlement requirements regarding acceptable workloads and number of persons a supervisor can supervise. Additional hiring is dependent upon Legislative approval of the necessary PINS and funding of those positions.

A MACWIS Director position has been advertised and some persons interviewed. This position is anticipated to be filled by September 2009. Additional trainers for the new Regions are expected to be hired and additional Foster Care Reviewers.

**Family and Children's Services:** This area is further divided into several units of responsibilities.

- **Two Directors of Field Operations** are included within this unit. One covers the southern portion of the state while the other covers the northern portion. Their responsibilities are to coordinate and supervise the programs and activities of professional, technical, and any supporting staff in performing specific DFCS financial service functions or team efforts between DFCS Regional Directors, other field staff, state office staff, community partners and agency clientele to ensure uniform application of policy, practice and procedures. They work cooperatively with DFCS staff and staff from other MDHS divisions to appropriately budget resources and staff, implement overall agency initiatives through all federal titles and ensure that practices and outcomes meet quality standards set by the agency.
- **Prevention/Protection Unit:** This unit is responsible for the implementation and support of prevention of child abuse and neglect programs funded under the Title IV-B, Part II (Promoting Safe and Stable Families), Children's Trust Fund (CTF), Children's Justice Act (CJA), Community-Based Child Abuse and Prevention (CBCAP), and the State Basic Child Abuse and Neglect grants. All primary prevention services, secondary prevention services, family preservation services, post-adoptive services, along with intensive in-home services are managed by this unit. This unit also oversees the Advisory Boards associated with the grants and Citizen Review Panels, Public Awareness and campaigns such as the Annual Blue Ribbon Campaign and the Mississippi Permanency Partnership Network Conference. Writing and overseeing grant applications and requests for proposals also fall under the purview of this unit. Central intake, the Child Abuse and Neglect Hotline, the Child Abuse Central Registry, and statewide Live-Scan Fingerprinting are also under the direction of this unit.

- **Permanency Planning/Placement Unit:** This unit is responsible for Title IV-B, Part I (Stephanie Tubbs Jones Child Welfare Services), Independent Living (Chaffee and Educational Training Vouchers), Adoption Services (including Adoption Assistance), Interstate Compact for Children and Youth, Unaccompanied Refugee Minor Program, Congregate Care, Therapeutic Licensure and resource development. Other responsibilities include Foster/Adoptive Parent Retention and Recruitment Programs.

**Administration and Finance Unit:** This unit synchronizes financial strategies with intended services through the management of financial transactions, budgets, asset management, contracts, subgrants, eligibility, and relationships with DFCS leaders to ensure resources are aligned with goals. This unit is further divided into several sub-units of responsibility.

- **Budget and Financial Planning Unit:** Safeguards the financial interests of DFCS through its coordination with the Agency's procurement process, grants managements, monitoring of county bank accounts, comprehension and implementation of the budgetary authority available to DFCS, mediate communications through other Divisions of this Agency and our federal partners to support DFCS' mission. This Unit also coordinates with State and Federal Agencies to ensure compliance with applicable laws and regulations in regard to State and Federal funding; supports this Division in meeting all financial standards as stated in the Council on Accreditation standards; assists this Division in complying with all financial terms stipulated in the *Olivia Y.* Settlement Agreement and Reform Plan.
  - **Goal:** Pursue and develop initiatives to fully maximize state and federal funding. In addition, develop internal controls in an effort to integrate budget planning, forecast capabilities and resource management.
  - **Strategies:**
    1. Downsizing or eliminate functions or programs yielding minimal results, while redirecting funding to areas that have demonstrated positive recorded results.
    2. Educate and communicate with leaders within DFCS to encourage fiscal responsibility in order to identify, meet and exceed financial needs of support programs.
    3. Create a fiscal diagram detailing the accounting of all federal and state expenditures providing an analysis of their sufficiency, flexibility and strength.
  - **Outcome:** Provide the Division of Family and Children's Services a solid strategic financial plan that will ensure this Division's sustainability and provide insight into maximization of State and Federal dollars. This will in turn create an opportunity for DFCS to be successful with the Accreditation process, satisfying the *Olivia Y.* Settlement Agreement and Reform Plan, and carrying out its mission of Safety, Permanency, and Well-being for the children and families of the State of Mississippi.
- **Contracts and Grants:** This unit is responsible for contract management and subgrants for state and federal dollars to provide programs and services that the Division of Family and Children's Services oversees.

- **Goal:** Implement a performance based contracting system capable of collecting and monitoring contractor and grantee performance. Strengthen outcome-oriented management with the efficient tracking of appropriate and manageable state and federal funding. Streamline proposals, contract and subgrant writing strategies, build and maintain the necessary relationships, and ensure all duties performed have a Standard Operating Procedure (SOP).
  
- **Strategies:**
  1. Research and communicate with other state agencies that have established successful performance based programs.
  2. Evaluate the methods used for performing various task to meet COA standards.
  3. Studying policy to determine the most efficient way of performing duties.
  4. Develop a performance based contracting system that will allow for a smooth transition from current contracting procedures.
  5. Develop a system of monitoring that ensures subgrants are performing duties as they are documenting.
  
- **Outcome:** Provide the Division of Family and Children's Services a contract and grant system that is efficient and has integrity, which will ensure that state and federal funds will be properly allocated to best serve the families and children of Mississippi.
  
- **Revenue Management:** This unit ensures the availability and accessibility of effective, culturally competent services through education, training, innovation, monitoring and promotion of ongoing quality improvement and utilization of all areas of Title IV-E eligibility.
  - **Goal:** Provide individual entitlement for qualified children, partnership with universities to build social worker workforce, and maximize potential strategies to increase state and federal funding in support of Title IV-E.
  
  - **Strategies:**
    1. Establish and implement ongoing statewide Title IV-E training programs to provide guidance, service, and resources to maximize IV-E funding.
    2. Develop computer-based IV-E training for all counties in Mississippi.
    3. Partner with universities to facilitate and expand programs involving short and long term training for social workers and foster parents.
    4. Implement additional funding opportunities concerning Title IV-E.
    5. Assemble a task force to assist the courts in achieving prompt permanency hearings for children.
    6. Minimize miscommunication/outdated information by coordinating a video conference every six months to communicate changes and improvements concerning Title IV-E.
    7. Facilitate accurate and efficient case record checks pertaining to Title IV-E.
    8. Support staff to increase their efficiency of documentation through the use of automation tools, consistent case management, and enhanced awareness of the importance of Title IV-E.

- **Outcome:** Provide the Eligibility Unit with various goals, strategies, and proposed principles for funding which outlines short and long term actions that build and utilize vital services to support Title IV-E.

**Performance and Quality Improvement Unit:** This area is also further divided into several units of responsibility.

- **Foster Care Review:** This unit is responsible for reviewing each child in out-of-home care every six months in order to ensure that the safety, permanency and well being of each child is being met. They also ensure that the placements are appropriate for the child, review the child case for ASFA compliance, and report any discrepancies to the Regional Directors for corrective action. There are currently 17 foster care reviewers statewide. Reports of the issues found within these cases submitted to the Regional Directors for corrective actions. The goal of this unit is to restructure the FCR program to focus more on the CFSR outcomes.
- **Monitoring and Evaluation:** This unit is responsible for the Performance Improvement Operational Plan for Mississippi and for monitoring and evaluating practice to ensure compliance with agency standards and protocol. Also, within this unit are the Licensure Compliance Unit and the Complaints liaison.

**Safety Review Unit:** This team has been established to address concerns related to reports of maltreatment, including corporal punishment, in licensed foster homes, all group homes and other residential facilities. Safety Reviewers are conducting unannounced site visits at resource homes, group homes, and residential facilities which fit the criteria outlined in the Settlement Agreement.

As stated in the *Olivia Y (Olivia Y., et al. vs. Haley Barbour, as Governor of the State of Mississippi, et al. Mississippi Settlement Agreement and Reform Plan)* Settlement Agreement Section II Standards, Part B. Foster Care Services Standards, 4. Child Safety, by the end of implementation Period 1:

DFCS shall undertake a special safety review, including an unannounced site visit, of all currently licensed foster homes with two or more reports of maltreatment, including corporal punishment, within the last three years to determine whether any children placed in those homes are at risk of harm and any licensing standards related to child safety are not being met. Any necessary corrective actions will be identified and tracked.

DFCS shall undertake a special safety review, including an unannounced site visit, of all group homes and other residential facilities that house children in custody with three or more reports of maltreatment, including corporal punishment, within the last two years to determine whether any children placed in those facilities are at risk of harm and any licensing standards related to child safety are not being met. Any necessary corrective actions will be identified and tracked.

### **Management Information System – MACWIS**

MACWIS (Mississippi Automated Child Welfare Information System) is the statewide, automated system utilized to manage and track an average of 3,500 children in foster care and over 5,500 children that have been in custody at some point in the 2008 fiscal year, pursuant to Title IV-E and Title IV-B of the Social Security Act of 1935, as amended. The system supports the work of more than 800 users within DFCS. The MACWIS Unit is also responsible for the collection of statistical data and reporting for Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS).

#### AFCARS Submissions

Mississippi reports AFCARS to the Administration for Children and Families (ACF) bi-annually in May and November. AFCARS data is extracted directly from MACWIS and the state is passing all data elements for adoption and foster care with the exception of foster care Element 57, date of discharge (timeliness). DFCS failed date of discharge for the reporting periods ending March 31, 2008 (2008A), and September 30, 2008 (2008B). Failures are being addressed through workgroups in the form of improved business processes to increase worker productivity and data quality.

#### Stakeholder Involvement

The MACWIS team involves many staff members in the development of the application and project planning. Stakeholders are involved in Development Workgroups, User Acceptance Testing, and the MACWIS Automation Team, (a joint effort between the MIS Division and MACWIS Unit, managed by the Director of the PQI Division of Family & Children's Services).

#### Workgroups

Workgroups consists of end users involved in all aspects of case management. Their role is to redefine processes through policy and practice to improve services to MDHS client families. Nine workgroups have been formed to assist in achieving goals defined in the *Olivia Y.* Lawsuit and Settlement Agreement as well as meet COA accreditation standards. MACWIS staff participates in the workgroups to incorporate the redefined business processes into the MACWIS application. This process has been successful in insuring that end-users are heavily involved in defining how the application can support their successful case management.

#### Projects/ Releases

The MACWIS application has supported DFCS since its implementation in 2001. The major MACWIS releases in 2008 were driven primarily by the changes required to meet the *Olivia Y.* Settlement Agreement. Planned releases will enable the field to function more efficiently and will aid DFCS in conforming to the requirements of the Olivia Y lawsuit settlement. The following projects are listed in order by priority:

1. Lawsuit
2. MYCIDS-MACWIS Interface
3. Document Scanning
4. Centralized Intake Hotline Screening
5. Alternatives Analysis RFP
6. National Youth in Transition Database (NYTD)
7. IV-E Eligibility PIP

## 8. AFCARS New Reporting Requirements

### MYCIDS Data File Exchange – Phase I

The Mississippi Administration of Courts is working on a statewide automated system, MYCIDS (Mississippi Youth Court Information Data System), to house information on children who fall under the jurisdiction of the Youth Court. In the original RFP, DFCS elected to have this interface with the Youth Court system. DFCS was originally unable to complete the interface because MYCIDS was not functional.

The Mississippi Youth Court now has a grant to aid in the implementation of this project. The interface with MYCIDS will be completed in three phases. Phase 1.1 exports new Protection and Placement cases from MACWIS into MYCIDS and is currently being piloted in two counties. Upon successful completion of the pilot, we will roll out to active MYCIDS counties, (40+) in Mississippi.

### Alternatives Analysis RFP

The Mississippi Department of Information Technology Services is partnering with MDHS, specifically the Division of Family and Children's Services to develop and release an RFP to solicit proposals for vendor services to review our current system, business processes, policy, regulations and practice as well as to conduct rigorous interviews with DFCS field staff. Through a thorough analysis of practices in the child welfare community in Mississippi's 82 counties as well as current system analysis and design documentation, DFCS expects to receive a work product which will identify all available alternatives complete with cost benefit analysis and a recommended solution. The resulting recommendation will direct DFCS towards building an analytical framework requisite to bridge the gap between the current MACWIS application and a comprehensive case management system that meets the ever changing needs of DFCS and will ultimately prepare Mississippi to achieve its goal of SACWIS compliance.

### Centralized Statewide Hotline Intake

MDHS/DFCS will make available 24-Hour Centralized Statewide Intake Hotline and Disaster Preparedness Plan Services by receiving, screening, prioritizing and dispatching reports alleging child and vulnerable adult abuse and neglect and to ensure a consistent plan to receive calls and gather information for MDHS in the event of a disaster within the state. The new screening process will require a change in MACWIS to allow the Hotline workers to screen Intakes and allow for potential override of the screening decision by management. User requirements are currently being developed.

### Document Scanning

MDHS is currently working with ITS and an ITS secured vendor to develop a scanning solution (Document Scanning Project) for the Divisions of Family and Children Services (FCS), Child Support Enforcement (CSE) and Economic Assistance (EA). This will integrate with the MDHS WorkSiteMP document scanning repository. This process will sync the scanned paper case files with the respective electronic MACWIS case management file so that a comprehensive case file is accessible and functional.

## **Child and Families Services Review (CFSR)**

In February, 2009, a 5-Year Strategic Planning Conference was held with approximately 110 stakeholders and DFCS Senior Management attending. Ten workgroups outlined the basis of the 5-Year Mississippi 2010-2014

Strategic Plan and goals were set and action plans developed. In March and April, 5-Year Strategic Planning Conferences were held regionally in seven locations and involved local stakeholders in outlining the basis of the 5-Year Strategic Plan. Stakeholders were asked to make a commitment to work with DFCS over the next five years to bring about positive changes in the well-being of children in Mississippi. Many stakeholders agreed to be a part of the CFSR process in May, 2010. The Child and Family Services Plan was submitted on June 1, 2009.

CFSR Professional Development was conducted on May 12, 2009 with Senior Management and on May 18 and 19, 2009 with two groups from Hinds County and other Senior Management, with approximately 100 people participating. Regions I North and South had two groups participating in the CFSR Professional Development on June 15-16, 2009 with approximately 80 participants. Stakeholders have been identified and many of the CFSR Planning Team members have been identified. All Regions are addressing the CFSR requirements and preparing for a Statewide Assessment. A Statewide Planning Team has been identified. The CFSR is scheduled for May 17-21, 2010.

- **Goals**

- Training of reviewers for the Mock Reviews of Cases is scheduled for July 21 – 22, 2009. Mock Reviews will begin in August. A group of 60 or more persons, including stakeholders, are expected to participate and complete 2 case reviews per month on an ongoing basis.
- Peer Reviews are being developed and baseline data will be collected.
- Foster Care Reviewers are providing training regarding the items reviewed and how those items affect children, outcomes and funding.

### **Title IV-E Eligibility Review and Performance Improvement Plan**

During the week of July 14, 2008, the Children's Bureau (CB), within the Administration for Children's and Families (ACF), in collaboration with the Mississippi Department of Human Services (MDHS), conducted a primary eligibility review of Mississippi's Title IV-E foster care program. The review team also included cross-state reviewers and staff from ACF's Region IV Office of Grants Management.

The purposes of the Title IV-E foster care eligibility review were:

- To determine whether Mississippi was in compliance with the eligibility requirements as outlined in regulation and statute at 45 CFR 1356.71 and Section 472 of the Social Security Act; and
- To validate the basis of Mississippi's financial claims to ensure that appropriate payments were made on behalf of eligible children placed in licensed or approved foster family homes and child-caring institutions.

For a primary review, substantial compliance means that the case error rate does not exceed four. A statistical sample of 80 cases was drawn from a universe of cases that received Title IV-E payments during the review period noted above. This sample was obtained from the Adoption and Foster Care Analysis and Reporting System (AFCARS) data for the period under review which was transmitted by MDHS to ACF.

During the on-site review, each child's case file in the selected sample was reviewed to determine Title IV-E eligibility. The provider's file was examined to ensure that the foster home or child care institution in which the child was placed during the period under review was licensed or approved and the safety

considerations were appropriately addressed. Payments made on behalf of each child were also reviewed to verify that the expenses were allowable under Title IV-E. Efforts were made to identify any underpayments that may have existed in the reviewed sample cases. In addition, CB and MDHS agreed that subsequent to the on-site review, Mississippi could submit additional child and provider documentation for any case that was found to be in error, in pending status, or to have an ineligible payment. As a result of the provision of additional documentation, a number of case and payment determinations were modified.

The review team determined that 16 error cases and 3 non-error cases with improper payments were ineligible for Federal funding. The CB determined that the State of Mississippi's Title IV-E foster care maintenance program was not in substantial compliance with Federal eligibility requirements for the period of October 1, 2007 through March 31, 2008.

Pursuant to 45 CFR 1356.7(i), Mississippi is required to develop a Program Improvement Plan (PIP) designed to correct those areas needing corrective action as identified by the CB.

MDHS has developed a PIP which should bring the Title IV-E's foster care maintenance program into compliance. Along with this narrative is a matrix which details the person(s) responsible for each action step and the projected completion date of each action step.

The areas needing corrective action are:

- Court orders
- Licensure and Safety, and
- Re-Determinations.

A Performance Improvement Plan has been submitted to the Children's Bureau indicating goals, objectives and action steps. However, as of this date, DFCS has not received the final approval of this Performance Improvement Plan.

- **Goals**

- Uniform youth court forms, orders and other documents have been approved and will be hyperlinked to the Uniform Youth Court Rules of Practice (expected to be implemented in of January 2009) on the Mississippi Supreme Court website as soon as possible, with an anticipated target date of September 2009. DFCS anticipates that these uniform forms and orders will also be the forms available in the Mississippi Youth Court Information Data System (MYCIDS) for more efficient collaboration between the courts and DFCS.

### **Mississippi Settlement Agreement and Reform Plan**

- The 180 Day Deliverables were submitted and approved in April, 2009.
- The 365 Day Deliverables are in the process of being submitted and are due July 1, 2009.
- The Second Year Implementation period is May 1, 2009 through April 30, 2010.
- Deliverables for the Second Year Implementation will be due quarterly.

The *Olivia Y.* Settlement Agreement sets forth DFCS goals and objectives according to the deliverable schedule above.

### **Accreditation in Mississippi**

As a requirement of the *Olivia Y. v. Barbour* lawsuit, Mississippi agreed to seek accreditation by the Council on Accreditation. The Council on Accreditation (COA) is the largest independent accrediting body for organizations that provide high-quality social and behavioral healthcare services to children, youth, seniors, and families in the United States and Canada, and partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards. Accreditation is designed to be a framework within which an organization can measure a variety of its achievements, insure quality improvement of services across the state, and assure the safety, permanency, and well-being of all Mississippi's children.

DFCS has taken the initial steps of the Five Year Accreditation Plan to become accredited by COA. Each period of the implementation plan encompasses one year of planning, reviewing, documenting, and implementing policies, practices and procedures.

The Accreditation Standards are divided into three sections:

- Administration and Management
- Service Delivery Administration
- Service

Because COA is part of our settlement agreement, the agency is responsible for producing documentation for specific standards which are called deliverables. All of the deliverables for the September 15, 2008 deadline, also known as the "180 day deliverables" were submitted to COA. All of the 180 day deliverables were approved March 15, 2009 after several revisions were made. The 365 day deliverables have been submitted at this time by the July 1, 2009 deadline. The "year 2 deliverables" include approximately 120 standards which are due during the 2<sup>nd</sup> Implementation Year of the *Olivia Y. Settlement Agreement*

The agency has several goals specific to accreditation for the next five years. The agency plans to be accredited within the next five years as a requirement of the *Olivia Y. v. Barbour* Settlement Agreement. In order to achieve accreditation, the agency must continue to submit the yearly deliverables as they are settled by the parties involved with the *Olivia Y. v. Barbour* Settlement Agreement. Secondly, the agency plans to begin work on the self study in February of 2010. The self study will require DFCS to put together documentation and write narratives to show compliance with all the COA standards. Simultaneously with completing the self study, the agency will be preparing for the accreditation site visits by completing mock site visits, facility checks, and case reviews. The agency will collect data on the visits and reviews and set-up corrective actions for any identified problems. Following the submission of the self study and the site visit preparation, COA will begin a twelve to eighteen month accreditation site visit. At this time, COA will interview staff, clients, foster parents, community members, etc. and look through case records and at facilities. During the accreditation site visit, the agency will have to respond to any concerns of COA and may have to make changes to be compliant with the standards. Following the accreditation site visit, the agency will await the accreditation commission's decision on Mississippi's accreditation status. This process usually takes several months.

## **Legislation Impacting Child Welfare**

Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893)

The Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893) will help hundreds of thousands of children and youth in foster care by promoting permanent families for them through relative guardianship and adoption and improving education and health care. Additionally, it will extend federal support for youth to age 21. H.R. 6893 also will offer for the first time many American Indian children important federal protections and support. H.R. 6893 has bipartisan support and is fully paid for. This bill resolves differences between the House-passed Fostering Connections to Success Act (H.R.307) and the Senate Finance Committee-approved Chairman's Mark of S. 3038, the Improved Adoption Incentives and Relative Guardianship Support Act. H.R. 6893 was unanimously passed by the House on suspension of the rules on September 17, 2008 and in the Senate by unanimous consent on September 22, 2008. The bill was signed by President Bush on October 7, 2008.

## **DESCRIPTION OF THE STEPHANIE TUBBS JONES CHILD WELFARE SERVICES**

### **Child Abuse and Neglect Prevention, Intervention, and Treatment Services**

The Division of Family and Children's Services (DFCS) has the responsibility of not only protecting children from further abuse at the hands of their caregiver but also preventing abuse before it occurs. In order to meet this goal and uphold this responsibility, DFCS will create a statewide prevention network. This network will provide an opportunity for stakeholders, leaders, parents and other community members to actively participate in assessing, evaluating and informing policies and practices regarding child abuse prevention in Mississippi.

The first step in the creation of the statewide prevention network and plan will be to identify categories of stakeholders needed to contribute to the development of a comprehensive plan. Every state agency and known community organizations will be contacted to determine prevention services that are currently being provided and identify the person responsible for overseeing those services. These key stakeholders will be called together in Regional focus groups to discuss building a network of existing prevention services and also to identify gaps in service.

Once the appropriate groups have met and made suggestions for the statewide plan, a group will be called together to review suggestions and formulate a final plan. The Citizens Review Board will be asked to participate in the facilitation of the Regional Meetings and to review and make any final recommendations to the plan.

The statewide prevention plan will be used to advocate for systemic changes to policies, practices, procedures and regulations to improve the delivery of community-based and prevention-focused programs and activities.

In order to prevent an abused/neglected child from experiencing further trauma DFCS is committed to improving the intake, assessment, screening and investigation of child abuse and neglect (Sec 106 (a)(1)). To reach this goal, DFCS recently issued a RFP and accepted proposals for a Centralized Intake and Disaster Preparedness Hotline.

The following strategies and objectives were outlined in the RFP. The provider will be required to perform all of the following duties as stated as well as meet or exceed the outcome requirements:

Any private agency, providing protective, preventive, foster care, or adoption case work services under Mississippi 2010-2014  
Child and Family Services Plan

contract with DFCS will be required to abide by all related terms of the Settlement Agreement and Reform Plan, including but not limited to, provisions regarding training curricula, minimum training hours, and caseload standards

- All telephone personnel shall have an advanced degree in social work or a comparable human services field, or a Bachelor's degree in social work or a comparable human service field with two (2) years of related experience.
- Maintain, operate, and staff the MDHS Centralized Intake, 24-Hour Hotline and Disaster Preparedness Plan for the 84 Mississippi County Offices seven (7) days a week, to include weekends, holidays and any other official office closing.
- Adhere to MDHS policies and procedures to ensure a consistent and effective method for receiving, screening and handling intake calls statewide.
- All calls (incoming and outgoing) should be recorded using an audio recording device. All recordings must be permanently stored and accessible for review by appropriate MDHS staff and the *Olivia Y. Court* Monitor.
- Anticipate and accommodate the special needs of reporters by accommodating the communication needs of those who are limited/non English speaking or hearing impaired, e.g., use of interpreters, the Mississippi Relay System, TTY/VCO\8CO, etc.
- Provide 24-hour, 7 days per week coverage to ensure the handling of any emergencies related to the functioning of the hotline and assuring delivery of any reports needing immediate response to appropriate county on-call staff of MDHS.
- Maintain statewide information and referral services to the public for human service providers throughout the state.
- Ensure the reports of suspected child/vulnerable adult abuse or neglect received are entered into MDHS' Mississippi Automated Child Welfare Information System (MACWIS) and referred to the appropriate county of jurisdiction within one (1) hour of receiving the complete report. As a back-up measure, if access to MACWIS is denied, Independent Contractor will ensure that reports and hard copies of the applied screening tools are faxed (applicants must have fax machine and computer capabilities) and verbally forwarded to the responsible county office within one (1) hour of receiving the complete report and that reports are entered and screened into MACWIS as soon as accessibility is restored.
- Ensure the MDHS on-call staff for the County of Responsibility (i.e. county wherein child/vulnerable adult resides) are notified of suspected child/vulnerable adult abuse or neglect within fifteen (15) minutes of the report being received and entered into MACWIS, with the exception of legitimate telephone difficulties.
- Guarantee all staff persons adhere to MDHS' established policies and procedures in the handling of all reports of suspected child/vulnerable adult abuse and neglect.
- Inform MDHS/DFCS as soon as possible of any telephone difficulties related to the MDHS Centralized Intake, 24-Hour, seven days per week Hotline and Disaster Preparedness Plan. This should occur immediately, but in no case shall it exceed a 24 hour timeframe. MDHS will provide an after-hours contact to the awarded party.
- Notify MDHS/DFCS in writing of a change in the business telephone, address, or any other change in the functionality of the MDHS 24-Hour Centralized Hotline within five (5) business days prior to this occurrence.
- Adhere to procedures established within the MDHS Disaster Preparedness Plan to receive calls and gather information for MDHS in regard to the location and contract information for MDHS- "Displaced" resource families, licensed facility staff, and MDHS staff in the event of a disaster

within the state. This information should be provided to MDHS' designated office periodically throughout the day of the disaster and three (3) to five (5) days immediately following.

- Provide MDHS Centralized Intake training for all new and experienced employees, prior to duty. All staff persons will receive 40 hours of in-service training each year, and all supervisors shall receive a minimum of 24 hours of in-service training per year.
- MDHS will provide a sample format for the daily and weekly report to be completed by the Independent Contractor and submitted timely. This will include collecting and compiling data on all screened-in and screened-out referrals made to the hotline and submitting the written daily and weekly reports to the MDHS program supervisor. This is to include all demographic information (i.e. gender, race, location, etc).
- In addition to the daily and weekly reports, the Independent Contractor will be responsible for the monthly programmatic and fiscal reporting necessary to maintain the contract. An annual programmatic report should be compiled and submitted no later than 45 days after the closing of the contract with DFCS. The annual programmatic report should include the information from start-up of this project to the end, successes, failures, recommendations, and any other additional information pertinent to this project.
- Determine the adequate number of staff required to achieve measurable outcomes.
- Independent Contractor will provide access to all calls and recordings to appropriate MDHS staff, Quality Assurance Reviewers and the Monitor.

#### **Outcomes Expected:**

- 96% of suspected child/vulnerable adult abuse/neglect reports are answered, entered into MACWIS and screened to the appropriate county within one (1) hour of receiving the complete report.
- 96% of reports pulled for quality assurance will receive a rating of 14 or higher; 18 being the highest possibility.
- 98% of reports pulled for quality assurance will be screened in accordance to established statutes of limitations and policies.
- 98% of reports pulled for quality assurance will have confirmation of prior history attached or documentation of the lack thereof being available during the diligent search.
- 98% of resource home and child placing agency reports will be entered into MACWIS in accordance to policy with abuse/neglect history confirmed and tracked.
- 100% of both new and experienced employees will receive 40 hours of ongoing training annually.
- 98% of daily, weekly and monthly programmatic and fiscal reporting will be submitted in accordance to established timeframes.
- 95% of all calls will be answered with a hold time of five (5) minutes or less.
- 98% of calls received on the social work inquiry telephone line will be answered with a hold time of three (3) minutes or less.
- 98% of suspected child/vulnerable adult abuse/neglect after hour reports are forwarded via telephone to the County of Responsibility on-call social worker within fifteen (15) minutes of screening.

In compliance with the Child Abuse Prevention and Treatment Act, programs implemented through CBCAP, CJA, and Child Abuse and Neglect State Basic grants, DFCS has focused on the continued

coordination and collaboration to develop a statewide network of community based child abuse prevention activities.

DFCS is currently developing a Request for Proposals for community based prevention with. Mississippi intends to evaluate the proposals received in response to the RFP and choose an appropriate program to receive funding from CAPTA State grant funds. This RFP will be issued by the end of July 2009 and will call for comprehensive approach that:

- integrates the work of social service, legal, health, mental health, education, and substance abuse agencies and organizations;
- strengthens coordination among all levels of government, and with private agencies, civic, religious, and professional organizations, and individual volunteers;
- emphasizes the need for abuse and neglect prevention, assessment, investigation, and treatment at the neighborhood level;
- ensures properly trained and support staff with specialized knowledge, to carry out their child protection duties; and
- is sensitive to ethnic and cultural diversity;

Programs must be comprehensive, child-centered, family-focused, and community-based; incorporate all appropriate measures to prevent the occurrence or recurrence of child abuse and neglect, and promote physical and psychological recovery and social re-integration in an environment that fosters the health, safety, self-respect, and dignity of the child. Applicants will provide Primary and/or Secondary Child Abuse Prevention Services, which are those services, designed to prevent the occurrence of child abuse and neglect before it occurs.

Funded agencies will be required to attend an initial training on performance-based evaluation, PEER Review, cultural competency, and parent leadership. Funded agencies will also be required to secure an independent reviewer to perform a PEER Review. The vision and purpose of this grant is to:

- Promote more efficient use of funding by investing in programs and practices with evidence that it produces positive outcomes for children and families.
- Promote critical thinking and analysis across lead agencies and funded programs to be more informed to prevent child abuse and neglect.
- Foster a culture of continuous quality improvement by promoting ongoing evaluation and quality assurance activities within lead agencies and funded programs.

DFCS is seeking to award contracts to assist the state in improving the Child Protective Service (CPS) system. Grants shall be used to develop, implement, operate, expand and enhance community-based, prevention focused, family resource and support programs that provide:

1. Core family resource and support services such as
  - a. parent education, mutual support and self help, and leadership service;
  - b. outreach services;
  - c. community and social service referrals;
  - d. case management; and
  - e. follow-up services.

2. Other core services, which must be provided or arranged for through contracts or agreements with other local agencies, including all forms of respite care services to the extent practicable; and
3. Access to optional services, including:
  - a. referral to and counseling for adoption services for individuals interested in adopting a child or relinquishing their child for adoption;
  - b. referral to services and supports to meet the additional needs of families with children with disabilities;
  - c. referral job readiness services;
  - d. referral to educational services, such as literacy training and GED services;
  - e. self-sufficiency and life management skills training; and
  - f. peer counseling.

Primary Services: Intervention activities directed toward a general population to prevent initial instances of abuse. Primary prevention activities are designed to inform the general public or specific target groups on the issues of child abuse, to heighten awareness of child abuse and prevention techniques, and to educate specific segments of the population on the identification of child abuse and the proper method of reporting child abuse and neglect.

Primary prevention programs include, but are not limited to, community education programs, public awareness campaigns, development of a community task force or prevention network, or skills development for children and youth so that they can recognize and avoid abusive situations.

Secondary Services: Services directed toward families who are considered vulnerable or at risk of developing problems that lead to child abuse or neglect because of their life situations. The probability of the occurrence of child abuse or neglect within these families is greater than in the general population. Characteristics of this level of services include:

1. The service is offered to a target group of vulnerable families or individuals;
2. The recipients of this service agree to receive the service;
3. The service focuses on specific problems and aids in improving the capacity to parent;
4. Parents are involved in determining what services are delivered.

Secondary prevention programs include, but are not limited to, support programs for teen parents, support programs for parents who were abused or neglected as children, families with children who are handicapped or born with low birth weights, families experiencing excess stress caused by such factors as unemployment, homelessness, poverty, substance abuse, divorce, single parenting, or any combination of these factors. Services could include such activities as counseling, self-help groups, crisis intervention services, and hotlines, home visitation programs for families with very young children, parent education and support.

The proposed programs shall be supported by evidence-based, promising, and/or evidence-informed/emerging practices. The Division does not require applicants to select a particular program for implementation; however, it does recognize that outcomes for families are better when practitioners have training and technical assistance. The Division recognizes there are a number of evidence-based, promising, and evidence informed/emerging programs that can meet the needs of children, families, and communities. The provider will be required to identify the level of research the proposed program has undergone and which one of the following categories the program should be classified under:

1. Evidence Informed: Ongoing collection of pre-post data, Peer Review and documentation of all implementation activities.
2. Promising Practice: All elements of evidence informed practices plus one quasi-experimental design with control or comparison group and model fidelity is kept.
3. Supported Program: All elements of promising practice programs with two randomized clinical trials or two between group design studies and one year sustained effect.
4. Well Supported Program: All elements of a supported program plus multiple site replications.

Some examples of the types of programs that may be funded by this RFP include:

### **Parenting Education:**

Process of helping individuals to formally learn age appropriate, non-violent disciplinary techniques, parenting skills, and stress management techniques. Components may include, but are not limited to:

- Parent Training: Individual or group instruction on particular issues relating to the care of children and youth.
- Resource Centers: Community-based site that provides information and material resources on parenting.
- 24-Hour Help Line: Toll free number available 24 hours a day, seven days a week to assist and support families.
- Transportation: Getting individuals to parenting class, and/or other service components.
- Home Visitation: May be included to observe and reinforce the practical application of parenting skills learned.

### **Parent Support Programs:**

A community-based program to support and strengthen families that is based on an equal partnership between families and program staff designed to strengthen families. These programs are unique to each community and are culturally sensitive. Components may include, but are not limited to:

- Parent support groups that meet regularly to discuss parenting issues.
- Respite Care: Temporary alternative care for the child or children during a crisis situation.
- Parent-to-Parent Mentoring: A parent acting as a role model or assisting another parent in improving parental skills
- Resource Centers: Community-based site that provides information and/or material resources on parenting, child development, and abuse prevention
- 24-Hour Help/Hotline: Toll free number available 24 hours a day, seven days a week to assist and support families
- Transportation: May be a component for all program services
- Parental involvement in program planning and program evaluation
- Family focused group activities such as family "field trips", picnics, fairs, and workshops
- Counseling (individual and/or group) structured communication that results in identifying and solving problems and building on strengths.

### **In-Home Visitation:**

- Regular Home Visits – This service is designed to enhance the bonding between parents and their children and increase knowledge of child development and effective parenting techniques. The service is available primarily in the family's home and is tailored to each family's unique needs. This service is usually offered to first time parents or parents of children ages 0 – 3 years. Components may include, but are not limited to:
- Parent Training: Individual instruction of the family on particular issues relating to the care of children and youth.
- Parent-to-Parent Mentoring: One parent acting as a role model or assisting another parent in improving parental skills.
- Parent Support: Focusing on the strengths of parents and providing reinforcement for those behaviors.
- Counseling: Structured communication that results in identifying and solving problems and building on strengths.
- Respite Care: Temporary alternative care for the child or children during stressful or crisis situations.

### **Skills Training for Children and Youth Programs:**

This program teaches age appropriate skills to children and youth on personal safety issues and/or decision making, through Workshops, Groups, Presentations, Seminars, Mentoring, etc. Components may include, but are not limited to:

- Personal Safety Skills
- Esteem Building Skills
- Personal Responsibility Skills
- Communication Skills
- Conflict Resolution Skills

### **Public Awareness Programs:**

Information geared to the general public or to specific target group about the issues of child abuse meant to heighten awareness of child abuse and prevention techniques, and to educate specific segments of the population on the identification and reporting of child abuse, and on positive parenting techniques. Components may include, but are not limited;

- Public Service Announcements (PSA) and Media Kits,
- Public Speaking
- Parenting Fairs
- Detection and Reporting Training
- April National Child Abuse Prevention Month Activities
- Newsletters
- Professional Development and Training Community Task Force

### **Children's Justice Act**

Since October 1999, the Mississippi Children's Justice Act (CJA) Grant has funded the development of a Statewide Multi-Disciplinary Child Abuse Review Team Network (MDT). This project was in response to the need for the CJA Grant in Mississippi to address in a more systemic manner the handling of child abuse cases in the state. Until then, there had been no coordinated effort by the CJA Task Force to implement a plan of action that could potentially affect the whole system of child abuse intervention statewide. The progressive establishment of a coordinated network of child abuse review teams, providing both a mechanism for improved multi-disciplinary cooperation and a means for ongoing specialized training and technical assistance, is the tangible vehicle through which this desired result is being achieved. Significant progress has been made and is ongoing in the realization of a statewide structure of the MDT's which are reviewing reported cases and operating in a coordinated effort with other teams around the state.

The Statewide MDT Network has been the focus for CJA efforts since the fall of 1999. Certainly, the development and expansion of the MDT approach is the core of the program. MDHS has begun to look beyond just the MDT project and embrace the full range of efforts needed to establish a truly comprehensive case handling system for the abused children of Mississippi (Sec 106(2) (A)). There is more that needs to be done to compliment and augment the MDT Network. The presence of sufficient numbers of properly trained professionals to investigate these cases, both verbally and physically, is as crucial as having the appropriate investigative structure in place. The MDT continues to provide the most effective investigative structure within which to handle these cases, but it is only a piece of the larger composition needed to fully serve the child victim. To that end, the following objectives are proposed:

- 1) The Task Force will continue participating with the CJA Subgrantee(s) in order to insure the success of our efforts in the continued development of the Statewide Network.
- 2) All pertinent state and local agencies and elected officials should take more of a pro-active role in adopting and promoting the concept and philosophy of inter-agency participation in a comprehensive approach to child abuse/neglect investigation and management at the most local levels of involvement. Further, the state should seek to remove any barriers that would impede positive legislative, judicial, or executive action.
- 3) Mississippi should continue efforts to develop and expand statewide membership in multi-disciplinary child abuse review teams for the cooperation and collaboration among agencies and professionals involved in the investigation, assessment, and disposition of child abuse/neglect cases in the state.
- 4) Mississippi should continue to encourage the adoption of standard protocols and procedures for case handling to be used by all jurisdictions, so as to ensure consistent and appropriate efforts on the behalf of the child abuse victim and family.
- 5) Mississippi should continue to provide ongoing training for the designated professionals participating in multi-disciplinary child abuse review teams across the state in order to achieve a consistent level of competency and service for child abuse victims no matter their location in the state.

The basic tenet in Mississippi's current CJA program is the multi-disciplinary approach to the handling of child abuse cases. It is this tenet that is at the base of all the program objectives described earlier and serves to direct program development for the future. The ultimate and continual vision for Mississippi is the existence of a comprehensive child abuse intervention system whereby any child victim, in any location within the state, would have easy access to standardized, competent and thorough forensic interviewing and medical examination as well as the benefit of having their case reviewed in a timely manner by a multi-disciplinary body so as to limit the number of interviews and maximize the efforts of all the intervening participants. The notion of recovery starting with the first contacts could be realized with this network in place.

In order to make this a reality, the CJA program must extend beyond its own capabilities and seek to establish collaborative partnerships with organizations that can directly impact the development of the Network. All active Children's Advocacy Centers (CACs) will be partners in the further development of those services and in the further growth of that Network. The pediatric forensic medical examination project is seeing a host of collaborative partnerships involving CJA, the medical community, the state university teaching hospital, state health agency, private non-profit organization and the state Attorney General's office, working to create a model service that can then be replicated throughout the State of Mississippi.

The continued development of the Statewide Multi-disciplinary Child Abuse Review Team Network project will serve to further strengthen the State's system of child abuse investigation and prosecutions by increasing the number of teams, providing specialized training, enhancing the tools available to investigators and prosecutors and seeking to involve all those with a direct responsibility in the handling of these cases.

The continued development of a Statewide Multi-disciplinary Child Abuse Review Team Network will also contribute to the reform of a state system for handling cases of child abuse and neglect. The emerging, collaborative partnerships between the CJA program and CACs and the other training programs can only strengthen and expand the possibilities for significant reform.

The expansion of the multidisciplinary teams will further the efforts to successfully accomplish the following objectives and proposed outcomes:

- **Objectives:**

- 1) Create or expand active Multi-disciplinary Child Abuse Review Teams in 100% of the counties in Mississippi. This will lead to the inclusion of the District Attorney's offices acting in a more direct role in the multi-disciplinary process.
- 2) Significantly increase the number of proficiently trained professionals investigating abuse cases through involvement in the specialized training opportunities for members of Review Teams. This exposure to a high level of specialized training will have the potential to affect the attitudes of the participants regarding the efficacy of the multi-disciplinary approach and further reinforce its value and the need for participation.

- 3) Reduce the intrusion of the involved systems on the child victim by lessening the number of overall contacts required due to the cooperative case management process.
- 4) Improve the rate of successful prosecutorial outcomes by increasing the number of convictions by trial and increasing the number of pleas, thus eliminating the need for trial and child witness testimony, another reduction in system intrusion on the child victim. The combination of the MDT and CAC could have significant impact on the prosecutorial outcomes for the counties with those joint services. The development of the forensic medical examination component will also contribute greatly to the success in resolving criminal cases due to the presence of strong, irrefutable evidence.
- 5) Increase provision of supportive services to child victims through early identification of need and referral from the Review Team evaluation. Team members from the various fields would be exposed to cases from their origination, and could provide comprehensive assessments regarding the child victim's needs and coordinate the direct referrals for appropriate assistance. This would include beginning the process of court preparation if it appeared the child victim would have to testify in court.

**Outcomes:**

- 1) On a fundamental level, the basic existence of the Review Teams will result in more efficient and expeditious case management practices than were previously in place before the Team.
- 2) There will be more coordinated and standardized methods of handling cases across the State.
- 3) Greater awareness and education about how the different systems operate in child abuse cases will result from this collaborative effort and lead to a greater appreciation of the various systems from all those involved. This collaborative effort should also reduce territoriality and conflict between systems.
- 4) Reduction in the length of time of system intrusion on the child victims and their families.
- 5) Improvement in the assessment and intervention skills of all Team members relative to their specialties. The increase in the number of competently trained professionals conducting interviews and physical examinations will gradually change the general perspective on how child abuse should be handled by the system and very likely begin to generate internal reform and improvements.
- 6) The Review Team Network will allow for the sharing of best practices among the Team members around the State so as to have all Teams operating at the highest functioning level possible.

- 7) By virtue of the make-up of the Review Teams, there will be more diverse perspectives examining the overall system that can lead to problem identification and the generation of solutions in order to improve case handling.

In order to reach the goals, objectives and outcomes, MDHS is preparing to issue a Request for Proposals (RFP) in June, 2009. Through the application process, a provider will be selected and required to provide the following services related to the goals and objectives of the Children's Justice Act grant:

MDHS/DFCS will establish a CAC in up to three locations-a CAC in North MS, a CAC in Central MS, and a CAC in South MS-with final approval of location by MDHS/DFCS. The CAC's are being developed to ensure that children are not further victimized by a system designed to protect them. Applicant shall meet all the requirements of this RFP including the provisions as follows:

- Any private agency providing protective, preventive, foster care, or adoption case work services under contract with MDHS/DFCS will be required to abide by all related terms of the *Olivia Y. et al. v. Barbour* Settlement Agreement and Reform Plan. This is to include, but not limited to, provisions regarding training curricula, minimum training hours, and caseload standards.
- Trained forensic interviewer-Interviewer will have been trained in a research based, judicially upheld method of forensic interviewing. For example, the National Children's Advocacy Center Forensic Interview Model, Finding Words, and/or CornerHouse.
- Provide accessibility for trained forensic interviewers to conduct interviews to include:
  1. Interview rooms with audio and visual recording capabilities.
  2. Space for Multi-disciplinary team (MDT) members (law enforcement, MDHS/DFCS staff, CAC staff, and District Attorney staff) to observe the interviews.
  3. All MDT members must be notified prior to the forensic interview.
  4. A verbal report will be provided to MDHS/DFCS within 24 hours of the interview. A written report must be submitted to MDHS/DFCS in writing within 5 business days after the interview in a format compatible with the Mississippi Automated Child Welfare Information System (MACWIS).
  5. CAC will be required to have access to an interpreter and/or bi-lingual interviewer which should also include a person to perform sign language, as needed.
- Must provide forensic interviews for alleged victims of felony child abuse.
- Make available counseling services for families and victims of sexual or physical abuse, as needed.
- Provide advocacy services for children and their families during the judicial proceedings as follows:
  1. Court School, Court Accompaniment.
  2. Liaison with District Attorney and Law Enforcement.

### 3. Assist with Crime Victim Compensation Assistance.

- Document and track all referrals (accepted or denied).
- Guarantee all staff to work cooperatively with any and all representatives from MDHS/DFCS, law enforcement, mental health, medical, prosecution, and any other participants as needed.
- Enhancement of community awareness and understanding of child abuse.
- Provider will conduct forensic interview training for 100 MDHS/DFCS staff. Other appropriate professionals (law enforcement, medical personnel, and prosecutors) who assist in investigation and prosecution of felony child abuse cases may also participate. The training is to include the following:
  1. Utilize a research based, judicially upheld method of forensic interviewing (National CAC Forensic Interview Model, Finding Words, CornerHouse, etc.)
  2. Provide information about developmentally appropriate and judicially sound interviewing techniques.
  3. Provide information on childhood developmental issues.
  4. Provide age-appropriate interview questions.
  5. Provide skills to handle issues regarding cultural competency and diversity issues during the interview.
  6. Include a mock interview.
  7. Training on courtroom preparation, including legal issues, research on memory and suggestibility, and challenges that interviewer may face during examination/cross examination must be provided in the forensic interview training or a supplemental training.
  8. Include a pre and post-test for all training. Attendees must pass the post-test and a practical upon completion of course work.
- Maintenance of Multi-disciplinary Teams throughout the state. Facilitation of teams will be provided by the applicant unless otherwise notified by MDHS/DFCS.
  1. Maintain MDT in every county of Mississippi. This is to encourage a forum for open communication, information sharing, and case coordination among community professionals and agencies involved in child protection efforts. This will ensure that case decision-making and policy development are in the best interest of the client, including those cases of statutory rape.
  2. Ongoing support will be provided by the applicant to the facilitators of the MDT to train them on group facilitation techniques, purpose of MDT, and utilization of the statewide MDT protocol.
  3. Coordinate and maintain the tracking system for investigative, prosecutorial, and treatment efforts so that cases do not "fall through the cracks."
  4. Provide training opportunities to MDT members and other professionals working as first responders with child abuse victims.
  5. Collaborate with MDHS to coordinate the Annual Statewide MDT Networking Conference for MDT members offering continuing education for professionals on topics that deal directly with child abuse victims. The topics should enhance professional skills to

effectively respond to cases of child abuse through cross-disciplinary and cross-cultural training and support.

6. Administer an evaluation to MDT members to evaluate the usefulness of the information.
  7. Documentation of trainings and multidisciplinary team attendance will be submitted to MDHS/DFCS on a monthly basis regarding the number of attendees, and profession of attendees.
  8. Present a quarterly report to the Children's Justice Act Task Force. Attendance at this meeting is mandatory.
  9. In addition to the monthly and quarterly programmatic and fiscal reports, the subgrantee will be responsible for an annual programmatic report. This report should be submitted no later than 45 days after the closing of this subgrant to MDHS/DFCS. The annual programmatic report should include information regarding all facets of this project (i.e. successes, failures, recommendations, and any other additional information required by MDHS/DFCS).
- Only Accredited Children Advocacy Centers may apply.
  - Applicants must show an established record or a well developed plan to facilitate Multi-Disciplinary Teams.

## **Changes to State's Provisions and Procedures for Criminal Background Checks**

The Adam Walsh Child Protection and Safety Act of 2006 (P.L. 109-248). P.L. 109-248 was signed into law on July 27, 2006 and amended section 471 (a) (20) of the Act to require States to institute revised procedures for conducting criminal background check of foster and adoptive parent and new procedures for child abuse and neglect registry checks of prospective foster and adoptive parents and adult members of their household.

Beginning in FY 2008, the Process Criminal History Check through fingerprinting has been enforced as mandated by section 43-15-6 of the Mississippi code. The electronic fingerprint live scan systems are designed for ease of use and for capturing high quality fingerprint images, helping to ensure superior acceptance rates and accurate criminal history information.

In July 2007, MDHS, DFCS, purchased twenty-seven (27) Live Scan Systems through "Identix". State and Regional staff have been trained by "Identix" on how to use the Live Scan equipment. Each region has a Fingerprinting Administrator and fingerprint operators trained to use the Live Scan equipment. As of 2009 DFCS has increased to thirteen (13) regions in the state with thirteen fingerprint administrators and fifty-four Live Scan operators.

The fingerprints are checked against the following databases:

- Mississippi Department of Public Safety (MDPS)
- Mississippi Criminal Information System (MCIC)
- Federal Bureau of Investigation (FBI)
- National Criminal Information System (NCIC)

Monthly Live Scan conference calls will continue to be held with all Live Scan Administrators and Operators for on-going training and program evaluation.

DFCS will be fingerprinting all new employees, relative resource homes, resource homes, adoptive homes, ICPC placements, volunteers and anyone residing in the respective homes who are fourteen (14) years of age and older and anyone that is entrusted with the care foster children to whom they provide services. DFCS has completed a Memorandum of Understanding (MOU) that has been added to DFCS revised Licensure Standards and Regulations for contract providers. Once the MOU is trained, DFCS will offer live scan services to all contract providers.

DFCS has purchased eighteen (18) BACKUPS CS 500 500VA 120V 6 RCPTL RJ11 to be used with the Live Scan equipment to preserve data in the event of a power outages.

### **Foster Care Services and Kinship Care**

The *NASW Standards for Social Work Practice in Child Welfare* identify permanency planning as the guiding principle of child welfare services with permanency planning being defined as practice intended to limit placement into and time spent in out-of-home care.

The Mississippi Department of Human Services/Division of Family and Children (DFCS) Services prioritizes permanency plans as follows: reunification, adoption, durable legal custody, permanent placement with a relative, and emancipation.

In keeping with the *Olivia Y. Settlement Agreement* and commonly held child welfare standards, the newly created DFCS Permanency Planning/Placement Unit seeks to improve services to children in agency custody and their families by implementing policies and advancing services that

- protect children from future abuse and neglect,
- provide the least restrictive placement to meet the child's needs,
- address the emotional and behavioral problems associated with the separation and attachment issues of foster care and other behavior problems of children in care,
- provide permanent families for children through adoption or legal guardianship.

Per the *Olivia Y. Settlement Agreement*, children in agency custody shall be placed in the least restrictive setting that meets his/her individual needs as determined by a review of all intake, screening, assessment and prior placement information. Priority consideration is given to (1) placement with relative, (2) resource home within 50 miles of child's home community, (3) resource home outside of child's home community, (4) congregate care, or (5) institutional care.

#### **Goals:**

- To provide a safe environment for the well-being of foster children
- To maintain a positive connection between children and their families and communities
- To achieve permanent plans for children in a timely manner
- To empower kinship homes to provide safe and appropriate care for children.

#### **Strategies:**

- Identify specific workers in each region to recruit, train and license foster homes.
- Develop train-the-trainers curriculum for foster home workers to be completed prior to presenting foster parent training.

- Develop curriculum for foster home workers regarding agency policy, presentation skills.
- Develop a state-wide recruitment campaign using billboards, TV, radio, newspaper.
- Develop a written and media presentation which could be adapted by local staff to use in speaking with community clubs, faith organizations, and service organizations.
- Collaborate with stakeholders to include foster homes in recruitment efforts for adoptive homes.
- Develop new curriculum for pre-service training. Teach family-centered model and foster parents' role. Enhance modules to emphasize foster parents' role in team meetings. Enhance modules to address foster parents' role in achieving reunification for children.
- Develop on-going foster parent training regarding methods of dealing with hard to handle behaviors, medical issues, and positive discipline.
- Develop protocol for team assessment and matching of children coming into custody with appropriate care givers.
- Identify non-office sites in each county which would provide a more comfortable environment for family visitation
- Develop protocol for child-parent visitation in home of parents.
- Increase new-hire training regarding sibling placement and proximity requirements.
- Develop policy to require a copy of case plan be given to youth age 14+
- Develop policy to require giving all known information regarding the whereabouts of birth parents and extended family to youth aging out of the foster care system.
- Develop a kinship navigator program to enable relative care givers to access the services needed by the children in their home.
- Organize support groups for relative care givers.
- Empower kinship families to advocate on behalf of the children.

#### **Outcomes:**

- Foster home-specific workers will be identified and trained.
- The number of foster homes in each of the thirteen regions will increase by 25 per cent.
- New curricula will be presented to 50 per cent of foster parents.
- New curricula will be presented to appropriate staff.
- New policy will be issued.
- Kinship navigator program will be implemented.

#### **Licensure of Group Residential and Therapeutic Care**

Out-of-home care in either a family foster home, relative placement or group residential care must provide for the safety, permanency and well-being of the child. But children with a diagnosis of a significant medical, developmental, emotional or behavioral problem often require a different level of care with special needs and considerations.

#### **Goals:**

- To improve services to children in therapeutic care
- To improve placement by matching child with appropriate home/facility in keeping with COA standards
- To develop a pilot family residential treatment program
- To increase placement opportunities

#### **Strategies:**

- Review and make recommendations for improving training for therapeutic group home staff and therapeutic foster parents in conjunction with Mississippi Department of Mental Health (MDMH), placement workers and providers
- Work with licensure staff and regional workers to develop a process by which observations on the quality of therapeutic services can be shared with MDMH on a regular basis
- Develop a match process by which placement staff and regional workers first consider the individual needs of children that require therapeutic services and the most appropriate placement when making a placement
- Encourage the development of group residential and therapeutic facilities in strategic geographic locations through the RFP and contracting processes
- Develop a plan for a pilot program in the state to provide family residential treatment services by drawing down federal funds available through Fostering Connections to Success and issuing an RFP for the services

#### **Outcomes:**

- Establish a work group to review and make recommendations for revising training and curriculum for therapeutic care by November 2009. Revisions to be completed by September 2010 and fully implemented by September 2011.
- Establish an interagency work group by March 2010, to develop a process for ongoing communication between MDMH and MDHS staff as it relates to therapeutic services for children in agency custody. Have process in place by January 2010.
- Develop a check-list by November 2010, to assist workers in considering the individual needs of the child when placing a child in state custody. This document is to be used by local resource workers, regional staff and state office staff and should incorporate the conditions set forth in the *Olivia Y. Settlement Agreement*.
- Work with state office staff, providers and regional social workers, supervisors and directors to identify three targeted locations in the state for new group homes, therapeutic group homes and therapeutic foster homes by January 2012.
- Develop a plan for increasing placement opportunities in all settings for children in state custody by January 2012.
- Draw down federal dollars when available and issue an RFP to develop family residential treatment services by January 2013.

#### **Interstate Compact for the Placement of Children**

The Interstate Compact for the Placement of Children (ICPC) provides out-of-state placement and supervision of dependent children. Its major purpose is to protect children from being placed in dangerous or inadequate situations across state lines.

- **Goals:**
  1. Centralization of ICPC in the counties
  2. ICPC Training for county workers and Judges
  3. MACWIS modification
- **Strategies:**
  1. Work with Regional Directors to designate a worker to handle all ICPC matters for each county or region.
  2. Establish a rapport with training unit to ensure correct dissemination of ICPC material.

3. Work with Training Unit and Court of Appeals on the Court Improvement Plan for training social workers and Judges on ICPC.
4. Participate in MACWIS workgroup to assist in revising MACWIS for ICPC usage.

- **Outcomes:**

1. Simplify communication with counties.
2. Improve timeliness of home studies.
3. Expedite the gathering and receiving of information.
4. Make workers and Judges more knowledgeable regarding ICPC.
5. More complete ICPC referrals.
6. Correct court orders.
7. Decrease illegal placements and Compact violations.
8. Improve ICPC data collection and tickler functions.
9. Decrease pending Summary in MACWIS.
10. Screen enhancements in MACWIS for ICPC outgoing.

### **Safe and Timely Federal Reporting ICPC**

There were a total of 24 ICPC cases that required the extended 75-day period for completion of Interstate Home Studies on or before September 20, 2008. According to county staff, the extended compliance period was needed due to the following reasons:

- Lack of staff to complete home studies
- Delay in obtaining local and Central Registry background checks
- Workers not receiving referral packages timely

The extended compliance period provided time for the Fingerprinting Unit to investigate “hits” received on background checks. This extension also provided more time for limited staff to evaluate potential homes and make appropriate placement decisions.

The actions taken by the State and any relevant Federal agency to resolve the need for an extended compliance period include the agency hiring additional county workers. Also, the Fingerprinting Unit has increased their staff. Six additional Mississippi Regions were developed for a total of thirteen Regions in an effort to balance workloads. Further, the ICPC Unit is establishing centralized intake regionally for distribution of new referrals.

## **DESCRIPTION OF PROMOTING SAFE AND STABLE FAMILIES SERVICES**

### **Family Preservation and Time-Limited Reunification Services**

Mississippi currently contracts with two agencies to provide Family Preservation and Reunification services. The services are available statewide to a total of 350 families. The Family Preservation services are offered to families that have a child under the age of 19 that is at imminent risk of being removed from the home setting for placement in a standard or more restrictive foster care placement. The services are intensive and comprehensive and are delivered in the family's own home. The Time-Limited Reunification Services are available to families with children who have been out of the home for a period of no more than 90 days.

The Family Preservation/Family Centered Model of service delivery in the State of Mississippi continued as a part of the overall system of the Division of Family and Children's Services (DFCS). The Family Preservation Services (FPS) Program is an intensive home-based program which provides therapeutic services to families whose children have been targeted for removal because of abuse or neglect.

The FPS Program uses the Family-Centered model of service delivery which has been successful in reducing the number of children entering out-of-home placements as a result of some family crisis. The FPS Program is 20 weeks in length with follow-up services are provided every three (3) months for up to a year after termination. The Family Preservation Services Program targets families whose children are birth through 18 years of age. Family-Centered service is a method of service delivery in the home to children and their families as a unit. The service is founded on the principle that the first and greatest investment should be made in the care and treatment of children in their own homes. This means that the funds, personnel and other resources which traditionally have been expended on one family member are invested in treating and strengthening the family unit.

Mississippi's FPS Program provides therapeutic counseling and concrete services to families. Rental assistance, clothing, food, transportation, medical, and other services as needed, are among the various concrete services available to the families. Families are taught multiple parenting skills pertaining to child behavior problems, parenting knowledge and parent/family therapy which include connecting the families to support systems. The services provided strengthen and empower families with skills, knowledge, and resources to prevent further abuse/neglect and maintain the family unit.

Uniqueness:

- Family Focused
- Non-Deficit Approach
- Home-Based
- Time-Limited
- Limited to Low Caseloads (4-6 families per team)
- Intensive (up to 15 hours per week, per family)
- Treat Most Serious Problems
- Creative and Flexible

With the FPS Program in place, parents learn to set limits, employ positive discipline, control emotions, and provide for their children's physical and psychosocial needs. While parents learn the previously mentioned skills, children learn to manage their own feelings and behaviors in productive ways that minimize family stress. The Family Preservation Services Program teaches and models new behavior in the environment in which it will be practiced. As a result of the hard and soft techniques, families learn parenting skills, life skills, and coping abilities, while defusing the potential for violence. Families also learn ways to effectively handle their own problems rather than relying on Mississippi Department of Human Services (MDHS) when crises erupt. With this intensive service, families resolve crises, assess problems, explore options, and remain together as a family.

Program Objectives:

To improve family functioning and prevent the need for out-of-home child placement, the Family Preservation Services (FPS) Program has established the following objectives:

- To provide crisis intervention to troubled families.
- To conduct thorough assessments of child and family functioning.
- To aid clients in locating and accessing concrete services (housing, clothing, food, and other necessities).
- To provide family therapy with a focus on parental self-control, child management, communication, and problem-solving techniques.
- To provide other necessary therapeutic services as indicated (marital therapy, depression treatment, or other needed treatment).
- To evaluate program efficiency and consumer satisfaction.

Types of Services Provided:

The program provides intensive (up to 15 hours per week) therapeutic counseling and concrete services to families with "at risk" children. Families are taught multiple parenting skills which may include prevention of child behavior problems, parenting knowledge and parent/family counseling while connecting the families to support systems. The primary focus is to promote family competence by building on their strengths and resources, and to promote safety, maintain the family unit, and teach and promote self-sufficiency.

The Family Preservation Program seeks to address the root causes of child abuse and neglect through a combination of services including:

- Twenty-four hour crisis intervention; Family Preservation Services is available to families 24 hours a day, 7 days a week
- Child and family assessment
- In-home crisis management and skills building
- Family counseling
- Individual counseling when deemed necessary
- Case management
- Client advocacy
- Modeling appropriate behavior

Other areas of service include the following:

- Assessments - assess the following areas during initial contact, throughout treatment, and during follow-up services with the families.
  1. Frequency and severity of child behavior problems
  2. Availability and frequency of contact with emotional support systems
  3. Parent knowledge of child development
  4. Parent knowledge of appropriate parenting skills
  5. Availability of age appropriate toys for children
  6. Home safety
  7. Nutrition
  8. Depression
  9. Marital distress
- Treatment and Program Services - offers services in the following areas:

1. Help families learn to:
  - Build self-control
  - Prevent potential problems from occurring
  - Reinforce appropriate child behaviors
  - Effectively discipline child misbehavior and refrain from any physical punishments
  - Communicate and negotiate effectively
  - Conflict Resolution
  - Address school problems
  - Problem solve effectively
  
2. Provide additional therapy to address:
  - Depression
  - Marital distress
  - Stress (relaxation training)

Case management activities include identifying concrete services which the family needs such as transportation, housing, day care, job skills training and health care, and linking the family to necessary support services for assistance. Flexible dollars are also available to families to assist in their financial needs. The purpose of the flexible dollars is to provide the Family Preservation team with an additional crucial element in the treatment that can respond to the family's acute needs for material support. Flexible dollars are not seen as a continuing income source, but rather an important crisis intervention tool to improve the family's quality of life or to insure safety or physical health. Other services offered include helping the family with basic survival needs such as the following:

- Food
- Clothing
- Respite care
- After school care
- Homemaker services
- Medical services
- Psychiatric evaluation and monitoring
- Tutorial and other student assistance program
- Adult Education (access to G.E.D. training and vocational training)

Flexibility in offering services is available with the schedule of the family taking priority. In addition to the services mentioned previously, the Family Preservation Team assist in helping families increase knowledge in these areas:

- Nutrition
- Child development
- Health
- Safety
- Budgeting
- Physical Care of Children

Statewide Implementation:

Family Preservation Services Program has been outsourced, and the services are provided by two contractual agencies, Mississippi Children's Home Services and Youth Villages. These agencies are responsible for hiring the Family Preservation staff, training the staff, developing and monitoring progress of the program, and providing data for its evaluation. The models that the Family Preservation Services (FPS) Program utilizes in these two agencies are the Multi-Systemic Therapy (MST) which Youth Villages uses, and the Social Learning Theory/Family Centered Model of Treatment (SLT/FCT) which Mississippi Children's Home Services incorporates into their program.

The immediate goals of the Statewide FPS Program are to reduce family stress and dysfunction and to improve parenting skills. The long term objectives of the program are to reduce ongoing pathology that leads to adolescent problems (e.g. delinquency, teenage pregnancy, and substance abuse) and poor adult outcomes (e.g., criminality, substance abuse, and child abuse or neglect).

The SLT/FCTs and the MSTs format offer the following unique services:

- Workers are accessible at all times with teams of no fewer than two (2) or more than four (4) workers per family
- Do not exceed 6 cases with the average at 4-6 cases
- Duration of service is 3-6 months
- Inappropriate referrals include psychotic and long-term cases
- Draws on the causal modeling of serious antisocial behavior and sociological and family systems
- Provides 4-15 hours per week of service to the families

The objectives of both models include the prevention of out-of-home placement of a child or children through behavior change. There are specific goals for each family interaction, and the intervention involves a strong cognitive component which is generated into systemic skills training in family communication, parenting skills, and conflict management skills. Other areas of skills building is marital, parental depression, enactment, and problem-solving.

Effectiveness for both models has been independently demonstrated with a significant reduction in placement when compared to alternative treatments and/or no treatment conditions

#### Administrative Monitoring:

The Family Preservation Program support staff includes a Special Projects Officer who is the Central Officer. The Central Officer reviews and screens referrals for the Program, and provides ongoing training and technical assistance to Family Preservation staff, other DFCS county staff and the contractual providers. This person also provides monitoring through case assessment and on-site visits.

#### Assessment:

Assessment of the program is conducted through accumulated statistics, client satisfaction forms which will be completed by the family periodically, and periodic worker surveys concerning the program's services provided. Also, MDHS State Office staff will conduct periodic site visits to insure program integrity. The Goals and Outcome measures will be based on the following areas of success:

1. Safety: Any abuse or neglect identified in the family should be resolved with no new opened MDHS cases. Safety of the children and other family members should be in place.
2. Permanence and Maintenance: The family must remain intact and the child or children must not have been placed out of the home. (Home is based on the location of the child upon termination (adoptive, foster, kinship, parent, etc). Cases must be completed without further intervention with movement of the family toward self-sufficiency.
3. Well-Being: Families must be taught skills to increase the strength and stability of the family. The family will have increased knowledge of resources, and the families will find resolutions and solutions to their current situations.

To complete the assessment of the Family Preservation Program, The North Carolina Family Assessment Scale (NCFAS) is used to evaluate the overall effectiveness of the program. Five areas of family functioning are assessed. They include Environment, Parental Capabilities, Family Interactions, Family safety, and Child Well-Being. The levels of change per family in these areas will be documented. Data will be collected quarterly from the contractual providers, and cumulated yearly to target the changes of the family in the above mentioned areas. Reporting will begin October 1, 2009.

Data from the Family Preservation Program during FFY 2008 include service to 383 families with 971 children. 358 families remained intact with 59 children removed. 912 children remained safely in their homes. A 94% rate of success was shown during this period as children were recommended for removal.

It is projected that during the 2009 federal fiscal year, 470 families will be served with 1180 children. The projected outcome is to have 96 % of these children remain safely in their own homes. This number is in alignment with the percentile of average families served during the previous Federal Fiscal years. From September 30, 2005 through September 30, 2008, 1360 families with 3,357 children were served with 155 children recommended for removal.

At the end of the FFY 2008, there were 82 of the 82 counties (100%) with available family Preservation Services.

In FY 2002, the agency began to integrate Time-Limited Reunification services into the Family Preservation Program. The FPS Program accepts referrals on families who have been in the system for 3 months or less. Intensive home-based intervention is provided to assist in reuniting the family while insuring the children's safety. The number of Reunification families served for the FFY of 2008 was 25 with 47 children who were able to remain with their families.

### **Family Support Services**

MDHS contracts with various agencies to provide programs focusing on support services to high risk families through respite care and supervised visitation. These providers offer various programs and services to children of single parents including: resource referrals, parent education, one-on-one case management, home based instruction, supervised visitation, Communication of Parent Effectiveness

Skills (COPES), parent aides, teen parent support, support groups, community education, and counseling.

These services are available to families living on the Gulf Coast, in Hinds Co. and in East Central Mississippi. Families living on the Gulf Coast receive services through the Gulf Coast Women's Center for Nonviolence (GCWCN). Those living in East Central Mississippi receive services through the Starkville School District and those in Hinds Co. receive services through the YMCA of Metro Jackson.

GCWCFN identified the major need in their community as the risk of children being abused or neglected when there is family violence. To reduce the incidence of child abuse and neglect, the GCWCFN provided services to families who have experienced domestic violence, sexual assault, and/or substance abuse. The services included respite services, child care, classes for parents, transportation, and activities for these families. As a result of these services, there has been increased positive parenting behaviors, increased family problem solving and behavior modification, increased family stability and functioning and decreased family stress.

Starkville School District identified two major needs within their community: parental stress due to childcare responsibility, the need for quality early childhood education and the need for quality interactive time between parents and children. Starkville School District provided respite services for families and early childhood education classes. Each child was encouraged to attend the early childhood classes twice weekly for four hours each visit.

GCWCFN provided respite services to a total of 59 families for a total of 2592 units (hours) of service. The Center also provided 1,042 child care hours to families who sought shelter or services at the Center.

Starkville School District provided respite services to a total of 113 children (102 families) during the contract period for a total of 1,712 units (hours) of services for the families. Early childhood classes were provided four days a week from 8:00 a.m. to noon and from 1:00 p.m. to 5:00pm. Each child was encouraged to attend twice weekly for a total of eight hours per week. Family Interactive time was offered to families and was planned and conducted by the Coordinator of the program.

The Starkville School District surveyed fifty (50) parents as their children exited the program. All fifty reported the services helpful to them. Ninety-six percent reported that the service had a positive effect on the relationship they had with their child.

In order to maximize resources and provide a continuum of prevention and support services, DFCS is currently preparing to issue an RFP for Family Preservation, Time Limited Reunification and Intensive In-Home (Family Support) services. This RFP is scheduled to be issued by July 2010. The goal of this contract is to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement.

The objectives and expected outcomes are currently being developed in conjunction with the RFP. DFCS has contracted with a nationally recognized child welfare expert to develop a practice model on which this contract will be based. The practice model is scheduled to be completed by October 1, 2009 and will inform all policies and practices related to child welfare and the prevention of abuse and neglect.

## **Adoption Services**

<b><i>Adoption Incentive Payment</i></b>
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Over the next (5) five years, the agency hopes to see the following take place:

- Provide services to children who are freed for Adoption, where Medicaid does not pay for those services: (Braces, On-going Therapy, Education Services, School Activities, Social Events where the child is involved, and Sibling Visits).
- Recruitment for Special Need Children. (Camps, Families)
- Adoption Events for Children and Families.
- Assistance with Medical Needs not covered by Medicaid.
- Assist the Adoptive Families with back to school need (a-one time assistance).
- Continue to pay Attorney Fees for Finalizing Adoptions.
- Provide Pre and Post Adoption Services to our Adoptive Families: (Training, Support, And Case Management).
- Assist with Medication not covered by Medicaid, (one-time).

Adoption Services staff in the State Office will work closely with adoption workers and resources workers in the field to identify needs and opportunities to use incentive funds to provide the services outlined above. Adoption Services staff in the State Office staff will develop an e-newsletter to be sent at least quarterly to adoptive families, adoption workers, resource workers and their supervisors. Adoption Services staff will work closely with the staff in Administration/Finance to assure that funds are being spent in a timely and appropriate manner.

Goal #1: Ensure a sufficient number of available adoptive families for children awaiting adoption.

Objectives:

- A. Adoption staff in State Office will continue to be responsible for state-wide and nation-wide child-specific recruitment of potential adoptive families.
- B. State Office staff will assure child specific information on children awaiting adoption is shared with other licensed adoption agencies.
- C. Adoption staff in State Office will revive the Mississippi Adoption Resource Exchange, as mandated by state law.
- D. All recruitment efforts will focus on the types of children awaiting adoption.
- E. The Adoption Specialists in each region will be responsible for recruitment in the local communities within the regions.
- F. The Adoption Specialists in each region will respond in a timely manner to inquiries from potential applicants. The adoption home study process will be completed within 3 months of initiation
- G. Foster parents who have been providing foster care for a child for 12 months will be given preference as an adoptive family for that child should she/he become legally free for adoption.
- H. Finalize 300 adoptions in FFY 2010 with a five per cent increase in adoptions each additional year of the Five Year Plan.

Goal #2: Provide Pre-Adoption Services to prepare children, birth parents and prospective adoptive parents for adoption.

Objectives:

- A. When child's primary permanency goal is established as adoption, an adoption specialist will be assigned to work with the child's worker to begin the process of securing an adoptive placement for the child.
- B. The adoption specialist will conduct a child study to assess the child's readiness for adoption; the child's caseworker will assist the child in developing a Life Book.
- C. The adoption specialist will provide counseling to help the child understand the adoption and cope with separation, loss and birth family loyalty issues. If appropriate, the child may have continued contact with the birth parents, siblings and extended family after the adoption is finalized.
- D. The county worker will work with birth parents to educate them about their legal rights, counseling and support to cope with voluntary or involuntary termination of parental rights, and the lifelong implication of placing a child for adoption.
- E. The county caseworker and the adoption specialist will have a discussion with the birth parents about changing roles and relationships when the birth parents will have an ongoing relationship with the adoptive family. The adoption specialist will educate on issues related to search and reunion.
- F. The county case worker will assist the birth parents in planning for the immediate future and referral for needed services.
- G. The adoption specialist will provide an orientation for prospective adoptive applicants that include an overview of the lifelong process of adoption and its meaning; the process of completing adoption; the needs of children awaiting adoptive families; benefits and responsibilities of openness in adoption, the availability of adoption subsidies and post-adoption services, and criteria used to determine eligibility for adoptive parenthood.
- H. The adoption specialist will help prospective adoptive parents prepare for adoption through education, training, information and support. These services will be tailored to the age range and needs of the children awaiting adoption.

Goal #3: Identify adoptive families who can meet the needs of waiting children and facilitate timely placements.

Objectives:

- A. Placement committees will meet monthly in each county and quarterly in each region to review children awaiting placement and approved adoptive families to identify an adoptive family most suitable to meet the child's needs and can best advance the child's best interests. The State-level Placement Committee will meet twice per year.
- B. The adoption specialist will provide the prospective adoptive parents with sufficient information and time to make an informed decision about the placement, and assurance that the child is legally free for adoption.
- C. When a child is placed prior to termination of parental rights, the adoption specialist will inform the prospective adoptive parents of the risks involved; assist them in completing a written agreement, stating the mutual intention that the adoption takes place, if legal matters are resolved.
- D. The adoption specialist and the county worker develop a plan for pre-placement visits, so the child will be placed as soon as the family and the child are prepared.

- E. The adoption specialist provides assistance to the adoptive family with the child's transition to the home; obtaining available subsidies and medical insurance for the child, obtaining resources for the child's special needs and completing the legal adoption.

Goal #4: Post-Adoption Services will be provided to promote child and adult well-being and family functioning and stability.

Objectives:

- A. The adoption specialist will assist the family, the adopted person or the birth parents in obtaining these services.
- B. The adoption specialist will refer families or individuals to adoption competent professionals.

Goal #5: Implement a Teen Adoption Initiative in order to provide permanent adoptive placements for older special needs children in state custody.

Objectives:

- A. Use a grassroots media campaign to bring teens waiting for adoption to the attention of the public.
- B. Produce public service announcements for radio and television that feature Mississippi teens in foster care themselves advocating for adoption.
- C. Secure local newspaper and magazine articles on the adoption of older children.
- D. Produce profile books of Mississippi teens waiting to be adopted and distribute to churches, medical offices, beauty salons, libraries, etc.
- E. Produce CD presentations of Mississippi teens and distribute to agencies throughout the state.

## COLLABORATION

### Court Collaboration

- Significant collaboration with the Youth Courts and the Mississippi Supreme Court Administration Office of Courts (AOC) occurred in the First Year Implementation period.
- Quarterly meetings were held with the Chief Justice.
- Court Improvement Workgroup met monthly to complete Phase I of the Action Plan and begin Phase II.
- Youth Court judges assisted in the development of DFCS' Court Improvement Professional Development curriculum and videos.
- Advanced Professional Development for Court Practice was completed and professionally printed and trained in all Regions in November and December, 2008.
- DFCS was invited to participate in drafting the Uniform Rules for Youth Court Practice, which became effective January 8, 2009. (*See The Mississippi Supreme Court website under Rules for copy of Uniform Rules for Youth Court*).

### Goals

- DFCS continues to work with the Administrative Office of Courts to implement the MYCIDS program for DFCS and Court information systems interface. Currently, the pilot counties (Rankin

and Adams) for MACWIS are able to transmit documents to the MYCIDS. MYCIDS has the ability to transmit this data to the courts.

- Curriculum has been written for Phase Two of the Court Improvement Project which includes Interstate Compact for the Placement of Children, Title IV-E Eligibility and the Uniform Rules of Youth Court. Videos for the curriculum which include local judges have been prepared. The advanced professional development curriculum for Interstate Compact for the Placement of Children, Title IV-E Eligibility and Uniform Rules of Youth Court will be conducted beginning in September.
- Upon completion of Phase Two of Advanced Professional Development for Court Practice, Phase Three projects a Summit Conference with judges, guardians ad litem, prosecutors and court administrators.
- Uniform youth court forms for orders and other documents have been approved and will be hyperlinked to the Uniform Youth Court Rules of Practice (in force as of January 2009) on The Mississippi Supreme Court website as soon as possible, and expected target date is September 2009. We anticipate that these uniform forms will also be the forms available in Mississippi Youth Court Information Data System (MYCIDS) for more efficient collaboration between the courts and DFCS.

### **Other Collaborations**

A Memorandum of Understanding has also been developed between the DFCS and the AOC which specifies the respective agency responsibilities within this program.

A Memorandum of Understanding has been agreed upon between DFCS and the Mexican Consulate for cooperation in providing services to children in the United States who are Mexican citizens. A final review is being done by officials in Mexico and date of August 13, 2009 set for signing in New Orleans.

The Mississippi Emergency Repatriation Plan, Attachment to Emergency Support Function #6 of the Comprehensive Emergency Management Plan was completed and approved by the Administration for Children and Families Office of Refugees Resettlement (ACFORR).

A Memorandum of Understanding has been developed between DFCS and licensed agencies (group homes) regarding criminal and background checks for all homes licensed by the licensed agencies.

DFCS continues to maintain collaboration with the National Resource Centers. Staff participates in the teleconferences sponsored by the NRC's on a regular basis.

### **Initiatives**

- **Development of Practice Model**

An objective for 2010-2014 is to implement a child welfare practice model statewide that will guide our work with children and families according to the DFCS's mission and values and the guiding principles of the CFSR.

This work began in February 2009, when MDHS contracted with the Center for the Support of Families (CSF) to assist in developing a child welfare practice model for implementation in the State. The Department's interest in developing a practice model stems from its current efforts to implement

requirements associated with the *Olivia Y.* settlement agreement, the Council on Accreditation (COA) standards, and the Child and Family Services Review (CFSR) at the same time. While many of the requirements and outcome measures of the State's various mandates are similar, others are specific to the settlement agreement, the COA standards, or the CFSR. DFCS is interested in coordinating these many efforts and multiple requirements in ways that are non-duplicative, clearly understood by staff in the 82 counties in the State, that will lead to the best and most efficient and coordinated use of limited State resources, and that offer the most promise for improving outcomes for children and families and achieve the goals in place for the State's child welfare system.

Toward this end, the State decided to frame its many mandates within a model of child welfare practice that staff and providers in the field will easily understand, adapt to, and incorporate into their interventions with children and families. The State recognizes that staff and providers in the field, who will ultimately be responsible for meeting the requirements, need a conceptual framework that is value-based and principle-driven that they can rely on to guide their work with children and families on a daily basis, and that such a framework will help staff and providers understand the reasons and values behind their interventions as opposed to being more compliance-driven in order to simply meet the terms of the current legal mandates before the State. The values and principles that will provide the foundation for the practice model are the DFCS child welfare mission statement and principles and the CFSR guiding principles which include family-centered practice, community-based services, individualized services, and strengthening parental capacity to care for their children.

During the spring of 2009, the contractor (CSF) began collecting information about the status of child welfare practice and outcomes in Mississippi through focus groups with staff and supervisors, and interviews with child welfare stakeholders in the State. CSF also cross-referenced the many practice-related requirements of the settlement agreement, COA standards, and the CFSR to identify areas of similarity and difference. Based on this analysis, and the guiding principles noted above, CSF developed six broad components of child welfare interventions that will comprise the core of the practice model, which include the following:

- Mobilizing appropriate services timely
- Safety assurance and risk management
- Involving children and parents in decision making
- Strengths and needs assessments
- Preserving connections and relationships, and
- Individualized case planning

Our plans for implementation are as follows:

- By September 30, 2009, the contractor, in collaboration with DFCS and key stakeholders, will complete the development of the practice model. The completed model will identify the activities associated with each component that relate to the settlement agreement, COA standards, and the CFSR.
- The completed practice model will include a plan for statewide implementation of the practice model, including identifying the systemic supports, such as training, policy, monitoring, and resource development that need to be addressed to assure the successful implementation of the model.

- Although the details of the time frames and implementation strategy will not be finalized until later in 2009, it is likely that a phased implementation process will occur during this five-year plan.

- **Mississippi Change Management Implementation Project**

The Change Management Implementation Project in Mississippi will target and isolate two active, critical, and high-profile counties in South Mississippi, both affected significantly by Hurricane Katrina and both historically presenting issues of differing natures and characteristics from each other but unique in the State in not only the characteristics themselves but in the long-standing nature of the characteristics, such characteristics constituting major obstacles to the implementation of family-centered practice and the achievement of desirable outcomes for families and children. These counties during year one of the Project will in essence become a case study for organizational analysis in Change Management Strategy, and in year two, a case study in effective Implementation. All CFSR systemic factors will be analyzed, assessed, and addressed in both phases of the project – Statewide Information System, Case Review System, Quality Assurance, Training, Service Array, and Agency Responsiveness to the Community, Foster Parent Licensing, Recruitment, and Retention. Organizational factors to be analyzed, assessed, and addressed in addition to these CFSR systemic factors include recruitment, hiring, and retention of staff; organizational structure; leadership, administration, and supervision; and any other factors, taking nothing for granted, which influence effective practice. In terms of practice, all CFSR outcomes will be considered in measuring improvement in the delivery of services through the implementation of the Practice Model with special emphasis, due to nature, principles, and values of family-centered practice, being focused on Safety Outcome 2 – children being safely maintained in their homes when possible and appropriate; Permanency Outcome 1 – children having permanency and stability in their living situations; Permanency Outcome 2 – the preservation of the continuity of family relationships and connections for children; and Well-being Outcome 1 – the enhanced capacity of families to provide for their children's needs.

The ultimate objective of the Change Management Implementation Project is not merely the implementation of the Family-Centered Practice approach in the target counties, but the institutionalization of a Family-Centered Practice culture within the organization throughout the State through the development of a strategy and model from the effort of organizational analysis and development undergone in the target area during the two year project. The Project will provide the methodology and know-how to assure sustenance. The anticipation is for a landmark study, taking nothing for granted, considering all variables, which will provide a blueprint for success not only in implementation but in institutionalization of effective child welfare practice which consistently results in desirable outcomes for children and families.

## PROGRAM SUPPORT

### **Professional Development and Training and Education Program**

The DFCS Training Program is under the supervision of the Deputy Administrator. As indicated in the last report, the Training Program has continued to experience significant changes. Nevertheless,

training for new hires and staff development has continued through clustering of the Regional Training Coordinators and other training unit support staff.

The Training Program staff currently consists of one Training Director, five Training Coordinators, one program specialist, one curriculum writer, one educational liaison and one clerk typist. The Training Director and Training Coordinators are a direct result of the proposal that was written to hire trainers who have both child welfare experience and training experience. The original plan was to hire one training director and seven statewide regional training coordinators to provide more child welfare training to staff. A sixth Training Coordinator began May 1, 2009 leaving one vacancy. Beginning July 1, 2009 an additional 13 Training Coordinator PINS are expected to be funded.

A new proposal has been submitted for additional Training Coordinators to cover the newly formed 13 regions and to focus on supervisory training and support. Additionally, the proposal includes the creation of Training Specialist that will not only assist the Training Coordinators but will ensure quality on-the-job training on a regional level. The Training Unit has also requested a program specialist that will focus on web-based training for DFCS.

The Training Unit is continuing to update and create new curriculum to provide professional and quality child welfare training to staff. Great emphasis has been placed on ensuring quality Facilitator Manuals that will allow new Training Coordinators to begin presenting materials with very little assistance required.

The DFCS Training Program currently provides a Child Welfare Professional Development Workshop for all new DFCS Social Workers otherwise known as Family Protection Specialists and Family Protection Workers. The workshop curriculum incorporates the Mississippi Automated Child Welfare Information System (MACWIS), Family Centered/ Strength-based Practices, County Conferences conducted by the Foster Care Reviewers, Universal Precautions for Working with Children and updates relevant to Olivia Y. Settlement Agreement. The Child Welfare Professional Development Workshop curriculum is continuously being updated to reflect state and federal mandates, agency policy and practice changes.

The Training Program staff continues to provide financial and clerical training and assistance to Area Social Work Supervisors concerning the MACWIS bookkeeping system. The clerical training for county bookkeepers has been revised and clerical staff has been trained on the new curriculum. Clerical training is being provided for new clerks and county bookkeepers regionally as needed. Additionally, direct service staff receives three hours of finance training as part of the Child Welfare Professional Development Workshop.

The former Worker Safety Committee identified several training needs that have been implemented by the DFCS Training Unit, including the *Nonviolent Crisis Intervention Techniques Training*, that all direct service workers that have client contact now receive due to a partnership with DFCS Training Unit and the Human Resources Training Program. Once a worker receives the initial two day certification there will be an annual update to maintain certification. Additionally, all direct service workers were trained on the correct installation and use of child safety seats and restraints through a partnership with Mississippi Safe Kids. Along with the training for direct service workers all Training Coordinators and some Resource staff were certified as instructors. This will allow DFCS staff to conduct the required annual training for direct service workers and resource parents.

Training Staff is involved in the development and implementation of the IV-E Program Improvement Plan (PIP) by participating in planning groups and in creating new training curriculum to address IV-E eligibility issues in the field and several systemic factors.

The Training Program continues to develop a "library" of items that are relevant to field staff on a daily basis. These items include video tapes, brochures, articles, books and computer resources about various subjects such as family group conference, strength based assessment, child development, sexually transmitted diseases, various medical conditions, and special needs of foster children, behavioral management techniques, adolescent issues, and numerous other issues relevant to the field staff confronting workers on a daily basis.

Training Staff participate on advisory committees such as the Child Fatality Review Board, the MACWIS Advisory Board, the Child and Services Review Planning Team and Strategies to Assist Independent Living Skills (S.A.I.L.S).

Special assistance is provided to the MACWIS Unit and other units within the division to ensure continuity of training for staff by Training Staff.

The Training Program has been involved in the planning of various workshops and conferences that allow social work units to be awarded by the program. The Child Welfare and Methamphetamine Workshop, Death Scene Investigations for Infants and Children; SIDS & Related Asphyxia Death Scenes Workshop and Abusive Head Trauma A Devastating Form of Child Abuse were approved for social work units by the Mississippi Chapter of the National Association of Social Workers and the Training Program is waiting on approval for the Heat of The Moment- Burns Workshop. The Training Program has began the process to become a designated provider of Social Work Units through the Mississippi Chapter of the National Association of Social Workers which will greatly assist the agency in retaining licensed social workers in the child welfare setting.

Training on Indian Child Welfare Act (ICWA) continues to be included in the Child Welfare Professional Development curriculum and new curriculum being developed that is required for all new DFCS social workers and support staff. In addition, the State is in the process of trying to improve collaboration with the Mississippi Band of Choctaws' Social Services in coordinating protective service cases related to children of Choctaw families who are not covered or eligible for services through the Mississippi Band of Choctaws or their Social Services.

DFCS completed a contractual agreement with the University of Southern Mississippi, School of Social Work, for the continuation of Supervisory Learning Labs and to provide Supervisory Level One in some targeted regions.

### **Child Welfare Professional Development Curriculum**

Child Welfare Professional Development Workshop continues to have curriculum revisions as needed to update information relevant to *Olivia Y. Settlement Agreement*. The above mentioned trainings are trained state wide to all new Family and Children's Services staff, including new workers and supervisors.

On-the-Job Training is provided to the new social workers and family protection workers in addition to the four weeks of Child Welfare Professional Development Workshop. This on-the-job training includes targeted training on practice and policy, assessment of the family's strengths, and risk to the child,

which include the use of the Best Practices tools, case planning in all cases, and working with sexually abused children and their families. On-the-job training lasts for six weeks, and alternates with the four weeks of Child Welfare Professional Development Workshop. The new Social Worker training is currently being taught every other week following three weeks of on-the-job training. The Training Program is able to graduate 32 social workers and family protection workers in eight weeks from up to three different locations.

Level II caseworker training curriculum will consist of three-day classroom training in Family Centered Practice, Intake, Investigation, Assessment, Case Planning, Placement Services, and MACWIS System Training. To complete the training, caseworkers will take an exam based on the training. Level III Caseworker Training will consist of Child Welfare Advanced Practice Skills sponsored by the DFCS Training Unit and/or provided by obtaining training programs from sources external to DFCS on a yearly basis.

#### New 40 Hour Supervisor Training

DFCS in conjunction with the Mississippi State Personnel Board has created a required 40 hour Supervisory Workshop. Through a collaborative effort all new DFCS supervisors now receive a 40 hour supervisory workshop. This workshop focuses on preparing new child welfare supervisors to transitions from direct service to the supervisory role and communicating effectively with staff. Participants receive an overview of state government, competency based management, ethics and specific topics related to child welfare, including but not limited to, the Supervisory Administrative Review, Random Moments and Performance Appraisals.

#### Level I Intensive Supervisory Curriculum for New Supervisors

Supervisory training is a key component of any child welfare system, especially for new supervisors. Level I Supervisory Curriculum for all new supervisors has been completed and implemented. The focus of this Level I Intensive Supervisory Curriculum is intended to incorporate training that will be largely done as On the Job Training (OJT). It was decided to go in this direction because it is unusual to have a group of new Supervisors all starting at the same time. In approaching the new supervisory training for new supervisors from this perspective, it will allow new supervisors to be trained more rapidly and more efficiently.

To further elaborate on this matter, a specific curriculum has been developed for Level I Supervisory Training. The Level I Supervisory Training is designed for supervisors who have been on the job from 0-12 months. There is a training manual with modules addressing a variety of topics, including:

- Transitioning from Worker to Supervisor
- The Roles of an ASWS
- Communication Skills
- Group Work

Some Regional Area Social Work Supervisors and/or mentors have been trained to provide this training as OJT to new supervisors in their regions as the new supervisors are hired. Several regions collaborated with The University of Southern Mississippi to facilitate the Level I Supervisory Training. The Regional Area Social Work Supervisors and/or mentors are required to have weekly face-to-face meetings with the new Supervisors during their first six months and monthly face-to-face meetings with the new Supervisors during the second six months. Training will be provided during this time as well as mentoring and clinical supervision. These meetings will be documented and a process will be developed

for evaluation and tracking purposes to ensure that the training is being held and is consistent agency wide. Regional Directors will be responsible for assuring that the training takes place, monitoring the effectiveness of the training and that the information is forwarded to the State Training Director. The State Training Director will maintain oversight of the training process and evaluations. A Facilitators' Workshop is currently being arranged to update the training and provide direction to the new Regional Area Social Work Supervisors.

The strongest focus during the first six months of this training will be on administrative issues that current supervisors are already familiar with and do not need this additional "classroom" training. Also during this time, the Level II Supervisor Training will be ongoing in every region for all supervisors, including the new ones.

#### Level II Supervisory Training for All Supervisors (Supervisor Learning Labs)

The Level II Supervisory Training, also known as Supervisory Learning Lab, is a regionally based training. The Regional Directors along with the University of Southern Mississippi staff are responsible for facilitating this training. There are specific modules available for this training and the Regional Directors will identify the needs of their Regions and choose the modules most needed. Every module will eventually be trained in every Region. The training will be provided during monthly staff meetings at which time a minimum of three hours will be devoted to this training at least six times a year. The training provides a more advanced skill level for all Supervisors. Examples of modules include, but are not limited to the following:

- Community Partnerships
- Diversity
- Working with Difficult People
- Principle Centered Leadership
- Seven Habits of Highly Successful People
- Clinical Supervision-Critical Contact Points in Casework
- Posttraumatic/Secondary Traumatic Stress, Vicarious Traumatization
- Counter Transference, Burnout
- Leadership Styles
- Interactive Supervision/Parallel Process
- Managing Data
- Liability Issues
- Personal and Professional Boundaries
- Supervising in the Midst of Trauma
- Self-Awareness and Awareness of Effects on Actions of Supervisees

#### Advanced Training for Supervisors

All supervisors will receive Level II Advanced Supervisory Training. The Advanced Supervisory Training Curriculum will be designed and based on a yearly need analysis and practice built upon the core elements of child welfare and supervision.

#### On-Going Caseworker Training

All new caseworkers receive the new Child Welfare Professional Development Workshop prior to the assignment of a workload (Level I Intensive Training), and all existing caseworkers will receive Level II and Level III Skilled Based Training. Currently the Child Welfare Professional Development Workshop is being taught by the five Training Coordinators, the Training Director, and the program specialist. The

Workshop is offered in the various Regions on an ongoing basis. Level II Training will be provided in conjunction with State Office training staff and regional training staff to allow for flexibility and rapid scheduling for new caseworkers. The Child Welfare Professional Development Workshop Curriculum consist of ten weeks of training that includes three weeks of orientation in the county office, followed by four weeks of classroom intensive training in Agency Policy, Child Protection Law, Professional Relationship Skills, Family Centered Practice, Intake, Investigation, Assessment, Case Planning, Work with Sexually Abused Children and Their Families, and the MACWIS system. The classroom training will be in collaboration with three one-week sets of structured on-the-job training at the work site. To complete the training, caseworkers will take an exam based on the ten weeks of training.

An On the Job Training Manual has been developed to assist supervisors in providing a structured three week orientation in the county and the 3 one-week sets of on-the-job training at the work site. In addition, a pre-test has been developed and implemented to provide a baseline for each worker as he or she starts the Child Welfare Professional Development Workshop.

Two external consultants are under contract to evaluate the current Child Welfare Professional Development Workshop, Trainer's needs and all other on-going curriculum. The consultants are focusing on areas of improvement needed including building the capacity of individual trainers and consistency of the training across the state.

#### Yearly Needs Analysis for On-Going Training

Throughout this narrative description regarding the DFCS plan for on-going training, there have been several references to a yearly needs analysis being conducted. The purpose of this yearly need analysis is to determine staff training needs, develop new curriculums, and/or modify existing curriculums. This yearly need analysis will be done by the DFCS Training Unit. The method for doing these yearly needs analysis will be through a survey. Surveys will be done in conjunction with the evaluations at the end of each training session to assess additional training desires and needs. A training need request form will also be made available to all staff via the MACWIS Web, Domino Web Access as well as the Public Drive (the common drive for all DFCS employees). The DFCS Training Unit will also conduct surveys with supervisors to address caseworkers' application of learning after each training session. The surveys will be conducted after the third, sixth, ninth, and the twelfth month of the caseworker training. The tool for the supervisory survey is currently in development.

#### Plan to expand training to meet *Olivia Y.* Settlement Requirements

The DFCS Training Unit updates all training curriculum as policy and practice changes to meet the settlement requirements. Specifically, the Child Welfare Professional Development Workshop for new hires has undergone updates to include the client's rights, universal precautions, and policy changes. As various agency workgroups review the matrix for the settlement and revise policy and/or practice to meet the various requirements then arrangements are made for training needs. Currently, the agency is collaborating with community resources and other state agency resources to provide the following trainings to DFCS staff:

1. Forensic Training
2. Ethics and Legal Issues
3. Advanced Skills Training in the areas of Engagement, Assessment and Case Planning
4. Instruction on Proper Documentation Techniques and Record Security
5. Writing Module (Step Two will begin with Supervisors)

Some of these trainings will be revised and completed yearly by staff and others will be incorporated in pre or ongoing staff training as appropriate.

#### Procedures for Recording Ongoing Training

Once a DFCS worker completes the Child Welfare Professional Development (CWPD) Workshop and/or any other workshop, conference, training or seminar that is job related the DFCS Training Unit staff is able to record the session(s) in MACWIS (Mississippi Automated Child Welfare Information System). Therefore, as a DFCS worker completes any session provided by the Department of Human Services the appropriate Training Coordinator and/or other support staff will enter the information in MACWIS within 7 days of completion. MACWIS records the workshop name, presenters' names, dates, participants and test scores (if applicable). This information is then attached to the employees personnel file and may be viewed by the direct supervisor or other appropriate staff. The information can also be printed. In addition, the Training Unit maintains the original sign in sheets, presenter information, workshop curriculum, evaluations, tests and any other supporting documentation at State Office in the Training Unit files.

#### Procedures for staff input into ongoing training

One method of staff having input occurs following each workshop, conference, training or seminar provided by the DFCS Training Unit in the form of an evaluation. Evaluations are completed by all staff requesting input for ongoing training needs. Recently direct service workers and supervisors participated in an inner agency survey to address training needs as it related to court preparation and procedures. A new Direct Service Worker and Supervisor Survey are being developed to be sent (utilizing Survey Monkey) to each DFCS person that addresses ongoing training needs in all areas of child welfare. There is currently a Training Needs Assessment on the MACWIS web that is specific to request for MACWIS ongoing training needs. Previously the agency has contracted with the University of Southern Mississippi to conduct Staff Needs Surveys that allowed input into ongoing training. Additionally, the Supervisory Level II Learning Labs are designed such that at the beginning of each year during the first meeting attendees provide the facilitators the topics that are to be covered each session for the remainder of the year. The topics address the training needs of the particular group. The needs vary as the groups are held regionally.

### **5-Year Goals and Objectives**

The Division of Family and Children's Services (DFCS) Training Unit seeks to enhance classroom instruction that adequately prepares direct service workers for field readiness. Following the field readiness instruction, two to three Child Welfare Professional Development Workshops (CWPD) are continuously offered through the year in multiple regions along with various ongoing training sessions including, but not limited to MACWIS Refresher, Family Centered Practice, and Advanced Professional Development for Court procedures. DFCS Training Unit will continue to expand the Training Unit staff to support the regionally based training plan. This includes the addition of 13 new Training Coordinator positions to be effective July 2009. Training Coordinators are currently busy all year with CWPD, MACWIS Refresher and with limited ongoing trainings. The second Training Coordinator per Region will focus on the New Supervisor Training, Resource Worker Training and ongoing annual training for various positions.

Within the next five years, the Training Unit is requesting a Training Specialist for every Region (one per Training Coordinator). All training staff will be housed in the Region/County in which he/she resides. To

move the MACWIS training and online training forward, a computer programmer and MACWIS technician assigned to the Training Unit is needed.

Training Specialists will assist with on-the-job (OJT) training in the Region and assist Training Coordinators with training sessions as necessary. One additional Program Specialist familiar with finance is being requested to assist in covering the clerk training and other finance training across the state. Two external consultants are under contract to evaluate the current Child Welfare Professional Development Workshop, Trainers' needs and all other on-going curriculum. The consultants are focusing on areas of improvement needed including building the capacity of individual trainers and consistency of the training across the state (tracking and evaluating training sessions).

The computer programmer or e-Learning manager will assist in creating a DFCS Virtual Training Center that would improve the ability to track training for all DFCS personnel and offer online training throughout the year. Additionally, a MACWIS technician will directly assist training coordinators in maintaining the training computers and the training database. There are recurring incidents when the Trainers are on the road training and the computers do not function properly and the Trainers are unable to receive timely assistance.

Training initiative and collaborative efforts include:

- Continuing with Phase II of the Court Improvement Initiative to support cross training efforts and improve relationships among DFCS staff and the youth court system in Mississippi. This is a collaborative effort between DFCS and the Administration Office of Courts. During 2009 and 2010, there will be training of staff and court personnel on ICPC, IV-E eligibility and the new Uniform Youth Court Rules. In addition, the IV-E eligibility section is fulfilling the IV-E eligibility PIP. Phase III will culminate with a summit for DFCS staff and Youth Court personnel.
- Contracting with Paul Vincent's Making Visits Matter to further enhance the direct service staff and Training Coordinator's documentation skills.
- Collaborative efforts continue to center around engaging the Universities in coordinated activities for DFCS staff that are returning to school and are required to complete a student internship.
- Collaborative efforts with the University Medical Center, Children's Justice Center continue to provide training sessions approved for continuing education credits for social workers on topics such as, The Heat of the Moment: Burns, Child Abuse and MDT; Abusive Head Injuries and Death Scene Investigation for Infants and Children; SIDS; and related asphyxia death scenes. These workshops include content from various disciplines and knowledge bases relevant to child and family services.
- Request continued funding for and encourage worker enrollment in tuition assistance plan. In FFY 2009, the Agency requested additional funds from the state legislature to pay tuition for DFCS workers to attend graduate school in Social Work in exchange for a work commitment after award of degree. Several workers have enrolled in this program. Tuition was reimbursed for those who applied for the program and qualified. Participants who earn an MSW commit to work for the agency for two years post-MSW. This work force investment effort targets increased professional staff resources and encourages retention of experienced staff.

## **DFCS TRAINING UNIT WORKSHOPS**

(All training conducted through the DFCS Training Unit is conducted by the Regional Training Coordinator within each region throughout the state.)

1. **Child Welfare Professional Development Workshop-** Designed for new Family Protection Workers/ Specialist and Area Social Worker Supervisors with the Division of Family and Children's Services. This is a four week workshop covering professional relationship skills, family and individual assessments, case planning and child sexual abuse. These weeks are supplemented with six weeks of on the job training. This workshop is mandatory for new workers in the child welfare setting. This course is offered regionally throughout the year and is a long-term training.
2. **MACWIS Refresher** - The Mississippi Automated Child Welfare Information System in an integral part of the Division of Family and Children's Services. Through three days of hands on exercises and instruction workers enhance skills on data entry from intake to child awaiting adoption. This course is conducted within six months of a new worker completing the Child Welfare Professional Development Workshop.
3. **Advanced Professional Development of Court Procedures-** Court appearances are inevitable in the child welfare setting. This two day workshop focuses on providing participants with information about the various courts, roles of the workers and court preparation. Through lecture, group activities, power point, and video this workshop will teach workers how to be confident and prepared for court testimony. Approved for .9 SWU's.
4. **Resource Finance Train the Trainers-** Resource Workers must be able to convey to all resource parents the finance policies for Mississippi Department of Human Services, Family and Children's Services Division. This one day workshop focuses on training resource workers on the requirements for check disbursements to resource parents, travel re-imbursement and Independent Living stipends utilizing power point and flip-chart presentation techniques.
5. **Finance Training-** This two day workshop is offered to DFCS Clerks and Bookkeepers. This workshops covers audit exception preventive measures, fiscal year timelines, types and uses of funds, support services including Independent Living and ETV Fund, proper purchasing procedures, property records and how to maintain fiscal records in order. Additionally, participants receive hands on training in MACWIS on the following: intake, case management, deposits, bank reconciliation, checks, board payment, 1412 overpayments, purchase orders and receipts.
6. **Advanced Skills Training in Client Engagement-** This two day workshop focuses on determining current knowledge regarding the engagement of clients and attitudes about clients in current caseload. Through self exploration regarding one's desire to actively engage current clients or similar future clients, participants will complete a boundary and ethics check up.
7. **Case Planning Training-** This one day workshop examines ways to be effective in concurrent case planning. Participants will increase knowledge and skill in completing quality assessments utilizing the Strength and Risk Assessment, examine factors to consider in concurrent planning by examining the permanency plan options. This workshop examines visitation and the impact of visitation on case planning.

8. **Advanced Skills Training in Case Planning-** This two day workshop utilizes strength based and family centered practice models to identify specific assumptions that impedes or facilitates case planning with clients. Participants will learn and practice advanced techniques in case planning with clients.
9. **Advanced Skills Training in Assessment-** This two day workshop reviews the overall goal of assessment in child welfare and moves participants forward in practicing advanced techniques in analysis synthesis.
10. **Intake, Screening and Assessment Training-** This one day workshop offers a refresher on the intake and screening tool, safety assessment form while assisting the direct service worker in the development of interviewing and decision-making skills. In addition, the workshop covers how to make effective safety plans for children.
11. **Family Centered Practice-** This one day workshop provides an orientation to family-centered practice and methods of implementation. Participants will learn strategies for facilitating family team meetings for effective case planning.
12. **Supervisory Course for Child Welfare-** This 40 hour workshop provides skills for the preparation and enhancement of workers that otherwise meet the qualifications and is considering advancing to an Area Social Worker Supervisor. The course provides opportunities for learning that focus on the core and management competencies for working in the public sector. This course is done in collaborations with the State Personnel Board.
13. The DFCS Supervisory training program includes two levels in addition to the 40 Hour Supervisory Course: Level I and Level II. Level I is a comprehensive long-term training program detailed to provide mentoring and coaching to a new child welfare supervisor for the first 12 months. Level I mentoring is provided by the Regional ASWS in a one-on-one basis. Level II is referred to a Casework Supervision Learning Labs and is facilitated and provided through the University of Southern Mississippi's Training Academy. The Learning Labs are held regionally across the state and is provided to all Area Social Work Supervisors, Regional Directors and Training Coordinators. There are at least 8 short-term offerings per year.
14. **New for 2009 is the COURT IMPROVEMENT -Interstate Compact on the Placement of Children, IV-E Funding Eligibility, Uniform Rules of Youth Court Practice Workshop.** This workshop is a day long course designed to enhance the skills of all staff on the above mentioned topics by teaching the participants to identify key principles of ICPC and the impact on placement decisions of children and youth, to familiarize each participant with the new Uniform Rules of Youth Court practice and to increase knowledge of determining IV-E and what can be done in the field to increase the state's overall IV-E monies.

**\*The above listed trainings are applied to cost allocation. Any foster care related items after going through cost allocation will then have the penetration rate applied. This is done by the Division of Budgets and Accounting, Mississippi Department of Human Services.**

**The following short-term courses are provided to Family and Children's staff by the Human Resources Divisions of MDHS. These items are charged to cost allocation if applicable or direct charged:**

1. **ORIENTATION TO OUR AGENCY** - Designed to make any MDHS employee feel more a part of the Agency. This training describes the functions of the various divisions and offices and shows how they are closely related. A detailed discussion of the State Employee Handbook is held and resource persons are identified for an important aspect of employee responsibility. The Orientation program is **mandatory** for all MDHS employees with a hire date of three (3) months or less. New employees attending the Orientation will have their identification badges made during the training program.
2. **DELIVERING OUTSTANDING CUSTOMER SERVICE**- This training will discuss how to display a professional image for the agency, how to exhibit effective communication skills, and how to handle difficult situations while preserving the client relationship.
3. **DEALING WITH CHANGE** - Change is inevitable in most businesses. This training focuses on how to maintain your effectiveness during critical periods. Through lecture, group discussion, and individual reflective exercises, this workshop will teach you how to manage your responses to sudden and ongoing change.
4. **LEADERSHIP DEVELOPMENT** -Managers/supervisors are responsible for managing and leading employees. During this session we will define leadership and discuss how it differs from management. Present an overview of eleven principles of leadership and detail their impact on the leadership process.
5. **ETHICS AND PROFESSIONALISM** - What is Ethics and Ethical Behavior? This workshop will define ethics and ethical behavior and describe situations that could present ethical challenges and conflicts. We will examine five critical steps in an ethical decision-making process.
6. **HOW TO MANAGE TASKS TIMELY** - This workshop will focus on the real value of time, how to manage yourself effectively with respect to time. The workshop will further discuss how to schedule activities, control the information explosion, organize yourself and your office, how to delegate for results, and how to prevent others from wasting your time.
7. **MOTIVATION: THE PATH OF SELF COURAGE** - Achieve top performance in your job! All high achievers have a positive attitude and possess the skill of being able to motivate themselves and others. This workshop will help you to understand how powerful motivation is to getting things done, achieving top performance, and recognizing one's own potential. Job motivation, career empowering process, personal mission statements, career plateaus and job fulfillment will be discussed
8. **CPR/FIRST AID** - Employees will be trained in the American Red Cross standard First Aid and safety course. They will learn valuable lifesaving techniques such as CPR (Cardiopulmonary Resuscitation), rescue breathing, First Aid for choking, and how to administer First Aid. This is a course all employees need for work and home safety. Certification cards will be issued upon

successful completion of the course. Each division requesting CPR/First Aid training will be responsible for the cost of the training.

9. **NON-VIOLENT CRISIS INTERVENTION** - This workshop is designed to give participants a practical, common sense approach for identifying behaviors that can escalate into full-blown crises. Applying these behaviors as a framework, the training program focuses on prevention, while stepping you through a series of simple yet powerful nonverbal and verbal techniques that enable you to effectively defuse mounting hostility. **THE “WRITE” TECHNIQUES** - The “Write” Techniques workshop focuses on the basic rules of clear and persuasive writing for business people. This workshop is designed to be equally useful to managers and support staff. It will show you how to write clear and concise letters, memorandums and reports; avoid common spelling, grammar, and usage errors; organize material for greater impact; choose the appropriate tone and format; and avoid jargon and cliches.
10. **STRESS: THE INVISIBLE EPIDEMIC PART I** - The objective of this workshop will be to identify daily stressors, life event stressors, and how they play a role in our physical and emotional well-being. Job burn-out is a direct result of prolonged job stress.
11. **STRESS PART II - BURNOUT** - Burnout is a state of emotional and physical exhaustion caused by excessive and prolonged stress. It can occur when you are overwhelmed and unable to meet constant demands. Part II discusses how job burn-out can affect productivity and how to determine if someone is suffering from burn-out.
12. **INTRODUCTION TO SUPERVISION** - This workshop is designed to assist supervisors to recognize the importance of communicating like leaders, handle sensitive employee situations with diplomacy, stop negativity from spreading and gain a fresh perspective on motivating employees.
13. **PERFORMANCE APPRAISAL REVIEW** - This training workshop is designed to assist supervisors and managers in understanding the purposes and values of conducting fair and accurate evaluations, and to recognize the importance of management’s support of the appraisal system.
14. **THE ART OF RESOLVING CONFLICT**- This is an ideal session for workers to understand the process of conflict and anger, the causes of conflict, how to maintain self-control and how to handle outer and inner conflict.
15. **WORKING WITH DIFFICULT PEOPLE**- Day in and day out, we all work with difficult people. This workshop will present specific skills for achieving success in getting along and working well with many types of people and will focus on practical skills that will help you work more effectively with the problem people in your organization and life.
16. **CULTURAL DIVERSITY**- This workshop is designed to encourage participants to value and respect the cultural, physical and social differences among individuals so that the skills and accomplishments of all employees are maximized.

17. **TEAMWORK-INDIVIDUALS WORKING TOGETHER FOR TOTAL PERFORMANCE-** Is your team’s workplace becoming a toxic environment? Does in-fighting prevent team productivity? Instilling a sense of camaraderie in team members is not an easy task but “yes” it can be done. This workshop will highlight some methods to develop productive team work.
18. **HOW TO TRANSITION FROM EMPLOYEE TO SUPERVISOR-** This workshop discusses how to supervise former peers and friends without losing their respect, how to blend differing personality types, backgrounds and age groups into a smooth-running productive team, and identify ten characteristics of an effective supervisor.
19. **PERFORMANCE MANAGEMENT-** Although employees are responsible for their own professional development, supervisors are charged with the responsibility of providing performance review and feedback to employees in a manner that will help them develop and grow. Supervisors provide opportunities for the employee to develop by delegating tasks and responsibilities, as well as, providing training and development opportunities. During this session we will review the performance management process from initial hire to the appraisal process.
21. **HOW TO DEAL WITH IRATE CLIENTS -** Irate clients present us with new and challenging situations each day. They put pressure on us and can cause our stress levels to rise. Understanding the nature and cause of irate behavior can help us to be able to cope more effectively with irrational behavior and better serve the needs of the clients.
22. **PROGRESSIVE DISCIPLINE -** The purpose of this class is to explore the disciplinary process and the role discipline plays in the development of an effective and efficient workforce. We will discuss discipline from a performance perspective with the ultimate goal being employee development rather punishment.
23. **WHO MOVED MY CHEESE? -** Cheese is what we think will make us happy, and when circumstances take it away, different people deal with change in different ways. During this session we will discuss how you can let CHANGE work to your advantage and let it lead you to success!

Collaborative efforts with the University Medical Center, Children’s Justice Center continue to provide training sessions approved for continuing education credits to social workers on topic such as The Heat of the Moment: Burns, Child Abuse and MDT; Abusive Head Injuries and Death Scene Investigations for Infants and Children: SIDS and related asphyxial death scenes. These short-term workshops include content from various disciplines and knowledge bases relevant to child and family services.

**Federal funds are matched with state appropriated funds as follows:**

	FEDERAL FUNDS	STATE AND/OR OTHER FUNDS
Title IV-B, Subpart 1	75.00%	25.00%
Title IV-B, Subpart 2	75.00%	25.00%
	100.00%	-

Social Service Block Grant (passed through SSBG Office)	100.00%	-
Title IV-E – Foster Care Administration	50.00%	50.00%
Maintenance Cost*	76.00%	24.00%
Training Cost	75.00%	25.00%
Title IV-E – Adoption Assistance Administration	50.00%	50.00%
Maintenance Cost*	76.00%	24.00%
Training Cost	75.00%	25.00%
Adoption Incentive	100.00%	-
Chafee Foster Care Independence Program	80.00%	20.00%
Educational and Training Voucher Program	80.00%	20.00%
Refugee Resettlement Program	100.00%	-
Child Abuse Prevention – CAPTA	100.00%	-
Children’s Justice Act	100.00%	-
Community Base Family Resource Program	100.00%	-

\*The current year’s FMAP rate will always be in effect.

**Eligibility Unit/Title IV-E  
Five Year Plan: October 1, 2009 – September 30, 2014**

Eligibility Unit - This unit ensures the availability and accessibility of effective, culturally competent services through education, training, innovation, monitoring and promotion of ongoing quality improvement and utilization of all areas of Title IV-E eligibility.

Goal

Provide individual entitlement for qualified children, partnership with universities to build social worker workforce, and maximize potential strategies to increase state and federal funding in support of Title IV-E.

Strategy

1. Establish and implement ongoing statewide Title IV-E training programs to provide guidance, service, and resources to maximize IV-E funding.

2. Develop computer-based IV-E training for all counties in MS.
3. Partner with universities to facilitate and expand programs involving short and long term training for social workers and foster parents.
4. Implement additional funding opportunities concerning Title IV-E.
5. Assemble a task force to assist the courts in achieving prompt permanency hearings for children.
6. Minimize miscommunication/outdated information by coordinating a video conference every six months to communicate changes and improvements concerning Title IV-E.
7. Facilitate accurate and efficient case record checks pertaining to Title IV-E.
8. Support staff to increase their efficiency of documentation through the use of automation tools, consistent case management, and enhanced awareness of the importance of Title IV-E.

#### Outcome

Provide the Eligibility Unit with various goals, strategies, and proposed principles for funding which outlines short and long term actions that build and utilize vital services to support Title IV-E.

#### **Educational Liaison**

The Educational Liaison position became effective October 2007. Currently, the Educational Liaison is helping to bring Agency personnel into compliance with the educational and licensure requirements of the *Olivia Y. Settlement Agreement* and COA.

The Educational Liaison for the DFCS will accomplish the following:

- Participate in recruitment and retention teleconferences hosted by the National Child Welfare Resource Center for Organizational Improvement.
- Social Work Licensure Prep courses will be held in seven different locations across the state. Over one hundred workers with Social Work degrees who did not have a Social Work license will participate in an Agency funded review course.
- Another review course is being scheduled in four locations for the month of June, 2009. Approximately sixty workers should attend.
- Attend Career/Job fairs.
- Share information from various Universities/Colleges with Agency personnel.
- A member of the Training and Supervision Workgroup.
- Assist in the training component assessment of the Agency as it relates to COA standards.
- Professional Enhancement Scholarship committee.

- Review, screen, and approve employee applications for tuition/fees/books re-imbusement.
- Plan to continue various recruitment activities including the use of printed recruitment materials which will be mailed to licensed Social Workers, recruitment ads for conference/workshop program books, and exploring billboard options.

## **The Performance and Quality Improvement Operational Plan SFY 2010**

The following PQI Operational Plan SFY 2010 is a continual work in progress. DFCS anticipates revisions pending completion of the Practice Model, which is due September 2009

The plan assigns responsibility for coordination/implementation of Performance and Quality Improvement (PQI) activities, and provision of technical assistance in using the PQI process;

- Sets forth the purpose and scope of PQI activities;
- Establishes how the Agency periodically reviews essential management and service delivery processes consistent in light of quality priorities;
- Defines stakeholders and how stakeholders will participate in the PQI process;
- Outlines methods and timeframes for monitoring and reporting activities; and
- Includes provision for an assessment of the utility of the PQI program, including any barriers and supports for implementation.

This plan outlines and describes the implementation of the PQI process within the Mississippi Division of Family and Children's Services (DFCS). The primary purpose for engaging in PQI activities is to promote positive outcomes for the children and families served by the division by reinforcing the principles of family centered practice and assuring high quality of services. To achieve this goal, it is essential for the division to: 1) institute structured processes in order to examine, evaluate, and act on quality issues within our agency and (2) involve all division staff as well as families and stakeholders in these processes.

### Definitions

Implementing a performance improvement process requires a clear understanding and consensus on the terminology of "Quality Assurance" and "Quality Improvement". As it relates to the DFCS PQI process, these terms are defined as follows:

**Quality Assurance:** Those processes that measure the conformity of child welfare practice with the goals, mission, and values of MDHS, and compliance with the standards that guide the work of MDHS with children and families. These activities may include but are not limited to case record reviews, program evaluation, input from families and stakeholders, and use of well-defined performance indicators.

**Quality Improvement:** Actions taken that lead to incremental improvements in the provision of services or in the services provided to consumers. These actions are usually conceptualized and implemented by staff and stakeholders, based on information gained through review activities. Providing constructive feedback to the staff will help assure that the PQI process actually leads to improved practice and outcomes.

## DFCS' VISION FOR PQI

Our vision for a functioning PQI process in Mississippi is based on our commitment to the mission and values of the Division of Family and Children's Services (DFCS).

### DFCS Mission Statement

- Our Mission is to lead Mississippi in protecting children and youth from abuse, neglect and exploitation by providing services to promote safe and stable families.

### Purpose of DFCS:

The Mississippi Department of Human Services, Division of Family and Children's Services has identified six values that will be honored in working with clients, community partners and each other.

### These are:

- **Competence** - To be competent, we have technical skills and knowledge; we work with common sense; we make informed decisions; and we follow through to achieve successful outcomes.
- **Integrity** - To act with integrity we are honest in our interactions; we are accountable for our actions; and we do the right thing.
- **Responsibility** - To be responsible we do what we say we are going to do; we take initiative.
- **Respect** - To be respectful we treat others with kindness, compassion, dignity, and honor differences of our clients and each other.
- **Personal Courage** - To be courageous we are loyal to the Mission of the MDHS/DFCS; we advocate for our clients; we lead by example even when doing so carries risk.
- **Collaboration** - To collaborate we make decisions for the common good; we share resources based on need; we work together effectively in teams; and work with a collective knowledge of all programs and services.

As we move to implement the provisions of the *Olivia Y.* settlement agreement, the Council on Accreditation (COA) standards, and practices within the Child and Family Services Reviews (CFSR), these values will guide the work that we do with children and families throughout the state. They will provide a framework that allows us to integrate policy, practice, and monitoring activities in ways that provide consistency in our work, and help assure that all children and families have the opportunity for the highest quality of interventions regardless of which county in the state serves them.

Our vision for PQI is one that is thoroughly integrated into our ongoing work and serves primarily as a means of reinforcing the practices that we are currently implementing in the state. We view PQI as a means of keeping our mission and vision in clear focus for staff in the field and as a primary means of sustaining the improvements that we achieve in practice and outcomes over time. In order for it to serve that function, it must actually monitor for the practices that we put into place and provide sufficient feedback to staff to inform practice, decision making, and resource allocation.

In developing strategies for implementing the many requirements of the *Olivia Y.* settlement agreement and the COA standards, we understand that we must present these requirements in ways that caseworkers and supervisors in the field can understand them in relation to their work with children and families and in relation to our mission and values. We want these many requirements to lead to

measurable improvements in the outcomes of our work with children and families, rather than simply being put into place as a compliance process. Therefore, we are currently engaged in framing these requirements within a child welfare practice model that will change the way we interact with children and families and fulfill our compliance obligations at the same time.

We envision that our PQI process will then be designed in accordance with the practice model, and thereby support its implementation and sustainability. To design a monitoring process that is not fully synchronized with our practice model would be counterproductive to the goals of the *Olivia Y.* settlement agreement and the COA standards, and would not provide us with a thoroughly integrated and consistent way of serving children and families.

There are other specific characteristics of the PQI system that we envision, including:

***Involvement of all staff:*** PQI should be a process involving *all staff* in the evaluation of the effectiveness of services provided to participants by DFCS. Evaluation involves the examination of the Division's internal systems, procedures, and outcomes; the examination of input from participants, and the examination of relationships and interactions between DFCS and other stakeholders.

DFCS first initiated its formal PQI process in 2008 by developing a PQI structure involving all levels of staff, beginning implementation of peer record reviews statewide, restructuring consumer surveys, instituting yearly staff surveys and developing critical outcome measures used to monitor services provided to children and families.

The division has continued to recognize the importance of preserving these PQI processes and staff has continued to participate and see achievements, both at a local and statewide level, through the PQI process. In 2008, the director of DFCS was able to hire a Director of the DFCS Office of Performance and Quality Improvement whose focus is exclusively on PQI processes and activities. The division's prior achievements through PQI and this renewed commitment to quality improvement are a testament to the cultural change occurring within the division which is focused on becoming a learning and growing organization.

It is vital to the implementation and success of the PQI process for ALL staff to use their knowledge and skills to support DFCS mission and values in their work with children and families. The PQI process involves teams of administrative staff and service delivery staff and community partners. Service delivery staff range from those who provide direct participant services to those who provide service support staff. Service support staff may include clerical personnel, transportation aides, and social services aides who provide day-to-day assistance and resources to either administrative or service delivery staff or both. Service support staff are vital members of PQI teams and participate as appropriate on the team in which their input can be most beneficial.

The success of a PQI process is dependent upon the degree to which the agency and team members are committed to the process. *All staff become members of a PQI team.* The expectation is that the team meeting is used to evaluate the agency services and outcomes and in turn create and implement plans to improve services.

***Principle driven:*** In addition to assuring that the substance of review activities reflects the mission and values of DFCS, we intend for the operation of our PQI process to be creative, inclusive, regular, structured, solution focused, efficient, empowering, action oriented, and common sense driven. This framework includes the following concepts:

- Promote excellence and continuous improvement;
- Broad-based, organization-wide, inclusion of staff and stakeholders;
- Support for strategic priorities and goals;
- Addresses organizational performance and program and client outcomes;
- Covers all programs and services;
- Results oriented organization;
- Purpose is ongoing quality improvement not discipline of staff.

***Integrated with supervision:*** The PQI process is not intended to be a replication of the existing agency hierarchy. PQI is not intended to replace supervision, although front-line supervision is probably the primary source of assuring quality in child welfare practice and should, therefore, reflect the same goals and principles as PQI activities. The supervisor's charge is to provide personal feedback to staff and to work with employees on remediation of weaknesses and building on strengths.

Both PQI and supervision must be concerned with the quality of casework practice and must be coordinated in reviewing for similar practices and outcomes. They both should be constructive in nature and not punitive. They both should provide timely and appropriate feedback to staff so that staff perceives supervision and PQI as helpful and supportive of their interest in doing good work. They both should relate practice back to the guiding mission, values, and principles that the agency is committed to, and should reinforce a consistent model of practice so long as it leads to positive outcomes for children and families.

Supervision provides the day-to-day hands-on monitoring and feedback functions for caseworkers and other staff who serve children and families. Supervisors arguably have more influence on the work of staff in the field than anyone else within the agency. Therefore, coordinating what they review for and how they provide feedback and coaching with PQI substance and process is essential.

PQI goes beyond front-line supervision by also examining the systemic factors that affect the agency's ability to practice effectively with children and families. It uses information from a variety of sources to examine outcomes and systemic operations, including aggregate data, case level data, information from knowledgeable stakeholders and families, and other sources in order to provide a holistic review. It presents information in ways that permit individual caseworkers, supervisors, units, county departments, and other administrative units to identify and resolve problems, build on their strengths, and learn from their practice. It is not a quick fix for systemic problems, but provides the information needed to gauge the agency's capacity to fulfill its mission and develop strategies to make improvements where they are needed.

## **PROPOSED FRAMEWORK FOR PQI**

DFCS envisions a PQI structure that consists of multiple components:

- State-level QA function
- Foster Care Reviews
- Peer reviews
- PQI meetings

DFCS is proposing to develop PQI instruments and processes that are coordinated with and integrated into the practice model that we are developing. As the practice model is completed, we will develop specific outcome measures and instruments that include the components of the practice model. For example, although the components of the practice model are not yet final and have not yet been approved by MDHS, one broad area of focus in the model is involving children and parents in case planning activities and decision making. Many of the requirements in the *Olivia Y.* Agreement, the COA standards, and the CFSR directly relate to child and family involvement, and that is also consistent with DCFS' mission and values. A few examples of these requirements and activities associated with involving children and families in case planning include:

- Interviewing parents to complete assessments (*Olivia Y.*);
- Conducting team meetings within 30 days to develop individualized service plans (ISP) (*Olivia Y.*);
- Involving parents in the ISP development (*Olivia Y.*, COA, CFSR);
- Involving age appropriate children in ISP development (*Olivia Y.*, COA, CFSR);
- Update ISP through family team meeting within 30 days if placement changes or other significant changes (*Olivia Y.*); and
- Worker and family regularly review progress and sign revisions to ISP (COA)

As we develop PQI instruments and procedures for obtaining information, we will want to be sure that we are routinely monitoring these practices that will be a part of the practice model, so that we have a basis for determining our conformity to practice requirements, but also to use the PQI process to reinforce these practices on an ongoing basis at the local level.

Similarly, the settlement agreement, COA standards, and the CFSR include requirements that are less oriented toward direct practice and more oriented toward the agency's capacity to support good practice in the field. With regard to this same category of practice, involving children and families in case planning, a few examples of the systemic requirements include:

- Pre-service and ongoing training in individual and family team meeting protocols (*Olivia Y.*);
- Permanency plans are reviewed by court or administratively every 6 months (*Olivia Y.*, CFSR, COA);
- Yearly dispositional/permanency hearings (*Olivia Y.*, CFSR, COA); and
- Parents, foster parents, and other professionals are given notice of hearings/reviews (CFSR, COA).

In designing a PQI process that examines agency supports and capacity in addition to outcomes, we will also want to be sure that we include processes that allow us to review for these systemic areas and provide appropriate feedback locally and statewide.

PQI meetings are mandatory in that they must be scheduled for each level, every quarter and all staff are required to attend. The meetings allow everyone an opportunity for regular input. The process of issue resolution occurs during the meetings and between the meetings as well.

PQI teams are solution focused. Meetings result in the identification of needs, goals, and available resources, as well as strengths of the program, the staff, and the participants. Plans are formulated that build on those strengths. Areas needing improvement are identified and discussed, action plans are developed, and strategies are implemented to improve service delivery.

### **First/County Level Teams**

The number of First Level Teams in a county depends on the size of the office. Extremely small

counties (3-4 staff) may have their own meetings or join with another county of similar size to form a larger First Level Team. The First Level Teams consist of peers (i.e. frontline workers will meet with frontline workers; supervisors will meet with supervisors; etc.) Whatever the composition, all levels of staff are included in a team.

### **Second/Regional Level Teams**

Second Level Teams provide an opportunity to address issues that impact a particular region and any unresolved issues presented by the leaders of the First/County Level Team or issues identified by upper management.

### **State Level Team**

The State Level Team provides an opportunity to address statewide issues and consolidate information and issues from all other levels of teams.

### **Responsibility of Oversight of PQI**

Tenants of the PQI process include:

- Focuses on the outcomes of the agency's interventions and the quality of practice;
- Utilizes teams of process owners to develop improvement solutions;
- Promotes the need for objective data to analyze and improve processes;
- Implies that a process and its service outcomes are never optimized;
- Establishes baselines of current performance;
- Measures performance over time;
- Compares the baseline performance to the actual performance;
- Identifies common causes of any performance variations;
- Allows service providers to look at their activities and task performance and create plans for improvement;
- Is different from traditional quality assurance in that its focus is self-directed, self determined change rather than change imposed by an external entity;
- Determines whether services meet predetermined expectations of quality and outcomes;
- Attempts to correct observed deficiencies identified through the PQI process;
- Every person is part of a PQI Team;
- The PQI process involves multiple levels of team meetings;
- Each team sends one representative to the next level meeting;
- All PQI meetings and team members are equal in importance;
- 90% of the issues are resolved at the level that first identified the issue; and
- A continuous feedback loop ensures the continuity of the process.

Performance Quality Improvement (PQI) is a comprehensive, ongoing management system with five steps: 1) identifying the reason for improvement; 2) recognizing the current situation; 3) analyzing the current situation; 4) creating an action plan to improve the situation; and 5) looking at the results. Then the process starts over again with a new reason for improvement. PQI includes:

- Intensive stakeholder involvement;
- Systematic data collection and analysis;
- Information sharing; and
- Corrective action.

The PQI process monitors for the results DFCS wants from the field to reinforce and keep desired outcomes in the minds of staff. This process will also provide feedback that is constructive – PQI then becomes Quality Improvement. A corrective action plan is then developed after issues are identified. The PQI plan will be based on the state’s practice model, as good practice drives quality services to clients.

## **STAKEHOLDERS**

The PQI process should be more than obtaining information from the numbers. Interviews with other resources such as clients, staff, and stakeholders should also be used to obtain data. The stakeholders are defined as clients, staff, as well as any entity (public or private) that serves the families and children of Mississippi and works in conjunction with DFCS. These stakeholders will be identified and will be involved in the planning of the 5 Year Strategic plan as well as all review boards, panels and conferences. It is imperative that these stakeholders be involved as they are instrumental in DFCS’ mission. A good working relationship must be maintained with these stakeholders as this has not been the case in the past. All efforts will be made to include them in all aspects of DFCS services.

### **Staff, Clients, Community Partners and Agency Staff:**

The agency and its staff interact on a daily basis with others in an effort to provide quality services to families. In order for the PQI process to truly reflect a complete picture of the service delivery system, these partners must also be a part of the process. Therefore, the expectation of the PQI process is that community partners and consumers be involved at least by the Third Level, if not sooner.

Community Partners are individuals/entities with whom the division works in conjunction to provide holistic services to the populations we serve. Examples of community partners may include but are not limited to:

- Juvenile Court Representatives
- Foster Parents
- Service Recipients
- Residential or Counseling Service Providers
- Department of Mental Health
- Division of Economic Assistance
- Division of Child Support
- Guardians ad litem
- Attorneys
- School Personnel
- Health Care Professionals
- Community or Child Advocates
- Community Partnership Representatives
- Law Enforcement Representatives

### **Methods for involving stakeholders and how they are involved in PQI:**

A strength of the Mississippi DFCS is its strong value for partnering with families and communities. The agency has worked diligently to develop partnerships with communities and to be accountable to our citizens through committees such as the Citizen’s Review Board, the Children’s Justice Act Panel and the Mississippi Association of Child Caring Agencies. DFCS is committed to openness, accountability, data driven decision making and working with our partners to improve services and outcomes for children and families. In Mississippi’s CFSR PIP, many actions steps included partnerships with the Office of State Court Administrators, Department of Mental Health, Department of Health, state universities, community partnerships and others. DFCS anticipates continued involvement with these entities.

DFCS is partnering with the courts to pilot court improvement projects which include creation of Uniform Youth Court Rules which were effective January 2009, as well as a collaborative effort with Court Improvement Plan to develop Court Curriculum for staff development (implemented October 1, 2008) and by 2009 Court Curriculum for court personnel. One of the employees of the Court Improvement Project is also employed by the Hinds County District Attorney's Office and specializes in child abuse cases. A cross training summit is in the planning stages between the courts and DFCS.

There are numerous ways in which DFCS engages community partners and stakeholders. In addition to the CFSR, reviews by the Governor, legislators, judiciary and state auditor provide DFCS with rich data to develop strategies for enhancing practice. Input is invited from legislative, judiciary, state auditors, local and regional law enforcement, universities, medical providers, mental health providers, the Mississippi Department of Health and, the Mississippi Department of Education, etc. The Children's Justice Task Force is composed of public figures who advocate for children and families in Mississippi and serves as an avenue for change for DFCS, and is a legislative mandate.

Community partners are selected based on their ability to assist in the process of generating solutions. Participants are purposefully selected who are very familiar with the policy, procedures and practice of the division. This will help avoid spending a substantial amount of time orienting them to the agency.

Consumers (clients) are identified as adults and youth involved with DFCS. Their involvement begins at the same level as community partners. The selection of these participants is done very carefully with a goal of selecting individuals who have experience with and knowledge of DFCS. If necessary a staff person who knows the individual may serve as a coach to assist them in understanding their role. Consumers may be either current or past clients. It may be more comfortable for a consumer who is no longer receiving services to actively participate in the process. Youth are selected from the Independent Living Programs (ILP) to provide input through the Strategies for Assessing Independent Living Skills (SAILS) Committee.

## **MEASURES AND OUTCOMES**

### **Long Term Strategic Goals and Objectives:**

Senior managers which include agency heads, Regional Directors, Unit Directors, and Program Administrators include PQI relevant short and long term goals in their work plans (and keep PQI issues on the agenda of their staff meetings through monthly data reports, case review results/reports (FCR reports, Peer Reviews), and regularly scheduled unit/division meetings.

### **Overview of Legal and Regulatory Mandates Regarding Measurements of Outputs and Outcomes:**

DFCS is subject to certain mandates and as a portion of the planning, the PQI plan will include the following:

- **Child and Family Services Review (CFSR) and Program Improvement Plan (PIP)**

The Program Improvement Plan (PIP) entered into as a result of the last Child and Family Services Review (CFSR) was completed and approved in 2008. The next CFSR is scheduled for 2010. DFCS remains cognizant of developing solutions which meet best practice standards which are in alignment with our mission and principles.

- **Five Year Strategic Plan**

DFCS' long term goals and objectives for the five year strategic plan are established by employing the Children's Bureau (CB) requirements and stakeholder, community partner, and consumer involvement. Meetings have been held on state and regional levels in February and March 2009.

- **Annual Progress and Services Report (APSR)**

The APSR is submitted annually to the CB updating them on progress of DFCS' goals and any new objectives that DFCS has established.

- **Adoption and Foster Care Analysis Reporting System (AFCARS)**

AFCARS is a federally mandated report provided to the Department of Health and Human Services (DHHS) on a six month basis. This data file includes all children entering, exiting, and currently in out of home care for which DFCS has care and placement responsibility. This file reports placement settings, number of placement moves, and many other required elements. DHHS uses this file in conjunction with the National Child Abuse and Neglect Data System (NCANDS) to compile the state's data profile used for the CFSR. All validation utilities provided by DHHS are monitored for needed corrections of programmatic and system data entry and system adjustments within the Mississippi Automated Child Welfare Information System (MACWIS).

- **National Child Abuse and Neglect Data System (NCANDS)**

NCANDS is a federally mandated report that is submitted every federal fiscal year to DHHS. Included in this file are all abuse and neglects intakes/allegations by child and reports all findings, perpetrators, and if these children have received services prior to the intakes/allegations. These are just a few examples of the data included in this file. The file is used in conjunction with the AFCARS file to determine the safety profile component of the state's data profile for CFSR purposes. All validation utilities provided are monitored for needed corrections of programmatic and system data entry and system adjustments within the Mississippi Automated Child Welfare Information System (MACWIS).

- **Title IV-E Eligibility Review and Program Improvement Plan (PIP)**

The Children's Bureau (CB), within the Administration for Children's and Families (ACF), in collaboration with DFCS, conducted a primary eligibility review of Mississippi's Title IV-E foster care program during the week of July 14, 2008. The review team also included cross-state reviewers and staff from ACF's Region IV Office of Grants Management.

The purpose of the Title IV-E foster care eligibility review was:

1. To determine whether Mississippi was in compliance with the eligibility requirements as outlined in regulation and statute at 45 CFR 1356.71 and Section 472 of the Social Security Act; and
2. To validate the basis of Mississippi's financial claims to ensure that appropriate payments were made on behalf of eligible children placed in licensed or approved foster family homes and child-caring institutions.

During the on-site review, each child's case file in the selected sample was reviewed to determine Title IV-E eligibility. The providers' files were examined to ensure that the foster home or child care institution in which the child was placed during the period under review was licensed or approved and the safety considerations were appropriately addressed. Payments made on behalf of each child were also reviewed to verify that the expenses were allowable under Title IV-E. Efforts were made to identify any underpayments that may have existed in the reviewed sample cases. In addition, CB and DFCS agreed that subsequent to the on-site review Mississippi could submit additional child and provider documentation for any case that was found to be in error, in pending status, or to have an ineligible payment. As a result of the provision of additional documentation, a number of case and payment determinations were modified.

Pursuant to 45 CFR 1356.7(i), Mississippi is required to develop a Program Improvement Plan (PIP) designed to correct those areas needing corrective action as identified by the CB. DFCS has developed a PIP which will bring the Title IV-E's foster care maintenance program into compliance.

- ***Olivia Y. Settlement Agreement/Court Monitor***

Children's Rights, Inc. filed the *Olivia Y. v. Barbour* lawsuit in the U.S. District Court for the Southern District of Mississippi in 2004, alleging violations of the rights of children living in the child welfare system. The Mississippi Department of Human Services (MDHS), Division of Family and Children's Services (DFCS) reached a Settlement Agreement with the Plaintiffs on January 4, 2008. The Settlement Agreement and Reform Plan sets out benchmarks to be completed in five implementation periods from January 4, 2008 through January 3, 2013.

The parties agreed on a Monitor of Defendants' compliance with the Mississippi Settlement Agreement and Reform Plan and the annual implementation plans. The Monitor's duties are to confirm independently the data reports and statistics provided pursuant to this Plan and the annual implementation plans; conduct independent case record and other qualitative reviews; review all plans and documents to be developed and produced by Defendants pursuant to this Plan; and report on Defendants' compliance in implementing the terms of the Plan and the annual implementation plans, and the achievement of the improved outcomes set forth therein. The Monitor shall prepare reports that will address these issues and be released periodically, but no less than every six months. The intent of the parties is that the Monitor shall develop a plan to transfer the primary monitoring function to DFCS' PQI Unit upon the termination of this Plan, or at such earlier time as provided for in Section VII.C of the Settlement. The Monitor shall work in collaboration with Defendants to build DFCS' PQI capacity.

- **Accreditation**

A part of the *Olivia Y. Settlement Agreement* mandated accreditation through the Council on Accreditation (COA) within five years. Although mandated, funding for this endeavor must be approved through legislative appropriations each year. Despite possible funding challenges in the future, the division will continue working toward accreditation with the recognition that accreditation and the PQI process are neither singular events nor one-time initiatives. Rather, accreditation and PQI together will continue to serve DFCS as a fully integrated and ongoing journey aimed at structuring and focusing efforts on quality issues and meeting best practice standards along with the state's practice model.

- **Foster Care Review**

The Foster Care Reviews are conducted by a Foster Care Reviewer who is an experienced, licensed social worker (Family Protection Specialist Advanced). Throughout the month, the Foster Care Review Program Director compiles a report of any issues of concern observed by the Foster Care Reviewer during the course of a case review and reports these issues to the Regional Directors, the agency's Unit Directors, and the agency's Director and Deputies. The Monthly Foster Care Review Issues Report contains a case specific listing of the issues cited and the aggregate data on the issues most commonly cited each month. The Regional Directors forward the information to the appropriate county staff for a response. A response is due to the Foster Care Review Program Director within 30 days of the report.

- **Special Safety Review Team**

The *Olivia Y.* Settlement Agreement requires DFCS to undertake a special safety review, including an unannounced site visit, of all currently licensed resource homes with two or more reports of maltreatment, including corporal punishment, within the last three years to determine whether any children placed in these homes are at risk of harm in any licensing standards related to child safety are not being met. For groups homes and other residential facilities that house children in custody that have three or more reports of maltreatment, including corporal punishment, within the last two years to determine whether any children placed in these facilities are at risk of harm or any licensing standards related to child safety are not being met. Any necessary corrective actions will be identified and tracked.

- **The Mississippi Change Management Implementation Project**

Mississippi DFCS was awarded The Mississippi Change Management Implementation Project through the Atlantic Coast Child Welfare Implementation Center (ACCWIC) and is a project geared toward the full and ongoing institutionalization of a family-centered practice culture in the Mississippi Department of Human Services, Division of Family and Children's Services, the public child welfare organization in the State of Mississippi. Such institutionalization will occur through the development of a model strategy of organizational analysis and development applicable to and replicable in public child welfare agencies in general. This model strategy will be developed through the in-depth analysis and implementation efforts focused on two critical, high profile counties in Mississippi.

The project request is for two years, beginning in October, 2009. The proposal seeks change management tools necessary for effective implementation and sustainability of a Practice Model project recently initiated and currently underway designed to bring about the occurrence of family-centered practice consistently and ongoing throughout the State child welfare system. Technical assistance is requested in bringing about this change. The proposal includes requests for technical assistance in the development of methodologies for systems change, including analysis and assessment, goal development, strategic planning, change management, action planning, and evaluation.

The State of Mississippi is proposing a project of innovative and creative strategy through the focus on two specific counties with historical and current characteristics which are, though different from one another, extreme, unique, and challenging in any effort, present, past, or future, to implement and sustain a family-centered practice environment and culture. The proposal anticipates as an ultimate outcome of the project the development and design of a replicable approach and methodology for organizational analysis and development geared toward the sustained institutionalization of a culture in which the embodiment and internalization of specific desirable values, principles, and philosophy has occurred within the organization and among stakeholders and partners connected to the organization in

efforts to achieve desirable outcomes. The proposal anticipates a landmark study and analysis and the development of an innovative, creative, model methodology for understanding organizations and bringing about desired change.

Specific project success in Mississippi will be the full, statewide implementation of the family-centered practice model and the existence of a model methodology and strategy for the institutionalization of a family-centered practice culture within the Division of Family and Children's Services.

### **Identified Strategies for Meeting Long Term Goals**

From the beginning, DFCS leadership set a course for systemic improvement through self assessment and long term and short term strategic planning. To address immediate need and short term planning, leadership immediately began developing a process and protocols for individualized, self assessment.

As previously stated, DFCS' long term goals and objectives have been defined in the Five Year Strategic Plan and through constant monitoring any successes or areas needing improvement can be identified. Any goals and objectives can be modified and updated as programmatic concerns arise and federal regulations are issued to the state.

Case reviews and outcomes monitoring are continuous and are conducted in conjunction with local community partners. Ongoing local committees provide independent community advice, advocacy, and accountability. These partners help guide the DFCS toward its goal of imbedding best practice into the fabric of the organization to achieve safety, stability, permanency, and well-being for children and their families.

## **ITEMS SUBJECT TO MEASURE**

### **Management/Operations Performance Outcomes**

DFCS regularly reviews essential management and service delivery processes through MACWIS management reports, data tables, Foster Care Review reports, and senior management meetings. Various task forces and administrative teams such as the Citizens Review Panel, Child Fatality Review Board, Children's Justice Act, the Director's Advisory Committee on Permanency Planning (DACOPP), Strategies for Assessing Independent Living Services Committee (SAILS), and the COA Steering Committee and workgroups are responsible for these essential processes.

### **Workforce Stability**

A worker gap analysis is done on a monthly basis to determine areas throughout the state in need of additional staffing and supervision. The reorganization of the regional lines within the state has provided opportunity for more regional directors, second and third level supervision. The worker gap analysis also allows the state to determine areas in need of more licensure and adoption workers in order to meet timely permanency goals for children in out-of-home care.

### **Safety and Security**

#### **Incidents and Accidents**

Incident: Unusual or critical incidents are events that occur placing either consumers or staff at risk of harm. This harm may be physical or emotional.

Accident: Accidents are events that have happened and already led to physical harm.

These issues will be discussed and resolutions will be sought through the First/County Level Review Team. If no resolution can be found, the issue will progress through the Teams until a resolution is determined.

### **Safety, Permanency and Well-Being**

Reports on child welfare outcome measures monitor agency performance and guide future initiatives by following the state's practice model. The outcomes are the results the agency desires to achieve and reflect a condition of well-being for children, adults, families, and communities. The outcome measures cross all program lines and are quantifiable information which indicates the degree to which desired outcomes are being achieved and provide a mechanism for evaluation of performance. The outcome measures fit into one of the domains of safety, permanency or well-being.

### **Program/Service Delivery Effectiveness**

- **Supervisory Consultation and Oversight**

Supervisors are the most visible and accessible role models for DFCS social service workers. By actions and words, supervisors can implicitly and explicitly establish the limits of permissible behavior. Effective methods of supervision are adapted to the individuality of each DFCS social service worker and to the group as a whole. Based on the need and experience of the worker, individual supervisory conferences are provided on a weekly, bi-monthly, or monthly basis by plan, or by request. Monthly group meetings or conferences provide the opportunity to review memorandums, new policies and policy updates.

- **Peer Review**

The Peer Review process is an action-oriented learning process that provides a way of knowing what is working/not working in practice for selected children and families receiving services. This process was new for DFCS, beginning in May 2008.

The purpose of the Peer Review process is to determine the extent to which the Department is working together with families and supports and services, to produce results that show progress toward family independence, child well-being and permanency, and timely case closure.

Currently, one placement, one in home (prevention), an investigation, and two screened out cases are randomly selected from a county within a region and assigned for review. The reviews are done monthly for selected cases and each region is assigned the aforementioned cases from another region to review.

- **Supervisory Administrative Reviews**

The newly developed Supervisory Administrative Review (SAR) is also capturing this information during the formal case review process at periodic intervals within the life of a case. The SAR is completed at the 90 day mark of a case being opened and again in the 15<sup>th</sup> month.

- **Consumer Surveys**

In order to improve the quality of services, it is important to receive feedback from the children and

families served by DFCS. Currently, input from consumers who are served through out-of-home care services is obtained through surveys which are mailed to the Foster Care Review Program. A self-addressed stamped envelope accompanies the survey to facilitate a higher response rate and assure confidentiality. Information from returned surveys is entered into a database, aggregated, and sent in report form to the county and regional offices for review through the Performance Quality Improvement (PQI) process.

DFCS will develop consumer surveys based on all programmatic areas.

- **Staff Survey**

Assessment of employee satisfaction is a way to gather vital information from our organization's most valuable resource, our employees. The Worker Satisfaction Survey allows detailed and comprehensive organizational information to be obtained from all division staff for use in the development of strategies to improve on identified areas of need. The survey is an online survey designed to link scores on the survey to issues impacting the organization. Survey questions are drawn from empirical and theoretical literature on organizations and specifically examine five key dimensions of life within the organization: work team, work setting, general organizational features, communication patterns, and personal demands.

- **Grievance Data**

In order to maintain a continuous quality improvement culture within the organization, it is important to ensure that all youth and families served are informed of their rights and have a formal process to voice their concerns.

There are two avenues by which DFCS gathers grievance data; through the Service Delivery Grievance Process and through the Constituent Unit.

### **1. The Service Delivery Grievance Process**

All youth and families served are informed of their rights and have a formal process to voice their concerns. The Service Delivery Grievance Process is a structured process by which consumer service delivery issues can be addressed at the State Office level, allowing families the opportunity to express concerns regarding any perceived inequities, unfair treatment, or dissatisfaction with agency actions or behaviors.

### **2. Constituent Unit**

MDHS also has a Constituent Unit that is located in the Executive Director's office. Complaints are received in this office and are forwarded to DFCS's assigned person in order for that person to research the grievance/complaint and a response is sent back to the Executive Director's Office. An agency representative actively communicates with the complainant in order to effectively resolve the complainant's problem. A response is prepared and submitted to the complainant.

The need to track outcomes and the means by which they were achieved is an important part of the quality improvement process. The information received from the Level One/County Teams through the State Level Teams of the grievance process will be entered into the statewide Service Delivery Grievance Database. Although specific grievances will not be able to be viewed by all staff, aggregate information for the state and each county will be available to staff for use during PQI meetings. Each PQI team will review the data and look for trends related to the quality of services being delivered, program issues, communication, etc. that led to the grievances.

## **PQI OPERATIONAL PROCEDURES**

### **Overview of PQI Data Collection Process**

A multitude of reports and data profiles are provided statewide through the MACWIS system, the FCR process, the PQI Unit and many other divisions/units within DFCS. These reports are discussed at Senior Management meetings, unit meetings, director's meetings, workgroup meetings and regional and county staff meetings.

### **What is Being Measured**

DFCS will identify performance measures for the PQI process that address our major mandates, such as the CFSR, COA standards and *Olivia Y.* requirements. We will focus on outcome measures that track our progress in addressing these requirements, plus our effectiveness in achieving child safety, permanency and well being items. We will include measures that will mirror, to the extent possible, federal outcome measures and the court monitor's measures, so the PQI system will be useful at multiple levels. Also, consistent with the terms of the *Olivia Y.* settlement agreement that requires the PQI system to provide the monitoring for court oversight after 5 years, DFCS will begin measures now that will serve that function. The measures that we adopt will also track progress in implementing the practice model and serve to reinforce child welfare practice consistent with the model.

### **Why Is It Being Measured**

This data is being measured in order to provide the most effective services and to assure programmatic changes are being implemented to the greatest or highest degree of quality possible to promote safety, permanency and well-being to our families and children based on the state's practice model.

### **Data Source**

All data, reports and evaluations are provided from many sources such as MACWIS, FCR, Peer Reviews, the PQI Unit, State Data Profiles, AFCARS, NCANDS, and county/regional staff.

### **Who is Responsible**

This data is evaluated on a monthly basis by the Regional Directors, Area Social Work Supervisors (ASWS), Unit Directors and senior management staff. Recommendations based on any anomalies in the data are discussed and action plans are developed in order to implement changes. County staff is responsible for the input of data into MACWIS in order to enable the system to capture the information needed for these reports. The ASWS is responsible for ensuring the information in the cases is entered accurately and timely. They must also validate the data entered by the county workers.

### **How Data Will Be Collected**

As discussed above, data is collected through many systems and reviewed by all levels of management. While the state's practice model is being developed, regional visits will be made by PQI Teams to interview workers, stakeholders, licensure staff, adoption staff, clients, and any other person as needed to determine what needs to be improved. After these practice issues are identified a review instrument will be developed that will address and measure the items that were identified in the regional meetings so that DFCS can track progress of these items as they relate to the practice model.

### **Who Will Implement/Oversee Recommended Changes**

The Director of the Monitoring and Evaluation within the PQI Unit will ultimately be responsible for the implementation and oversight of any recommended changes that result from the regional PQI Team visits. Each Regional Director will report to the Director of Evaluation and Monitoring to ensure the items identified are being measured and addressed for appropriate feedback. The PQI teams identified earlier will also play a role in ensuring implementation of the recommendations at all levels.

### **Reporting Data**

It is important that the data is reported in a clear, concise and accurate manner that is easy for all to understand, interpret and analyze. In an effort to track the progress of these items, trends will be identified according to the practice model.

### **Process for Aggregating Data**

Many reports to be used in the PQI process are already developed in an aggregate form by MACWIS. Such as the aggregate data reports, other reports for the PQI process that address new indicators and qualitative information will be developed by the PQI Unit and will be distributed at all levels routinely. We will produce reports that reflect local, regional and statewide issues and findings.

### **Report Formats**

DFCS has no set standard for formatting a report at this time. MACWIS reports use a standard business rule to sort, aggregate and print the report produced by that system. Each person who develops a report uses their own style at this point. Efforts will be made to standardize the report format for the ease of the users.

### **Data Review and Analysis Process:**

Routine actions are taken to identify areas of needed improvement, implement the improvement on a small or broad scale, review the results, modify or discontinue the improvement process, and keep staff informed and involved throughout the cycle.

### **Review Data/Reports**

Data reports (MACWIS management reports, FCR reports, data profiles, monthly unit reports, etc.) are reviewed on a monthly basis at regional staff meetings, senior management meetings, and weekly Unit Directors/Division Directors meetings.

### **Analyzing and Interpreting Data/Reports**

During the above mentioned meetings, these reports and data therein are reviewed, analyzed, and interpreted to determine and track trends in strengths, progress, as well as areas needing improvement. At this point in the process, decisions and determinations regarding any needed modifications to policy and/or practice are discussed for possible changes and implementation in order to improve these processes.

### **Re-establish Benchmarks**

At any point during this PQI process, benchmarks can be re-established based on data trends and situational occurrences within the counties, regions, and state. These benchmarks should not be re-established solely to meet a requirement or standard but used to evaluate or improve services to families and children as well as comply with the state's practice model.

### **Communicating Results:**

All data, policy, and practice information must be shared with stakeholders and other interested parties within the communities to continue to keep them involved in the PQI process. Without providing positive feedback, the results of PQI cannot be used to make needed improvements. Therefore a strong feedback process is central to the plan.

### **Using Data for Implementing Improvement**

Upon disbursement of any information, comments and recommendations will be solicited by DFCS from any involved party may it be management, stakeholders, or consumers.

### **Summary**

Mississippi's DFCS is committed to becoming a learning and growing organization. Further enhancing and fully actualizing our Performance Quality Improvement process, plays a critical role in the carrying out and fulfilling the division's mission. This plan will be reviewed and evaluated on an annual basis as part of the statewide PQI process and a report will be generated and updated at the end of each fiscal year.

### **Health Care Services Plan**

#### **Objectives**

DFCS proposes in this report a coordinated health care services plan for children in out-of-home placement which emphasizes:

- Care should be provided in a manner sensitive to the child.
- Continuity of care is critical
- Children's access to care requires expansion of existing providers statewide and flexibility in the service delivery
- Success requires real partnership between state agencies, with and among providers, and with the child and family team.
- The well-being of foster children requires timely access to quality health care.
- Health care planning must be integrated into permanency planning for children in out-of-home care.

### **Five Year Strategic Planning with Medical and Mental Health Providers**

In February 2009, as a part of the Five Year Strategic Planning Conference, DFCS collaborated with medical and mental health providers to provide timely and necessary medical and mental health screenings and treatment for Mississippi's foster children. The participants were executive level individuals from Medicaid, Mississippi Health Department and Mississippi Department of Mental Health and other medical providers, with authority to commit to the goals and objectives of DFCS' Children and Family Services Plan for 2010-2014.

Currently, the agency has collaborated with the Mississippi Health Department to ensure that every child in foster care has access to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. This program uses a multi-disciplinary team approach, including medical, nursing, nutrition, and social work, and provides childhood immunizations, well-child assessments, limited sick child care, and tracking of infants and other high risk children. The services are basically preventive in

nature and designed for early identification of health problems or health concerns. The program is provided in every county in the state.

The goal of DFCS' plan for coordinated health care services for children in out-of-home placement is a commitment to build the capacity to provide strong coordination of children's health care needs and services within the 84 local DFCS offices.

### **Policy Revision for Assessing Dental, Medical, and Mental Health**

DFCS has issued revised policy to address the above objectives as follows (Bulletin 6241, June 4, 2009):

#### **ASSESSING DENTAL, MEDICAL, AND MENTAL HEALTH**

When a child is placed in custody of the Mississippi Department of Human Services, the Division of Family and Children's Services assumes the responsibility of securing access for the child to dental, medical and mental health services. The provision of these services must be documented in MACWIS.

The services listed in the following sections are usually available through Medicaid, which should be the primary source of payment. County, Region and State funds can be used, with prior approval, to pay for some of these services if unavailable through Medicaid.

#### DENTAL

The County of Responsibility Worker will ensure that a dental exam is obtained for **each child age three (3) and older** within **ninety (90) calendar days of child entering custody or within 90 calendar days of his/her 3<sup>rd</sup> birthday**. Dental check-ups shall recur every six (6) months. An exception may be made when the Worker is provided with documentation from a dental clinician that dental exams and treatment are up to date. **All medically necessary dental services shall be provided.**

A referral for this service can be obtained through Early Periodic Screening, Diagnostic, and Treatment (EPSDT) through the local Health Department or from any medical provider. The form for this referral can be located in MACWIS under the Case navigation bar, EPSDT icon.

#### MEDICAL

The County of Responsibility Worker shall obtain an initial health screening from a qualified medical practitioner for all children within **seventy-two (72) hours of custody** to determine immediate health needs.

Within 30 days of placement in foster care and yearly thereafter, each child shall receive a comprehensive health assessment. This examination may be obtained through Early Periodic Screening, Diagnostic, and Treatment (EPSDT) through the local Health Department or from any approved medical provider that performs this service. The form for this referral can be located in MACWIS under the Case navigation bar, EPSDT icon. The Worker shall also request a developmental assessment as a part of this referral as needed. All medically necessary follow-up services and treatment shall be provided.

If possible, the initial health screening evaluation and comprehensive health assessment may be conducted in one visit. In such instances, this combined visit shall be conducted within 72 hours of placement. Follow-up services shall be provided as needed.

## **Early Intervention Program**

All children in custody, age birth through three years (up to 36 months), shall be referred to the First Steps Early Intervention program through the local Health Department for developmental assessment and follow-up services as needed.

The existence of early intervention programs is designated in federal and state legislation. In 1986, the Education for all Handicapped Children Act (Public Law 94-142) was amended to add rights for infants, toddlers and preschool children and their families. In 1990, the Education for all Handicapped Children Act was renamed Individuals with Disabilities Education Act (IDEA). The early intervention portion of the law was referred to as Part H-Early Intervention for Infants and Toddlers with Disabilities and their Families. Part H sought to enhance the development of infants and toddlers and minimize their potential for delay, reduce the need for special education services, enhance the capacity of the family to meet the needs of their infants and toddlers with special needs and to meet the needs of minority, low income, and rural and underserved populations. In the 1997 reauthorization of IDEA, Part H was changed to Part C. This change brought a new spirit to the law by requiring more emphasis on at risk services, services in the natural environment, family needs assessment, and transition planning. The Mississippi definition of infants and toddlers with developmental delays or disabilities is "children ages birth to 36 months who need early intervention services."

## **Immunizations**

Section 41-88-3 (1) of the Mississippi Code Annotated charges the Mississippi State Department of Health (MSDH) with the responsibility "for assuring that all children in the state are appropriately immunized against vaccine-preventable diseases. In order to improve the state's immunization levels in children, the Department of Health shall enhance current immunization activities and focus on children receiving all recommended immunizations by twenty-four (24) months of age. The immunizations will be administered according to the recommendations of the national Advisory Committee on Immunization Practices (ACIP)". Furthermore, Section 41-23-37 of the code makes it unlawful for any child to attend school until they have been vaccinated. In order to adhere to these laws, Workers shall make every effort to assure every child in agency custody is immunized prior to enrollment in school.

The following immunization list, given as recommended by the child's physician, shall be used to guide the Worker in meeting the health needs of the foster child. The Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) have all approved the following vaccinations:

- Diphtheria, Tetanus, Pertussis (DTaP, Dt, TD)
- Polio
- Measles, Mumps and Rubella (MMR)
- Hepatitis B
- Varicella (Chickenpox)

A copy of the paper immunization record must be kept in the child's case file as an extension of the child's case plan documentation.

## **MENTAL HEALTH**

Each child four years old and older shall be provided with a mental health assessment within thirty (30) calendar days of foster care placement. **The Strengths and Risk Assessment shall be performed on children ages four and older within 30 calendar days of child's custody. Each child who reaches the age of four in care shall be provided with a mental health assessment 30 calendar days of his/her fourth birthday.**

In addition to the Strengths and Risk Assessment, within 30 calendar days of entering custody, a child shall be provided with a mental health assessment conducted by a qualified mental health professional. Such assessments shall also screen for drug and alcohol dependency as age appropriate. Mental health may be evaluated through Early Periodic Screening, Diagnostic, and Treatment (EPSDT) through the local Health Department or from any approved medical provider that performs this service. The form for this referral can be located in MACWIS under the Case navigation bar, EPSDT icon.

Each foster child shall receive follow-up mental health services provided as recommended in the mental health assessment.

The agency has collaborated with the Mississippi Health Department to ensure that every child in foster care have access to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. This program uses a multi-disciplinary team approach, including medical, nursing, nutrition, and social work, and provides childhood immunizations, well-child assessments, limited sick child care, and tracking of infants and other high risk children. The services are basically preventive in nature and designed for early identification of health problems or health concerns. The program is provided in every county in the state.

## **Summary**

### **Access to care is important:**

- Children, their families, and DFCS staff should not have to travel for more than an hour to receive routine medical care, including comprehensive health exams. Recognized exceptions would include the need for a child to see a specialist or if such travel helped preserve a pre-existing relationship with the child's own medical provider.
- Whenever possible, a child should receive health care in his or her own community and from his or her own provider, if that provider can continue to provide the necessary quality care. In the event the child needs to see a new provider, that provider should be selected with an eye towards continuity of care, both during the child's stay in placement and upon achieving permanency.
- DFCS favors providers who have the capacity to serve our children based on their needs. DFCS values providers who can schedule emergency consultations immediately, who can conduct pre-placement health assessments in non-emergency room settings in the 24 hour window around a child's entry into care, who can schedule comprehensive medical exams within a thirty day timeframe, who can provide reports in the timeframes needed to inform decisions about the care and legal status of a child.
- DFCS recognizes the need to develop strong internal coordination capacity. DFCS must be able to ensure the prompt scheduling of necessary health care appointments, the coordination of transportation and the participation of key adults and provision of critical health information at exams (and so reduce "no shows"), tracking of the provision of follow-up care, and integration of health planning and information into the child's overall case plan.
- DFCS recognizes that our caseload carrying staff cannot do this work alone. They need to have appropriate caseloads so they can pay sufficient attention and provide support.

**Quality of care is important:**

- DFCS expects its children to receive high quality medical care.
- DFCS expects its children to receive care in a culturally competent manner which is sensitive to the particular needs of a most vulnerable population.
- DFCS will contract with its providers to ensure data is collected to monitor health care outcomes for children in out-of-home placement.
- The quality of the care provided to foster children should be monitored through the routine collection of data from providers, both quantitative and qualitative; through health care audits conducted by DFCS, Medicaid, and other qualified stakeholders.

**Integration:**

- Attention to health care needs to be integrated into services to the child as a whole.
- Collection of health care information should be integrated into existing opportunities, including family meetings.
- Reductions in caseloads are critical if we are to build a sustainable health care delivery system for our children.

**Partnership:**

- DFCS cannot do this alone and previous attempts to solve this challenge solely with internal resources have not succeeded and cannot succeed. Partnership with medical providers, resource parents and other stakeholders is essential to the success of the State Health Care Plan.

## TRIBAL CONSULTATION

The goals set forth relative to the Indian Child Welfare Act (ICWA) were developed through multiple collaborative efforts with representatives of the Mississippi Band of Choctaw Indians. The consultation consisted of meetings at both the state and regional level at 5 Year Strategic Planning events and included a stakeholders meeting between DFCS and Choctaw Family and Community Services.

A protocol has been developed between DFCS and the Choctaw tribe to facilitate consistent handling of child protection situations related to tribal members. This protocol is being utilized in Neshoba County, MS, which is the county with the most extensive tribal population in the state of MS. Approximately 65% of the Choctaw tribal population lives in Neshoba County, MS. Our goal in this area over the next five years is to expand utilization of this protocol to include all counties with tribal populations and make this protocol known and available to all DFCS staff statewide.

The tasks associated with this goal will be to incorporate the protocol into policy, distribute it statewide and train the staff on the ICWA, in general, and specifically for Mississippi. A "Memorandum of Understanding" between the Choctaw Tribe and the state of MS has been written. The state desires to re-open lines of communication with the tribe specific to the MOU and attempt to gain approval from the Choctaw Chief.

The state's goal is to have a legally binding, fully operational Memorandum of Understanding within the next five years. Plans to accomplish this goal include increasing communication with the tribe on multiple levels, building a relationship of trust and cooperation and expanding the currently established relationships. DFCS will include Choctaw Social Services in training opportunities available to DFCS staff

as appropriate, and have regular meetings with tribal staff and administration on all levels at least twice a year with a goal of quarterly meetings within five years. As of the date of this submission, quarterly collaboration meetings with the Choctaw Tribe will resume in September.

Our Third goal is to update the state listing of all tribes, national contact persons and contact information. Although the information is available, not all staff know how to access this information. MDHS will insure the ICWA Designated Agents for every tribe and region are posted on the MACWIS web. This document will also be distributed to every Regional Director. The Regional Director will distribute the document to every ASWS in the state so they can distribute it to their staff and print a hard copy for every DFCS office. The procedures required to access the information will be published through the Professional Enhancement Newsletter which is provided to all employees via e-mail monthly. The Professional Enhancement Newsletter will also be utilized to provide policy reminders on the ICWA including the steps involved in determining heritage and jurisdiction. All staff will continue to receive training on the ICWA during the intensive training modules provided to all new direct service staff. Our final and most important goal is to preserve Indian families in a culturally sensitive manner. This goal includes culturally based prevention and protection services as well as ensuring any Indian children removed from their homes be placed with priority given to relatives, other Choctaw families, and other tribes. They will only be placed with families outside the Indian culture as a last resort.

Placement with relatives on the reservation will require a home evaluation and foster care licensing of the relatives any time the tribe does not assume jurisdiction of the children to be placed. These homes must meet all DFCS licensing requirements.

DFCS agrees to include of potential Choctaw foster parents, both on and off the reservation, in the pre-service foster parent training currently provided to all potential DFCS foster parents. DFCS has a goal of licensing two to five off reservation Choctaw families as foster parents. This will aid in fostering connections with families and the tribe. A Resource Worker will be specifically assigned to Neshoba County to assist in establishing permanent placements within the community where tribal connections and culture are most readily available.

There were multiple challenges identified by the strategic planning participants. These included:

1. A need for more intensive communication between DFCS and the Mississippi Band of Choctaw Indians;
2. the need for knowledge and understanding of the ICWA;
3. the needs of the clients themselves to understand their eligibility for services including the time frames involved;
4. the blood quantum requirements for tribal membership; and
5. the need for unification of procedures between counties.

These challenges were considered when the goals were identified as well as what steps will be necessary to insure the safety, permanency and well being of all the children and families we cooperatively serve within the Mississippi Band of Choctaw Indians.

## **CONSULTATION WITH PHYSICIAN OR APPROPRIATE MEDICAL PROFESSIONALS**

All children who are placed in out-of-home care are required to have an initial medical examination as well as regular examinations throughout their out-of-home care placement.

All children in custody age birth through two years (up to 36 months) shall be referred to the First Step Early Intervention program through the local Health Department for assessment and follow-up services as needed.

Dental and mental assessments are also required for each child entering care (if the child is of appropriate age). A dental exam for children age three (3) and older within ninety (90) calendar days of a child entering custody is required. A medical examination for all children within thirty (30) days of custody and yearly thereafter is also required.

Mental Health Assessments shall be completed as a part of the child's ISP within thirty (30) days of child entering custody.

A Memorandum of Understanding was developed with Mississippi Department of Health (MDH) for this purpose. Foster parents or other placement providers can arrange for these screenings and consult with a physician to develop a treatment plan, if necessary.

These assessments are entered into MACWIS and the hard copy is filed in the child's file.

In keeping with the COA's standards and the *Olivia Y.* Settlement Agreement, resource families receive training in Medication administration, first aid, cardio-pulmonary resuscitation and other interventions related to medical and health care of child. Staff are instructed not to administer medication, but resource families may administer prescribed medication in accordance with a doctor's orders, including psychotropic drugs.

## DISASTER PLANS

Due to the impact of Hurricane Katrina on the State and its child welfare system, a Coastal Recovery Plan has been developed, and corresponding strategies and action steps were incorporated into a state Disaster Preparedness Plan.

The mission of the Mississippi Department of Human Services is to provide services for people in need by optimizing all available resources to sustain the family unit and to encourage traditional family values thereby promoting self-sufficiency and personal responsibility for all Mississippians. The Division of Family and Children's Services has a duty to protect vulnerable children from abuse, neglect and exploitation; to support family preservation and community living and to prevent family violence and disruption.

Disasters can affect the way our agency operates and the services we provide for children and their families. This plan, while specific to Mississippi, may be expanded and impacted by State and Federal mandates during disasters that have wide-reaching implications which may be beyond our standard scope of operations. The purpose for this plan is to establish certain operational procedures and guidelines which will facilitate the execution of the Division of Family and Children's Services staff's mission-essential functions during various emergency situations to include: natural disasters, accidents, technological emergencies and military or terrorist related incidents.

The State of Mississippi is certainly no stranger to natural disaster, as witnessed by the recent devastation in the wake of Hurricane Katrina but, we must also be mindful of other possibilities when

planning a workable response. The most common natural disasters that afflict our state include: Hurricanes, Tropical Storms, Severe Electrical Storms, Tornadoes, High Winds, Flash Flooding, and Winter Storms. Other disasters are man made, such as: Hazardous Material incidents (chemical, biological, radiological), Technological (electrical power blackouts, computer system and network disruptions, electronic equipment breakdown) and Terrorist Attacks.

In the event of a disaster, the Division Director is in charge of the execution of the Disaster Plan. Alternates include, Deputy Director, Director of Field Operations, and Unit Directors as designated by the Division Director.

### Disaster Impact

In this plan, we will examine three (3) levels of disaster and subsequent plans for each. In every instance, the proper chain-of-command will be followed at all times, e.g. reporting to the Regional Director who will in turn report to the Division Director or his/her designee.

#### *Minor Disaster, Level 1*

A minor disaster can be defined as a disaster that can be handled locally on a county level and carries no need for a formal disaster declaration. This type of incident has a very limited "strike zone" with a limited number of victims who can be cared for by nearby medical facilities.

The responsibilities of the county leads and supervisor for minor disasters include the following:

- Activate the plan for county immediately
- Assess the need to alter any non essential job functions to accommodate the essential functions of intake, investigations, and family preservation services and foster care
- Maintain ongoing communication with regional and state office leadership as necessary

#### *Major Disaster; Level 2*

A major disaster can be defined as a disaster that has a broader "strike zone", a moderate number of victims, but still within a well-defined geographical area. This type disaster will require State and Federal assistance.

#### *Catastrophic Disaster; Level 3*

A catastrophic disaster can be defined as a disaster that has wide-spread catastrophic damage with a large number of victims from all economic strata. Normally, a Presidential Disaster Declaration often accompanies this type of disaster. Catastrophic disasters will require massive State and Federal assistance. Major and Catastrophic Disasters will be activated by DFCS Division Director or his/her designee at the earliest possible time before and after the disaster event

In the event of a Level 2 and Level 3 disaster, the responsibilities of the Division Director or his/her designee in a disaster include the following:

- To notify the affected counties as quickly as possible prior to the disaster or as soon as possible thereafter to initiate the plan. This will be accomplished through the agency

website, the telephone tree (each Direct Service Worker, ASWS and RD has been provided with an agency cell phone), and the public media

- Assess any special needs not anticipated in the plan and take action to address them
- Assess any additional staff needs
- Assign any special staff that might be required to help during the disaster period and adjust their regular workload as needed
- If shelters will be needed ensure staff are aware of their locations

For all levels of disasters the Division of Family and Children's Services Staff is expected to follow the guidelines as outlined below.

### DFCS Staff Personal Responsibilities

#### *Prior Preparation*

Develop a family emergency plan.

In case family members are separated from one another during a disaster (parents at work, children in school or day care), have a plan for getting back together.

Ask an out-of-state relative or friend to serve as the "Family Contact". After a disaster, it's often easier to call long distance than it is locally. Make sure everyone in the family knows the name, address and telephone number of the contact person.

- Maintain a supply of water and non-perishable food (can opener if canned items are taken).
- Keep handy a change of clothes, battery operated radio, flashlights, extra batteries, and First Aid Kit.

When forewarning is available, staff should follow the directives of local public safety authorities concerning evacuation.

Notify your supervisor if leaving the area and furnish contact information, along with anticipated return date.

In the event that your own supervisor is unreachable, the statewide Adoption line 1-800-821-9157 will serve as a centralized telephone number for staff to report activities and receive information from the Division.

#### *Following a disaster*

Staff should follow the directives of local public safety authorities regarding a return to the affected area.

Notify your supervisor if away from work for more than two (2) working days.

If your supervisor is unreachable, contact the statewide Adoption line at 1-800-821-9157 to report your current circumstances and anticipated return to work.

Staff will be approved for use of Administrative Leave as determined by the Executive Director depending on the magnitude of the disaster. Extended Leave with pay or without pay will be granted on a case-by-case basis depending on the extent of the damage to the general area, individual circumstances and directives from the local authorities. Decisions regarding extended leave will be made by the Division Director or his/her designee.

### DFCS Staff Professional Responsibilities

#### *Prior Preparation*

- Maintain an out-of-state emergency contact for each resource family. This should be updated annually.
- Maintain up-to-date files on all clients through MACWIS.
- Regional Directors and Area Social Work Supervisors will be responsible for maintaining a current list of resource families with current placements along with the names of children placed in those homes. The list should be kept with the Regional Director and Area Social Work Supervisors and updated quarterly. State office will also maintain a list of resource families and current placements.
- Each county will develop a disaster team and plan. Each county will train county staff on the disaster plan and participate in drills. This plan will be updated annually.
- State office and each county office will prepare a disaster supply kit that could include:
  1. Laptop computer with extra batteries (if available)
  2. Phone lists, address book, with employees and management contact information.
  3. Employee lists
  4. Cell phones
  5. Radios with extra batteries
  6. Disaster plan
  7. Maps, driving directions to alternate facilities
  8. Flashlights, lanterns, with extra batteries
  9. First aid kit
  10. Car chargers for laptop and cell phone
  11. Resource Home Contacts
  12. Information for each foster child to include: Full name, Social security number, Medicaid number, medical information, names and doses of medication, and caseworker's name and phone number.

DFCS performs a daily backup of MACWIS onto multiple tape media. The data tapes are used for restore purposes. Data stored on tape media are retained for over four months. MACWIS users in the remote counties are connected back to the state office via frame relay. In the event one of the county offices goes down, users in the local office can immediately relocate to a nearby county. MACWIS may also be accessed remotely via any web-enabled device, providing access to the user from any remote location with Internet access including wireless data cards.

All copiers in State and county offices are under a lease agreement. Currently, as the leases expire, the copiers are being replaced with copiers with scanning capability; thus, enabling vital records to be scanned and stored in MACWIS. This will allow universal access of these records in the event of a disaster.

*When forewarning is available*

- Regional Directors and Area Social Work Supervisors should maintain a list of resource families currently with placements along with the names of children placed in those homes. The list should be kept with the Regional Director and Area Social Work Supervisors and updated quarterly. State Office will also maintain a current list of resource families and placements.
- Encourage all resource families to follow directives of local public safety authorities regarding evacuation. Foster children may accompany the resource family out of county or out of state based on the directives and the family's emergency plan.
- Assure that all resource families have the 800 number which will be available for staying in contact (1-800-222-8000) and a copy of the "Disaster Preparedness Plan for Resource Families".

*Following a disaster*

Following a disaster, the Regional Director will communicate with the Division Director regarding plans for emergency operations within the area, including: closing offices, ensuring the Regional Director has the telephone numbers for staff and plans to cover shelters.

Communication

1-800-821-9157 will serve as the primary contact for basic communication among staff members of the Division immediately prior to and following a disaster. This number normally serves as the statewide Adoption line. This line will be staffed during normal business hours (hours may be extended based on the severity of the disaster) and will be available for staff to report to and receive information from the central office.

Staff should as soon as possible report to supervisor, or the 1-800-821-9157 if unable to reach their county supervisor, their current whereabouts, contact information and estimated plan for being able to report to work. The supervisor will advise staff of current expectations.

A second 1-800 number (1-800-222-8000) will be available 24/7 for resource families to report their whereabouts. At this number, a master list of families who have called will be maintained so that both resource families and the children for whom they're responsible can be located.

Resource families and birth families may call (1-800-222-8000) to learn the status of family members or other families who have called in.

If necessary, laptop computers will temporarily be made available from the State Office so that the staff can access the MACWIS system. Some paper records may be available through the

state office. Staff should contact the Placement Unit to determine what information is on hand.

All direct service workers have cell phones. In the phone directory, there is a list of all state employees and their cell numbers.

The Division Director or his/her designee will be the liaison with other state agencies e.g. health department, food stamps, Medicaid, emergency management, etc.

#### Emergency Shelters

DFCS employees remain responsible for staffing emergency shelters. If the need for shelters exceeds three (3) working days, the Regional Director will work with the Division Director to assess the need for temporarily assigning staff from other parts of the state, not affected by the disaster, to assist.

Staff should keep their supervisor informed of the status of their regularly scheduled duties.

Staff reporting for work should check with ASWS regarding temporary reassignment of duties.

#### Child Abuse and Neglect Reports

New reports of child abuse and neglect will take precedence over working in a shelter. The Regional Director will make arrangements to relieve investigators of shelter duties so that investigations can be completed.

The Regional Director will consult with the Division Director (or designee) with regard to the need for additional staff on a temporary basis.

If local communications are disrupted, 1-800-222-8000 will be available to take reports and pass that information back to a worker at the local level or to law enforcement. This process will continue until local communications are reliable again.

## Relocation of Foster Children

ASWS will coordinate with the Division Director or his/her designee, Director of Placement and ICPC Coordinator to ensure ongoing services for Mississippi foster children relocated out of state due to a disaster and to assess the needs of both the foster children and the resource families.

In the event foster children from other states relocate to Mississippi following a disaster, the ASWS will coordinate with the Division Director or his/her designee and ICPC Coordinator to immediately contact ICPC Administrators in that state. The designee will then obtain the necessary information (medical, behavioral and educational history, reasons he or she came into care, family history, case plans) to ensure ongoing services for the foster children and resource families.

Executive Director in conjunction with the Office of Communications will be responsible for handling the media to ensure consistent messages.

Following a disaster, the agency should follow policy regarding Native American Children. If a Native American child is displaced, the agency will immediately contact that child's tribal counsel.

## DFCS Resource Families

For all Levels of disaster, the Division of Family and Children's Services Resource Families are expected to follow the guidelines as outlined below.

### DFCS Resource Families Personal Responsibilities

#### *Prior Preparation*

Develop a family emergency plan.

In case family members are separated from one another during a disaster (parents at work, children in school or day care), have a plan for getting back together.

Ask an out-of-state relative or friend to serve as the "Family Contact". After a disaster, it's often easier to call long distance than it is locally. Make sure everyone in the family knows the name, address and telephone number of the contact person.

- Maintain a supply of water and non-perishable food (can opener if canned items are taken).
- Keep handy a change of clothes, battery operated radio, flashlights, extra batteries, and First Aid Kit.
- Be sure DFCS has updated information for an emergency contact located out of state who will most likely know the whereabouts of your family.

- Maintain written information for each foster child including:

Full name  
Social Security Number  
Medicaid Number  
Medical Information (include physician name and address, major medical problems-especially those requiring medication, allergies, any medical equipment required, behavioral health issues, etc.)  
Names and Doses of Prescriptions  
Caseworker's Name and phone numbers

*When forewarning is available*

Resource families should follow the directives of local public safety authorities concerning evacuation and may take foster children out of county or out of state based on the directives and the family's emergency plan.

**\*\*\* Important \*\*\***

Immediately notify the Case Worker if leaving the area and furnish contact information, along with anticipated return date. If the worker is unreachable, contact 1-800-222-8000.

Assure that an ample supply of medications (7 to 10 day supply) is included in preparations along with the written information outlined above.

*Following a disaster*

Resource families should follow the directives of local public safety authorities regarding a return to the affected area.

If location or contact information changes, report changes to worker or to 1-800-222-8000. If relocating within Mississippi, you may contact the local office from the list provided. Board payments will temporarily be mailed to the address provided by the Resource Family.

Resource families may learn the current status of other resource families and birth families by calling 1-800-222-8000.

Resource families may contact their worker through 1-800-222-8000. The person accepting the call will forward the concern, question or information to the worker or other identified staff who will return the resource family's call.

If medical attention is needed for a foster child while in another state, resource families should call 1-800-222-8000 for assistance in using Mississippi Medicaid. This information will be provided to DFCS staff. Resource families will continue to receive payment from the state office as normal. The protocol for resource families is to contact their worker or 1-800-222-8000 if they have been displaced due to a disaster to provide locations information. These situations will be handled on a case-by-case basis to ensure payment is received accordingly.

The Mississippi Department of Human Services, Family and Children's Services took a significant beating from the hurricane. The affects of Katrina were so catastrophic that even operating under a perfect system, DFCS would have had difficulty recovering. Hurricane Gustav, which occurred in September of 2008, proved that this plan was effective and as soon as notification of the hurricane was received, action was taken. For a more detailed report the results of this plan during the hurricane, please refer to the Mississippi 2009 APSR.

## **MONTHLY CASEWORKER VISIT DATA AND STATE PLAN REQUIREMENTS**

Since the FY 2007 baseline for this mandate was established, the Children's Bureau has given DFCS clarification on the detailed data that is required in order to receive the funding associated with this measure. At this time, DFCS would like to re-establish the FY2007 baseline data and develop new benchmarks for each reporting year. (See attachment B)

DFCS is still looking at various options to utilize the available IV-B subpart 2 funding. This agency recognizes that the quality of front-line staff, worker turnover, high caseloads, overwhelming administrative burdens, lack of supervisory support and the minimal level of knowledge and experience of staff are some of the challenges of public child welfare staff recruitment and staff retention that can affect children's safety and permanency. As a result, staff may have less time to establish relationships with children, conduct frequent and meaningful visits to assess children's safety and make thoughtful and well-supported decisions regarding safe and stable placements.

Systemic improvement, such as accreditation and the enhancement of supervisory training and supports are intended to lessen worker stress by improving the working environment. Accreditation has facilitated high-quality service delivery because it requires reasonable caseloads and reduces the number of staff a supervisor must oversee. Supervisory training that focuses on leadership skills and clinical practices will help in improving communication and decision making.

MACWIS allows for tracking the caseworker visits with the child. The criterion for this contact to be counted is:

- The worker responsible for the child (either from the county of jurisdiction or the county of service) must be the same person who made the visit; and
- The visit must have occurred in the child's placement setting.

All children who are in DFCS custody for the entire report month are included in the reporting population.

The DFCS direct service worker shall maintain monthly face-to-face contact in the placement setting with every child in custody. Monthly contact means at least once every calendar month and includes the documentation in MACWIS as soon after the visit as possible.

If a foster child remains in Mississippi but is placed outside the County of Responsibility (COR), it is the responsibility of the County of Service (COS) to make the monthly face-to-face visits with the child, beginning with the month after the child is placed. The COR worker will see the child in the placement month. The COR worker will also visit the child quarterly within the placement setting. All visits shall be documented in MACWIS on the narrative screen as soon as possible after the visit, but at least by the end of the calendar month in which the visit was made.

It is strongly suggested that the worker visit the child at least two times per month. One visit must be made within the placement setting to assess the continuing appropriateness of the placement. Visiting with the child outside the placement setting is suggested in order to allow the child to freely express his/her feelings about the placement.

DFCS requests that all children placed through ICPC in another state receive contacts at a minimum of once a month in the placement setting. It is also the expectation of DFCS staff to have contact with children placed through ICPC in Mississippi to be seen according to policy for Mississippi children.

In the cases where special circumstances exist, including, but not limited to, children with ICPC placements or children who are on runaway status, an explanation must be documented in the narratives as to why contact was not possible. Children in custody, who are placed out of state in facilities or with relatives, and are not being seen by the receiving state staff, should be seen once every six months by Mississippi DFCS staff. More frequent contact may be required at the discretion of the ASWS.

Some children may be in foster care in Mississippi but their parents or primary caretakers have moved out of state. Even if Mississippi has requested that the state of residence work with the parents, the Mississippi direct service worker must continue to maintain monthly face-to-face contact with the child. A report on such monthly visits is submitted to the child welfare agency of the state where the child's parents are located so the state of residence may be able to share with the parents the child's safety and well-being.

Mississippi's new baseline data is as follows:

<b>Baseline Year</b>	<b>Total Children in Out of Home Care</b>	<b>Face-to-Face Contact</b>	<b>Contact in Placement Setting</b>
2007	4,923	65.02%	53.32%

The baseline data was re-established after reviewing the Children's Bureau detailed explanation of how to calculate this data. A monthly report is run with detailed information on the children who were/were not visited that keeps the ASWS's, direct service workers and the Performance and Quality Improvement Unit apprised of the progress being made toward meeting this goal.

An annual report has been developed to give DFCS the exact details of this item as mandated by the Children's Bureau calculations.

In order to establish benchmark data for face-to-face contacts each fiscal year, DFCS projects a 6.25% increase in each fiscal year. The new benchmark data for face-to-face contact in the placement setting will be increased by .5% each year. These calculations as established by DFCS are as follows:

Reporting Year	Face-to-Face Contact	Contact in Placement Setting
2008	71.27%	53.82%
2009	77.52%	54.32%
2010	83.77%	54.82%
2011	90.00%	55.32%

DFCS FY 2008 Worker/Child Contact is as follows:

Reporting Year	Face-to-Face Contact	Contact in Placement Setting
2008	73.55%	67.59%
2009		
2010		
2011		

Please refer to the 2009 Mississippi Annual Progress and Service Report for the raw data from which these calculations were compiled.

### CAPTA STATE GRANT

The State Basic Child Abuse and Neglect Prevention Grant funds two (2) subgrantees to provide programs focusing on prevention services to high risk families, respite care, and supervised visitation. These subgrantees offer various programs and services to children of single parents including: resource referrals, parent education, one-on-one case management, home based instruction, supervised visitation, Communication of Parent Effectiveness Skills (COPEs), parent aides, teen parent support, support groups, community education, and counseling.

In compliance with CAPTA, programs implemented through Community Based Child Abuse Prevention (CBCAP), Children's Justice Act (CJA), and Child Abuse and Neglect-State Basic grants, DFCS has focused on the continued coordination and collaboration to develop a Statewide Network of community-based child abuse prevention activities and family resource services. The Mississippi Conference on Child Welfare (MCCW) plays a role in the collaboration of all the partners that participate in the statewide

network of community-based, prevention-focused, family support services for the State of Mississippi. The MCCW is an annual conference sponsored by the Mississippi Department of Human Services, Division of Family and Children's Services (MDHS/DFCS) which creates an opportunity to involve community-based partners working collectively to provide training sessions, assess available resources, and maximize the resources provided through grants allocated under the CAPTA legislation.

### **Children's Justice Act (CJA) Grant**

Since October 1999, the Mississippi Children's Justice Act (CJA) Grant has funded the development of a Statewide Multi-Disciplinary Child Abuse Review Team Network (MDT). This project was in response to the need for the CJA Grant in Mississippi to address in a more systemic manner the handling of child abuse cases in the state. Until then, there had been no coordinated effort by the CJA Task Force to implement a plan of action that could potentially affect the whole system of child abuse intervention statewide. The progressive establishment of a coordinated network of child abuse review teams, providing both a mechanism for improved multi-disciplinary cooperation and a means for ongoing specialized training and technical assistance, is the tangible vehicle through which this desired result is being achieved. Significant progress has been made and is ongoing in the realization of a statewide structure of the MDT's which are reviewing reported cases and operating in a coordinated effort with other teams around the state.

Through the CJA Grant Funds, the Mississippi Department of Human Services (MDHS), Division of Family and Children's Services (DFCS), funded two contractors who have worked in conjunction with one another, and under the administrative supervision of DFCS, to accomplish the outcomes targeted by this endeavor. The subgrantees both have established expertise and experience in multi-disciplinary child abuse review team development and coordination garnered through their prior efforts in creating local review teams in their service areas.

The two (2) programs awarded renewed contracts for the 2007-2008 grant year were Family Crisis Services of Northwest Mississippi and Center for the Prevention of Child Abuse.

Family Crisis Services of Northwest MS, Inc. is located in Oxford, Mississippi, and the Center for the Prevention of Child Abuse is located on the Mississippi Gulf Coast in Gulfport, Mississippi. The state is literally divided in half by north and south with each contractor being responsible for project development within their half of the state.

The Task Force presently contracts with Family Crisis Services of Northwest MS, Inc. and the Center for the Prevention of Child Abuse for the continued development of the Statewide Network.

The Scope of Services provided by the Family Crisis Services of Northwest MS include:

- Work in collaboration with the Center for Prevention of Child Abuse (CPCA) to offer and provide training opportunities to the team members and other professions working as first responders with child abuse victims.
- Implement In-Service Trainings to each of the Multidisciplinary Teams on needs expressed by team members. At least 40 MDT members will receive information from the in-services.

- Collaborate with MDHS and CPCA to coordinate the Annual Statewide MDT Networking Conference for MDT members offering continuing education for professionals on topics that deal directly with child abuse victims. At least 75 professionals statewide will attend the conference.
- Coordinate at least one conference in the northern half of the state for professionals working as first responders with child abuse victims. At least 40 professionals working with children will attend the conference.
- Promote training opportunities such as the Mississippi Conference on Child Welfare and other relevant trainings to MDT Members that will benefit first responders for child abuse cases. DFCS staff will keep notations of all training opportunities promoted to MDT Members.
- Maintain and strengthen the MDT's in the northern half of the state, facilitate the relationships between the Law Enforcement personnel, MDHS personnel, District Attorney Office personnel, Children's Advocacy Center personnel, and other service providers deemed appropriate by individual teams to ensure the proper handling of felonious child abuse cases.
- Continue the facilitation and maintenance of teams in the northern half of the state and provide support and resources for team members. DFCS will administer an Annual Satisfaction Survey to all MDT members. Accurate records and documentation will be kept on the 43 County MDT's in the northern half of Mississippi.
- Continue to serve as a liaison between Law Enforcement, MDHS, and District Attorney personnel in felonious cases of child abuse via the MDT's meetings and all relevant correspondence between meetings.
- Maintain and strengthen the MDT's in the northern half of the state by identifying an appropriate agency and facilitator to continue the process of team ownership by each county.
- Identify appropriate teams for facilitation transfer. At least 3 additional MDT's will be identified for facilitation transfer.
- Implement facilitation training for targeted teams. DFCS will administer an evaluation at the end of the training to determine the effectiveness and if the teams are ready for transfer. At least three (3) MDT's will undergo facilitation training.
- Transfer facilitation of the teams with quarterly monitoring by the DFCS- MDT Program Supervisor and/or Coordinators, as well as quarterly monitoring of the teams transferred during prior grant periods. DFCS staff will monitor the teams through correspondence with the facilitator and through the MDT Statistic Collection Forms. On a quarterly basis, DFCS staff will monitor the teams by attending the meetings.
- Ensure the availability of support services for children of reported child abuse, with priority given to children staffed at MDT meetings and/or referred by MDHS personnel, Law Enforcement and District Attorney personnel.
- Provide advocacy and professional counseling for victims of reported child abuse. DFCS will keep documentation of all clients receiving service in individual client files. At least 10 children will utilize this service.
- Provide forensic interviewing services to MDHS personnel, Law Enforcement and District Attorney personnel for reported child abuse cases. At least 50 forensic interviews will be performed for reported child abuse cases.

The Scope of Services provided by the Center for the Prevention of Child Abuse (CPCA) includes:

- Offer bi-monthly training to all teams (including developing teams) on topics related to team issues and needs. The CPCA will refer all new team members and all members of new teams to

Finding Words forensic interview training as facilitated by the Southwest Mississippi Children's Advocacy Center in collaboration with the American Prosecutors Research Institute's National Center for the Prosecution of Child Abuse and Corner House. Collaborate with DFCS and MDHS to offer the CJA Networking conference in August in Jackson for all statewide Multidisciplinary Teams members, offering CEUs, SWUs, CLEs, and other professional disciplines. The CPCA will offer a statewide conference in September on the Gulf Coast to all team members to include Judges and Guardian ad Litem. Inform MDT members of the annual statewide conference conducted by DFCS, Family Crisis, and CPCA.

- Use a statewide protocol developed in conjunction by DFCS for handling child abuse investigations that can be modified for the specifications of each county.
- To identify four appropriate agencies that has the capability to facilitate their own team and transfer facilitation responsibilities of four teams. Implement facilitation training. CPCA is responsible for providing a representative to visit the transferred teams four times a year to monitor the progress of the team running independently. Transfer of facilitation responsibilities to each county/team.
- Develop Multi-disciplinary teams in the counties that do not have teams. The CPCA will develop three more teams in the lower half of the state.
- Provide on-going support to all teams, including identification of teams that are not meeting as scheduled and teams that report problems. Maintain, update, and disseminate a Team Resource Directory containing names, addresses, phone numbers and professions of members of all MDTs. Continue to facilitate teams that are not meeting as scheduled and teams that report problems. Provide law enforcement agencies in each new team with a list of agency names and telephone numbers that are needed on a regular basis in the investigation and on services available to child victims.
- Provide forensic interviews for approximately 250 children referred to CPCA as requested by MDT members as part of the investigation and prosecution of felony cases. Provide videotaped interviews and written reports on 250 child victims to referring agencies, as requested. Cooperate with prosecution and judicial system in the provision of testimony statements during all court proceedings.
- Provide supportive services for child victims throughout their judicial proceedings as referred by the MDT process. Liaison with the courts to enhance the judicial process by preparing 10 child victims for courtroom testimony and the judicial process by providing a Court Education (Court School) Program. Enhance prosecution by offering court accompaniment services for child victims.

DFCS has encouraged our subgrantees to continue to create, maintain, and assist with the facilitation for the MDT's statewide. Mississippi has undergone many changes in the past year and understands the importance of creating and maintaining strong and stable teams to provide consistency in the handling of child abuse cases.

Family Crisis Services of Northwest Mississippi remains very active with their MDT's and has established a strong position in the northern half of the state. They currently have all their MDT's functioning in all their targeted counties.

The Center for the Prevention of Child Abuse (CPCA) had difficulty finding strong, committed team members to participate in the MDT's, therefore many counties had no MDT's actively meeting. CPCA

also found it difficult to maintain participation at a level that would allow a team to thoroughly investigate the child abuse cases according to the standard protocol developed.

DFCS collaborated with the Children's Justice Center in the development of the Batson CARE Clinic at the University of Mississippi Medical Center (UMC). The facility is the first of its kind in Mississippi and offers a state of the art forensic examination of child abuse victims by both trained doctors and nurses, and is where forensic interviews and associated interventions are conducted. The long term goal is the replication of this model in other regional- serving hospitals around the state.

The Mississippi Department of Human Services (MDHS), Division of Family and Children's Services (DFCS), continues to encourage lawmakers in the further development of this comprehensive clinic at UMC. The Children's Justice Center at UMC is a sole source provider for medical education and training on child maltreatment issues. The CJC is the only agency in the state specifically tasked by the Mississippi Legislature to provide training on child abuse and neglect to medical professionals in conjunction with child abuse advocates, law enforcement and social workers.

The following is a list of conferences, workshops, and other instructional activities relating to handling child abuse cases that have been or are currently being made available to MDT participants, such as law enforcement, social workers, medical professionals, prosecutors, guardians ad litem, CASA workers, judiciary, mental health care providers, child advocates, and other professions who work with children (and families):

- Finding Words Mississippi
- Sexual Assault Nurse Examiner's Course
- Facilitation Orientation
- Advanced Forensic Interviewing: Issues in Interviewing Adolescents
- Winter Educational Conference
- Sexual Assault Prevention Conference
- DFCS's Programs and Social Work Skills
- Child Sexual Exploitation Investigations
- Meth Endangered Children
- Advanced Trial Advocacy for Child Abuse Prosecutors
- Stress Management and Burnout Prevention
- Sexually Transmitted Infections
- Adult Behavior That May Signal Sexual Interest In Children
- Forensic Interviewing of Children Training
- Family and Victim Advocacy 101
- Methamphetamines and Drug Endangered Children
- Stop the Hurt! Conference
- Annual Pediatric Maltreatment Training
- Law Enforcement Regional Training
- MS Crime Victim's Rights, Compensation and Crisis Intervention
- Equal Justice for Children
- Child Abuse and the MDT
- Drug Identification
- Advanced Pediatric Training
- MDT Facilitation Transfer Orientation

- Medical Principals of Child Physical and Sexual Abuse
- Responding to Child Victims and Witnesses: Innovative Practices in the Courtroom
- Annual Sexual Assault Response Team Training Conference
- Investigating Sexual Assault: The Preliminary Response
- DVD Presentation of NBC Dateline's "Kayla's Case"
- Video In-Service "Truth, Lies and Sex Offenders"
- Methamphetamines: Children at Risk
- Prosecuting Online Crimes Against Children
- Victims with Disabilities: The Forensic Interview
- Protocol for "Requesting a Forensic Interview"
- A Team Approach to Investigating a Child's Death
- Conference on Crawford vs. Washington Supreme Court Decision
- MDT Networking Conference
- Mississippi Partners in Permanency Network Conference
- Failure to Thrive
- Pediatric Maltreatment

MDHS contracted with MS Children's Justice Center (CJC) to provide intensive training classes in *Child Abuse Detection* for providers associated with DFCS. This topic represents one of the most important and sensitive areas concerning the involvement of DFCS with children and providers. The objective of the courses offered provided participants, the first responders, with evidence-based methodology of assessing physical and forensic findings in children and youth who are referred because of suspected child abuse. These courses guided participants through evaluating current and unfolding research findings on child and adolescent sexual abuse, abusive head trauma, and issues related to chemical substances. It also assisted participants in applying research findings, Center of Disease Control (CDC) recommendations, and emerging technology related to selected forms of child maltreatment.

The four course schedule is listed below:

- Course I - "Failure to Thrive"
- Course II – Pediatric Maltreatment Summit
- Course III – Advanced Training Photo-documentation
- Course IV – Online Training for Judges – "Failure to Thrive" training modules will be developed and available to Youth Court and Criminal Judges. The training schedule is set for the remainder of 2008 for these three training modules.

MDHS/DFCS also sponsored a Pediatric Forensic Examinations Training through the Children's Justice Center.

The Children's Justice Act clearly indicates that one purpose for these funds is for the reform of the state's child abuse case handling systems, especially as it pertains to child sexual abuse. Systemic reform is, and has been, at the heart of the Mississippi CJA program since 1999, with the initiation of the Statewide Multi-disciplinary Child Abuse Review Team Network project. Systemic reform is occurring at several levels in the manner of handling these serious child abuse cases.

- 1) The dramatic shift in case handling approach means that more children can continue to benefit from the increased efficiency and expeditious handling of cases. Through the intervention of the Multi-Disciplinary Teams it increase the likelihood that hundreds of children will be less likely to be further traumatized by the system as it seeks to give them aid. Disciplines are working together in greater cooperation than ever before and problem issues have an avenue by which to be resolved. According to the reporting worksheets submitted to DFCS, there were a total of 646 MDT meetings conducted which resulted in a total of 3,368 cases being reviewed.
- 2) The provision of specialized training to large numbers of direct line personnel has had a significant impact on the system and its operation. As the individuals within the system change their perspectives then the change in the system continues to be inevitable.
- 3) The role of MDHS in the case handling system is continuing to evolve in order to encompass all the needs involved with the investigation and treatment of the children who fall victim to abuse and neglect. Through the promotion of the Statewide Network and the multi-disciplinary process, MDHS has taken a new-found position of leadership in initiating change. In order for any substantive reform to the system to occur, MDHS has to be a partner to the process, and in this case, MDHS is leading the process and calling on others to expand their endeavor. MDHS continues to increase the number of cases being presented to the MDT's. This is a direct result of the improved communication between professionals and the leadership role MDHS is taking on the handling of child abuse cases.

The subgrantees indicated that there were 67 convictions by trial of perpetrators of felony child abuse. One subgrantee also reported a total of 107 perpetrators entering into plea agreements. This decreases the re-victimization of the child by avoiding testifying in a court room and being cross-examined by the defendant's attorney. Significant progress is being made to ensure the perpetrators are receiving the appropriate punishment.

- 4) The nature of the system itself continues to show signs of evolution with the emerging development of collaborative partnerships between various agencies. The continued, combined efforts, while all are individual in content, have a common goal for the final objective; decreasing the number of children who have been abused and increasing the number of cases presented for prosecution. A view of the system encourages not just what is legally mandated, but what is necessary for the most complete attention to the needs of the child victim. This perspective is gaining validity and our continued strides help develop a complete training program for forensic interviewing skills and a forensic medical exam center by parties outside of the CJA program.

### **Children's Justice Act Task Force**

The Mississippi Children's Justice Act (CJA) Task Force was appointed by Governor Haley Barbour in June 2004. Pursuant to the By-laws of the Mississippi Children's Justice Act Task Force, the terms of the membership are to run in concurrence with the Governor who appoints them. Governor Haley Barbour took office in January 2004 and his term will end in January 2008. The Task Force received orientation and initial training in July of 2004. When Governor Barbour was re-elected in 2007, the Task Force was

restructured. New members were appointed to fill vacancies that occurred due to the loss of some members who were originally appointed. The first functional meeting of the current group was April 2008. This committee is comprised of law officers, judges, attorneys, child protection specialists, and advocates. The primary responsibility of this Task Force has been overseeing the CJA funds and assisting in the development of the county MDTs.

The Task Force continues to meet on a quarterly basis to provide oversight and management for the Children's Justice Act Grant. The Mississippi Department of Human Services (MDHS) is the designated lead agency responsible for administering this grant and providing support services to the Task Force. The DFCS Prevention Unit performed the administrative functions necessary to maintain the Task Force and to meet the responsibilities of the Children's Justice Act in compliance with the federal requirements of the Child Abuse and Prevention Treatment Act.

The CJA program in Mississippi continues to pursue the goal of establishing a statewide MDT Network. The MDT Network has experienced outstanding growth over the last 5 years in the number of active review teams and the training of team members. There are active teams in each of the twenty-two Circuit Court Districts. Work continues on the goal of having active teams in all of the 82 counties by FY2008. Progress has been done without any type of legislative requirement or mandate directing the process.

The Children's Justice Act (CJA) requires the State Task Force to undertake a comprehensive review and evaluation of law, policy and the investigative, administrative and judicial handling of cases of child abuse and neglect to make training and policy recommendations based on the review. This study must be conducted at the time of an initial application and at three-year intervals thereafter. Mississippi was required to submit the Three Year Assessment with the FY 2009 Application.

Planning for the initial assessment in Mississippi began in July 1999, at the quarterly meeting of the State Task Force. The initial application described in detail the plan adopted by the Task Force to begin a project that would address the very basic mechanisms by which child abuse cases are handled on the local level. The initiation of the statewide Multi-disciplinary Child Abuse Review Team Network sought to instill the notion of multi-disciplinary cooperation and collaboration in child abuse case investigation and management in local jurisdictions by helping to create working review teams and develop a network of ongoing training and support for the professionals involved. As a result, the theme of multi-disciplinary cooperation and communication became a significant influence in the development of the assessment strategy that would be utilized by the Task Force. After consultation with the Federal Project Officer and reviewing the methods employed by other states in carrying out this assessment tasks, it was decided that a survey would be conducted to gather information from representatives of the various disciplines that are typically engaged in child abuse case handling.

Except for a few changes, a similar survey was implemented in FY 2006 and again for the FY 2009 report. The survey included the evaluation of the investigative, administrative and judicial handling of child abuse cases. The survey report addressed the effectiveness of the system in the handling of child abuse cases as well as the cooperation among agencies in these cases.

The survey was sent electronically to MDHS staff, judges, advocates, school personnel, law enforcement, mental health professionals, medical personnel, and others. Each person who received the survey was asked to forward the survey to anyone who may have a role in the handling of child abuse cases.

Survey questions covered the following areas:

1. Overall effectiveness of the child abuse case handling system in the respondent's local jurisdiction.
2. The level of effective communication between various professional categories as judged by the respondent.
3. The presence of procedural guidelines or protocols in the jurisdiction of the respondent.
4. The adequacy of specialized training opportunities for the various professionals involved in the respondent's jurisdiction.
5. The level of participation from MDT members in the respondent's jurisdiction

The survey consisted of five (5) basic questions to be answered in a two-part format. The first is a 5-point Likert scale with the number one (1) representing "not at all" and number five (5) representing "very" in any given category (e.g. effective, cooperative, adequate, etc). The second part of the first five (5) answers involves a narrative response to provide specific recommendations for improvement in that particular area. Questions six (6) and seven (7) were added to identify the degree of statewide participation in a MDT and how often they meet. The final question was included to determine the category of professional responding.

The survey was designed to be anonymous and the only identifying information was the professional category to which the respondent was a member, and the county in which they were ...located.

There were a total of ninety five (95) people who began the survey with eighty-eight (88) completing the survey.

Below is a summary of the questions and responses:

1. How effective is the system in your area in handling child abuse cases?

There were 95 respondents to this question with an average rating of 4.24. The majority of respondents (51.6%) believed that the system handling child abuse cases in their jurisdiction were "very effective". Only a small percentage (2.1%) found the system to be less than "somewhat effective". In comparing results from previous surveys, the FY 2009 survey indicates a significant increase in the percentage of respondents that feel the system is "very effective".

2. How effectively do the various professionals communicate with each other during the process of child abuse investigation and case handling?

There were ninety five (95) respondents to this question with an average rating of 3.99. Twenty five percent (25%) of the respondents found the communication to be "somewhat effective" while sixty eight percent (68%) found communication to be more than "somewhat effective". Only a small percent (2.1%) found the communication to be "not at all effective". These results show that significant progress has been made in the effectiveness of communication between professionals during the process of child abuse investigation and case handling since FY 2006 survey.

3. Do standard procedural guidelines or protocols for the handling of child abuse cases exist in your area?

There were ninety five (95) respondents to this question. The respondents indicated "yes" in eighty nine percent (89%) of the responses. Only six (6) indicated "no" guidelines exist in the respondent's area.

3. a. If procedural guidelines exist, are they followed consistently by the professionals involved in the system?

There were ninety three (93) responses to this question. "Yes" was indicated seventy eight (78) times while "no" was indicated fifteen (15) times. The responses to this question indicate that there is an increased awareness and application of procedural guidelines since this question was asked in FY 2006 survey.

4. Are there adequate specialized training opportunities for the various professionals involved in the handling of child abuse cases?

There were ninety five (95) responses to this question. Seventy four percent (74%) respondents indicate "yes" there were adequate training opportunities for professionals. The "Yes" category response rate reveals that many of the respondents feel that there is adequate training for professionals.

5. How would you rate the cooperation among agencies involved in the handling of child abuse cases?

There were 95 responses to this question with an average rating of 4.00. In rating the level of cooperation, sixty nine percent (69.4%) indicated a level greater than "somewhat cooperative". Only three percent (3.3%) indicated a level less than "somewhat cooperative". The response to this question reveals that many of the respondents feel that there is adequate cooperation among agencies.

In the remaining questions, forty two percent (42%) indicated they were members of the local MDT. Of those members, sixty six percent (66%) indicated that the team met on a monthly basis, seven and a half percent (7.5%) indicated they met more than once a month, and almost four percent (3.8%) indicated they met on a weekly basis.

In May 2009, Mississippi Children's Justice Act (CJA) Task Force made recommendations, based on the survey responses, to DFCS regarding the continuous improvement of the State's child abuse case handling. DFCS appreciated the opportunity to respond to the recommendations for the upcoming year.

- 1) All pertinent state and local agencies and elected officials should continue to take a more active role in adopting and promoting the concept of inter-agency participation in a comprehensive approach to child abuse/neglect investigation and management at the most local levels of involvement. Further, the state should continue to seek to remove any barriers to such an approach that are amenable to legislative, judicial or executive action.

Response: DFCS agrees with this recommendation and will continue in our efforts to work with the Chief Justice, the Governor's Office, our federal partners and other community leaders to remove identified barriers to a comprehensive approach to child abuse/neglect investigation and management.

- 2) Mississippi should continue efforts to develop and/or expand statewide membership in multi-disciplinary child abuse review teams for the cooperation and collaboration among agencies and professionals involved in the investigation, assessment, and disposition of child abuse/neglect cases in the state.

Response: It is the intent of DFCS to continue efforts to develop and expand the membership of multi-disciplinary child abuse review teams through a competitive bid process to provide this service.

- 3) Mississippi should continue to encourage the promotion and adoption of standard protocols and procedures for case handling to be used by all jurisdictions, so as to ensure consistent and appropriate efforts on the behalf of the child abuse victim and family.

Response: A standard protocol for the handling of child abuse/neglect cases has been established through DFCS Policy. Through the development and expansion of the multi-disciplinary teams, there should be an increased awareness of the policies and procedures as they relate to child abuse/neglect investigation and handling.

- 4) Mississippi should continue to provide ongoing training for the specific professionals participating in the multi-disciplinary child abuse review teams across the state, in order to achieve a consistent level of competency and service for child abuse victims no matter their location in the state.

Response: DFCS continues to sponsor training opportunities for professionals involved in the handling of child abuse/neglect cases. DFCS is committed to providing continuous training toward the goal of a consistent level of competency and service for child abuse victims.

### **Community Based Child Abuse and Prevention Grant**

Through the CBCAP Grant, DFCS provided subgrants to two providers, Gulf Coast Women's Center for Nonviolence (GCWCN) and Starkville School District, to provide respite care. These respite services provide a much needed support to families who need assistance for child care, parenting education, and referral services.

Through the partnership of various organizations, other agencies, and committed individuals, a collaboration of effort addressed many of the obstacles faced by families every day in our state. One such union that was formed is the partnering of the DFCS annual conference with the Lookin' to the Future Conference hosted by Southern Christian Services for Children and Youth, Inc., one of our largest subgrantees. The DFCS annual conference had previously been called the Mississippi Permanency Partnership Network (MPPN) Conference. With the suspension of the MPPN Advisory Board, DFCS elected to change the name of the conference to the Mississippi Conference on Child Welfare (MCCW). It was felt this name better reflected all areas of responsibility of our division. This partnership provided our subgrantees, resource families, other agencies involved in child abuse prevention, and the general public with an expanded conference and networking experience.

Within the Department of Human Services is the Office for Children and Youth (OCY). OCY is responsible for the administration of Child Care and Development Fund which provides subsidized child care certificates to eligible families. Within OCY, there is a Quality Rating System for childcare providers as well as a Child Care Directors Credential Training Program. The training is designed to evaluate the knowledge and a wide range of skills of child care professionals for successful completion of the Child Care Management Best Practices. It further supports quality throughout Mississippi's child care system with a professional development that offers quality age-appropriate developmental activities in child care settings. This initiative promotes the development of language, literacy, pre-reading, and numeric skills of children. DFCS collaborates with OCY to provide child care certificates to families that are in need of child care to maintain stability as a family unit. There is also a move toward collaboration on providing quality early childhood education as a means of child abuse prevention.

DFCS also participates in the Mississippi Interagency Coordinating Council for Children and Youth (ICCCY) and the Interagency Systems of Care Council (ISCC). The ICCCY is authorized by 2001 legislation and is comprised of the Executive leaders of the state agencies for Education, Human Services, Mental Health, Public Health, and Rehabilitation. The target population is children and youth, ages 0-21, who have serious emotional/behavioral disturbances, which are at immediate risk of being inappropriately institutionalized, and who require special services/supports from multiple agencies or systems.

The DFCS Director and the Director of Field Operations met quarterly with the Chief Justice of the Mississippi Supreme Court to discuss issues regarding children and families that are involved in the Youth Court System.

The DFCS Director served on the Special Education Advisory Panel (SEAP) for the State Department of Education. Other members of SEAP include parents of children with disabilities (ages birth through 26); individuals with disabilities; teachers; representatives of institutions of higher education that prepare special education and related services personnel; State and local education officials, including officials who carry out activities under subtitle B of title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.); administrators of programs for children with disabilities; representatives of other State agencies involved in the financing or delivery of related services to children with disabilities; representatives of private schools and public charter schools; not less than 1 representative of a vocational, community, or business organization concerned with the provision of transition services to children with disabilities; a representative from the State child welfare agency responsible for foster care; and representatives from the State juvenile and adult corrections agencies. The mission of the Special Education Advisory Panel is to promote the education of children and youth with disabilities. The panel provides advice and guidance to the Mississippi Department of Education, Office of Special Education, regarding the provision of education and related services of children and youth with disabilities in local educational agencies.

By collaborating with the Mississippi Interagency Coordinating Council for Children and Youth (ICCCY) and the Interagency Systems of Care Council (ISCC), DFCS has been able to participate in the development and implementation of a system of care to provide holistic, wrap-around services to children with serious emotional disturbances and their families.

Participation on the Special Education Advisory Council allowed DFCS to provide input to the State Department of Education regarding the educational needs and services for children with disabilities and their families.

During Federal Fiscal Year 2008, the Mississippi Department of Human Services, Division of Family and Children's Services, continued to fund subgrants for respite services to two providers, Gulf Coast Women's Center for Nonviolence and Starkville School District.

GCWCFN identified the major need in their community as the risk of children being abused or neglected when there is family violence. To reduce the incidence of child abuse and neglect, the GCWCFN provided services to families who have experienced domestic violence, sexual assault, and/or substance abuse. The services included respite services, child care, classes for parents, transportation, and activities for these families. As a result of these services, there has been increased positive parenting behaviors, increased family problem solving and behavior modification, increased family stability and functioning and decreased family stress.

Starkville School District identified two major needs within their community: parental stress due to childcare responsibility, the need for quality early childhood education and the need for quality interactive time between parents and children. Starkville School District provided respite services for families and early childhood education classes. Each child was encouraged to attend the early childhood classes twice weekly for four hours each visit.

GCWCFN provided respite services to a total of 59 families for a total of 2592 units (hours) of service. The Center also provided 1,042 child care hours to families who sought shelter or services at the Center.

Starkville School District provided respite services to a total of 113 children (102 families) during the funding period for a total of 1,712 units (hours) of services for the families. Early childhood classes were provided four days a week from 8:00 a.m. to noon and from 1:00 p.m. to 5:00pm. Each child was encouraged to attend twice weekly for a total of eight hours per week. Family Interactive time was offered to families and was planned and conducted by the Coordinator of the program.

The Mississippi Conference on Child Welfare was very well attended. The conference provided the opportunity for those who participated to choose from several workshop tracks including: Adoption, Advanced Clinical, Legal, Health and Wellness, Permanency, Personal, Professional and Spiritual, Resource Families, or Transitional Living. The participants could choose from one of the planned workshop tracks or choose to attend individual workshops. There were a total of 885 participants:

- 329 Community members
- 158 MDHS Staff
- 79 Foster/Adoptive Parents
- 106 Children/Youth
- 36 Exhibitors
- 45 Community volunteers

- 58 Presenters
- 39 Staff
- 35 Guests

The subgrantees provided a total of 2,754 hours of respite services to 161 families in need.

DFCS also provides all staff with access to abuse prevention and general child welfare information literature written in Spanish. There are agreements with local law enforcement agencies and other community service agencies to provide interpreters (including sign language) when needed to ensure all families have access to services.

The lead agency encouraged the use of volunteers, specifically parents, through the existing scope of services for Starkville School District. The District committed to using ten volunteers from the community to assist in the services of the project. The parents volunteered in several capacities and participated in the family interactive sessions as well.

The yearly conference sponsored by DFCS is the most significant opportunity for members of the statewide network to collaborate on critical issues affecting the healthy development of *disadvantaged* families and children in the state of Mississippi. The name of the conference was changed to the Mississippi Conference on Child Welfare. DFCS partnered with Southern Christian Services for Children and Youth, Inc. to provide opportunities for collaboration ways to strengthen families and children by providing and identifying needed community resources. Individuals attending the conference included resource parents, business owners, community-based agencies, health/mental health service providers, churches, law enforcement personnel, school personnel, and city and county officials.

By working with this provider, we provided training of the highest quality to MDHS employees as well as educating and training resource parents. The conference was held July 16-18 in Natchez, Mississippi at the Natchez Convention Center. Planning of the MCCW Conference was coordinated by DFCS Prevention staff with input from DFCS State Office and Regional Staff. We worked with SCSCY and their planning committee to assist with identifying workshops, speakers, entertainment, specialized training, refreshments, etc. The theme of the conference was "Don't Stop Thinking About Tomorrow."

Featured speakers included Naomi Haines Griffith, MSW, John Stirling, Jr., M.D., Terry Morris, Ph.D., and Scott Migdole, MSW, LCSW, ACSW

Ms. Griffith is a true Southerner having grown up in Alabama and Mississippi. With nearly 20 years in the North Carolina and Alabama Child Welfare systems, she helped to pioneer a child abuse agency, PACT, in Alabama. She currently serves as President of her consulting company, Red Clay and Vinegar, based in Nashville, Tennessee.

John Stirling, Jr., M.D. is the Director of the Center for Child Protection at the Santa Clara Valley Medical Center. He also serves as the Medical Director of the Santa Clara County Children's Shelter. Child and parent development is Dr. Stirling's special focus, with an interest in the long-term consequences of early maltreatment. He has practiced general Pediatrics in addition to conducting child abuse evaluations and providing medical care for children in foster care in Vancouver, Washington.

Dr. Terry Morris spent time as a foster child in Mississippi. He is currently works for NASA Langley Research Center. Dr. Morris was adopted by a Mississippi State University faculty member who provided him the support of a loving family.

Scott Migdole is the Assistant Clinical Professor for the Department of Psychiatry at Yale School of Medicine. He has been teaching the Transtheoretical Model (TTM) of Change since 2000 and has focused on adapting the TTM model to family therapy, compliance, and documentation.

The following workshops were presented during the two and a half day conference:

#### Workshop Session A

- How to provide Effective and Productive Supervised Visitations
- Helping Those in Between
- Developing Healthy Lifestyles: A Lifestyle Intervention to Reduce Stress and Improve Overall Health
- Methamphetamine and Drug Endangered Children
- Understanding Assessments and Treatment Strategies for Children with ADHD & Learning Disorders (Part I)
- Disruption: The Ugly Truth in Foster Care and Adoption
- Using Psychiatric Medications for Children with Emotional and Behavioral Problems
- A New Career is In Your Reach
- So You're the Leader, Now What" Leadership Is More Than a Job Title

#### Workshop Session B

- Internet Safety
- Nurturing the Nurturer
- Veiled Victims: Children Who Witness Domestic Violence
- Basic Assessment of Child Trauma – Objective Skeleton
- Family Therapy and the States of Change: How to Focus on the Identified Patient (Part I)
- Blending Families through Foster Care and Adoption
- What's Up in Independent Living?
- Mississippi Occupational Diploma
- Ethics and Social Justice

#### Workshop Session C

- How to Identify Signs of Drug Use and Abuse in the Home
- A Future with Changing Faces
- Downstream Effects of Early Maltreatment
- SPARCS: A Group Intervention for Adolescents Responding to Chronic Stress
- Family Therapy and the Stages of Change: How to Focus on the Identified Patient (Part II)
- The Teenage Brain – An Engine Without A Driver
- What They Don't know Will Hurt Them
- Get Ready to Go to Work!
- Games Children Play (Teen Suicide Awareness)

#### Workshop Session D

- Resources for Resource Parents

- The Message in the Music
- Beyond Munchausen's Syndrome by Proxy
- Adventures in Recovery – An Experiential Approach to Group Counseling
- Understanding Assessments and Treatment Strategies for Children with ADHD & Learning Disorders (Part II)
- Coping with Fetal Alcohol Child in Adolescence
- Effective Parenting Practices for Children and Adolescents in Foster Care
- Suggestive Signs of Child Abuse
- Mississippi Legislative Update 2008

#### Workshop Session E

- Mississippi Courts: Jurisdiction; Etiquette; and Strategies
- Vision and Purpose: the Key to Fulfillment
- Language of the Heart: A Process for Creative Journaling
- An Overview of Autism in Mississippi
- From Evidence-Based Practice to Practice-Based Evidence, Part I: Where the Rubber Meets the Sky
- How to Start A Small Business
- Understanding School Refusal Behaviors in Children and Adolescents

#### Workshop Session F

- When Tomorrow Is a Question Mark
- STDs/HIV Affecting & Infecting Our Future: Do You Know?
- Understanding Psychological Evaluations
- From Evidence-Based Practice to Practice-Based Evidence, Part II: Where the Rubber Meets the Sky
- Secondary Trauma
- Understanding and Managing Stress for Children and Adolescents in Foster Care
- Why do they go? Why do they Stay?

The Starkville School District surveyed fifty (50) parents as their children exited the program. All fifty reported the services helpful to them. Ninety-six percent reported that the service had a positive effect on the relationship they had with their child.

The yearly Child Abuse Prevention Month press conference was held at the Hinds County Department of Human Services. Mississippi's Governor Haley Barbour is very supportive of the Blue Ribbon Campaign and signed a proclamation recognizing April as Child Abuse Prevention Month and Month of the Child as well as recognizing the importance of child abuse and neglect awareness. The Governor was represented by a member of his Executive Staff who read the proclamation.

The Executive Director of the Mississippi Department of Human Services addressed the crowd and emphasized the importance of prevention of abuse and neglect in the overall health and well being of a community. The Hinds Co. Youth Court judge, Bill Skinner, also addressed the crowd on the importance of community involvement and support of families in the prevention of abuse. This event was shown on the local news channels.

There were many Blue Ribbon events held throughout the state. Many county offices partnered with other community organizations to hold large Blue Ribbon Events. Each county office was given Blue Ribbon supplies including: blue satin ribbons; blue ribbon stickers, brochures with the history of the Blue Ribbon, as well as various pamphlets and posters to distribute and display in the county offices and other agencies.

All subgrantees were required to participate in Blue Ribbon campaign activities.

### **The State Basic Child Abuse and Neglect Prevention Grant**

State Basic funds two (2) grants that provide programs focusing on preservation services to high risk families as well as the areas of respite care and supervised visitation. These grantees offer various programs and services such as respite services to children of single parents, resource referrals, parent education, one on one case management, home based instruction, supervised visitation, COPES, parent aides, teen parent support, support groups, community education, and counseling.

### **Requirements under the Child Abuse Prevention and Treatment Act (CAPTA)**

In compliance with CAPTA, programs implemented through CBCAP, CJA, and Child Abuse and Neglect State Basic CBCAP grants, DFCS has focused on the continued coordination and collaboration to develop a Statewide Network of community-based child abuse prevention activities and family resource services. The agency does allow other training opportunities specific to CAPTA requirements that are either sponsored or provided by MDHS. These include: Regional training provided through the CJA Task Force specific to the handling of child abuse cases in the judicial system and developing MDTs; the annual Mississippi Conference on Child Welfare ("Lookin' to the Future"), a statewide conference that brings together parents, consumers of services, professionals, advocates, public officials, legislators, private business/industry, and public services to provide state-of-the-art training to improve the child protection system and to enhance the Statewide Network of community-based, prevention-focused, family resource and support programs; MDHS subgrantees such as the Exchange Clubs, and Child Abuse Prevention Centers provide various training opportunities based on their scope of services at the local community level; adoption training provided through the Promote Safe and Stable Families Grant; Adoption Promotions; and training sponsors on the Regional or Federal Level.

### **State Level Citizen Review Board**

In May 2009, the Citizen Review Board (CRB) made recommendations to encourage improvement of the Division of Family and Children's Services (DFCS). DFCS appreciated the opportunity to respond to the recommendations for the upcoming year.

1. Assist the Citizens Review Board in the recruitment and support of members from underrepresented sectors, such as business, direct service providers (e.g. foster parents), and past service recipients. If feasible, request technical assistance from an appropriate national resource center regarding panel/board development.

Response: DFCS has begun the formal process of requesting Technical Assistance from the National Resource Center on Child Protective Services. This request includes technical assistance on member recruitment and support.

2. Include Board representation in planning activity related to the litigation settlement and accreditation. In particular, utilize specialized board member expertise (e.g. regarding service expansion) whenever possible.

Response: DFCS is including in the request for technical assistance a plan to increase the capacity of the CRB in meeting the terms of the Olivia Y. Settlement Agreement and the Council on Accreditation Standards.

3. Assist the Board in sustaining regular contact with appropriate agency personnel relative to Board priorities and concerns that may emerge over the course of the year.

Response: DFCS is committed to continuing to provide the CRB with access to appropriate agency personnel as requested and determined necessary.

### **State Basic Child Abuse and Neglect Prevention Grant**

The State Basic Child Abuse and Neglect Prevention Grant funds three (2) subgrantees to provide programs focusing on preservation services to high risk families and supervised visitation. These subgrantees offer various programs and services to children of single parents including: resource referrals, parent education, one on one case management, home-based instruction, supervised visitation, Communication of Parent Effectiveness Skills (COPEs), parent aides, teen parent support, support groups, community education, and counseling.

As indicated, the services requested fall into the same basic categories MDHS has offered in previous years, and all the services provided currently and in the past meet the criteria selected in MDHS five-year plan, specifically case management and the delivery of services provided to children and their families. In addition, all the services are offered at the community level by community based organizations that are aware of the needs of their area. The need for more services at the community level was an issue identified in the statewide assessment. Through the State Basic Grants and the Community Based Grants, MDHS has attempted to bring the services needed to the community level.

Funding from the State Basic Child Abuse and Neglect Prevention Grant is utilized to provide community-based services to high-risk families in need of respite care and supervised visitation. These services are provided through sub-grantees that offer various services including parenting classes, home visitation programs, intensive services to at-risk families, school based services, respite, and the opportunity for families with children placed out of the home to visit on a regular basis in a relaxed, non-threatening environment.

DFCS will continue to evaluate and plan for the most effective use of funds to make a systemic impact on the State in preventing child abuse and neglect. Funds will be contracted out targeting two areas of the CAPTA requirements to specifically include: 1) case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families and 2) developing, strengthening, and facilitating training opportunities including: training regarding research-based strategies to promote collaboration with the families, training regarding the legal duties of such individuals, and personal safety training for caseworkers.

Case management and direct services have been expanded through numerous subgrants funded by the following sources: Community-Based Family Resource and Support Grant (CBCAP), Promoting Safe and Stable Families Grant (PSSF), and the State Basic Child Abuse and Neglect Grant. These subgrants cover a broad spectrum of preventative services including, but not limited to, the following: respite programs, intensive home-based therapeutic services, supervised visitation, child/victim witness programs, involvement of child abuse prevention officers, organization of parent support groups, parenting classes, specialized training, multi-service family resource centers, and County Task Forces to address unmet community service needs, public awareness, and community education programs.

Developing, strengthening, and facilitating training opportunities including: training regarding research-based strategies to promote collaboration with the families, training regarding the legal duties of such individuals, and personal safety training for caseworkers:

The agency has been successful in providing its initial training to new employees through the Intensive Training Curriculum. The initial training includes classroom, on-the-job, and MACWIS for new employees. The agency is now in the process of developing a structured, ongoing training curriculum under the guidelines identified through the CFSR and addressed in the Mississippi PIP.

The agency does allow other training opportunities specific to CAPTA requirements that are either sponsored or provided by MDHS. Regional training is provided through the CJA Task Force specific to the handling of child abuse cases in the judicial system and developing MDTs. The annual Mississippi Conference on Child Welfare (MCCW), a statewide conference that brings together parents, consumers of services, professionals, advocates, public officials, legislators, private business/industry, and public services, offers state-of-the-art training to improve the child protection system and to enhance the Statewide Network of community-based, prevention-focused, family resource and support programs. MDHS subgrantees such as the Exchange Clubs, and Child Abuse Prevention Centers, provide various training opportunities based on their scope of services at the local community level; adoption training provided through the Promote Safe and Stable Families Grant; Adoption Promotions; and training sponsors on the Regional or Federal Level.

## **CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM & EDUCATION AND TRAINING VOUCHERS**

The Independent Living Program (ILP) helps adolescents acquire basic life skills in their progress from dependency toward self-sufficiency. Youth are eligible for Independent Living Services based on the following criteria:

- Youth in care, ages 14 until their 21<sup>st</sup> birthday, are eligible for all Independent Living Services except for criteria placed on the Educational and Training Voucher program;
- Youth who leave custody, ages 18 to their 21<sup>st</sup> birthday, are eligible for after-care services until their 21<sup>st</sup> birthday;
- Youth who enroll in post-secondary educational and vocational programs may be eligible based on the criteria detailed in the Educational and Training Voucher (ETV) Program section

All youth must have the opportunity to participate in independent living preparations, without regard to the youth's permanent plan. Refusal by the youth to participate is not a valid reason for non-participation. Independent Living Services are mandatory and not optional for all youth in care who are

at least 14 years old or less than 21 years old. All youth in care are eligible and appropriate to receive Independent Living Services, based on the child's best interest. Some services are provided through a contractual agreement to include life skills training, retreats, youth conferences, and other services deemed appropriate. The Mississippi Band of Choctaw Indian Tribe youth are eligible for Independent Living Services based on the same criteria for MDHS youth in care.

### **Educational Training Vouchers (ETV)**

The Chafee Educational and Training Program, enacted in 2001, provides resources specifically to meet the education and training needs of youth aging out of foster care. This program makes vouchers of up to \$5,000 per year available to eligible youth attending institutions of higher education, as defined in the Higher Education Act of 1965. Implementation of the Educational and Training Vouchers program will assist Mississippi in strengthening the financial assistance program currently in place. It will also provide the needed financial assistance to youth who grow up in foster care and reach college age without the financial resources or even the hopes of going to college. Many foster youth and former foster youth have attempted to pursue higher education on their own, but found themselves consumed with the additional financial demands of school, along with trying to meet their own basic needs. They are forced to drop out of school before attaining a college degree.

The State Independent Living Coordinator attended various meetings to market the ETV Program in which youth were present and had the opportunity to discuss the ETV procedures and application process. The board meeting with the Court Appointed Special Advocate (CASA) included representatives from the courts, Attorney General's Office, and other helping professions. Various questions were asked and responded to of the possibilities of using ETV funds.

Mississippi's plan is to continue to use the assistance of SCSCY, along with agency staff to assist in identifying youth who are eligible for the ETV funds. The services of the PREPARE Independent Living Specialists to assist eligible youth with the ETV application process have been included in the Scope of Services. The plan for the new ETV approval process was shared with the DFCS Director, the seven Regional Directors, and all State Office Unit Directors. The State Independent Living Coordinator provided an in-service training, question and answer session on the revised ETV process with the PREPARE Program Director, the two Senior Independent Living Specialists, the seven Independent Living Specialists, and the Independent Living After-Care Specialist. The revised ETV Process has been well received by all.

#### ***Chafee Foster Care Independence Program and ETV***

During the first year of implementation of the Chafee Educational and ETV Program, several barriers were identified that prevented Mississippi from utilizing the federally allocated funds. Those barriers were:

- Too much time required of social workers in completing the process and a shortage of staff
- A cumbersome application and approval process
- Ineffective marketing of the ETV program

In order to take full advantage of these funds and the opportunities they afford youth in care, Mississippi enlisted the help of the National Child Welfare Resource Center for Youth Development. The technical assistance they provided targeted the following areas:

- Strategies to more effectively administer the State's ETV funds;
- Clarification of "allowable expenses" as defined by the Higher Education Act of 1965; and
- Mississippi ETV application, approval, and award process.

The following strategies were implemented:

- Enlisted SCSCY services to assist youth with the application process to decrease the time required of DFCS social workers;
- Eliminate unnecessary steps in the ETV application approval and award allocation process; and
- Provided information on the ETV program to all interested parties including youth in care, foster and adoptive parents, group homes, residential facilities, mentors, stakeholders, secondary and post-secondary educational institutions.

The State Independent Living Coordinator attended various meetings in which youth were present in order to market the ETV Program and had the opportunity to present ETV procedures and the application process. For example, the board meeting with the Court Appointed Special Advocate (CASA) included representatives from the courts, Attorney General's Office, and other helping professions. Various questions were asked and responded to of the possibilities of using ETV funds.

Mississippi plans to continue to use SCSCY and agency staff to identifying youth who are eligible for ETV funds. PREPARE Independent Living Specialists assist eligible youth with the ETV application process. This is included in their Scope of Services. The plan for the ETV approval process has been shared with the DFCS Director, the seven Regional Directors, and all State Office Unit Directors. The State Independent Living Coordinator provided an in-service training, question and answer session on the revised ETV process with the PREPARE Program Director, the two Senior Independent Living Specialists, the seven Independent Living Specialists, and the Independent Living After-Care Specialist. The revised ETV Process has been well received by all.

The revised ETV approval process is as follows:

- Independent Living Specialists assist in identifying eligible youth;
- The Independent Living Specialists coordinate financial aide application/packet with youth (FASFA, MTAG, Institution);
- The youth must first apply for and have received confirmation and/or disapproval notices from applications made for the Pell Grant, MTAG, scholarships, or other grants for which the youth may have applied. The Independent Living Specialist must also factor in the sources and amounts of any other funds that may be available to the youth.
- The Independent Living Specialists coordinate ETV application with youth and sends application to the COR Social Worker and ASWS for signature; upon obtaining signatures,
- The Independent Living Specialists send ETV application to State Independent Living Coordinator for review;
- The State Independent Living Coordinator sends the ETV notification to the DFCS

Administration Unit Director to ensure the county of responsibility has ample State Funds in the Mississippi Automated Child Welfare Information System (MACWIS) for the county to select an Education and Training Voucher Support Service;

- The State Independent Living Coordinator notifies (by phone or e-mail) the County of Responsibility (COR) Social Worker to expedite notice to enter the ETV support service request in MACWIS by selecting the Education and Training Voucher Support Service;
- County of Responsibility social worker enters the ETV request in MACWIS;
- A tickler (electronic notification) is received by the Area Social Work Supervisor to review/approve the ETV request in MACWIS;
- A tickler (electronic notification) is sent to the State Independent Living Coordinator;
- The State Independent Living Coordinator reviews/approves the ETV request in MACWIS;
- The ETV tickler (electronic notification) goes to the County of Responsibility Bookkeeper to be expedited;
  - The County of Responsibility Bookkeeper prepares payment for the approved ETV Support Service provider (vendor or youth).

While the ETV application approval process has been revised, additional assessments of the process are still needed to improve timely approval. The NRCYD, the S.A.I.L.S. Committee, and the State Independent Living Coordinator are collaborating to identify steps that can be taken to further reduce barriers for timely application approval. Strategies already in place to accomplish this task include:

- The SCSCY contract renewal was modified to include a revised Scope of Services to include assistance with the application process.

ETV funds are used to assist foster youth and former foster youth with funds to successfully transition toward self-sufficiency. The availability of the funds will empower DFCS staff with the bargaining tools to encourage youth to attend college or vocational training schools. There were 11 youth who received ETV funds this past year. The expected outcomes of maximizing the ETV funds are:

- Youth will be able to enroll and complete post secondary and vocational programs;
- Youth will be more marketable and able to broaden the spectrum of job opportunities;
- Youth will be able to afford better housing and transportation;
- Youth will be able to be more self sufficient; and
- Youth will have an opportunity to break the cycle of dependency on the State.

Mississippi's plan is to expand use of ETV funds to:

- Assist with room and board for youth attending college;
- Assist with enrolling eligible youth in computer camp for training on computer skills;
- Purchase computers for youth participating in the ETV Program;
- Assist with child care vouchers;
- Assist with travel expenses to included insurance payments;
- Continue to explore assisting with car insurance (liability);

- Assist with membership in school-related organizations;
- Assist with preparatory test and study materials; and
- Provide payments for travel expenses incurred when going home for holidays or vacations, or payments for other housing when the college dormitories are closed.

### **National Youth in Transition Database (NYTD)**

The National Youth in Transition Database (NYTD) is required to develop and implement a data collection system to (1) track the independent living services the state of Mississippi provides to stakeholders and (2) develop outcome measures that may be used to assess the state's performance in operating the independent living programs. Collaborations with the sub-grantee for Independent Living will be formed to assist the state in administering the NYTD survey, tracking stakeholders, and maintaining positive relationships with stakeholders after emancipation.

### **Independent Living Objectives:**

- The sub-grantee will employ Program Director who will coordinate all facets of the Independent Living Program state wide from a central office, preferably in the Jackson area where coordination with State Office can be maintained, two (2) senior Independent Living Specialists, seven (7) Independent Living Specialists and one (1) After-Care Specialist;
- Assist stakeholders ages 14 to 21 in preparing for adulthood and self-sufficiency to ensure safety, permanency and wellbeing;
- Form working collaborations with community partners to assist stakeholders while in foster care and after emancipation;
- Educate youth in the areas financial management, housing, community resources, employment, communication & social development, abstinence, decision making and healthy decisions; and
- Recommend possible alternatives for stakeholder's in-care transitioning to adulthood that might increase the effectiveness of self sufficiency.
- Implement the National Youth in Transition Database (NYTD) to track stakeholders at the age of seventeen (17), nineteen (19), and twenty-one (21).

### **Independent Living Goal for FFY 2010 through 2014:**

**Goal:** Independent Living will provide community awareness of the needs of stakeholders in and out of care.

**Strategy:** Participate in available local forums and focus groups to openly express and advocate services for stakeholders.

**Outcome:** Form collaborations with community partners will be formed to address various needs of stakeholders in and out of care.

**Goal:** Develop a functioning After-Care Program in conjunction with the National Youth in Transition Database survey (NYTD) that provides an accurate number of stakeholders age 17, 19, 21, and stakeholders eligible for emancipation. After-Care Programs shall also include: the number of youth that have completed pre-exit interviews, exit interviews, post exit interviews, and NYTD survey. The After-Care program will track the number of stakeholders that have left custody, the number of surveys mailed, the number returned, and the logistical information for each youth (current residence, employment, name and location of school, if applicable, incarcerated, etc.).

**Strategy:** Disseminate After-Care brochures, flyers, resource materials, NYTD survey and other documents to stakeholders through skills group sessions, weekend retreats, and conferences.

**Outcome:** Effectively track 60% of the stakeholders at age 17, 19, and 21 to obtain the information needed for the NYTD survey and to acquire the information needed to properly assist stakeholders transitioning out of care.

**Goal:** Provide Independent Living Training in conjunction with Foster Parent Training through conferences, foster/resource parent trainings and/or other venues.

**Strategy:** The Independent Living Coordinator and specialists will attend a minimum of two (2) trainings annually to provide information on Independent Living services available to stakeholders and his/her foster/resource parents to promote safety, permanency and wellbeing.

**Outcome:** Achieve a goal of a 75% or higher participation rate of eligible and appropriate stakeholders.

**Goal:** Recruit a minimum of ten (10) youth per sub-grantee period to be presented to the Strategies for Achieving Independent Living Services (SAILS) Advisory Committee for approval for the Independent Living Apartment Placement Program.

**Strategy:** Promote the Independent Living Apartment Placement program to youth starting at age fourteen (14). Develop a working plan for stakeholders at age fourteen (14) outlining the necessary steps to enroll in the program.

**Outcome:** Recruit and maintain ten (10) stakeholders in the Independent Living Placement program for one (1) year.

**Goal:** Administer National Youth in Transition Database (NYTD) Survey to stakeholders in MDHS custody. Collect outcome information by administering a survey to youth in foster care on or around their 17<sup>th</sup> birthday. Develop an effective tracking system to capture these stakeholders as they age and conduct a new outcome survey on or around the stakeholders 19<sup>th</sup> birthday, and again on or around the stakeholders 21<sup>st</sup> birthday. The NYTD survey will follow each group for three (3) years, after which, the sub-grantee will begin tracking another group starting at age 17.

**Strategy:** Independent Living Coordinator, Specialist and MDHS social workers will begin discussing the survey with stakeholders starting at age fourteen (14). Incentives will be offers to stakeholders completing the last survey at age twenty-one (21).

**Outcome:** 50 % of the stakeholder's age seventeen (17), nineteen (19), and twenty-one (21) will successfully complete the NTYD survey. The information obtained will be used to evaluate the Independent Living services offered to stakeholders to ensure collaboration with community partners are effective and safety, permanency and wellbeing is being maintained.

**Goal:** Ensure each stakeholder transitioning to independent living has available and adequate living arrangement, a source of income, health care, independent living stipends, and educational, or vocational programs appropriate to their needs, interest, abilities, and goals such as high school or GED programs; colleges or universities,; vocational training programs and special education services.

**Strategy:** Stakeholders in care, age sixteen (16) and older will have a transitional living plan in addition to an individual service plan to be updated every three (3) months. The transitional living plan will be developed in the stakeholder's family team meeting. Family team meetings will include the stakeholder, social worker, foster/resource parents, group home providers and the Independent Living Specialist.

**Outcome:** Each stakeholder actively participating in Independent Living will have a transitional living plan tailored to his/her individual needs.

**Goal:** Encourage all eligible stakeholders attending college or vocational training schools to enroll in the Education Training Voucher program (ETV).

**Strategy:** Disseminate brochures to stakeholders outlining the benefits and requirements of the program.

**Outcome:** Increase ETV enrollment by 20%.

## **Room and Board**

States are required to certify that no more than 30 percent of their allotment of Federal funds will be expended for room and board for youth who left foster care because they attained 18 years of age but have not yet attained 21 years of age. The State must have developed a reasonable definition of "room and board" and provide the definition in the CFSP. Also include a description of the approach(es) being used to make room and board available to youth ages 18 through 20.

Room and board payments are not offered to youth ages 18 to 21 that have left foster care. Room and board is defined as payment for general oversight for youth in foster care. Room and Board payments can be used toward rent for an apartment for youth in foster care who have attained age 18 and meets the requirements through the Independent Living Placement program (I.L.P.). The Independent Living Placement program is defined as placement in an apartment, house, or rooming house with supervision from a licensed placement agency. This program pays standard board payments to the leasing agency. The youth pays the remaining balance after the board payment has been applied (if there is any) and all utilities while participating in the program.

## **FINANCIAL AND STATISTICAL INFORMATION**

### **Juvenile Justice Transfers**

In FFY 2008, 11 children exited custody from the DFCS and were transferred to the Office of Youth Services. DFCS is a separate division under MDHS than Office of Youth Services (OYS). OYS services the training schools and the delinquent child population. These children are not under DFCS supervision and thus are not reported through AFCARS or any other reporting criteria.

### **Inter-Country Adoptions**

DFCS has experienced a high number of inter-country adoptions which have disrupted. These non-DFCS adoptions occurred in several countries including China, Korea, Ukraine and Guatemala. Our goal is to begin maintaining statistics on the number of approvals that the DFCS ICPC Unit issues in order to more accurately capture this data and attempt to analyze the reasons for the disruptions in these adoptions.

### **Child Welfare Demonstration Projects**

Mississippi does not have a child welfare demonstration project at this time.

### **Decision-making Process for Agency Selection Process to Receive Funding**

For any services needed which are to be outsourced, DFCS enters into a Request for Proposals (RFP) process where services needed and other requirements are listed. The RFPs are published to the public. Once proposals are received from providers, the proposals are evaluated and scored. Thereafter, the proposals are forwarded to executive management for a final decision. After negotiations are completed and audit findings received, a tentative contract award letter is sent to the provider chosen.