DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Child and Family Services Division
Annual Progress Service Report SFY25

Picture: Iceberg Lake, Glacier National Park by Tracy Hemry of Conrad, MT

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SECTION 1: UPDATE TO THE VISION and COLLABORATION

State Agency Administering the Programs

Department of Public Health and Human Services (DPHHS) Child and Family Services Division (CFSD) has the administrative responsibilities of the CFSP, the policies and procedures relating to children and families, and for program supervision and technical assistance for the delivery of public child welfare services such as Title IV-E, Title IV-B of the Social Security Act, CAPTA, and Montana Chafee Foster Care Independence Program (MCFCIP).

Despite the often traumatic and difficult work, CFSD has committed and skilled staff who continue to do this truly life-changing work every day to protect Montana's children from abuse and neglect. CFSD is made up of approximately 500 staff overseen by the Division Administrator (DA). CFSD's overarching organizational chart can be located here: CFSD Organizational Chart Hyperlink, as well as in Appendix B.

CFSD operates a child welfare system that works twenty-four hours a day, 365 days a year, from thirty-two different offices across Montana, to fulfill its mission of "Keeping Children Safe and Families Strong" while providing state and federally mandated protective services to children who are abused, neglected, or abandoned. CFSD's responsibilities include receiving and investigating reports of child abuse and neglect, working to prevent domestic violence, helping families to remain together or reunify, and finding placements in foster, kinship, guardianship, or adoptive homes.

CFSD's Central Office encompasses seven bureaus responsible for various programming efforts to support field services. These Central Office Bureaus include: IV-E Program Bureau; Fiscal Bureau; Licensing Bureau; Training, Recruitment and Retention Bureau; CQI Bureau; Technology Bureau; and the Centralized Intake Bureau (Child Abuse and Neglect Hotline). The designated leadership and staff within each of these Bureaus collaborate with one another and engage with various internal and external partners. Centralized Intake (CI) manages all incoming calls of alleged child abuse and neglect, taking information provided by the reporter and asking in-depth questions to allow for categorization and prioritization of reports.

In addition to these Central Office Bureaus, the statewide child welfare field service staff are divided between six regions throughout the state, covering fifty-six counties. A copy of CFSD Region Map can be located at this website: MT CFSD Region Map. The regional office staff are made up of a Regional Administrator (RA) , Child Welfare Manager (CWM), Child Protection Specialist Supervisors (CPSS), Safety Resource Specialists (SRS), Child Protection Specialists (CPS), a Resource Family Specialist Supervisor (RFSS), Resource Family Specialists (RFS), Social Service Technicians (SST), Permanency Planning Specialist (PPS), Family Engagement Meeting (FEM) Coordinators, Administrative Supervisor, and Administrative Assistants.

The SFY2025-2029 CFSP and its subsequent APSRs are written by CFSD's Central Office designated leadership and staff within each of these Bureau's which serve to facilitate the overall development of the CFSP and annual APSR by collaborating with one another and engaging various internal and external partners.

Montana's contact for the 2025 – 2029 CFSP and subsequent APSR is:
Brandi Loch
Deputy Division Administrator
BrandiLoch@mt.gov
406-799-1823

CFSD's website, located here: CFSD Website Hyperlink, is public facing and upon reports being reviewed and approved by the Administration of Children and Families Children's Bureau (ACF-CB) Regional Office, they are uploaded to the website and notice is given to the State Advisory Council (SAC) and the Court Improvement Project (CIP) as required under 45 CRF 1357.16(d); as well as other partners who are integral to Montana's Child Welfare System. The reports provided on the website are as follows, but not limited to:

- Child and Family Services Plan for State Fiscal Year (SFY) 2025-2029
- Subsequent Annual Progress and Services Reports (APSR)
- 2025 Child and Family Services Review (CFSR) Statewide Assessment (SWA) – *Pending ACF-CB Approval*
- CFSR Round 4 Program Improvement Plan (PIP) - *Pending Development from CFSD and ACF-CB Approval*

This APSR is formatted to be accessible to individuals with visual impairments per Americans with Disabilities Act (ADA)

requirements.

Vision Statement

Keeping Children Safe and Families Strong is the vision that drives CFSD's work in Montana and complements the Division's Statement of Purpose, which is to protect children who have been or are at substantial risk of abuse, neglect, or abandonment.

CFSD works to ensure children are safe while striving to achieve high-quality permanency and well-being outcomes for the children and families served. In addition, CFSD strives to assure that all children have a family who will protect them from harm and recognizes the protective capacities of families and incorporates them into assessments, decision-making, and actions with the goal of improving safety, permanency, and well-being for children.

CFSD aligns with the federal regulations provided in *45 CFR §1355.25*. CFSD's Guiding Principles to support our vision statement. The following principles align our leadership team and workforce in achieving the best possible outcomes for families and have created a platform for conversation with the broader child welfare system stakeholders. CFSD's Guiding Principles are as follows:

- **Clear Objectives** - We are committed to setting clear and measurable goals that are based on data, resources, and thoughtful deliberation to improve outcomes for children and families. Team decisions and actions are recorded and clearly communicated to our staff and stakeholders.
- **Leadership** - We are progressive leaders who impact positive changes for Montana children and families. We have a clear understanding of who we are and why we do what we do. We are trustworthy and transparent with community partners and employees.
- **Teamwork & Shared Decision Making -** We approach our work in an engaged and empowered manner. Team members understand their role and their responsibility to participate. We follow a process of shared decision-making by seeking and appreciating input in a nonjudgmental environment that promotes thoughtful decision-making for which we all take ownership.
- **Respect** - We are committed to creating a respectable work environment through collaboration with all staff. We provide opportunities for professional development to maximize potential and we recognize expertise within our agency. This collaboration inspires creative and innovative solutions to better serve children and families.
- **Continuous Improvement** - We take personal responsibility for continuous learning and improvement. We deliberately gather information and feedback to evaluate, and course correct our work to reach the best outcome for those we serve.
- **Celebrate Success** - We take pride in our work. We recognize and acknowledge our success and the successes of others.

Collaboration

According to ACF-CB Supplemental Context Data provided in March of 2025, Montana currently has a corresponding high rate of removal of children from their homes and is ranked nationally as having the second largest foster care entry rates per 1000.

According to the United States Census Bureau, currently Montana population is:

- The 4th largest state in the United States by land area. Its land area is 145,547 square miles, ranking it behind Alaska, Texas, and California.
- A population of 1,137,233.
    - 5.1% of people under the age of five.
    - 20.8% of people are under the age of eighteen.
    - 49.3% of persons are female.
    - 88.7% of White (Alone)
    - 0.6% of Black (Alone)
    - 6.4% of American Indian and Alaska Native (Alone)
    - 1.1% of Asian (Alone)
    - 0.1% of Native Hawaiian and Other Pacific Islander (Alone)
    - 3.1% of two or more races
    - 4.7% of Hispanic or Latino

- 11.7% of the overarching population are living in poverty.

Child safety is too important to do this work alone. CFSD cases require ongoing communication and interaction among a myriad of stakeholders to achieve safety, permanency, and well-being for children. CFSD, the judicial system, community service providers, and others collaborate to provide a continuum of services that ensure the safety of children.

CFSD encourages each community to collaborate with local partners who are part of the child welfare system to work to strengthen prevention efforts and to share responsibility for the safety of the communities' children and families. These community teams work to build upon the strengths of families to increase each family's ability to provide a safe, healthy, and nurturing environment for their children.

CFSD relies on community service providers to provide direct services to children and families, such as education, parenting classes, childcare, mental health, substance abuse, medical, and dental services. Likewise, CFSD believes that everyone who touches Montana's child welfare system in some way plays an integral role within the system. As such, CFSD collaborates frequently with internal and external stakeholders, as well as individuals with lived experience to ensure Montana's child welfare system includes shared decision-making as much as possible.

CFSD has continued to identify ways to further develop and implement a more robust, ongoing dialogue regarding the CFSP and subsequent APSRs with both internal and external stakeholders; to include Montana's eight federally recognized Tribal Governments.

CFSD's 2025-2029 CFSP reported on a wide variety of ways the CFSD has routinely collaborated with multiple agencies and stakeholders to fulfill its vision. The narrative below highlights the collaborative efforts to engage families, children, Tribes, providers, court partners and other stakeholders during SFY25.

State Advisory Council (SAC)

The State Advisory Council (SAC) continues to function as Montana's Citizen Review Panel, as required by Section 106 (C) of the Child Abuse Prevention and Treatment Act (CAPTA).

The Administrator of the CFSD appoints members. The council meets quarterly. Members are composed of twenty volunteers who represent the various task force required under CAPTA Section 107(c)(1), as well as representatives from Montana's Tribal Social Services agencies. In addition, members include representatives from the state legislature, legal community, local government, public health, education, foster care/adoption, mental health, hospital services, prevention services, Court Appointed Special Advocates (CASA)/Guardian Ad Litem (GAL), and citizens-at-large having a vested interest in improving the child welfare system in Montana.

Currently there are three Youth Advisory Board members who are also SAC members, and seven SAC participants who are Tribally affiliated; two are current members, and the other five will be confirmed in the July SAC meeting. The table below reflects the current SAC members, and an "*" indicates the members with child welfare lived experiences.

Table 1: State Advisory Council Members

Name	State Advisory Council Role/Agency	Location
Rochelle Beley	SAC Chair; Mental Health Therapist	Harlowton
April Barnings	Montana GAL/GAS Association Executive Director	Hamilton
Ben Davis	Friends of the Children - Montana	Missoula
Carrie Krepps	Florence Crittenton	Helena
Christy Hendricks	Program Manager for Reach Higher Montana	Helena
Marisa Britton-Bostwick	OPI – Foster Care	Helena
Justine Guthrie	OPI – Homeless Education	Helena
Dana Toole	Montana Department of Justice	Helena
Kaci Gaub-Bruno	Montana Department of Justice	Helena
Julie Burk	Montana Court Improvement Program	Helena

Name	State Advisory Council Role/Agency	Location
Julie Fleck	Sunburst Mental Health Clinic's Family Concepts	Northwest Montana
Megan Bailey	Outpatient Therapist; Tribal member	St. Ignatius
Joshua Kendrick	Section Supervisor – Early Childhood and Family Support Division (Part C)	Helena
Lona Gregor-Martin	Montana Children's Trust Fund Specialist – Community Response Program	Helena
MacKenzie Forbis	Montana Children's Trust Fund/Grant Manager	Helena
Judge Ashley Harada	Judiciary/District Court Judge, Yellowstone County	Roundup
Adam Larsen	Judiciary/District Court Judge, Musselshell County	Billings
Shannon Hathaway	Children's Attorney/Hathaway Law Group	Missoula
Emily Lamson	Managing Public Defender/Office of Public Defenders	Kalispell
Stacie Eckenstein	Kairos Youth Services – Chafee Provider	Great Falls
Stephanie Iron Shooter	American Indian Health Director - DPHHS	Billings
Heidi DeRoche	Programs and Operations Manager-Office of American Indian Health DPHHS	Helena
Brandon Fish	Western Native Voice/Blackfeet Nation	Great Falls/Browning
Melveen Fisher	Acting Director/Apsáalooke Social & Family Services Crow Tribe of Indians	Billings/Crow Agency
Rebecca Buffalo	ICWA Specialist/Crow Tribe	Billings/Crow Agency
* Shanell LaVallie	Teacher	Great Falls
* Arielle Cowser	Behavioral Health Court Coordinator	Helena
* Alyssa VanCampen	Lived Experience	Missoula
* Gabrielle Wheeler	Lived Experience	Helena
Jeffrey Ort	Foster/Adoptive Parent-Connected Voices for MT's Children (CVMC)	Kalispell
Dani Erdahl	Foster/Adoptive Parent-Connected Voices for MT's Children (CVMC)	Helena
Emily Weaver	Foster/Adoptive Parent-Connected Voices for MT's Children (CVMC)	Helena
CFSD Staff		
Nikki Grossberg	Division Administrator	Helena
Brandi Loch	Deputy Division Administrator, SAC Facilitator	Helena
Mick Leary	Program Bureau Chief	Helena
Sahrita Jones-Jesse	Regional Administrator Region II	Great Falls
Jessica Hanson	Child Protection Specialist Region III	Billings
Tavie Hitchcock	Resource Family Specialist Region II	Great Falls
Ashley Matteson	Child Protection Specialist Supervisor Region IV	Butte
Kate Larcom	Regional Administrator Region V	Missoula
Jill Burgan	Business and Technology Operations Bureau Chief	Missoula
Laura McCullough	Regional Administrator Region IV/Centralized Intake Bureau Chief	Helena
Autumn Beattie	CQI Specialist	Great Falls
Logan Ward	CQI Specialist	Missoula
Natalie Bahnmiller	CQI Specialist	Great Falls
Tracy Hemry	CQI Specialist	Great Falls
Amy Pearson	CQI Specialist	Missoula

SAC has provided both formal and informal feedback necessary to improve Montana's child welfare system, and their feedback was considered by CFSD when developing the SFY25-29 CFSP goals.

Throughout the SFY25 SAC meetings, CFSD provided information regarding the SFY25-29 CFSP, SFY25 APSR, CFSR Round 4, and its associated SWAT. The SFY25 SAC meeting dates and agenda items were:

- July 19, 2024
    - SAC Charter Approved
        - The Team Vision is: Montana's Child Welfare SAC is viewed as an integral partner in the State's efforts to improve the lives of children and families involved in all aspects of the child welfare system.
        - The Team Mission is: The SAC will provide a space for professionals from across the child welfare system and those with lived experience to improve engagement across systems, identify system strengths, challenges and gaps using quantitative and qualitative data and recommend solutions to the CFSD and other entities that affect outcomes for children and families.
        - The Team Charge is:
            - Create a SAC structure that informs others how decisions are made, makes sure communication and feedback loops are established and used, and provides a clear agenda for the work.
            - Serve as the CAPTA Citizen Review Panel.
        - Explore and identify opportunities for CFSD and other systems involved in child welfare to improve timeliness of permanency for children and youth in foster care.
        - Collaborate with CFSD Regional Advisory Councils (RAC) to impact child welfare outcomes at the regional levels.
        - Include in membership the voices of those with lived experience, tribal communities, and other key partners.
        - Inform CFSD Leadership, Court Leadership, Montana Legislature and the Governor on issues that will help improve the lives of those living in foster care.
        - Establish data collection and analysis opportunities to guide decision-making.
        - Create opportunities for input from partners (i.e., surveys), simple data collection tools.
    - Data Presentation: Disproportionate Outcomes in Child Welfare for Montana's American Indian/Native Alaskan Children and Families
    - CFSP Overview
    - Focused Discussions on CFSP
    - Opportunities to Support CFSP Implementation while connecting it to the CFSR.
- January 17, 2025
    - Re-cap of the upcoming CFSR – Timeline
    - Montana's Child Welfare System Vision
        - CFSR Step #1: SWA Overview Presentation
        - CFSR Step #2: Stakeholder Interviews and Case Review Process
    - Small Group Breakout Session: Preparing for CFSR Round 4 Stakeholder Interviews and Regional Participation
    - SAC's Role in the CFSR
    - How SAC Members Can Support the CFSR
    - Tribal Partner Engagement in SAC and CFSR
- April 18, 2025
    - Re-cap of the upcoming CFSR Timeline
    - Montana's Child Welfare System Vision
    - CFSR Overview
        - CFSR Step #1: SWA Overview Presentation and Preliminary Data Sharing
        - CFSR Step #2: Case Review Process & Stakeholder Interviews Overview
        - CFSR Step #3: Program Improvement Plan (PIP)
    - Statewide Assessment Focus Group: Tribal Collaboration in Child Welfare
        - Question: How does the State or Providers interact with the Tribes in Montana in Child Welfare Cases involving American Indian children and families?
        - Question: How do the Tribes in Montana interact with the State in Child Welfare Cases involving American Indian children and families?
        - Question: What have been some successful Government to Government (Tribal to State) collaborations that have positively impacted outcomes for children and families?

        - What made the collaboration successful?
        - What areas around collaboration could improve?
    - Question: Who else from the Tribes should be around the table?
- Current Efforts from Across Montana: Working to address the indigenous disparities in child welfare.
- The Gathering of Strong Hearted Warriors Presentation

The SFY25 SAC meeting minutes are detailed in the CAPTA section of this APSR.

Regional Advisory Councils (RAC)

In addition to the SAC, during SFY25, each of the CFSD's six Regional Administrators (RA) have facilitated at least two Regional Advisory Councils (RACs) for their assigned region. Region IV has two separate councils; one is made up of community partners in Helena (Lewis and Clark County) and a second is comprised of community partners in Butte and Bozeman (Silver Bow and Gallatin Counties).

The RACs are made up of stakeholders, local judicial partners and judges, Connected Voices for Montana's Children (CVMC) members, YAB members, service providers, Tribal members, and other community partners. Through this collaboration, CFSD engages the council members to partner in developing achievable tasks with the overarching goal to positively impact the child welfare outcomes for their community.

The RA for each region facilitates their local RAC and the council members are engaged in robust discussion and share specific community child welfare data, as well as an emphasis on barriers to achieving timely permanency in supporting the CFSP goals for SFY25-SFY29.

CFSD is committed to ensuring the RACs continue to serve as a conduit for ensuring the goals in the CFSP are carried out at the local level and are aligned with the SAC, serving the state level. Currently, there are SAC members participating in RACs to create an intentional feedback loop between work taking place with the SAC and work that is taking place at the RAC's, to ensure alignment.

Judicial System Partners

CFSD continues to collaborate with the Montana Court Improvement Program (MCIP) as a key stakeholder with the courts to improve the judicial system on child protection, and as a key stakeholder with the court to increase judicial involvement in key aspects of the CFSP development.

CFSD leadership participates in quarterly MCIP meetings, and the MCIP Coordinator is an active member of SAC. Additionally, the MCIP Coordinator attends monthly check-in calls with ACF-CB and CFSD.

MCIP and CFSD collaboration is listed throughout this document in the following sections:

- Section 1: Collaboration – Tribal Engagement
- Section 2: Item 25 – Quality Assurance System
- Section 2: Item 29 – Category Three
- Section 2: Item 30 – Individualized Services
- Section 2: Item 32 – Coordination of CFSP Services with other Federal Programs
- Section 3: Goal 2: Measure 1
- Section 6: Consultation and Coordination with Tribes

Youth Collaboration

During SFY25 CFSD has utilized youth, as well as young adults who were in foster care as a child, to present information, and participate, at SAC meetings.

As stated in previous reports to ACF-CB, the number of youth participating in the YAB has decreased since the pandemic.

During SFY25, CFSD continued to partner with the *Quality Improvement Center Engagement of Youth (QIC-EY)* pilot project focused on authentic engagement called *Quality Improvement Center Engagement of Youth (QIC-EY)*. This project is set to

end in 2026. CFSD is hopeful through this commitment of the QIC-EY project that additional YAB members will be recruited in order to have a more robust statewide representation of youth in all geographic areas of Montana representing all sexes, races, cultures, etc., and various lived experiences of the child welfare system (placed in kinship care, foster care or congregate care, outcomes of reunification, adoption, guardianship, aged out, or other circumstances impacting them).

Throughout the QIC-EY project and SAC meetings, CFSD has continued to solicit feedback from youth and provided updates of the CFSP goals implementation, monitoring, and overall progress. These efforts to engage youth have allowed for an opportunity for youth to learn about CFSD's current performance data and share their perspective of the agency's strengths and areas needing improvement.

Parent and Foster Parent Engagement

CFSD Foster Care Licensing Bureau Chief (LBC) and the Adoption Program Supervisor is the CFSD staff liaison to the CFSD developed Parent Advisory Board called *Connected Voices of Montana Children (CVMC)*.

CVMC is comprised of resource families (both kinship and non-kinship), birth parents, and most recently, a youth with lived experience that is also a kinship provider. CVMC is a source of information for families and individuals interested in foster care or adoption and a resource for CFSD.

During SFY25, CVMC met monthly, via Google Meet, and holds in-person meetings twice a year in varying locations (Helena and Missoula). During the in-person meetings CVMC was able to offer public input as well as an opportunity for individuals with lived experience to express their opinions. CVMC members are also invited to participate in their local RAC and the SAC meetings held throughout the year. The table below reflects the current CVMC members.

Table 2: Connected Voices for Montana Members

Name	Connected Voices for Montana Children Role/Agency	Location
Jeffrey Ohrt	Foster/Adoptive Parent	Helena
Dani Erdahl	Foster/Adoptive Parent	Helena
Kim Casey	Foster/Adoptive/Guardianship Parent	Great Falls
Emily Weaver	Former foster parent/adoptive parent	Helena
Debbie Delameter	Former foster/kinship Parent	Glendive
Ashley Warden	Birth Parent	Missoula
Rochelle Johnson	Kinship Parent	Great Falls
Samantha Zupan	Foster Parent	Laurel

During SFY25, the board continued to provide feedback on proposed changes to administrative rules, training updates and practice procedures. CFSD's Foster Care LBC is the lead CFSD staff member on the board. The Foster Care LBC and the Adoption Program Supervisor attended board meetings regularly to provide information and gather information from the board, as well as provide technical assistance to support their efforts. In 2024, the board rebranded their name to Connected Voices for Montana's Children (CVMC).

CVMC continues to be a source of information for families and individuals interested in foster care or adoption and a resource for CFSD. The CVMC is comprised of resource families (both kinship and non-kinship), birth parents, and most recently, a youth with lived experience that is also a kinship provider. CVMC meets monthly via Google Meet and has two scheduled in-person meetings a year in varying locations across the state (most recently in Helena and Missoula). They were able to offer time slots for public input at both sessions, have additional participants join, and to offer an opportunity for individuals with lived experience a place to express their opinions. CVMC have been encouraged to, and have, participated in the following:

- Montana's legislative interim committee/process.
- In-person meetings to discuss concerns with the CFSD Division Administrator.
- Regional Advisory Councils

- State Advisory Councils

More about CVMC can be found in CFSD's Targeted Plan: CFSD Foster and Adoptive Parent Diligent Recruitment Plan that was submitted with CFSD's 2025-2029 CFSP.

Tribal Engagement

During SFY25 CFSD has partnered in a variety of ways with Montana's seven federally recognized Tribes (Blackfeet Nation, Chippewa Cree Tribe (CCT), Confederated Salish and Kootenai Tribe (CSKT), Fort Belknap Assiniboine and Gros Ventre Tribes, Fort Peck Assiniboine and Sioux Tribes, Crow Nation, Northern Cheyenne Tribe and the Little Shell Tribe of Chippewa Indians (Little Shell Tribe)) both at the field level, with direct service staff, as well as at the state level through ongoing meetings, councils, and events. Some of the ways CFSD has engaged Tribes has been, but not limited to, the following:

- **Development of CFSD's CFSR Round 4 Statewide Assessment**: Tribal members participated through various methods listed below in discussions surrounding CFSR Round 4.

- **SAC:** As reported in the previous APSR, CFSD completed an environmental scan which determined the SAC should include additional Tribal representation from Montana Tribes; as well as should include indigenous individuals with lived experience in Montana's child welfare system both on and off Tribal lands.

  SAC has recruited three individuals who are Tribal members, including one individual with lived experience both as a child growing up in foster care, as well as a now-kinship provider.

  Throughout SFY25, CFSD has remained committed to continue to recruit additional Tribal individuals for SAC. In addition to the three that were added in SFY24, CFSD has also recently had members from the Crow Tribe, who are their child welfare ICWA Representative for Tribal Treatment Court (Yellowstone County); a member from the Blackfeet Tribe, who is working with Tribal partners across the state to further educate indigenous people about their culture; as well as inviting those from other races to participate in learning more about their cultural ways through various camps they are hosting throughout the 2025 summer. During the April 2025 SAC meeting, this group had all the members sit in a large circle and they shared information about their program, as well as discussed ways they believe they can partner with SAC members to create a community that moves the dial forward in creating steps to improve the Native American disparities in the child welfare system through taking an authentic engagement approach.

  Montana is committed to continuing to recruit additional Tribal individuals for SAC, as this is the group who is dedicated to improving outcomes for children in foster care in Montana and identifying ways in which Montana can decrease the number of Native American children in foster care, which is an identified disparity in Montana's child welfare system. The SAC members will also continue to play an instrumental part in assessing agency strengths and areas needing improvement, and as such, recommending changes and ways the child welfare system might improve.

- **RAC:** Each region has included and will continue to recruit Tribal members from their regions to help inform regional issues around racial disparities. Montana is committed to ensuring the RACs continue to diversify and serve as a conduit for ensuring the goals in the CFSP are carried out at the local level and are aligned with the SAC, serving the state level. There are multiple members of SAC that also participate in RAC.

- **Comprehensive Child Welfare Information System (CCWIS):** Through the work of CFSD's new CCWIS project development, CFSD has begun the process of inviting Tribal members to be part of the development of the new case management system from the onset, to ensure the system will meet the needs of Tribal workers, children, families, and providers both on and off Tribal lands. Currently the meetings are occurring monthly, and the intentions are for these meetings to increase once the discovery phase starts. This work with Tribal partners will continue over the next five years as both a goal with the CFSP, as well as a goal in CCWIS development.

- **Title IV-E Agreements:** CFSD's Title IV-E Program Manager is responsible for providing technical assistance and oversight of the seven Title IV-E pass-through agreements, between CFSD and Montana Tribes, and the Title IV-E stipend contract with the Salish and Kootenai College. CFSD's Program Bureau Chief continues to be actively involved with Tribal pass-through agreements.

  CFSD held in-person 'Task Order' meetings with the seven federally recognized Tribal governments with Title IV-E

pass through agreements. These meetings were in-person and were approximately three hours long. The meetings were primarily used to discuss the Title IV-E agreements, and a review of the current CFSP and upcoming CFSR Round 4 process. The meeting dates and Tribal participation are reflected in Section 6 of this APSR.

- **MCIP**: MCIP, CFSD and Tribes continue to partner to enhance the Child Welfare court systems. CFSD has shared their current performance data, their identified strengths and areas needing improvement, and MCIP has shared an assessment of the courts. This shared information with the Tribes and their feedback has been valuable in the continued work throughout SFY25 regarding the following:
    - Disproportionality of Native American children in foster care, both nationally as well as in Montana, and the ICWA, specifically discussing Tribal jurisdiction, notice and transfer of cases from district to Tribal courts.
    - Permanency Planning.
    - Scheduling and providing training to individuals interested in being determined by the courts as a Qualified Expert Witness (QEW) for the purpose of providing testimony in ICWA cases.
    - Courts offering alternative means for Tribal participation, including telephonic and virtual appearances.
    - In Region 3, Yellowstone County, the ICWA Family Recovery Court (ICWA-FRC) has continued to be implemented.
    - In Region 5, Missoula County, the ICWA Court continues to be implemented.

  CFSD, MCIP, Judicial, and Tribal relationships continue to improve in the regions where ICWA Court has been implemented, and there is reported success in improving ICWA compliance and engaging Tribes and families in the child protection process.

- **Regional Engagement Efforts**: CFSDs' RAs and field staff have daily case specific discussions with Tribes related to ICWA and case management activities.

- **Chafee Program Grant**: The CSKT continue to have an agreement that provides the Tribes with a portion of the state's Chafee Program Grant. This allows CSKT to operate its own transition to adulthood program. Additional information on this contract and a description of how CFSD coordinates Chafee services with CSKT are provided in Section 5: Update on Services Description – Chafee and Education Training Vouchers (ETV).

- **APSR and CFSP Final Reports Shared**: As done historically, CFSD's practice is to share the APSRs and CFSPs final reports with Montana Tribes. These were distributed to the Tribal Social Services Directors of Blackfeet Nation, CCT, CSKT, Fort Belknap Assiniboine and Gros Ventre Tribes, Fort Peck Assiniboine and Sioux Tribes, Crow Nation, Northern Cheyenne Tribe and the Chair of the Little Shell Tribe of Chippewa Indians (Little Shell Tribe) for review and feedback prior to submission to ACF-CB. CFSD provides the above listed Tribes with the link to the website where the approved plans are located.

- **ICWA Support**: For a number of years, CFSD's program structure included an ICWA Program Manager on staff, which took the lead in working with Tribal ICWA staff and social services directors on systemic issues related to ICWA compliance. Since the last APSR, DPHHS has recently hired a Child and Family Program Specialist in the Office of American Indian Health to support many of the same efforts that the ICWA Program Manager previously supported within CFSD. While supervised by the American Indian Health Director within the Director's Office at DPHHS, the Child and Family Program Specialist directly offers support to CFSD staff as well as other programming that supports collaboration and work with indigenous children and families across the Department; to ensure a cohesive approach to this work.
- **Survey/Evaluation:** Individuals that indicated they were Tribal members, or affiliated with a Tribe, in the CFSD CFSR Round 4 SWA Internal and External Survey were asked direct questions about their awareness of collaboration efforts made by CFSD (N=19).
    - The nineteen applicable participants were asked "***On a scale of 1-5 (1 = weak and 5 = strong) how well the collaboration was between their affiliated Tribe and CFSD leadership?*** There were twelve individual responses, and the percentage of their responses are in the table below.

Table 3: Tribal Members Collaboration with CFSD Ranking (N=12)

Tribal Members – Collaboration with CFSD	1 = Weak	2	3	4	5 = Strong
Respondents Rating Count / Percentage	2 / 17%	1 / 8%	3 / 25%	4 / 33%	2 / 17%

    - In follow-up to the question above, respondents were asked to provide examples of the collaboration efforts, in which four respondents provided the following (N=4):

- Collaboration on many cases between ICWA representatives, CASA and CFSD caseworkers.
- Collaboration through the referral system (Connect).
- Memorandum of Understanding between CFSD and Tribe to provide Child Welfare Services.
- Receiving Technical Support from CFSD.

- The nineteen applicable participants were asked ***"What would improve collaboration between your affiliated Tribe and CFSD leadership?*** There were ten individual open-ended responses which were analyzed and categorized by CFSD's CQI Unit into the statements listed in the table below.

Table 4: Tribal Members Recommendations for Improved Collaboration (N=10)

Tribal Members - What would improve collaboration between Tribes and CFSD	Respondents Count / Percentage
Communication: *returning calls, ongoing meetings, staying in loop about case or children, etc.*	5 / 50%
Collaboration with Tribes to extend services that are provided for clients	1 / 10%
Collaboration and training to align on goal of child	1 / 10%
CFSD increase their Tribal engagement efforts	2 / 20%
Bi-annual updates between Tribe and CFSD leadership	1 / 10%
Grand Total	**10 / 100%**

Other Stakeholder Collaboration Efforts

CFSD believes that every person and agency that impacts child welfare in Montana plays an integral part of the child welfare system. Therefore, *meaningful collaboration* continues to be CFSD's focus during CFSP SFY25-29. CFSD is committed to improving practices by both participating in and creating opportunities to collaborate with multiple agencies, and internal and external stakeholders on an ongoing basis to align a shared vision across the broader child welfare system in Montana to support prevention efforts and better permanency outcomes for children and families.

CFSD highlights other external stakeholder collaboration efforts and programs throughout *Section 2: Update Assessment of Current Performance in Improving Outcomes, Items 29-32*.

SECTION 2: UPDATED ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

Assessment of Performance

As a requirement in this plan, the state must provide relevant and reliable data on its performance on each of the seven federal measures and the seven CFSR systemic factors. CFSD has included the following analysis of data regarding these factors, highlighting the areas needing improvement that may inform state decisions about goals, objectives, interventions, and target populations.

During SFY25, CFSD's CQI unit has largely been tasked with developing a process to engage external and internal stakeholders through the CFSR Round 4 process. Initially the CQI unit met with the ACF-CB Technical Assistance group Center for States Child Welfare Capacity Building Collaborative (CSCWCBC) on a weekly to bi-weekly until September of 2024, when the CSCWCBC contract ended. A new Technical Assistance group contracted with ACF-CB; however, the support has not been reinstated at the time of writing this APSR.

CFSD's CQI unit has used various quantitative and qualitative data sources in their analysis of the child and family outcomes and systemic factors, which are referenced throughout this report. CFSD performance outcome measures will be based primarily on administrative data as listed below:

- **Statewide Automated Child Welfare Information System (SACWIS),** which includes the following platforms:
  - Montana Family Safety Information System (MFSIS) – Contains information related to reports and investigations.
  - Child Adult Protective System (CAPS) - Contains all data related to ongoing cases.

- Montana's Program for Automating and Transforming Healthcare (MPATH)

As discussed further in Section 2: Item 25 of this report, CFSD's MFSIS data syncs to CAPS, however, there are some synchronization issues that are known, monitored, and continue to be focused on fixing. CFSD continues to identify critical areas of synchronization issues that impact federal reporting to ensure accuracy. For routine internal reports that are run and utilized a minimum of monthly, and partner agency data requests, CFSD extracts data from MFSIS directly to inform progress and improvement.

MPATH, which houses CFSD's administrative data, contains fifty-eight pre-built reports. MPATH contains an Ad Hoc data model that allows those with access to build custom reports from predefined data points. Some of these mimic Statewide Data Indicators (SWDI), which allow CFSD to utilize real-time tracking on changes in trends and break them down further using more filters. Most reports can be broken down by a period, assigned worker, supervisor, region, county, jurisdiction of responsibility (State or Tribe), and demographics of the child. CFSD's Business Analyst (BA) unit and CQI unit work with external partner Oracle, who administers MPATH, to ensure any data quality issues are identified and fixed, enhance the functionality of the existing reports, and create new reports as needed. This has been useful in creating reports to monitor youth placement in group homes, Chafee referrals, and collaboration with the Office of Public Instruction (OPI) focusing on foster care youth and school enrollment needs. While only a few have access to build the reports, access to view, and access to those reports can be provided to any user who has a need for them. Those who do access these receive training in accessing, running and utilizing them. MPATH also has a query function that enables select users to build custom reports from all data that is extracted from CAPS utilizing SQL. This availability is new within the past year and has opened new opportunities to utilize data in ways it has never been available, due to the limitations of the pre-built reports.

- **CFSR Round 4 Data Profile:** Report provided by the ACF-CB in March 2025 highlighting CFSD's performance in various outcome measures using state submitted Adoption and Foster Care Analysis and Reporting (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) data. Results used to inform narrative throughout the report.
- **CFSD's Federal Reports:** Various reports and plans were used to inform narrative information throughout the report including:
  - Child and Family Services Plan
  - Annual Progress and Services Report
  - Families First Prevention Services Act (FFPSA) IV-E Prevention Plan
  - Foster Care Diligent Recruitment and Retention Plan
  - Training Plan
- **CFSD Procedures:** Various procedures are listed throughout this APSR CFSD Procedures Hyperlink.
- **Administrative Rules of Montana (ARM):** The Montana Secretary of State's Administrative Rules Services publishes the administrative rules promulgated by state agencies MT MCA Website Hyperlink.
- **Montana Code Annotated (MCA):** After a legislative bill is signed by the governor, or passed by the Legislature over the governor's veto, it is incorporated into the Montana Code Annotated (MCA) MT MCA Website Hyperlink.
- **Information System Assessment:** Comprehensive evaluation of CFSD's technology, processes, and resources, aiming to identify strengths, weaknesses, and areas for improvement to align Information Technology with business goals.
- **Fidelity Reviews:** Ongoing comprehensive tool focused on the investigation phase of a case.

- **Ongoing Regional Case Reviews and CQI Quality Assurance (QA) Reviews:** Case reviews are conducted using the federal On-Site Review Instrument tool on the CFSR Online Monitoring System (OMS) and a stratified random sample of cases. CFSD's case review data included in this section remains largely the same as previously reported to ACF-CB. CFSD's CQI unit has been training internal staff on the case review process throughout SFY25. This case review training and preparation for the CFSR Round 4 process has created capacity difficulties, therefore, CFSD has completed a limited amount of internal case reviews since the completion of the CFSR-Round 3 PIP-Monitored Case Review Period.
- **SFY25 Legislation Report:** Report shared with legislation regarding an overview of CFSD and their processes.
- **Internal Data Collection through Excel Sheets:** The spreadsheets are specifically identified throughout the APSR as they apply to data provided.
- **Meetings Facilitated by CFSD:** Various meeting agendas, schedules, and minutes have been used to inform narrative information throughout the APSR. The meetings include, but are not limited to:
    - State Advisory Council
    - Regional Advisory Council
    - Management Team (M-Team)
    - CFSD Contractor Monthly Meetings
    - Parent Advisory Board – CVMC
    - Youth Advisory Board - QIC-EY project
- **Evaluations -** Various external partners develop evaluations in collaboration with CFSD regarding resources, training, Title IV-B and Title IV-E initiatives, including but not limited to:
    - **UM-CCFWD**
        - 2024-2025 CFSD's Montana Child Abuse and Neglect Orientation Training (MCAN) Survey and Evaluation
        - 2024-2025 Resource Family Training and Resource Needs Survey and Evaluation
    - **Montana State University (MSU)**
        - Families First Prevention Services Act:
            - Montana Prevention Plan Evaluation
            - Montana Kinship Navigator Evaluation
    - **QIC-EY Youth Engagement Project Evaluation**
    - **Child Advocacy Centers 2024 Annual Evaluation**
    - **Office of Public Instruction (OPI) Foster Youth Access to Education Evaluation**
- **National, State, or Federal Data Reports:**
    - National Youth in Transition Database (NYTD)
    - United States Census Bureau
- **Children's Bureau CFSR Data Profile**, including the following:
    - Adoption and Foster Care Analysis and Reporting System (AFCARS)
    - National Child Abuse and Neglect Daya System (NCANDS)
    - Risk Adjustment and Risk Standardized Performances (RSP)
    - Children's Bureau National and State Supplemental Data
- **National Electronic Interstate Compact Enterprise** (NEICE)

CFSD does not currently have a PIP in place. The CFSR Round 4 process has been initiated, and CFSD submitted their SWA on June 3, 2025, to ACF-CB. The CFSR Round 4 federal case reviews are occurring in August of 2025, and a PIP will be developed shortly thereafter.

Child and Family Outcomes

Each CFSD region provides direct services to families through investigations of alleged child abuse and neglect, ongoing case management, reunification support, adoption and guardianship completion, and licensing and support of resource families.

CFSD utilizes the Safety Assessment Management System (SAMS), which is a comprehensive safety decision-making model. It is a strength-based, family-centered model that considers the totality of information collected throughout the assessment. A holistic assessment is completed to evaluate immediate danger (safety threats actively occurring), impending danger (continuous state of danger), child vulnerability, and parent protective capacities. The model supports in- and out-of-home safety planning with families to ensure the least restrictive intervention is provided to maintain child safety while strengthening the family.
In addition to receiving and investigating reports of child abuse and neglect, CFSD also provides:

- Prevention Services: These services are utilized to safely prevent the placement of children into foster care (further explained in Section 2: Item 2 and Item 29). These services include, but are not limited to:
    - Substance use disorder treatment
    - Drug and alcohol monitoring
    - Mental health counseling
    - Parenting education and skill building
    - Stress and anger management
    - Transportation
    - Childcare/respite
    - Home visiting services
    - Family Support Teams (FST)
- In-home and Out-of-Home Safety Services, and Reunification Services: These services are based on the needs of the family and their current circumstances (further explained in Section 2: Item 29). These services include:
    - Types of services listed above under Prevention Services.
    - Upon placement in out-of-home care, CFSD works with the child's parents to develop and implement a court-ordered treatment plan. This plan is designed to provide the services necessary to address and resolve those issues that led to the out-of-home placement, thereby allowing the child to return to the home safely.

Safety Outcomes

ACF-CB uses two safety-related statewide data indicators, which focus on maltreatment of children in foster care and the recurrence of maltreatment:

- *Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.*
- Safety Outcome 2: Children are maintained in their homes whenever possible and appropriate.

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

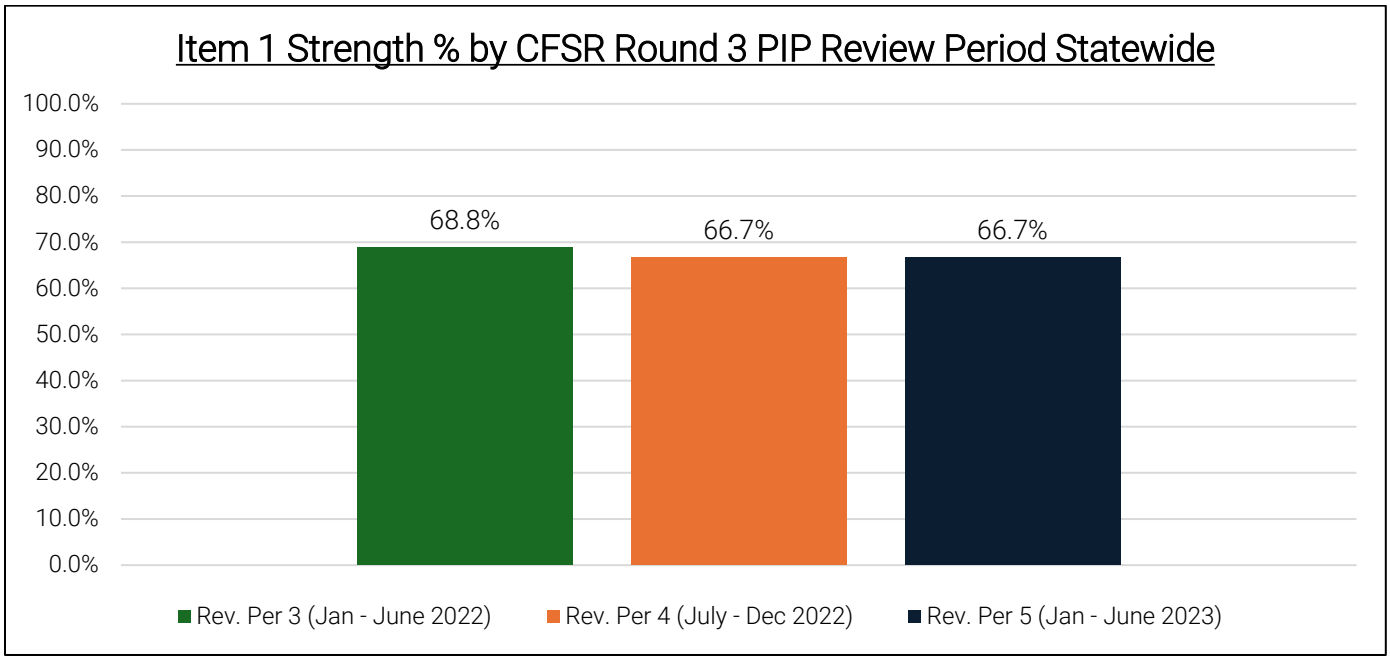
Item 1

APSR Question: ***Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with child(ren) made, within time frames established by agency policies or state statutes?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 1 was rated as Area Needing Improvement because the item was substantially achieved in only 82% of the thirty-eight applicable cases reviewed at the time in which the overarching goal for this item was to be achieved in 95% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, CFSD had a baseline of 58.3% on Item 1, with a target goal set at 64%. The target goal was met in the first review period (Jan – June 2021) and was maintained as a strength rating between 65%-70% towards the end of the PIP-Monitored reviews, as indicated in the chart below. Though there were some ups and downs, there was a net increase throughout the PIP-Monitored reviews. The cumulative overall strength rating average for this item over five periods was 67.3%.

Chart 1: Item 1 CFSR-R3 PIP-Monitored Case Reviews Data Review Periods 3 – 5 indicated in the narrative above



CI is a responsive unit responsible for the assessment, documentation, and assignment of all reports of abuse and neglect in the state of Montana. CI was designed to improve the consistency and efficiency of documenting reports and to ensure accountability. In SFY25 (July 24' – March '25), CI received approximately 24,000 calls. Of those calls, over 14,000 required documentation within our system, 4,804 required investigations, and 7,323 children were involved in the investigations.

Table 5: CFSD Centralized Intake Report Data

Centralized Intake Report Data	SFY 24	SFY 25 *July' 24- March '25*
Total of CI Calls Received	28,812	23,933
Total Reports Entered in System	21,430	14,222
Total Reports Requiring Investigation	6,544	4,804
Total Number of Children Involved in Investigations	9,702	7,323

Once CI assess a call as a report requiring categorization and prioritization for investigation, it assigns one of the five priority levels below, and there are specific time frames in which caseworkers must contact the victims. CFSD's response timeframes are outlined in their procedure CFSD Investigation of Reports by Field Staff Procedure Hyperlink.
The priorities and the applicable timeframe of initial contact are referenced below:

- Priority One (P1) – Requiring contact with victims within twenty-four hours.
- Priority Two (P2) – Requiring contact with victims within seventy-two hours.
- Priority Three (P3) – Requiring contact with victims within ten days.
- Priority Four (P4) – Which requires the investigation be complete in sixty days but does not carry a specific contact timeline.
- Priority Five (P5) – Which designates a transfer of an accepted intake from Tribal jurisdiction to state jurisdiction. These also do not carry a specific contact timeline requirement, though they are usually discussed between assigned caseworkers and supervisor upon assignment.

During SFY24 and SFY25 (July '24-March '25), CFSD conducted the following number of investigations statewide and per region as outlined in the table below.

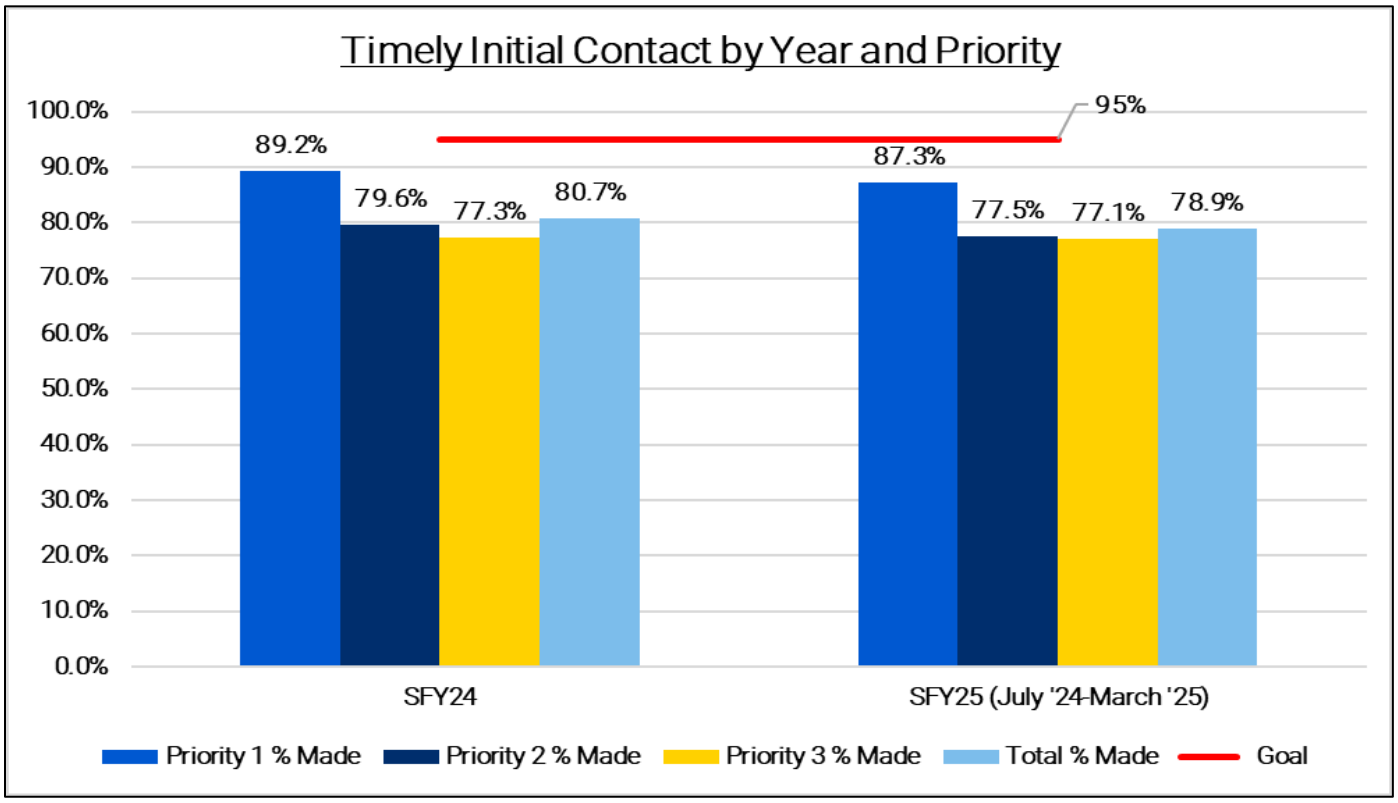
Table 6: CFSD SFY24 and SFY25 (July'24-March '25) Investigations by Region and Statewide

Investigations Received by SFY	SFY 24	SFY 25 *July' 24- March '25*
Region 1	494 / 8%	383 / 8%
Region 2	1,066 / 16%	790 / 16%
Region 3	1,395 / 21%	1,033 / 22%
Region 4	1,663 / 25%	1,222 / 25%
Region 5	1,184 / 18%	882 / 18%
Region 6	742 / 11%	494 / 10%
Statewide Grand Totals	**6,544 / 100%**	**4,804 / 100%**

While CFSD has administrative data to reflect timely initial contacts, there are limitations to it. CFSD uses MFSIS for documentation of all investigations. Information within MFSIS is then synchronized to CAPS, from where all data is pulled. Though all contacts are documented in MFSIS, only one contact date and time is synchronized to CAPS, which is identified as the initial contact with the family. Therefore, CFSD's administrative data that identifies timely initial contact is limited to the first contact on each report, regardless of the number of identified alleged victims.

Additionally, during recent internal case reviews there have been times that Item 1 has been rated an Area Needing Improvement strictly due to policy not being followed regarding the approval and documentation of exceptions to timely contact when there are reasons beyond agency control. The overarching goal of Item 1 is that the state will complete the initial face-to-face contact with victims of a maltreatment report within the agencies required timeframes at least 95% of the time. As shown in the chart below from CFSD's MPATH administrative data, though improvements have been made over the past several years as reflected in previous reports to ACF-CB, CFSD did not meet this goal in SFY25.

Chart 2: Initial Investigation Contacts Per Priority



During SFY25, CFSD has continued to use the Fidelity Review Tool, focusing on the investigation phase of a case. Initially, this process focused only on the initial investigation portion of the case and stopped at the point cases would be transferred to ongoing case management.

Currently there are twenty fidelity reviews being completed monthly by the Safety Committee, as well as some are facilitated by each region every month. There is an effort to have reviews completed by each region, and to try and match percentage of reviews by region to the percentage of investigations done by each. Some regions request randomly selected investigations to review, while others choose them on their own. Of those that are randomly selected, a BA manages the selection to ensure there is not over-representation of any one caseworker/supervisor by those completed.

The data from these reviews are being compiled using Microsoft Forms for further analysis, as more are completed to form a baseline impression, and then plan to address specific areas of practice concern. As the reviews are completed, certain demographic data, such as caseworkers, county, and region, are all included to help identify any trends. As CFSD nears having a total of 359 Fidelity Reviews completed since implementation, CFSD is beginning to identify what specific elements to focus on and working towards establishing a sufficient baseline with the data collected. Copies of all completed Fidelity Reviews are provided to CFSD's M-Team monthly.

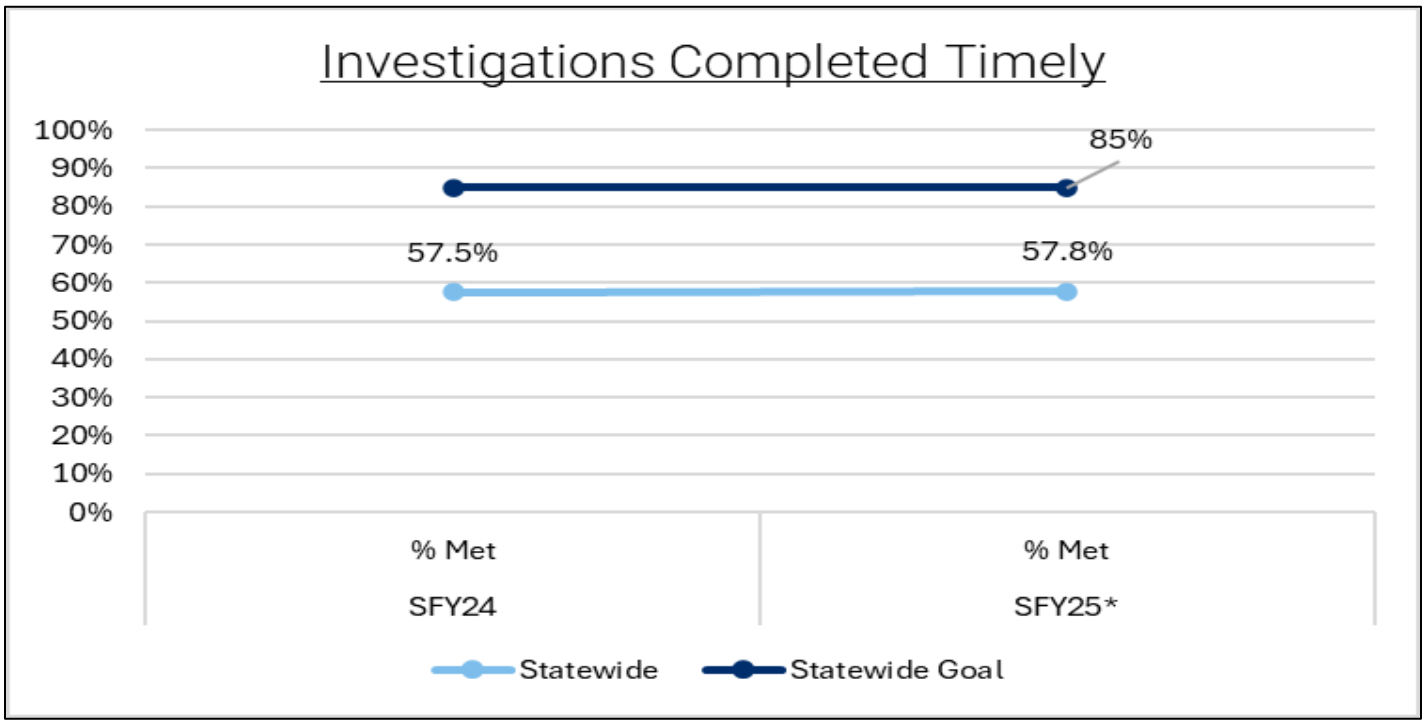
As outlined in the CFSD 2025 SWA, CFSD continues to use the coaching and mentoring process to assist caseworkers in prioritizing workload to ensure investigations are initiated within timeframes and children are seen face-to-face.

In addition, CFSD created reports to reflect timely initiation of investigations through pivot tables; however, the data is inconsistent due to multiple issues impacting how the data is entered and pulled as reflected below:

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

During SFY25, CFSD percentage of Investigations Completed Timely has remained about the same from SFY24 as shown in the chart below.

Chart 3: Percentage of Investigations Completed Timely SFY24 and SFY25* (*July '24-March '25)



Item 1 Performance Outcome Appraisal

CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding timeliness of contact at investigation through Goal 1 of the current SFY25-29 CFSP.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths, and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently, CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years, CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review.

Safety Outcome 2: Children are maintained in their homes whenever possible and appropriate.

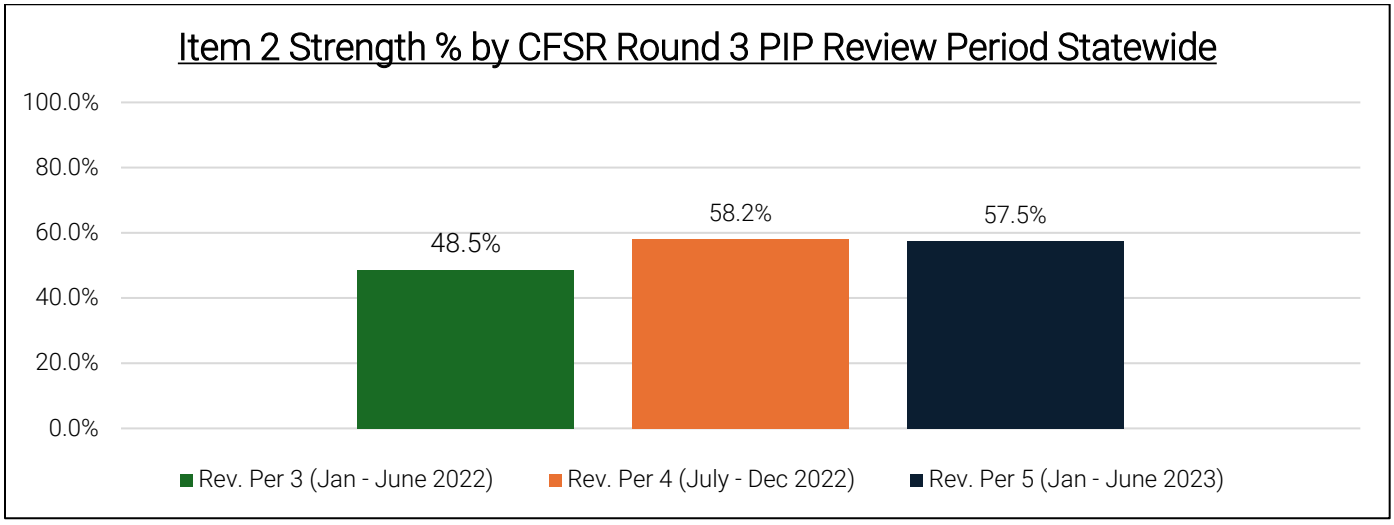
Item 2

APSR Question: ***Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 2 was rated as an Area Needing Improvement because the item was substantially achieved in only 79% of the thirty-three applicable cases reviewed at the time in which the overarching goal for this item was to be achieved in 90% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, CFSD had a baseline of 51.4% on Item 2, with a target goal set at 57%. The target goal was met every review period following the initial baseline, though it varied some, both decreasing and increasing. During this time, both In-Home (IH) and Out-of-Home (OOH) cases were consistently rating better than previous reviews; however, OOH cases consistently rated higher than IH cases. It was noted in a CQI analysis of review information that a recurring issue for short-term in-home cases was that concerns were being identified, and the caseworker was stating the family needed to address the concerns, but then the caseworker did not ensure the concerns were addressed sufficiently, if at all, prior to closing the case. CFSD achieved over the 57% goal for improvement every review period during the PIP-Monitored Case Reviews; however, it was not wholly consistent and fluctuated, as shown in the chart below. The cumulative overall strength rating average for this item over five periods was 69.8%.

Chart 4: Item 2 CFSR-R3 PIP-Monitored Case Review Data Review Periods 3-5 indicated in the narrative above



Part of this item's assessment is to ensure CFSD is maintaining children in their homes whenever safe to do so and preventing removal and placement into the child welfare foster care system. In cases when children have been removed, placed in the child welfare foster care system, and reunified with their parent, it is important to ensure that services were wrapped around the family to prevent the child from re-entering the child welfare foster care system in the future.

During SFY25, CFSD continued utilizing the SAMS safety model as the initial comprehensive safety decision-making

model to help guide caseworkers and supervisors through the investigation and decision-making process to determine if maltreatment occurred. CFSD staff work diligently to assess families to ensure that children who are unsafe are being served. The SAMS safety model is a strength-based, family-centered model that considers the totality of information collected throughout the assessment. A holistic assessment is completed to evaluate immediate danger (safety threats actively occurring), impending danger (continuous state of danger), child vulnerability, and parent protective capacities. The SAMS safety model supports in- and out-of-home safety planning with families to ensure the least restrictive intervention is provided to maintain child safety while strengthening the family.

During the investigation, the caseworker uses the Family Functioning Assessment (FFA) to assess risk and determine if children are safe from abuse/neglect or if agency involvement is required to ensure the safety of children.

As discussed in Item 1, during SFY25 CFSD continued to use the Fidelity Review Tool to:

- Evaluate the use of the Safety Plan Determination outlined in the SAMS model to determine whether the intervention resulted in the desired outcomes.
- Evaluate family engagement in early service identification to support maintaining children in their homes whenever safe to do so; and,
- Enhance overall supervision support.

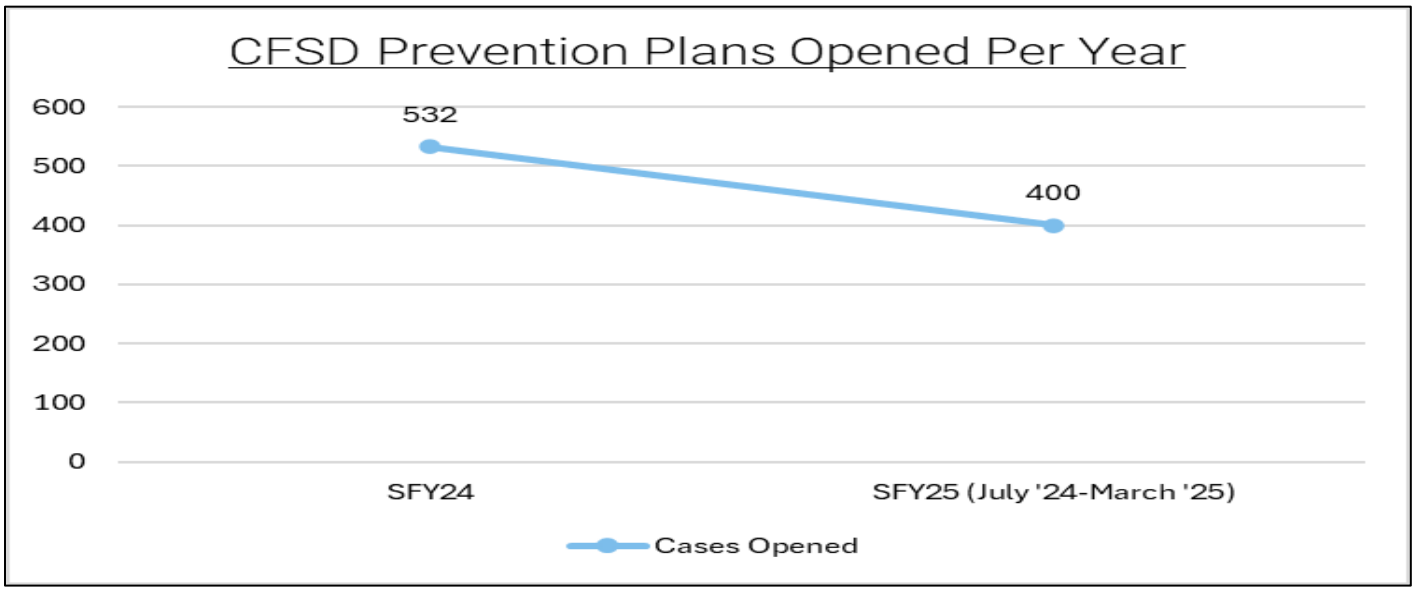
During SFY25, CFSD continued to utilize Family Support Team (FST) meetings in several regions. As previously discussed in reports to ACF-CB, CFSD created FSTs as a tool to fully engage families, community partners, natural supports, and internal staff. These meetings are intended to keep children in their home, or to reunify families in a timely manner by implementing support services, while engaging parents in the process of assessment, service planning and their individualized case plans.

As discussed in previous reports to ACF-CB, a member of the CQI unit is responsible for collecting data and coordinating with each applicable region's FST facilitator in an effort to provide CQI oversight as well as assist regions in implementation of FST meetings. This process includes meeting with the facilitators on a quarterly basis (or more often for new facilitators); gathering feedback from CFSD staff, families involved, and contractors around service delivery and methods, with a special focus on safety; and, educating local stakeholders and CFSD staff about FST's purpose, goals, and benefits. Primarily this CQI oversight was conducted to evaluate FSTs during the CFSR Round 3 PIP-Monitored period, and through this effort as indicated in the FST data further outlined in Item 29, FSTs are a valuable asset to maintaining children in their homes safely, and wrapping services and supports around families from the initial investigation. Therefore, in November of 2024, through the creation of an administration code in CAPS, the regional excel tracking process was dissolved, and the FST facilitators are now entering the meeting information into CAPS. FST data is further outlined in Item 29.

During SFY25, CFSD continued to implement their approved Family First Prevention Service Act (FFPSA) Title IV-E Prevention Services Plan. This includes determining eligibility, monitoring agreements with approved providers, meeting federal requirements, completing Quality Assurance reviews, and funding Title IV-E prevention services. Montana's approved prevention services are Healthy Families America (HFA), Parents as Teachers (PAT), Nurse-Family Partnership (NFP), and Parent-Child Interaction Therapy (PCIT).

CFSD administrative data of open IH Prevention Plan cases statewide from SFY24-SFY25 is reflected in the chart below. CFSD's CQI unit oversees each region's manually tracked data, as well as collaborates with MSU in their evaluation of CFSD's FFPSA Prevention Plan efforts. CFSD completed a quality assurance and validation review of this report generated from the administrative data and found accuracy issues statewide of caseworkers not consistently applying the correct code in the system for prevention cases. Additionally, similar accuracy issues being present for the manually tracked data, as the individual tracking the regional information is usually based out of one specific county office within the region and they tend to heavily report only Prevention Plans within that county instead of reflecting all Prevention Plans occurring throughout the entire region. CFSD has since moved to tracking these plans only through our administrative data to cut down on discrepancies between reports. Therefore, as of January 1, 2025, the regional tracking was dissolved, and moving forward administrative data will be used to collect how many Prevention Plans CFSD enters annually. CFSD FFPSA efforts and MSU evaluation data are outlined further in Section 2: Item 29.

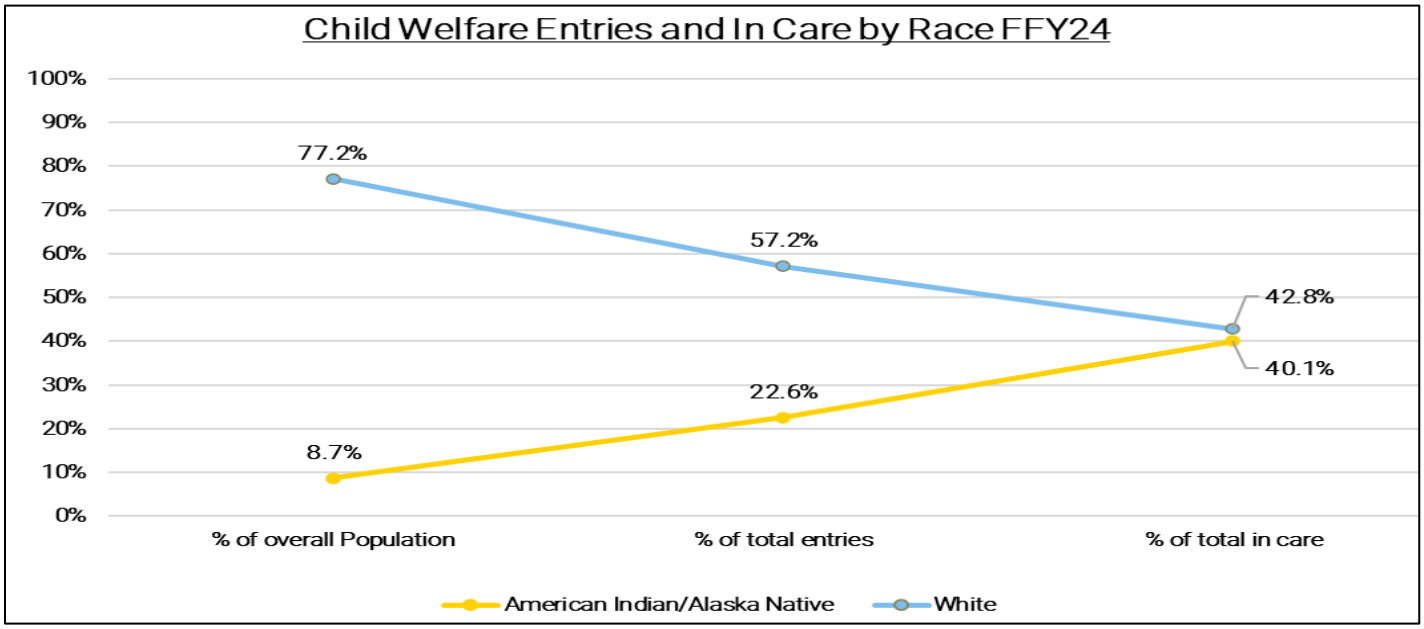
Chart 5: SFY24-25 CFSD Prevention Plan Administrative Data



During SFY25, CFSD continued to face challenges in addressing the disparity for the American Indian child population entering care and being reunified with their families. This is an ongoing issue in the child welfare system nationally, as well as in Montana. CFSD recognizes the issue of racial disparity as a multisystemic challenge that requires ongoing, collaborative work by many agencies and groups. CFSD also recognized that the American Indian population is the population with the highest over-representation in Montana's Foster Care System.

The chart below reflects the AFCARS reporting population data (children in the custody of a state agency placed in foster care or foster children in custody of a tribal agency pursuant to a Title IV-E State-Tribal Agreement.) These numbers do not include children in foster care under the custody of a Tribal nation who are not eligible for Title IV-E services. This data depicts an accurate yet minimal representation of the disparity that exists for the American Indian and Alaska Native (AI/AN) population because Tribal children in non-Title IV-E tribal custody are not included. Furthermore, children whose race is listed as "unable to determine" or American Indian children who may be of two races, may not be counted in the overall American Indian group.

Chart 6: FFY24 Child Welfare Entries and In-Care by Race



A number of collaborative efforts have taken place to address this identified concern including, but not limited to:

- Collaboration with the Office of American Indian Health, which is housed within Montana's Directors Office.
- July 19, 2024, SAC meeting focus groups discussion about Montana's foster care disparity data.
    - Tribal participants, as well as others, shared that they believed the numbers were a low representation of the number of AI/AN children in foster care. The state agrees there are limitations within the data available, while also asserting the data that does exist indicates a disparity at key decision points that influence Safety Outcome 2 for our AI/AN children.

CFSD will continue to report on these efforts and any key activities set forth to support better outcomes in future APSRs.

Item 2 Performance Outcome Appraisal

CFSD believes the continued utilization of FSTs, the Fidelity Review Tool, and FFPSA Prevention Plans has contributed toward this trend, yet cannot draw a clear correlation due to the lack of empirical research. CFSD will continue to collaborate with external partners and Tribal communities to confront the AI/NA disparity in foster care.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently, CFSD does believe the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years, CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers and supervisors in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review.

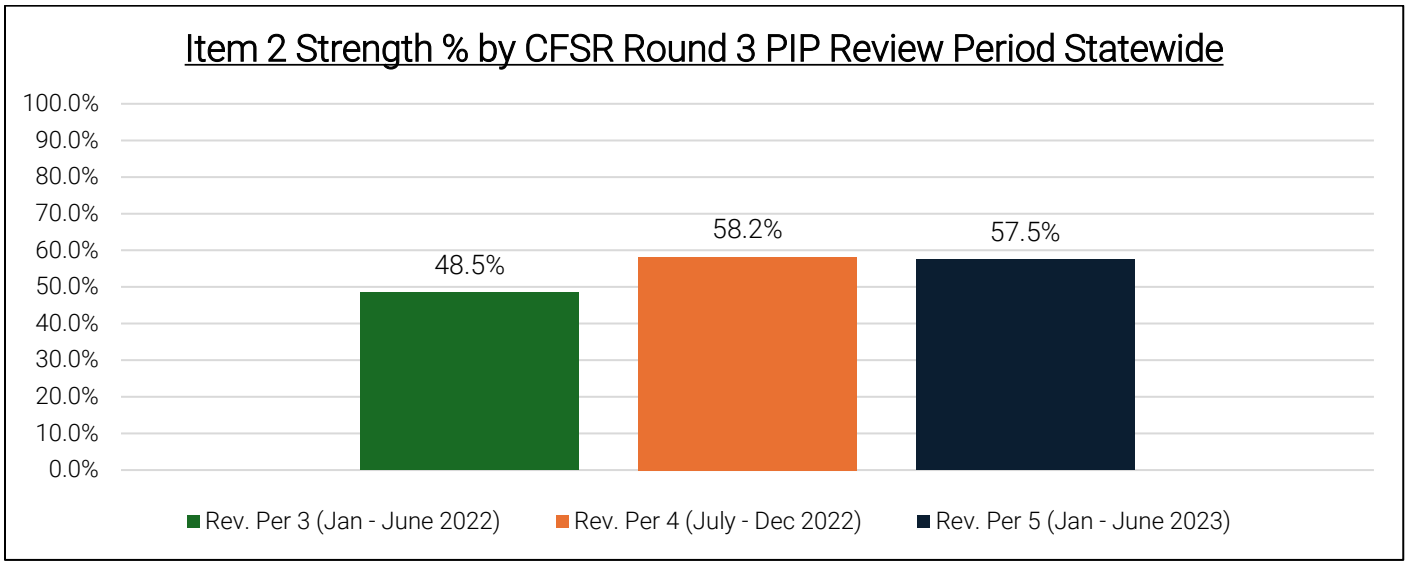
Item 3

APSR Question: ***Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 3 was rated as an Area Needing Improvement because the item was substantially achieved in only 48% of the sixty-five cases reviewed at the time, in which the overarching goal was to be achieved in 90% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, CFSD had a baseline of 29.2% for Item 3, with a target goal set at 33%. CFSD initially met this goal in the second review period and showed significant improvement following that, as shown in the chart below. During the last period of the CFSR Round 3 PIP-Monitored Case Review, CFSD met this Item as a strength 57.5% in the cases reviewed at that time. Though this is a 28.3% increase from the baseline that was set during that time, it is still a 32.5% decrease from the Item overarching goal. The cumulative overall strength rating average for this item over five periods was 45.6%.

Chart 7: Item 2 CFSR-R3 PIP-Monitored Case Reviews Data Review Periods 3-5 as indicated in the narrative above



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

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

The data below includes both the SWDI from the *February 2025 CFSR National Data Indicators and Data Profile* and CFSD's administrative data. The data reflects the percentage of maltreatment in foster care in Montana whether by substitute care provider, or a parent. One thing to note is that the percentages do differ some from those in the supplemental context data.

Currently, CFSD's Risk Standardized Performance (RSP) on both SWDI is significantly higher than the National Performance for both Safety Items as shown in the charts below.

Chart 8: SWDI Data Profile Maltreatment in Care – Victimization/1000 Days in Care

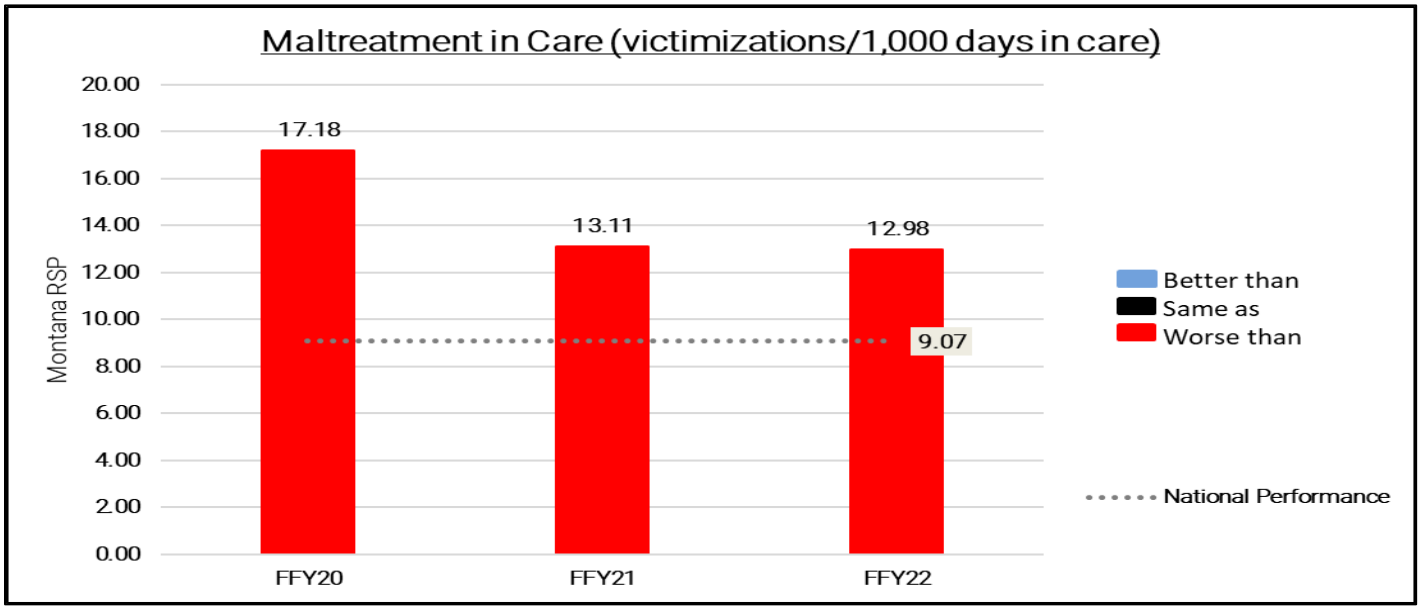


Chart 9: SWDI Data Profile Maltreatment in Care, Administrative Data

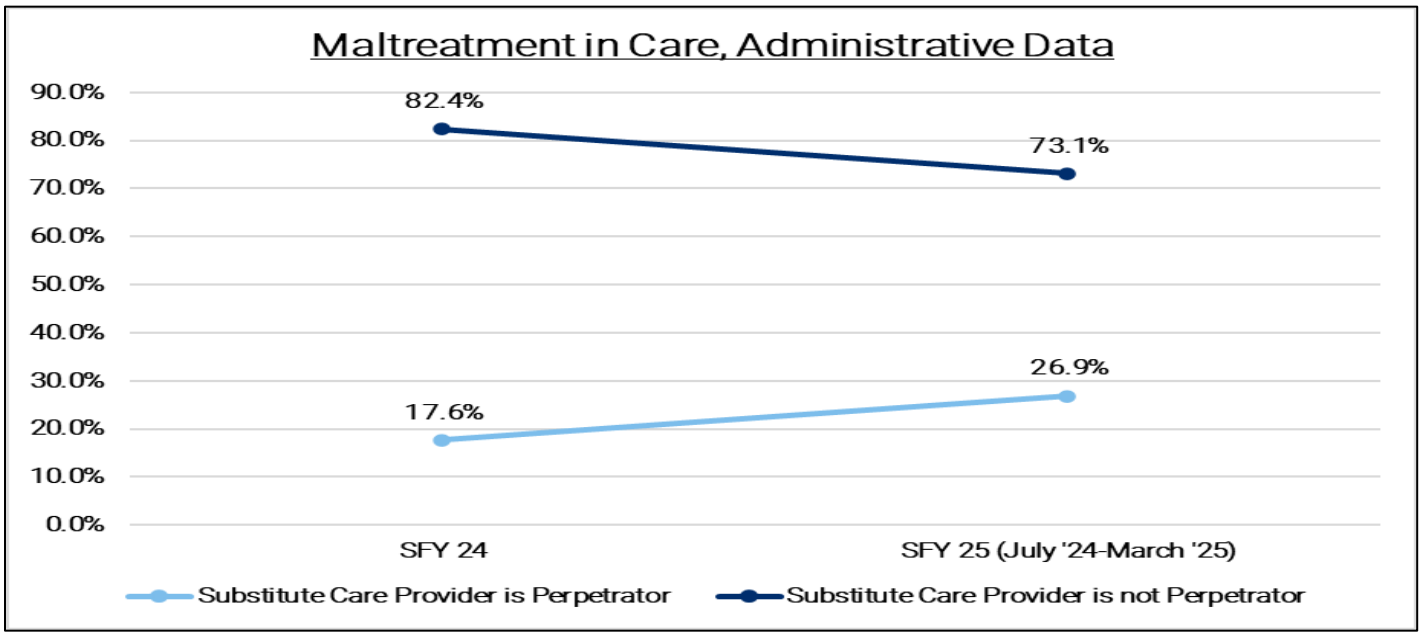
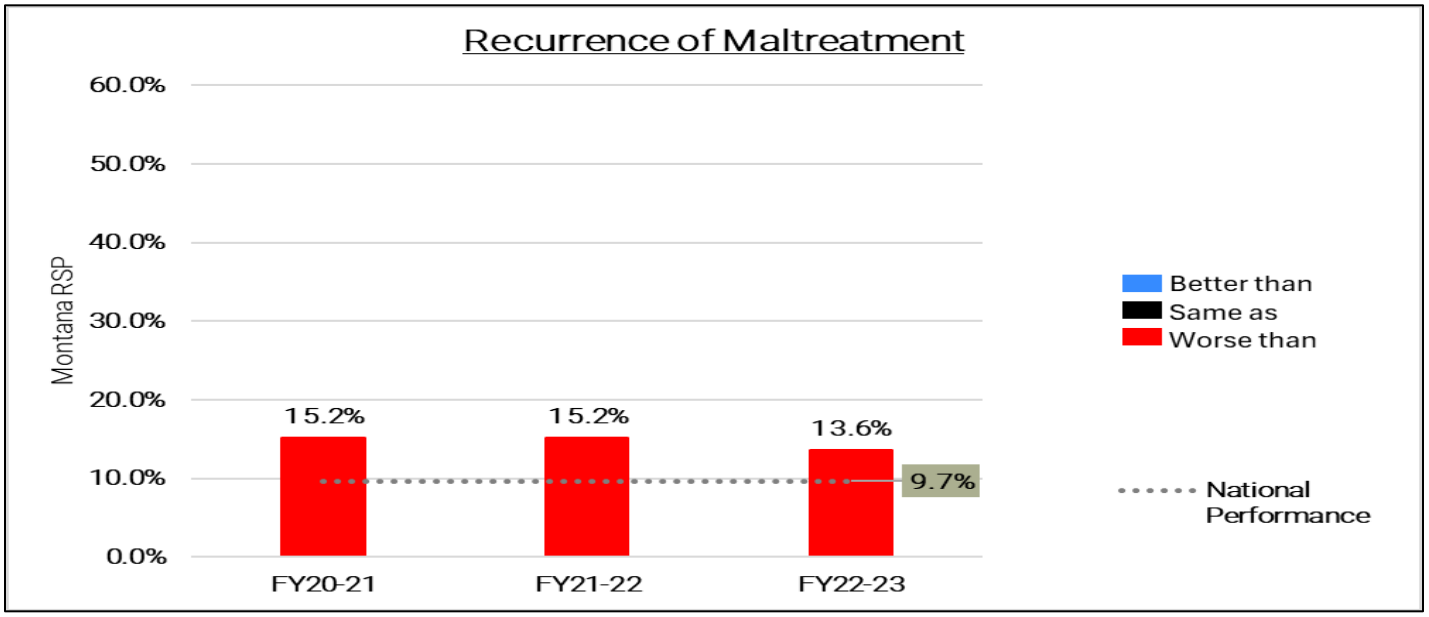


Chart 10: SWDI Data Profile Recurrence of Maltreatment



A comparison of CFSD's supplemental context data to National Supplemental Context Data indicates that CFSD's rate of maltreatment in care in which the substitute care provider is the perpetrator, is lower than that of the nation. In the case of Maltreatment in Foster Care, a small percentage of substantiations (for the purposes of this section, references to substantiations will also include reports closed as founded) on children in foster care are by their substitute caregivers. Most of these substantiations are from parents, and due to data limitations within the electronic case record system, it is unknown if this occurs while the children are on Trial Home Visits (THV), or if it is due to incidents that occur while the child is in a placement setting. Staff participating in CFSD's Safety Committee reported that when new incidents occur concerning behavior or actions by parents, they are unable to address it legally unless there is a new intake with an adverse finding. This may lead to additional substantiations in which children are not in harm's way but would be if returned home, which may increase both repeated maltreatment rates and rates of maltreatment in foster care.

A deeper dive into supplemental context data shows that the rate of maltreatment in care for white children is slightly less than twice that of AI/AN, and the rate of maltreatment in care for two or more races is nearly identical to white children. Numbers for other racial/ethnic groups are so small that comparisons were not conducted. For recurrence of maltreatment, the rates for white children were 10.9% and AI/AN children were 9%, with the rate of those that are two or more races being 11.8%. However, in the case of both indicators, only investigations/substantiations of maltreatment by the State are included. Those investigations and any subsequent substantiations that are under Tribal jurisdiction are

documented differently and would not be included. However, Montana's administrative data also shows that for FFY24 among state-managed cases, white children had a higher rate 9.22% of maltreatment in foster care than AI/AN children 5.24%. For State led investigations, CFSD's administrative data shows an overall rate of repeat maltreatment of 10%, which includes rate of 9% for white children and 8.7% of AI/AN children.

During SFY25, in October of 2024, with the support of the Safety Committee, CFSD formalized their comprehensive ongoing assessments across case practice consistent with CFSD's safety model by implementing the FCP, aka Family Progress Assessment as it was listed in the previous APSR and the SFY25-29 CFSP. The FCP was developed to support staff in more consistent ongoing risk and safety assessment throughout the life of a case. CFSD has built out more training specific to the FCP, as reflected in Items 26 and 27 in this APSR, and addressed in CFSD's SFY25-29 CFSP, Goal 1.

Item 3 Performance Outcome Appraisal

During SFY25, CFSD expanded the use of the fidelity reviews, previously mentioned in Item 1, to include a review of the ongoing comprehensive assessment through the utilization of the FCP. At the time of this APSR, there is not enough data from the fidelity reviews pursuant to the FCP to determine whether this ongoing assessment is improving outcomes related to Item 3. CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding Item 3, and data will be shared in future APSRs.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently, CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years, CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review.

Permanency Outcomes

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

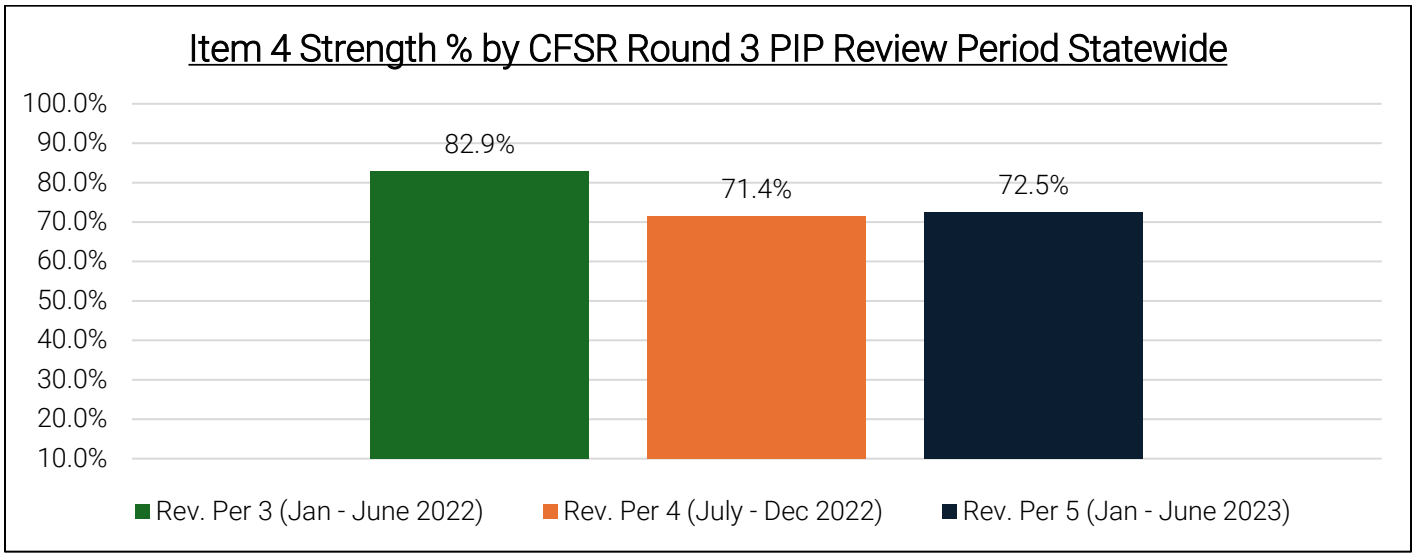
Item 4

APSR Question: ***Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 4 was rated as an Area Needing Improvement because the item was substantially achieved in only 78% of the forty cases reviewed at the time in which the overarching goal was to be achieved in 90% of cases reviewed

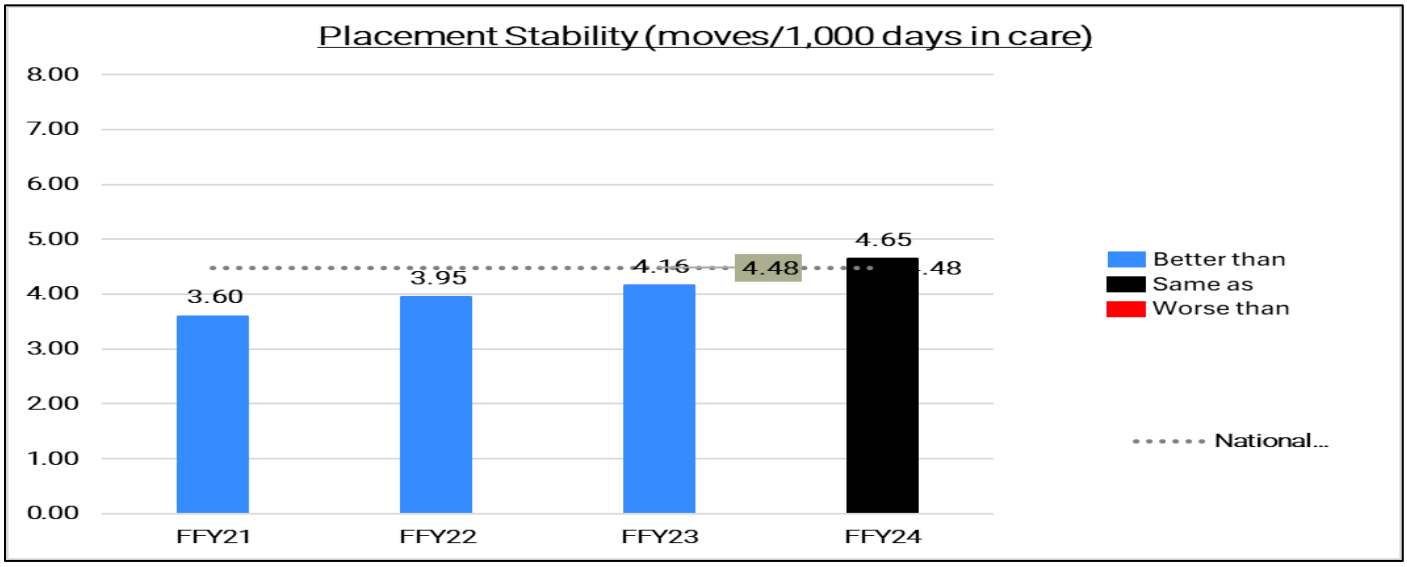
During the CFSR Round 3 PIP-Monitored Case Review period, CFSD had a baseline of 65% on Item 4, with a target goal set at 70%. The target goal was met in the last three review periods, as indicated in the chart below. The cumulative overall strength rating average for this item over five periods was 69.5%.

Chart 11: Item 4 CFSR-R3 PIP-Monitored Case Review Data Review Periods 3-5 as indicated in the narrative above



Throughout CFSR Round 3 PIP-Monitored Case Review period, CFSD performed better on this item than any other items specific to this outcome. However, both case review, administrative, and SWDI data indicate that while CFSD is performing well on this item, CFSD is also trending in the wrong direction as reflected in the chart below.

Chart 12: SWDI Data Profile Placement Stability



Item 4 Performance Outcome Appraisal

Though CFSD's goals, objectives, and measures within the SFY25-29 CFSP do not address Item 4 specifically, it is believed that the CFSP goals, objectives and measures focused on Item 5 and 6 regarding concurrent planning and identifying the best placement earlier in a case will also lead to greater placement stability.

CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding this item.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years, CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review.

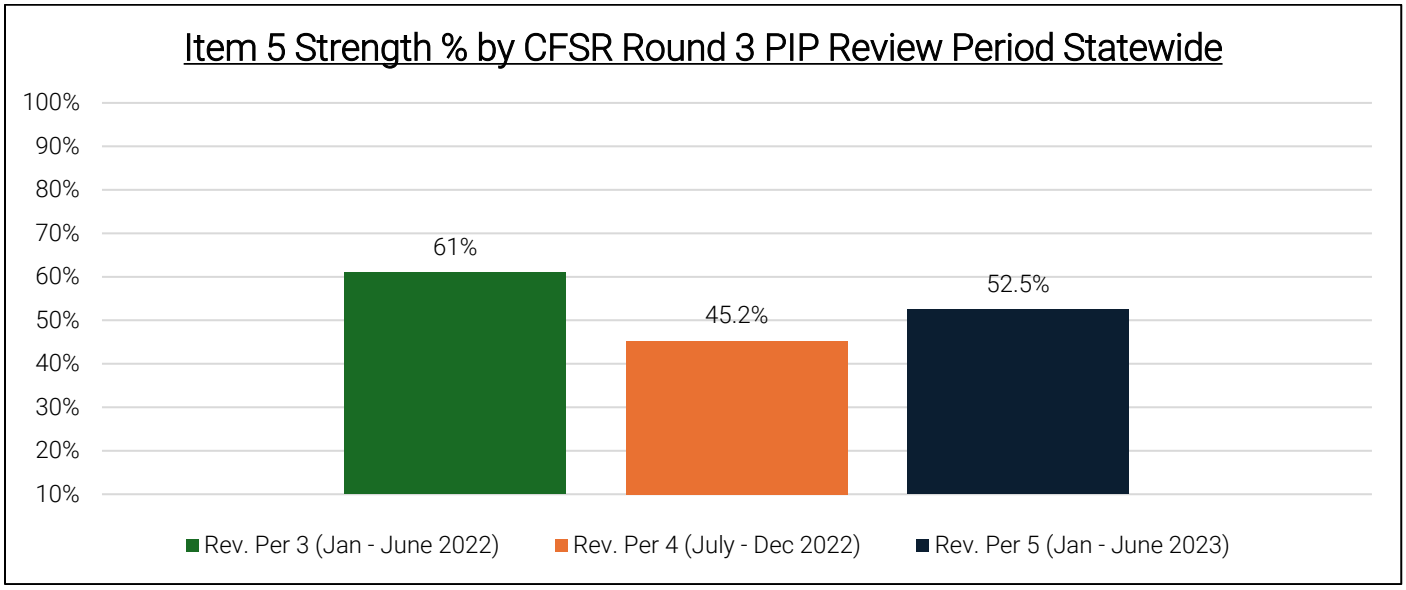
Item 5

APSR Question: ***Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 5 was rated as an Area Needing Improvement because the item was substantially achieved in only 60% of the forty cases reviewed at the time in which the overarching goal was to be achieved in 90% of cases reviewed.

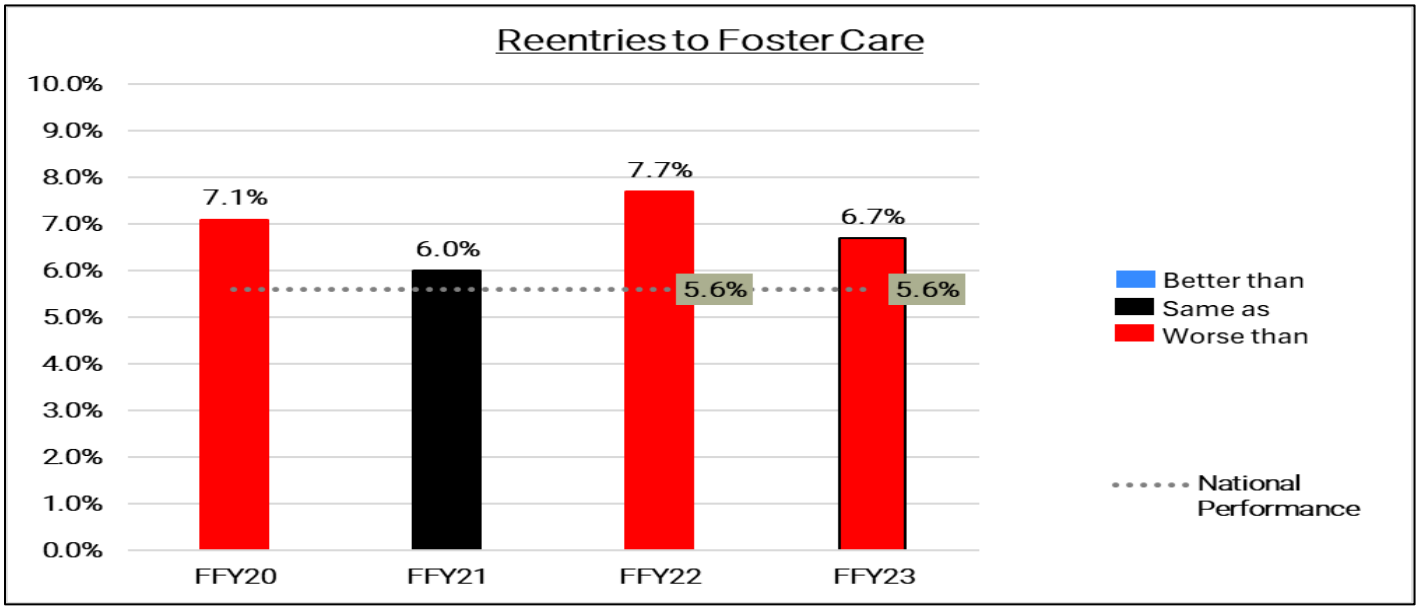
During the CFSR Round 3 PIP-Monitored Case Review period, CFSD had a baseline of 50% on Item 5, with a target goal set at 55%. CFSD showed net improvement in Item 5 as shown in the chart below, and through case reviews and surveys of staff at the time, it was identified that there are multiple reasons CFSD did not perform well on this item. Those reasons include a combination of not identifying appropriate permanency goals, not having goals accurately documented, and not filing Termination of Parental Rights (TPR) timely. The cumulative overall strength rating average for this item over five periods was 49.9%.

Chart 13: Item 5 CFSR-R3 PIP-Monitored Case Reviews Data Review Period 3-5 as indicated in the narrative above



According to the SWDI Data Profile, the following chart shows CFSD's RSP regarding re-entries to foster care for FFY20-FFY23.

Chart 14: SWDI Data Profile Reentries to Foster Care FFY20-FFY23



During SFY25, CFSD added more information about concurrent planning and goals to the initial orientation training for caseworkers, and ongoing training for established caseworkers and leadership positions. These training efforts are discussed further in Items 26 and 27 in this APSR. CFSD has continued to see growth in caseworkers becoming more competent due to training that clearly explained the concurrent planning process more as a holistic approach, encompassing both the legal and relational permanency components. In addition to supervisors working with individual staff to effectively document their case specific efforts centered on concurrent planning, CFSD implemented supervisors coaching and modeling effective documentation for their staff by providing written examples of efforts in which field staff have been involved.

CFSD has continued to utilize the process outlined in the 'Concurrent Planning: Preserving Connections while Defining Permanency Options' procedure which can be found: CFSD Concurrent Planning Procedure Hyperlink. This practice has continued to focus on:

- Enhancing the internal permanency staffing CFSD conducted on every child in care, which are called Permanency Planning Team (PPT) meetings.
- Expanding the team members invited to the PPT meetings (such as parents, youth when age and developmentally appropriate, Tribal Social Services Reps when applicable, etc.).
- Requiring the PPT meetings to occur within ninety days of a removal, and every six months thereafter until the child has reached court order permanency (reunification, adoption, guardianship, etc.), or aged out of care. This practice allows for oversight by the team to ensure the concurrent plans are appropriate based on the status of the case to support timely permanency.
- CFSD staff were then trained in this procedure focusing on CFSD staff taking a concurrent planning approach when a child has been removed and placed into foster care, including but not limited to:
    - Conducting diligent searches for unidentified parents and relatives who may be options for achieving permanent placement options for the child; and,
    - Preserving relationships and connections for children in foster care.

CFSD has continued to utilize the PPT tracking process to ensure they are taking place within the scheduled timelines with the goal of permanency moving forward in a transparent and timely manner. The regional PPS, or other assigned staff who are responsible for hosting PPT meetings, send updated tracking sheets to the CQI unit monthly. The tracking sheet was developed by the CQI unit in collaboration with PPT facilitators. The tracking sheet has dual purposes; to assist those facilitating these meetings in tracking relevant data to timely permanency and as a means to help establish discussion pieces to take place at these meetings that are relevant to permanency. Some of the relevant data that is tracked through these sheets are primary and concurrent permanency goals, court barriers, legal status of the case, whether or not the child is in a concurrent placement, if an ICPC is needed, etc. There are a total of nineteen factors related to permanency that are being tracked through this process. These sheets are hand counted and tracked through excel. The tracking sheet also prompts and supports the PPS to review concurrent goals of the child during meetings, and ensure the goals are appropriate and applicable to the case at the time of the PPT.

CFSD has continued to utilize the implemented practice of reviewing data for cases that have been open for twelve or more months where no TPR had been granted to measure the permanency achievement of those cases. The implementation of this review process heightened CFSD staff's awareness of ensuring a clear focus on permanency throughout the life of the case. These achievements have been successful, not due to one intervention, but to the cumulative effect of the efforts involved in each of the key activities within this strategy.

Reinforced through coaching and mentoring to caseworkers by their supervisors and RAs, CFSD has been able to emphasize the importance of engaging families around permanency and concurrent planning and clearly documenting our efforts. CFSD has continued with the CFSR Round 3 PIP-Monitored efforts regarding concurrent planning and improving permanency outcomes and believes this is leading to a significant decrease in time to achieving permanency for TPR cases.

Item 5 Performance Outcome Appraisal

Currently, CFSD has had no consistent way of tracking when TPR filing is due, and no way to measure if TPR is filed timely or if exceptions exist due to limitations within the CAPS system. CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding this item. CFSD is addressing this through their SFY25-29 CFSP in Goal 2, and more about these efforts are addressed in Item 23 in this APSR.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently, CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years, CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review.

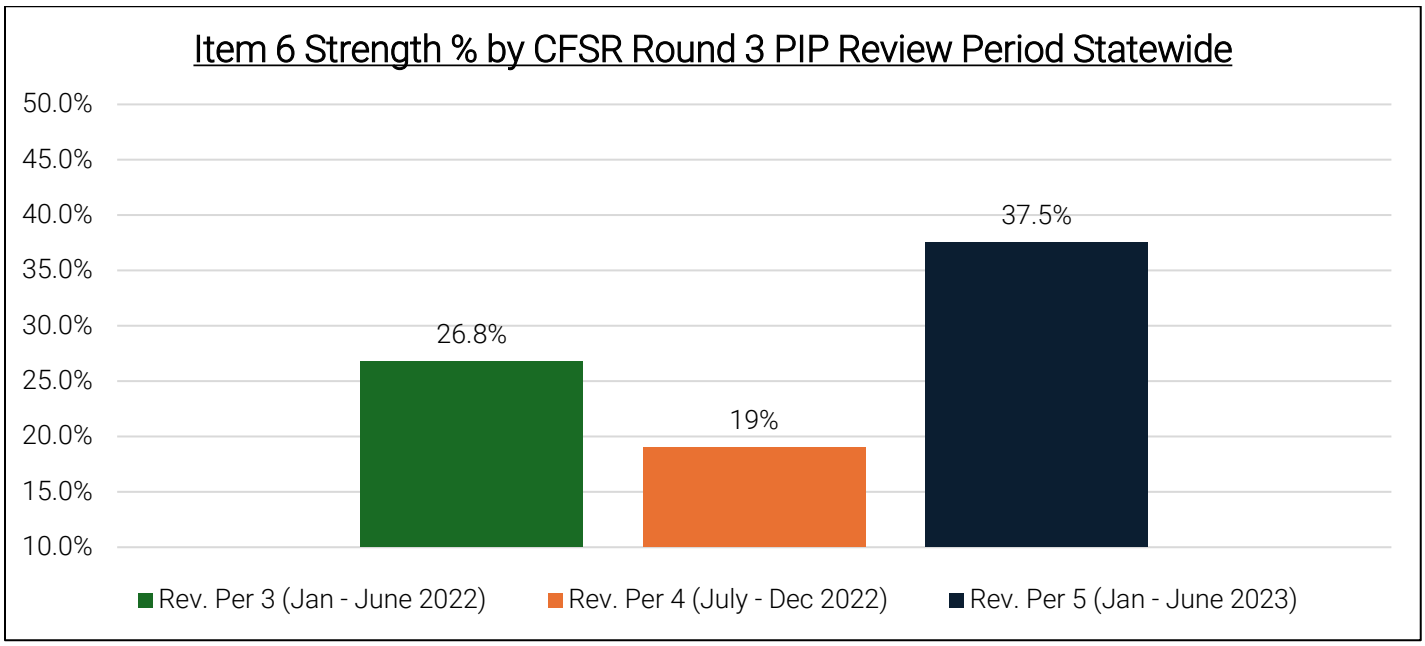
Item 6

APSR Question: ***Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 6 was rated as an Area Needing Improvement because the item was substantially achieved in only 33% of the forty cases reviewed at the time in which the overarching goal was to be achieved in 90% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, CFSD had a baseline of 37.5% on Item 6, with a target goal set at 42%. CFSD struggled significantly as their performance remained below the original baseline, though it did return to the baseline strength rating in the final review period as indicated in the table below. Ultimately, CFSD did not meet the overall goal for this item with a cumulative overall strength rating average over five periods of 30.5%.

Chart 15: Item 6 CFSR-R3 PIP-Monitored Case Reviews Data Review Periods 3-5 as indicated in the narrative above



Both supplemental context data and administrative data indicate that rates of achieving permanency within twelve months for entries, children in care 12-23 months, and those in care 24+ months are higher for white children than AI/AN children. Looking at entry rates combined with kids remaining in care by race, as well as this data, indicates that AI/AN children tend to stay in care longer than white children. Administrative data supports the opinion that this is true for both Tribally managed and State-managed cases. Because CFSD has no way to extract ICWA eligibility from CAPS and utilize it within this analysis, CFSD is unable to confirm if this affects children who are ICWA eligible at a higher rate than those who are not, but it is believed to be based on anecdotal evidence through case reviews and other information provided by field staff.

Chart 16: SWDI Data Profile Median Length of Time to Permanency by Outcome SFY24-SFY25 (July '24-March '25)

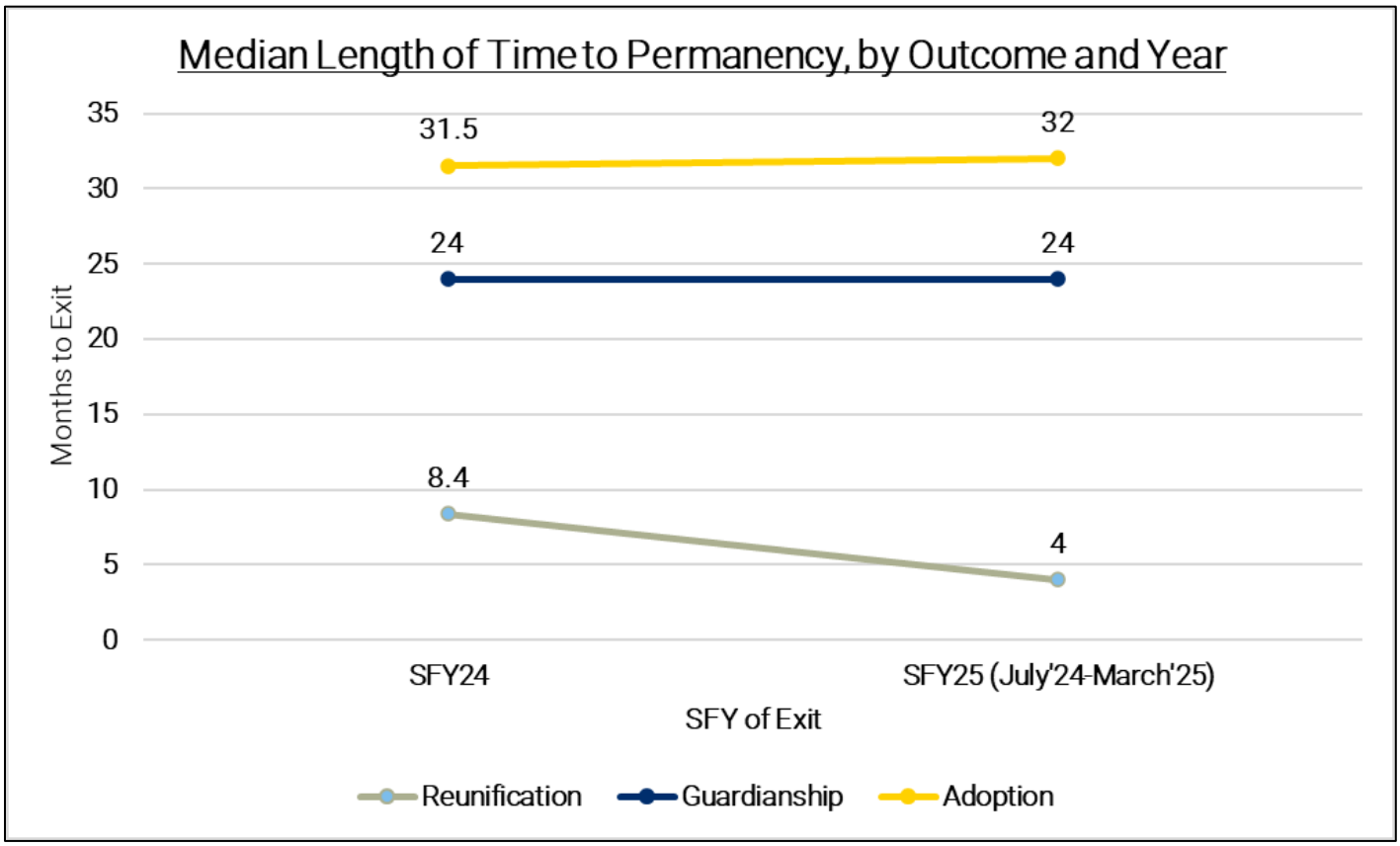


Chart 17: SWDI Data Profile Permanency in 12 Months

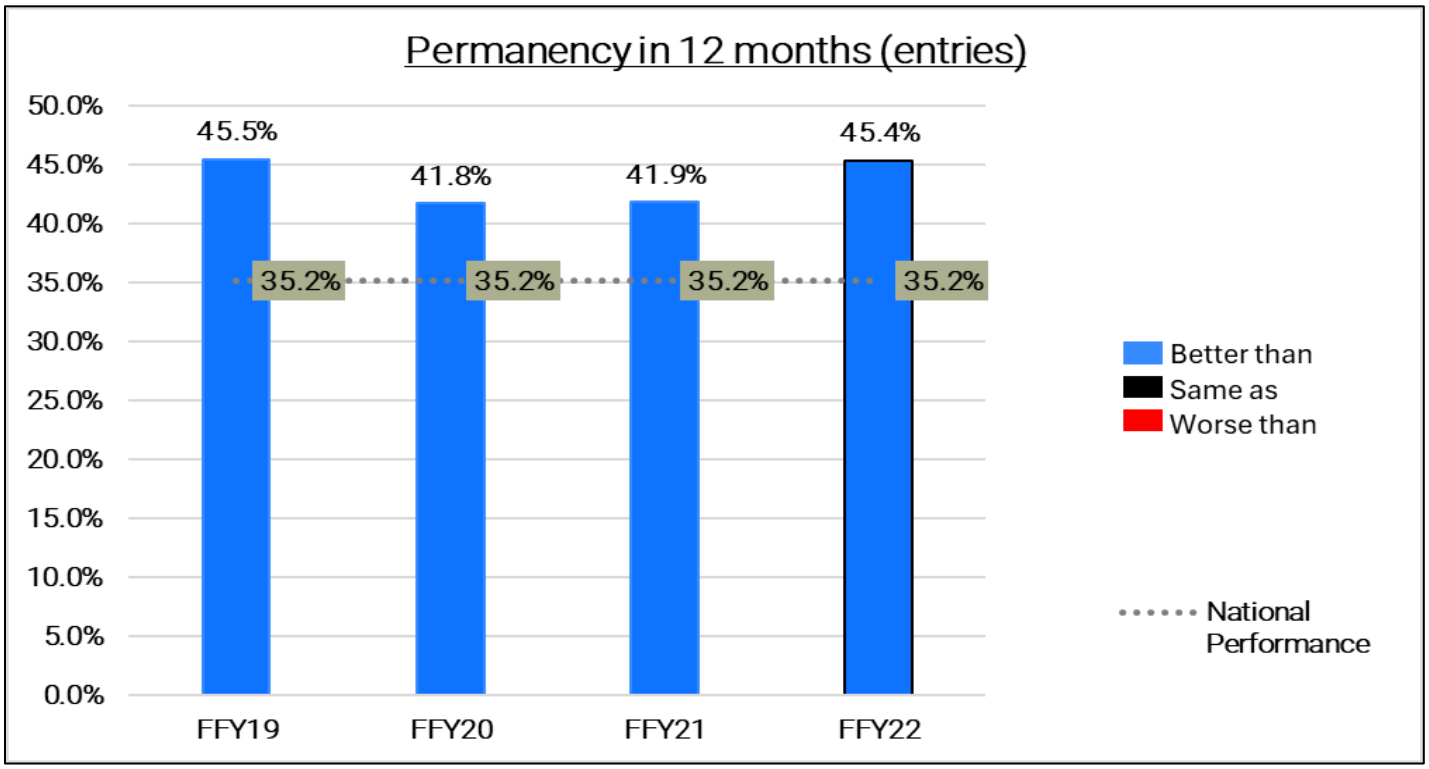


Chart 18: SWDI Data Profile Permanency in 12 Months (12-23 Months)

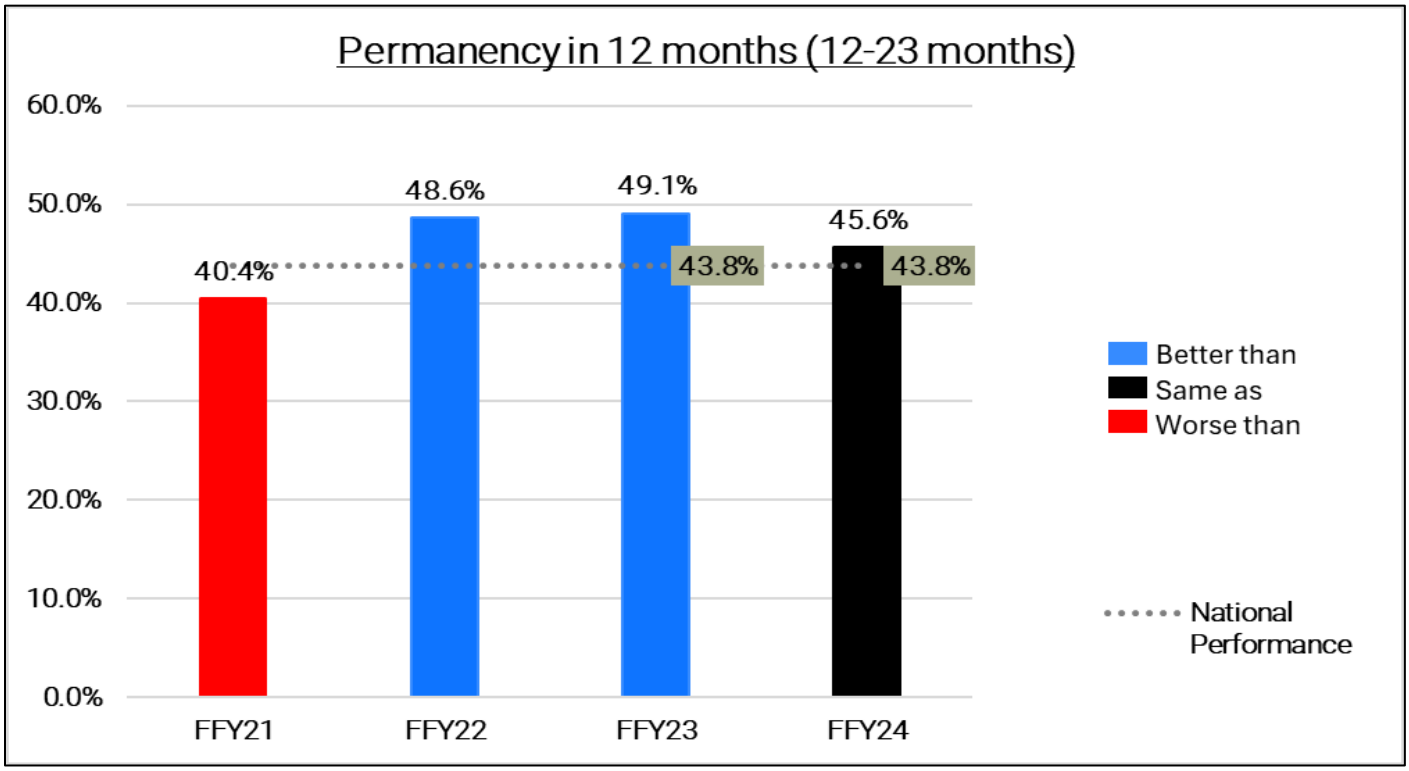
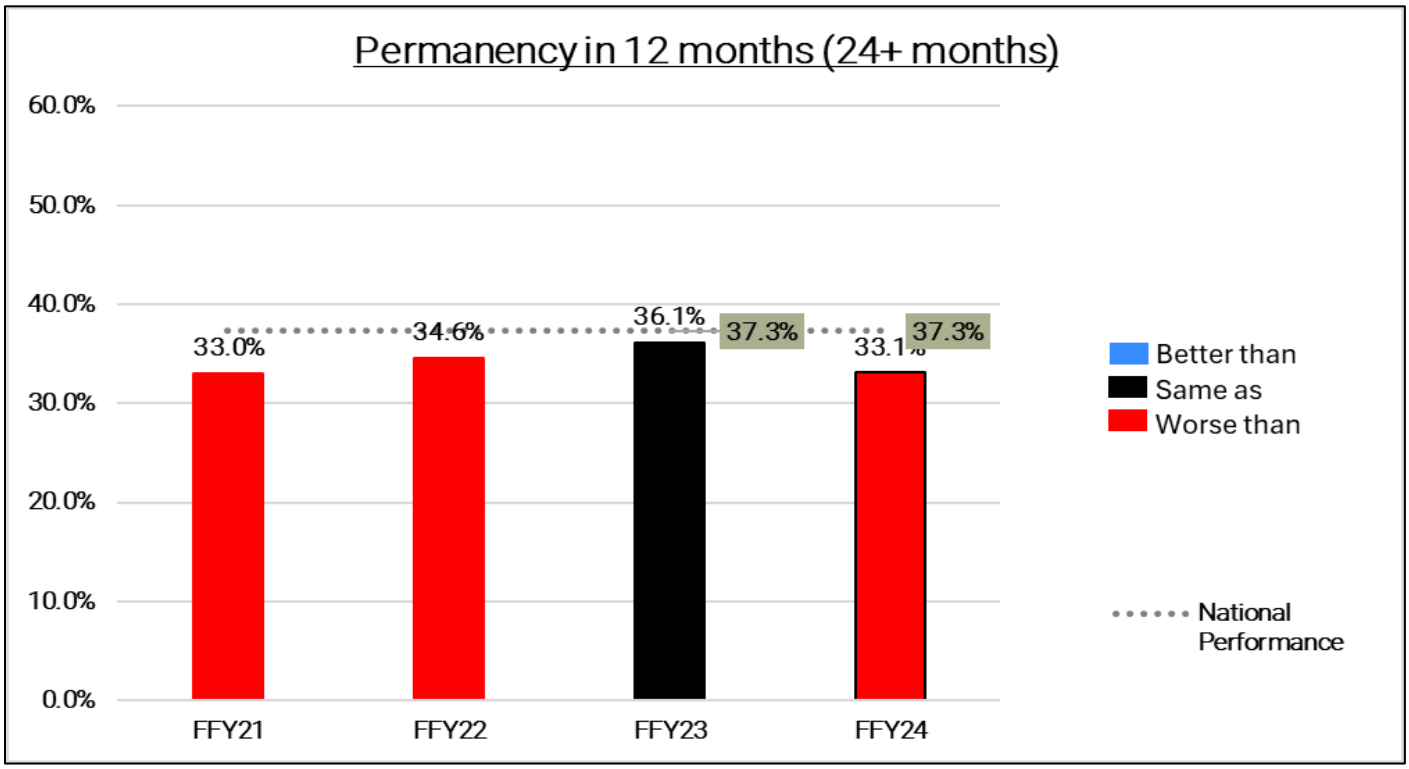


Chart 19: SWDI Data Profile Permanency in 12 Months (24 + months)



Item 6 Performance Outcome Appraisal

CFSD's review of administrative data is indicative that on average, CFSD meets the goal of reunification within twelve months or is quite close to that. However, CFSD's timelines for achieving both guardianship and adoption far exceed the standards of eighteen and twenty-four months identified within the OSRI. Because of this, CFSD continues to focus on barriers to achieving timely permanency and will continue to focus on this, as outlined in CFSD's SFY25-29 CFSP Goal 2.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently, CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years, CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

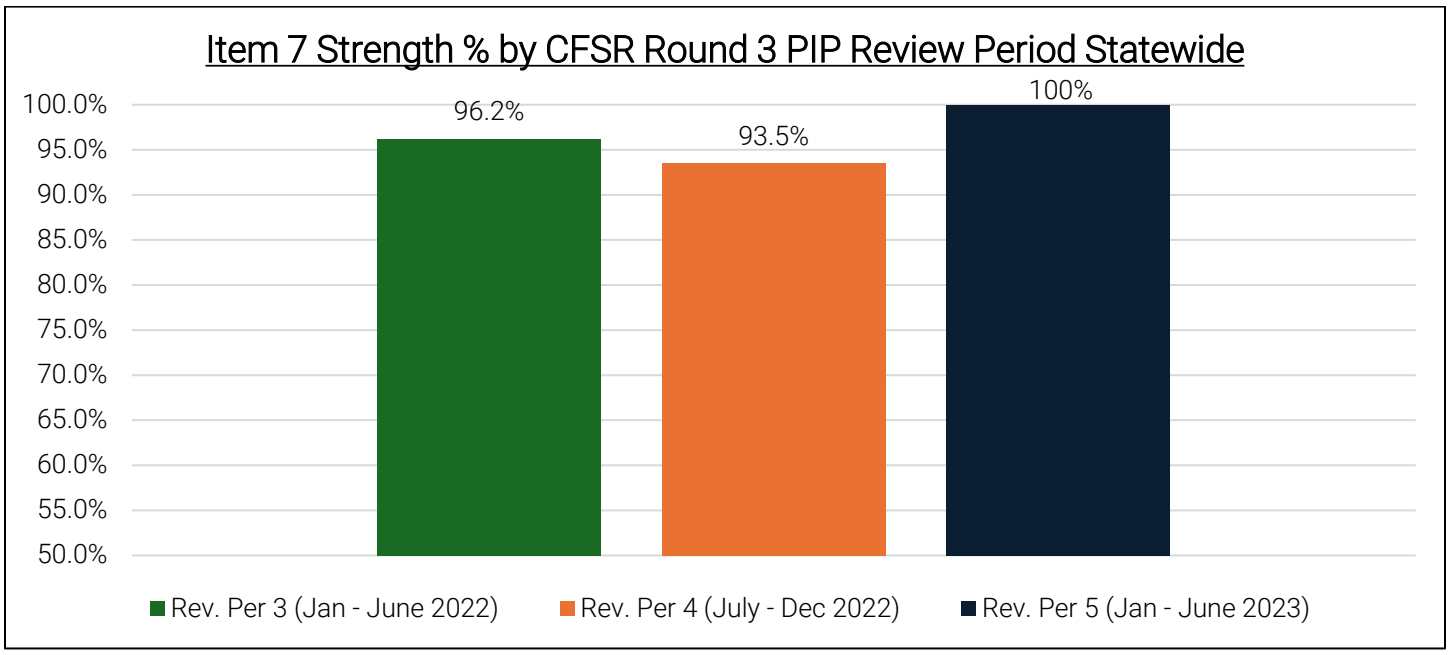
Item 7

APSR Question: ***Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 7 was rated as an Area Needing Improvement because the item was substantially achieved in only 81% of the twenty-six cases reviewed at the time in which the overarching goal was to be achieved in 90% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, Montana had a baseline of 91.3% on Item 7. The chart below reflects the last three periods in which CFSD met this item consistently with a strength of 90% or better. The cumulative overall strength rating average for this item over five periods was 92.5%.

Chart 20: Item 7 CFSR-R3 PIP-Monitored Case Reviews Data Review Period 3-5 as indicated in the narrative above



CFSD continues to recognize the importance of placing siblings together whenever possible to do so, to support the children in having better well-being and permanency outcomes. In cases where siblings are separated, CFSD encourages caseworkers to facilitate visits, and to maintain other forms of communication. CFSD has outlined these supports through the following policies and procedures:

- Placement CFSD Placement Procedure Hyperlink
- Montana Youth Policy of Rights CFSD MT Youth Policy of Rights Hyperlink
- Visitation Between Child and Parents, Siblings, etc. CFSD Visitation Procedure
- Concurrent Planning CFSD Concurrent Planning Procedure Hyperlink

Item 7 Performance Outcome Appraisal

CFSD does not have administrative data to identify the frequency of siblings placed together at this time. CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. However, the case review data collected previously showed that CFSD makes strong efforts to ensure that siblings in foster care are placed together unless it is not possible, or not in the best interests of the child(ren). Most often, when siblings are not placed together, it is due to children being placed with their birth father, or paternal relatives, or if one of the siblings needs a higher level of care that cannot be met by the foster parents of the other children. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding this item.

Currently, CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years, CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review.

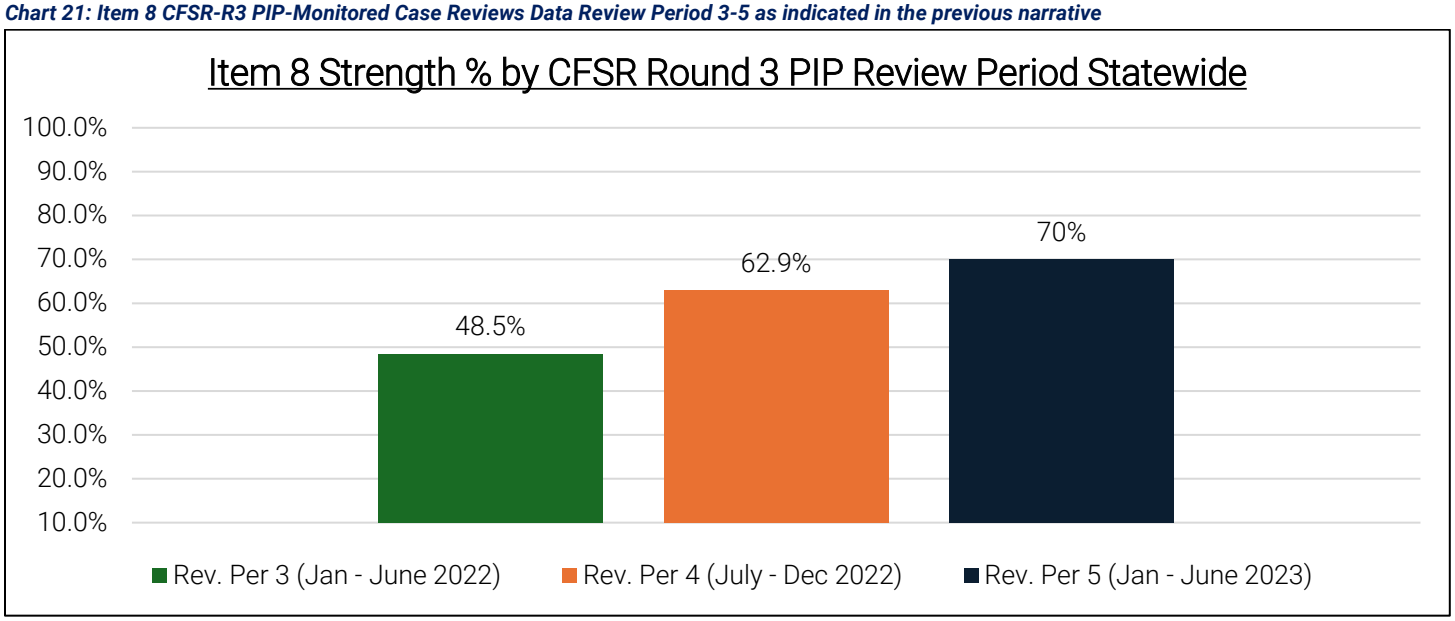
Item 8

APSR Question: ***Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 8 was rated Area Needing Improvement because the item was substantially achieved in only 51% of the thirty-seven cases reviewed at the time in which the overarching goal was to be achieved in 90% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, CFSD had a baseline of 39.4% on Item 8. CFSD showed significant improvement throughout the five review periods, where there was a steady increase resulting in a significant increase of 30% by the last review period, as reflected in the chart below. The cumulative overall strength rating average for this item over five periods was 55.5%.

Chart 21: Item 8 CFSR-R3 PIP-Monitored Case Reviews Data Review Period 3-5 as indicated in the previous narrative



During SFY25, CFSD continued their efforts to support visitation, as it is a crucial for maintaining parent-child bonds, facilitating reunification, and supporting children's emotional well-being, and that it provides opportunities for parents to strengthen their parenting skills and demonstrate their ability to provide a safe and nurturing environment. Through visits, children can maintain connections with their birth parents and siblings, which can significantly impact their attachment and development. Even though CFSD contracts with numerous agencies to provide visitation services for families when they are not available, CFSD then relies heavily on internal staff (caseworkers or social service techs), or kinship/foster care placements to arrange and supervise visitation.

Item 8 Performance Outcome Appraisal

Due to CFSD utilizing a combination of contractors, foster parents and/or family members to supervise visitation, this has led to an insufficient and/or unknown frequency of visitation, and unknown quality of visitation anecdotally. CFSD does not have administrative data to further support performance on this measure. CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding this item.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently, CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years, CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review.

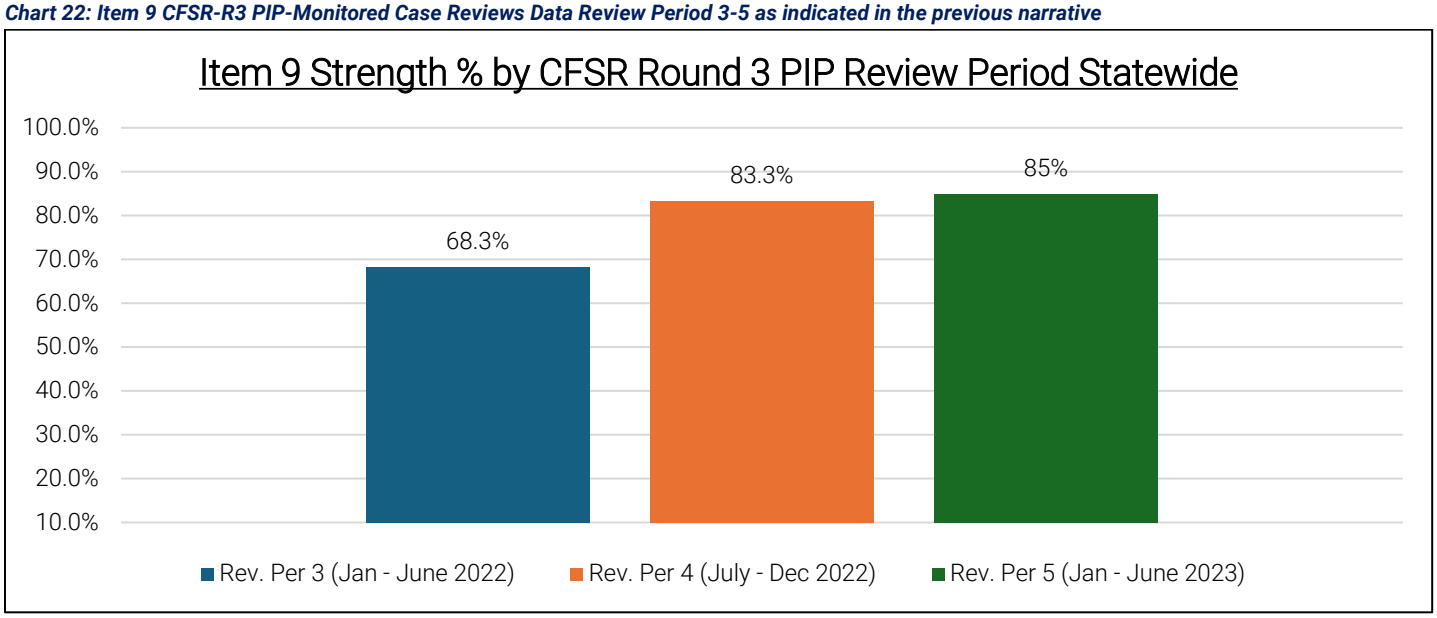
Item 9

APSR Question*: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?*

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 9 was rated Area Needing Improvement because the item was substantially achieved in only 75% of the forty cases reviewed at the time in which the overarching goal was to be achieved in 90% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, Montana had a baseline of 67.5% on Item 9. CFSD showed significant improvement in the last three periods of this item's review, as shown in the chart below. The cumulative overall strength rating average for this item over five periods was 72%.

Chart 22: Item 9 CFSR-R3 PIP-Monitored Case Reviews Data Review Period 3-5 as indicated in the previous narrative



During SFY25, CFSD has continued providing training to field and leadership staff regarding permanency goals and planning, with an emphasis on permanency goals also relating to maintaining connections for a child in social elements, as shown below:

- Being placed in their same neighborhood, which permits them to remain in their same school, daycare, etc., and supports maintaining pre-established relationships with efforts from their placement, or caseworker
- Being placed in their same community, which may mean moving schools; however, are able to maintain pre-established relationships with efforts from their placement, or caseworker.
- Maintaining their faith practices, which may mean their placement, or caseworker, supports a plan to ensure the child's faith practices are continued (attend church, or special faith events, routines throughout the week, etc.).
- Maintain Tribal, or cultural, connections, which may mean their placement, or caseworker, supports a plan to ensure the child's cultural practices are continued (attending Tribal events, camps, powwows, etc.). In addition, this element might include efforts by the placement provider or caseworker to engage Tribal representatives to support the child in learning more about their Tribal and cultural connections, which they were unaware that the child was not aware of prior to placement.

Additionally, training in ongoing case management was added to the CFSD's training for caseworkers and supervisors, as outlined in Item 26 and 27 in this APSR.

CFSD has never formally captured the social elements above in their ongoing assessments; however, CFSD included a section to address the child's important relationship and social elements listed above in the FCP.

Item 9 Performance Outcome Appraisal

CFSD believes the inclusion of the social elements in the FCP, and the enhanced training regarding this Item, will enhance the practice of maintaining these connections, but again, there is not a significant amount of internal case review data that has been collected since the end of the PIP-Monitored Case Reviews to determine if these efforts have increased the outcomes of this Item.

CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding this item.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently, CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years, CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review.

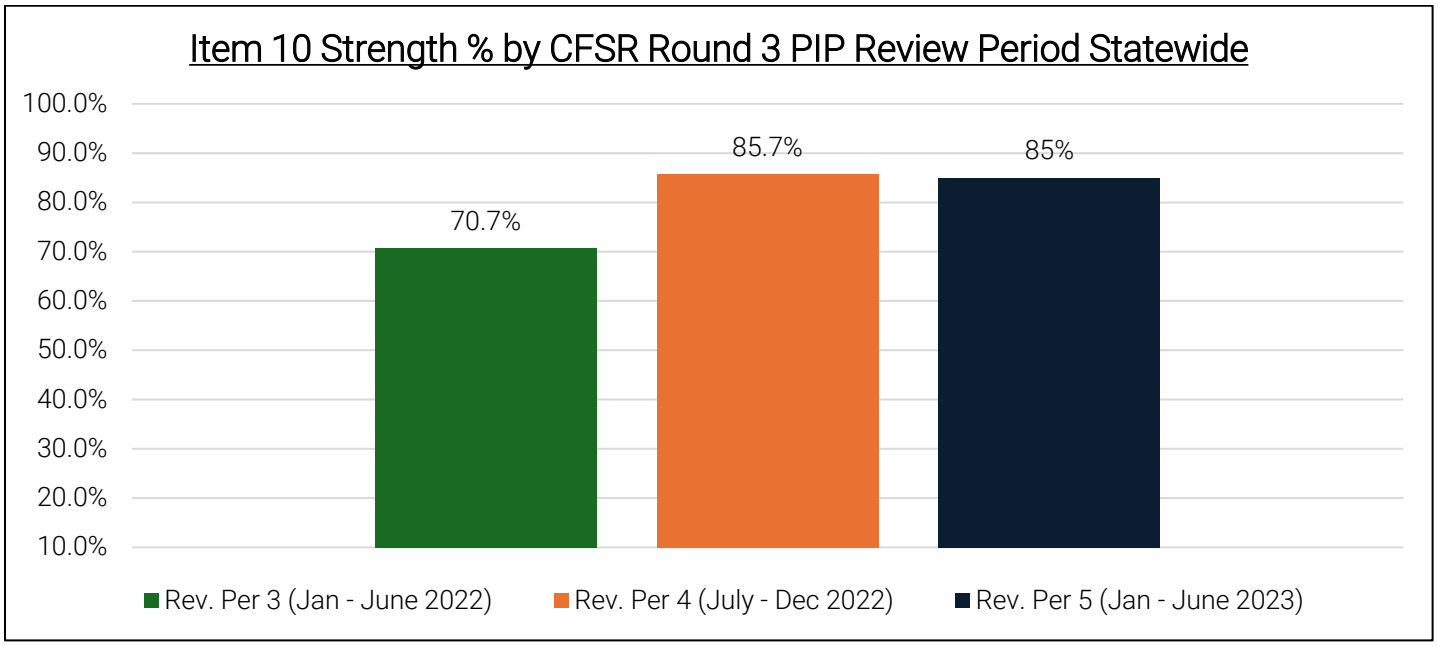
Item 10

APSR Question: ***Did the agency make concerted efforts to place the child with relatives when appropriate?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 10 was rated Area Needing Improvement because the item was substantially achieved in 76% of the thirty-seven cases reviewed at the time in which the overarching goal was to be achieved in 90% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, CFSD had a baseline of 72.5% on Item 10. CFSD experienced a small decrease in these numbers for the first two review periods and then returned to their baseline percentage in the third review period and increased the strength rating percentage to 85% or higher for the last two review periods, as shown in the chart below. The cumulative overall strength rating average for this item over five periods was 72.8%.

Chart 23: Item 10 CFSR-R3 PIP-Monitored Case Reviews Data Review Period 3-5 as indicated in the narrative above



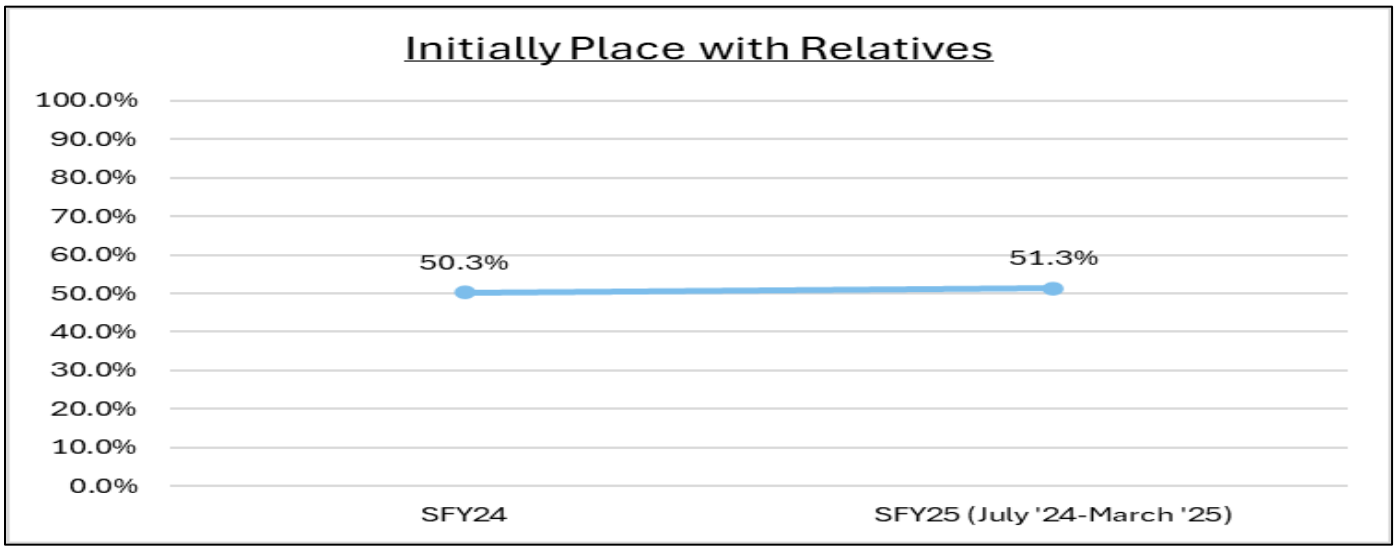
During SFY25, CFSD diligent search efforts and access to resource tools continued to not be consistent across the state. CFSD keeps a 'Close Relative Registry' in which adults are able to contact CI and be added to the registry indicating their contact information and any child in Montana they are related to, so that if that child comes into care the relative will be readily identified and can be contacted. However, the timing and accessibility of checking this registry is also inconsistent across the state.

CFSD continues to believe that children should be placed with relatives, kinship, or fictive kinship, whenever safe and appropriate. Efforts to identify, and prioritize, these placements are included in the following procedures:

- Placement CFSD Placement Procedure Hyperlink
- Concurrent Planning: Preserving Connections while Defining Permanency Options CFSD Concurrent Planning Procedure Hyperlink. In addition, CFSD examined the need for more standardized practice in diligent search efforts and added the steps and the resource tools into this concurrent planning procedure.

CFSD administrative data reflects that children removed are placed with relatives 50% of the time as shown in the chart below.

Chart 24: CFSD Relative Placement Data



CFSD continues to utilize the process of provisional licenses for kinship placements to ensure they are receiving foster care maintenance payments to support caring for the child(ren) placed with them while completing their licensing requirements (paperwork, training, safe study, etc.). CFSD believes this process will increase kinship placement for children in foster care.

Item 10 Performance Outcome Appraisal

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review.

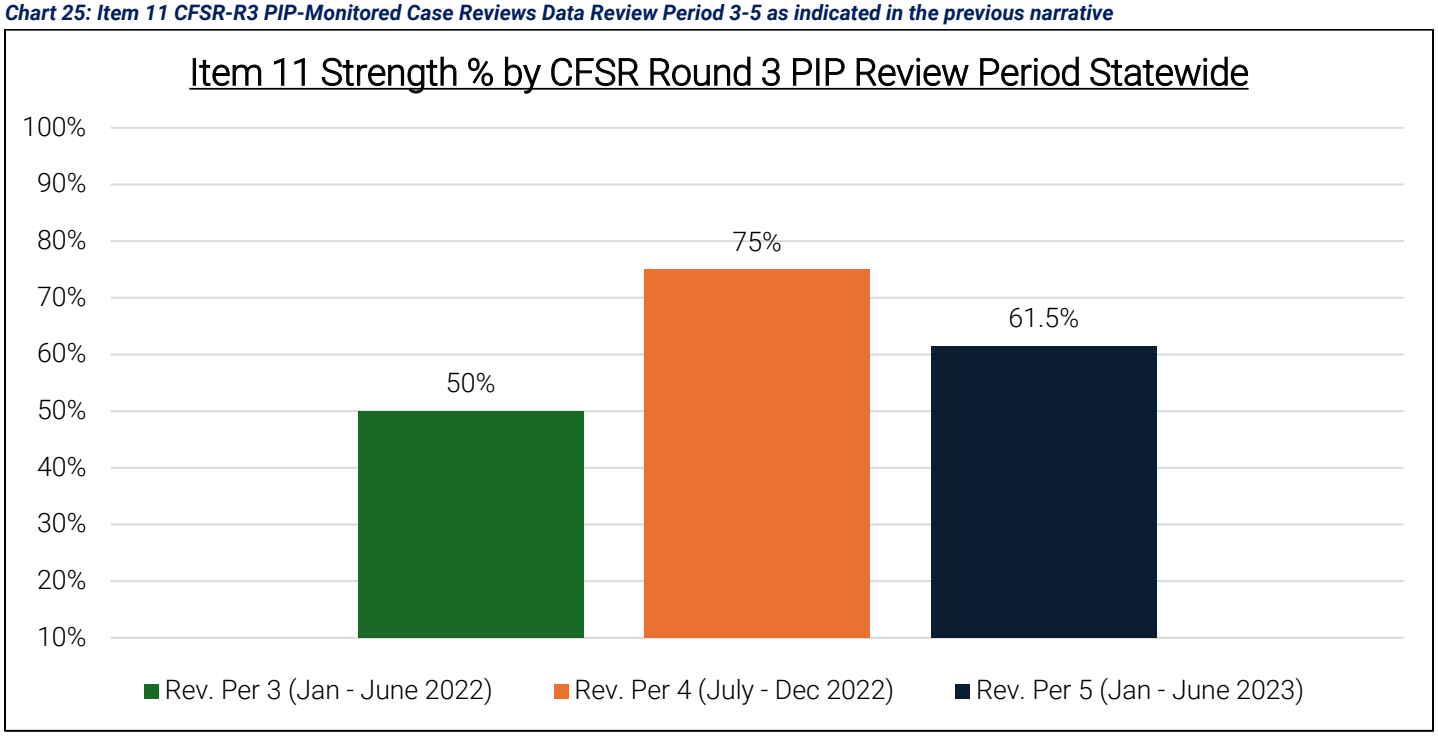
Item 11

APSR Question: ***Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 11 was Area Needing Improvement because the item was substantially achieved in only 52% of the thirty-one cases reviewed at the time in which the overarching goal was to be achieved in 90% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, CFSD had a baseline of 41.9% on Item 11. CFSD experienced a small decrease in these numbers for the first review period and then returned to their baseline percentage in the second review period, increasing the strength rating percentage to 85% or higher for the last two review periods, as shown in the chart below. Further analysis of case review data shows that CFSD generally performed better in this area, specific to mothers than to fathers. For the last three review periods combined, concerted efforts were made in relation to mothers nearly 73% of the time, while just over 65% for fathers. The cumulative overall strength rating average for this item over five periods was 53.3%.

Chart 25: Item 11 CFSR-R3 PIP-Monitored Case Reviews Data Review Period 3-5 as indicated in the previous narrative



Item 11 Performance Outcome Appraisal

CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding this item.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review.

Wellbeing Outcomes

ACF-CB uses three well-being related statewide data indicators, which focus on children's needs (services, education, physical and mental health):

- Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs.
- Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.
- Well-Being Outcome 3: Children receive adequate services to address their physical and mental health needs.

Wellbeing Outcome 1 - Families have enhanced capacity to provide for their children's needs.

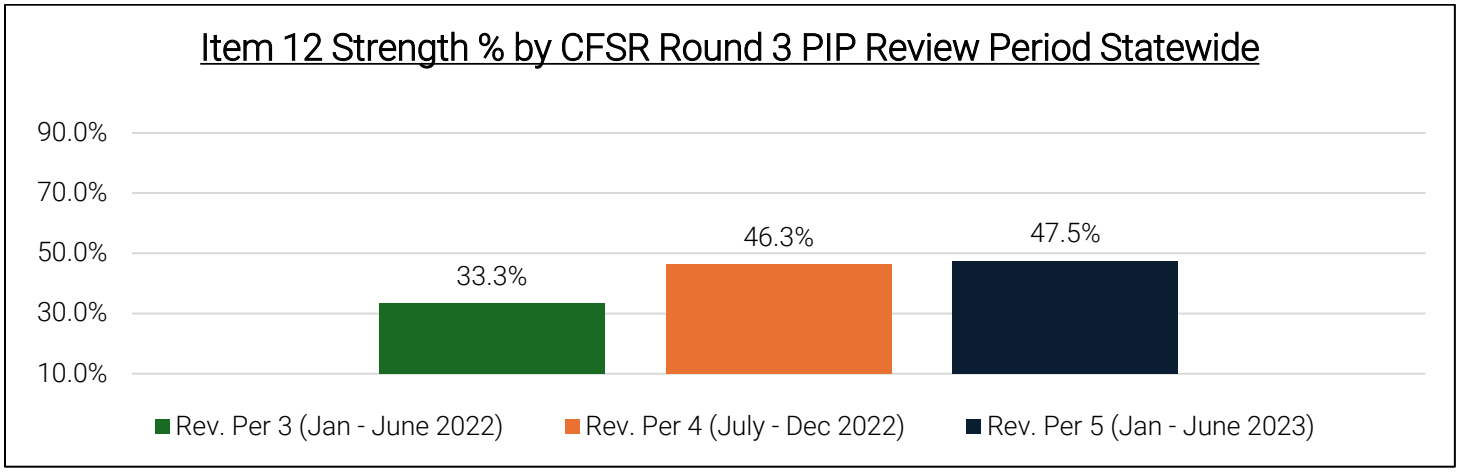
Item 12

APSR Question: ***Did the agency make concerted efforts to assess the needs of and provide services to children's parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for item 12 was rated as Area Needing Improvement because the item was substantially achieved in only 38% of the sixty-five cases reviewed at the time in which the overarching goal was to be achieved in 90% of cases reviewed.

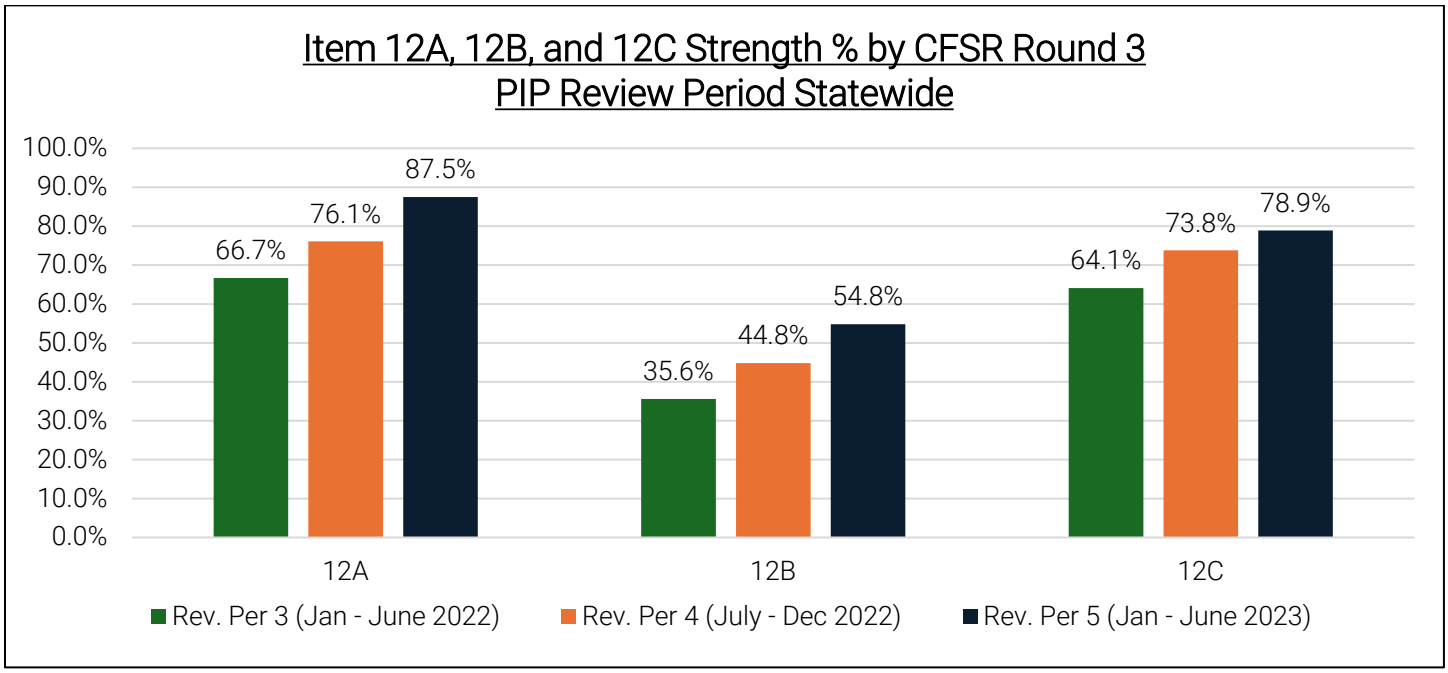
During the CFSR Round 3 PIP-Monitored Case Review period, CFSD had a baseline of 33.8% on Item 12, with an overall target goal set at 37%. CFSD struggled to meet this item's target goal and maintain it; however, CFSD did achieve over the target goal in the last two periods of the review, as shown in the chart below. The cumulative overall strength rating average for this item over five periods was 34.3%.

Chart 26: Item 12 CFSR-R3 PIP-Monitored Case Reviews Data Review Period 3-5 as indicated in the narrative above



During the CFSR Round 3 PIP-Monitored Case Review period, the improvement CFSD demonstrated applied to children, parents, and foster parents. Overall, CFSD performed best when it came to assessing and providing for children's needs, more so than foster parent's needs and lastly, for parents' needs as shown in the chart below.

Chart 27: Item 12A, 12B, and 12 C CFSR-R3 PIP-Monitored Case Reviews Data Review Period 3-5



Anecdotal information through meetings with staff and case reviews has indicated that one barrier to accurately assessing and meeting needs of parents, is that courts often do not support or order specific services or evaluations unless they can be tied directly to the reason the child was removed. In combination with this, identification of needs and services has often been limited to those specifically addressing safety-related concerns to the exclusion of those that may otherwise enhance overall family permanency and well-being. Utilization of the Practice Performance Report available through the Online Monitoring System indicates that for the last three review periods, when comprehensive assessments were completed, appropriate services were provided roughly just over 50% of the time to mothers and just

under 40% to fathers. The rate of comprehensive and accurate assessments decreased for In-Home cases.

During SFY25, CFSD has continued to utilize the Case Management procedure CFSD Case Management Procedure Hyperlink. This procedure outlines expectations:

- Applicable to 12A - Assigned caseworkers will have at least monthly contact with youth on their caseload to further assess and ensure their needs are being identified and addressed timely. The procedure provides further considerations for the caseworker to make in preparation of their time with the youth, during their time with the youth, and afterwards for follow-up. It also includes considerations for collateral contacts to support assessment of the youth's needs, such as contacting the school personnel, counselor, etc.
- Applicable to 12B - Assigned caseworkers will have at least monthly contact with the parent(s) on their caseload to further assess and ensure their needs are being identified and addressed timely. The procedure provides further considerations for the caseworker to make in preparation of their time with the parent, during their time with the parent, and afterwards for follow up. It also includes considerations for collateral contacts to support assessment of the parent(s) day to day functioning, overall process on their service plan goals (prevention or court ordered), etc.
- Applicable to 12C - Assigned caseworkers will have at least monthly contact with each foster care placement of the children on their caseload to further assess and ensure their needs are being identified and addressed timely to maintain stable placement for the child. The procedure provides further considerations for the caseworker to make in preparation of their time with the foster placement, during their contact, and afterwards for follow up.

Applicable to 12A, as indicated in the charts below CFSD continues to struggle to achieve the national performance standard of 95% of children seen each month with most of those visits occurring in the child's place of residence. High caseloads and staff turnover have historically been identified as issues preventing Montana from achieving the federal benchmark. Also, family engagement was cited as a significant issue in the 2017 CFSR and is an area of focus in Montana's approved PIP. A significant portion of Montana's required visits (nearly 20%) are for Tribally managed cases. Montana has not contractually obligated Tribes to document these visits, and only 11-12% of those required visits are documented. This also contributes to a difficulty in achieving the 95% visit rate. Despite not achieving the federal performance standard, CFSD continues to conduct a high percentage of visits in the child's residence. CFSD has seen a stabilization in its CPS workforce in recent months, if that trend continues the hope is the state will see more significant gains in this measure beginning in SFY26.

Chart 28: Percentage of Monthly Visits with Children in Care

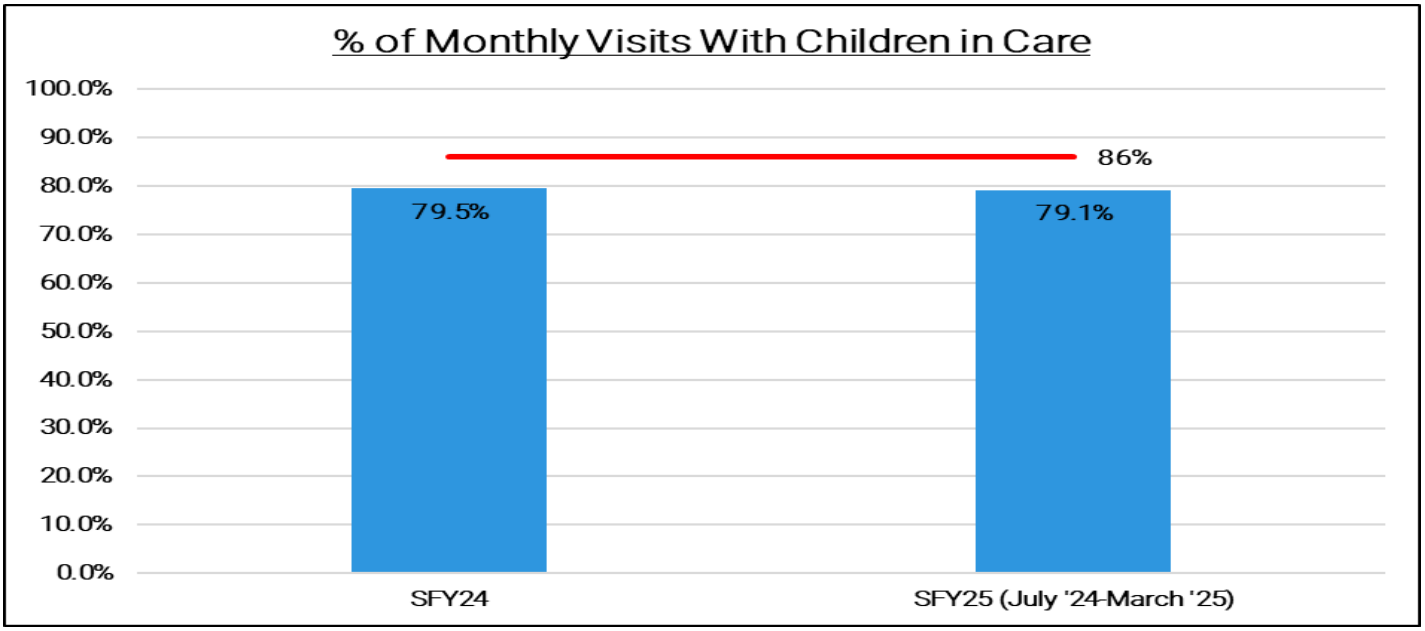
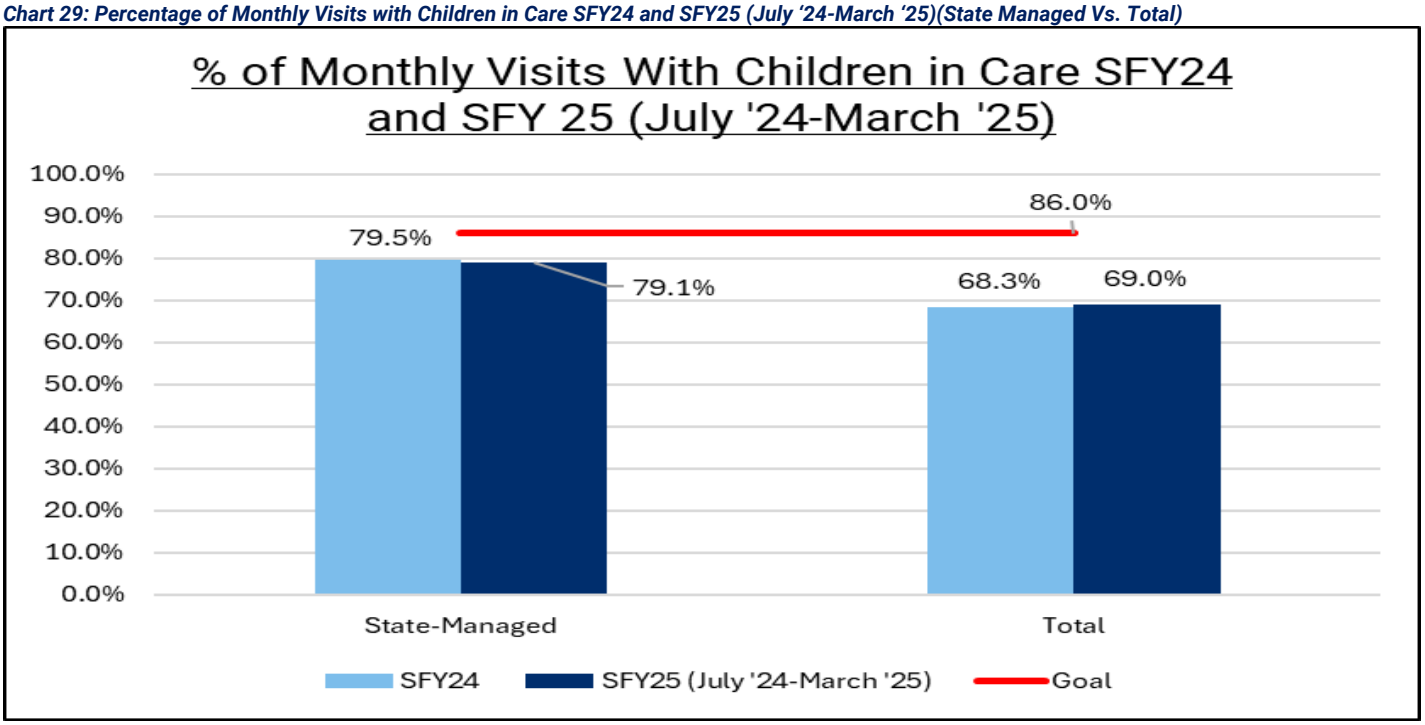


Chart 29: Percentage of Monthly Visits with Children in Care SFY24 and SFY25 (July '24-March '25)(State Managed Vs. Total)



Applicable to both 12A and 12B, CFSD is comprehensively addressing the ongoing needs of children, parents and placements of cases through the FCP. Additionally, the FCP captures the assessment of independent living skills and presence of a Transitional Living Plan (TLP) for older youth.

Applicable to 12C, outside of the use of the OSRI, CFSD does not currently have a mechanism for evaluating how well foster parents' needs are assessed and met in a quantifiable way. However, CFSD has continued to utilize the Licensing Bureau's process implemented in SFY24, in which licensing staff meet with licensed foster parents at a minimum of every six months to assess any needs they may have identified. This is beyond expectation of the minimum of once-a-month contacts by case managers when children are placed in their homes.

CFSD continues to explore ways to improve the rate at which foster parent needs are both comprehensively assessed and met. CFSD expects that with the implementation of the FCP, performance will improve as it relates to assessments and provision of services to both children and parents. However, the administrative data will not be collected on this item until the new CCWIS system is implemented.

Item 12 Performance Outcome Appraisal

CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding this item.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review.

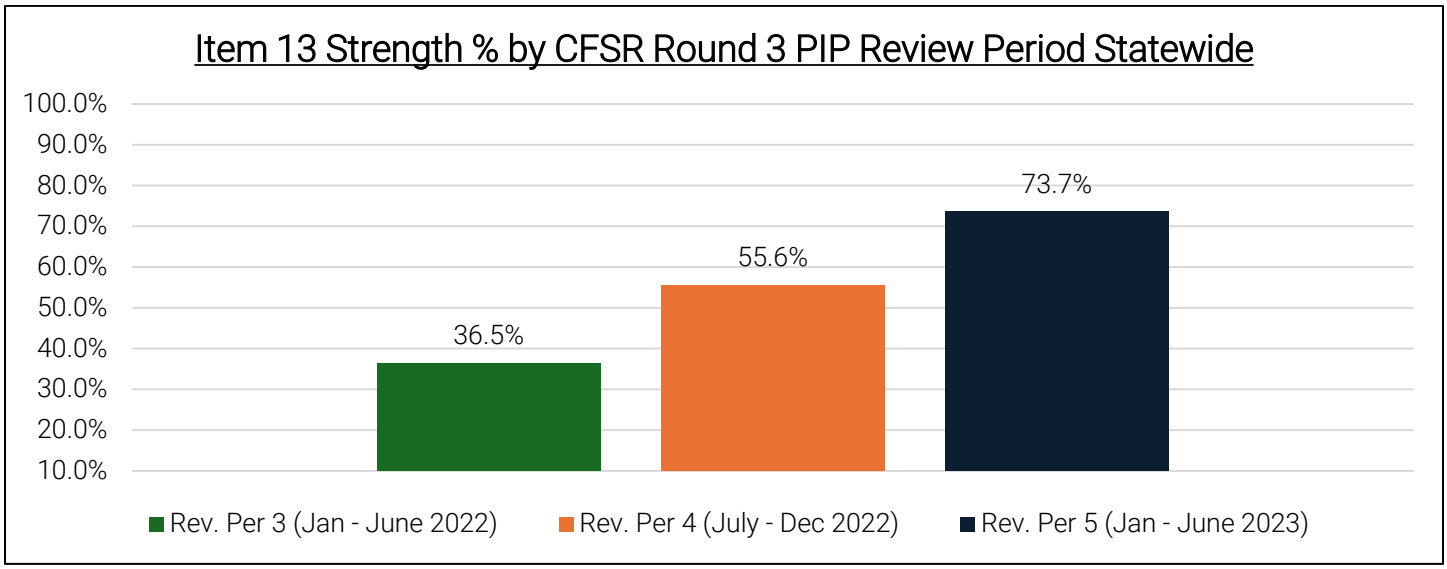
Item 13

APSR Question: ***Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning processes on an ongoing basis?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 13 as an Area Needing Improvement because the item was substantially achieved in only 48% of the sixty-two cases reviewed at the time in which the overarching goal was to be achieved in 90% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, Montana had a baseline of 40.6% on Item 13, with a target goal set at 44%. Further analysis through comparison of case ratings of 12A, 13A and 14, as well as 12B, 13B/C and 15, indicate a heavy correlation between the frequency and quality of caseworker visits with children and parents, assessments of their needs, and inclusion in case planning. Montana's performance ultimately improved significantly by 33% on this item, as shown in the chart below. The cumulative overall strength rating average for this item over five periods was 46.1%.

Chart 30: Item 13 CFSR-R3 PIP-Monitored Case Reviews Data Review Period 3-5 as indicated in the narrative above



Consistent with other item's performance on this item, when broken down by participant, performance was best for children, then mothers, then fathers. Performance was also better for mothers in in-home cases than foster care cases, but better for both children and fathers for foster care cases.

During SFY25, as discussed in Item 3, CFSD started utilizing the FCP. A prompter was added into the FCP, to ensure caseworkers are addressing their concerted efforts to develop the FCP with the parents, and children when age and developmentally appropriate to do so. There is also a section to complete regarding parental participation and review, as well as if workers were unable to involve participants, and what efforts were made by the caseworker to include them. The inclusion of this expectation and required documentation in the FCP is believed to help support increased improvement in the rate of including both parents and age-appropriate children in case planning.

Item 13 Performance Outcome Appraisal

CFSD expects that with the implementation of the FCP, performance will improve as it relates to the development of the FCP with both children and parents. However, because the FCP is a word document there will be no way to pull quantitative data to evaluate child or parental involvement in case planning outside of the use of the OSRI until it can be built into the new CCWIS.

CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding this item.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review.

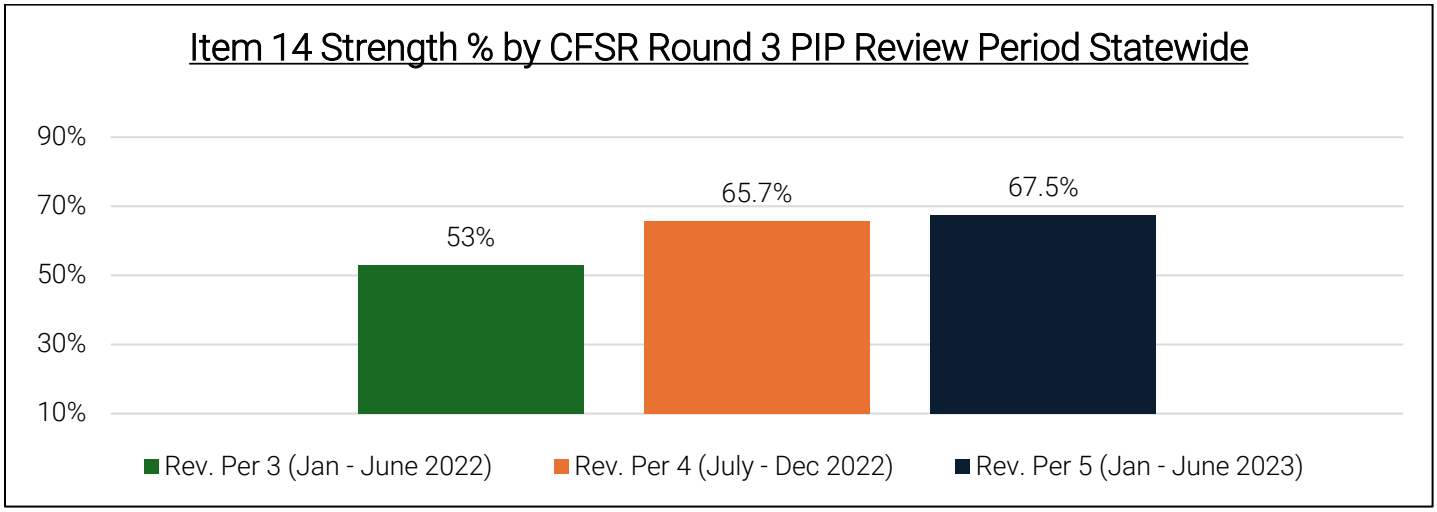
Item 14

APSR Question: ***Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 14 was rated as an Area Needing Improvement because the item was substantially achieved in only 52% of the sixty-five cases reviewed at the time in which the overarching goal was to be achieved in 90% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, Montana had a baseline of 32.3% on Item 14, with a target goal set at 36%. As shown by the chart below, CFSD significantly improved throughout the review period; however, it should be noted that there were cases that were having frequent enough visits, but not of sufficient quality, and vice versa, which impacted on the overall rating for this item throughout the review period. It was also noted that Montana performs better on this item for foster care cases than in home cases. The cumulative overall strength rating average for this item over five periods was 52.5%.

Chart 31: Item 14 CFSR-R3 PIP-Monitored Case Reviews Data Review Period 3-5 as indicated in the narrative above



According to Child Welfare Outcome Reports Data published by the ACF-CB, Montana has had the lowest rate of caseworker visits with children from 2017 – 2021, which is the most recent year published. This is in part due to a large proportion of Montana's cases being Tribally managed and a low rate of visits entered on Tribally managed cases but is also due to a lower rate of visits on state managed cases as well.

During SFY25, CFSD has continued working diligently to improve the overall frequency of the monthly visits with children by utilizing a generated administrative data report to capture caseworker visits entered into the electronic case record to identify barriers workers are experiencing when attempting to complete their monthly home visits. This data report is provided to the RA of each region reflecting the caseworker and child contact frequencies. The RA can dive down into the data by region, county, supervisor, caseworker, etc. for CQI analytics to further identify patterns and trends, and work to address the matter timelier. When comparing the past two years, administrative data SFY24 and SFY25 (July – March), CFSD is seeing and maintaining a steady increase. The overarching goal for state managed cases is 85%. The table below reflects data for the past two SFY applicable months July – March.

Table 8: Caseworker and Child Contact Frequency SFY24 and SFY25

Month	Caseworker and Child Contact Frequency SFY24: *July 2023 – March 2024*	Caseworker and Child Contact Frequency SFY25: *July 2024 – March 2025*	Increase / Decrease
July	72.8%	71.8%	â
August	71.9%	72.4%	á
September	72.3%	70.9%	â
October	69.9%	74.4%	á
November	72.5%	73.8%	á
December	73.8%	77.2%	á
January	70.3%	78.2%	á
February	70.7%	75.1%	á
March	71.8%	75.2%	á

Item 14 Performance Outcome Appraisal

CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding this item.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review. CFSD has outlined goals specific to this item in the SFY25-29 CFSP.

Item 15

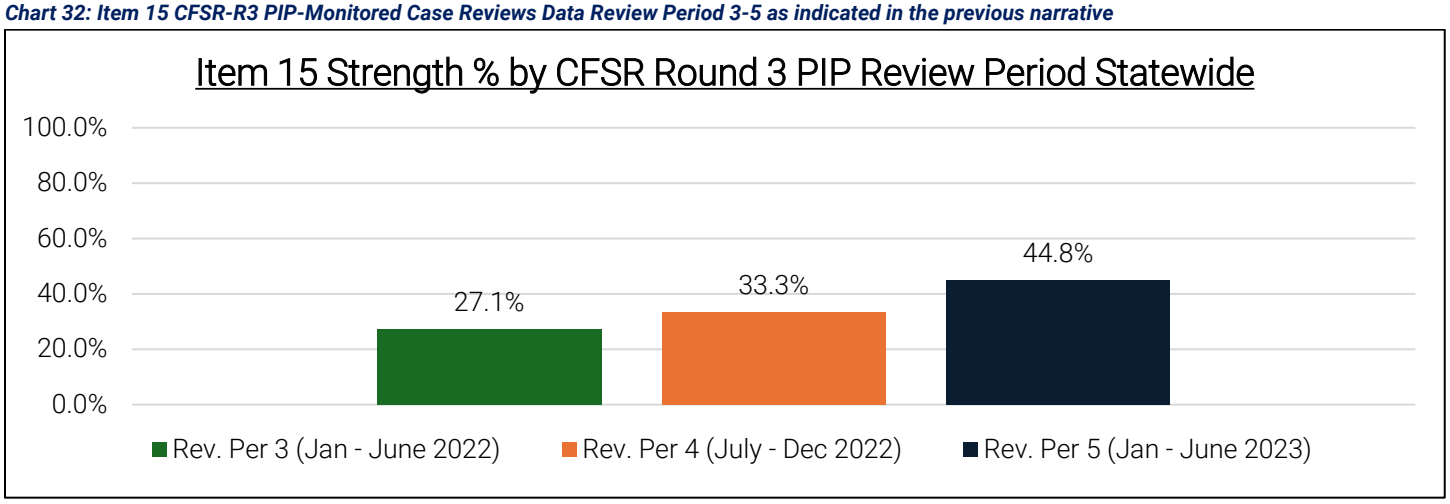
APSR Question: ***Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 15 was rated as an Area Needing Improvement because the item was substantially achieved in only 33% of the fifty-seven cases reviewed at the time in which the overarching goal was to be achieved in 90% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, Montana had a baseline of 22.5% on Item 15, with a target goal set at 29%.

During the Round 3 PIP-Monitored reviews, CFSD showed a significant amount of improvement, though still has more room for improvement. CFSD's baseline in 2020 was 25.5% on this item. By the end of the final review period, it had increased to 44.8%. As with other items, performance was better in relation to mothers than to fathers. Additionally, performance was better for In-Home Cases than Foster Care Cases for both parents. In 33% of foster care cases reviewed over the last 3 review periods, there were no visits with fathers, compared to just under 11% with mothers. In 42% of cases reviewed in the last 3 review periods, visits with mothers were both frequent and of sufficient quality, compared to 33.3% of visits with fathers.

Chart 32: Item 15 CFSR-R3 PIP-Monitored Case Reviews Data Review Period 3-5 as indicated in the previous narrative



Item 15 Performance Outcome Appraisal

During SFY25, CFSD developed an administrative data report to assist with rating this item; however, the process is new, and in initial validation efforts CFSD learned that the information is not substantial, partially due to how the information is entered into the electronic case record by the caseworker. Historically, CFSD has not had administrative data to support the frequency or quality of visits with parents due to the way visits are entered into CAPS. CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding this item.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review

Well-Being Outcome 2 - Children receive appropriate services to meet their educational needs.

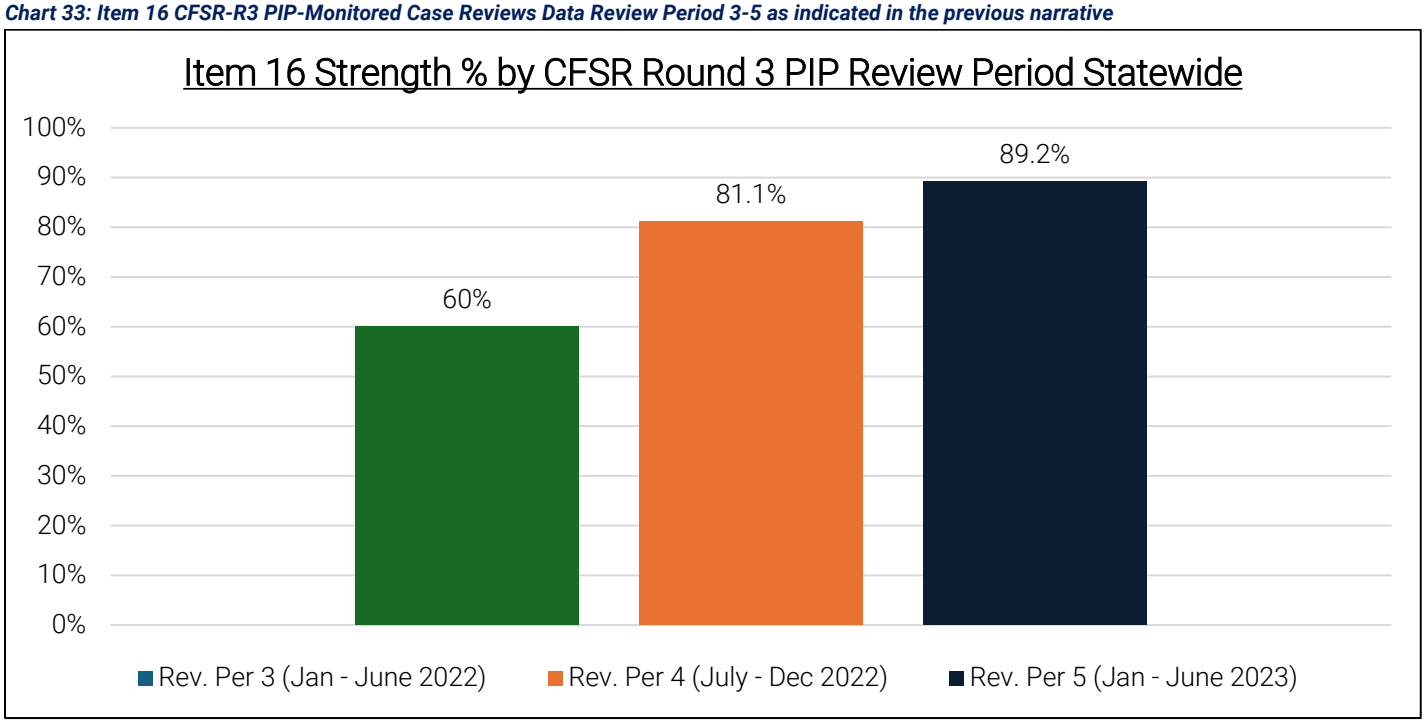
Item 16

APSR Question: ***Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?***

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 16 was rated as an Area Needing Improvement because the item was substantially achieved in only 84% of the thirty-eight cases reviewed at the time in which the overarching goal was to be achieved in 95% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, CFSD had a baseline of 69.4% on Item 16. CFSD showed significant improvement, with the final review period reflecting a strength in 89.2% of cases reviewed, as shown in the chart below. Furthermore, a breakdown of the case review data for the last three review periods shows that performance was significantly better on both assessing and meeting educational needs of children in foster care cases than in in-home cases. For in-home cases, a rate of 50% for both was attained, while the rate for foster care cases was at 80% for assessment, and 70% for meeting needs. The cumulative overall strength rating average for this item over five periods was 71.4%.

Chart 33: Item 16 CFSR-R3 PIP-Monitored Case Reviews Data Review Period 3-5 as indicated in the previous narrative



During SFY25, CFSD has continued the following efforts implemented during the CFSR Round 3 PIP-Monitored period:

- AFCARS Reporting
- Collaboration with the OPI in to ensure that Montana's foster care students have educational stability and further support this item's performance outcomes.

CFSD continues to pull an *AFCAR 'Error' Report* monthly and distributes it to the regions to address the errors. This allows for more oversight to ensure data is being entered timely and accurately. It also helps identify causes for errors that can be fixed before the official AFCAR report is submitted to ACF-CB. The CQI and BA unit supported each region's implementation and are available to provide additional technical assistance as needed. During August, to help ensure school and grade information is accurate and up to date in CAPS, regions were prompted to remind caseworkers to update the education screens in CAPS for all applicable children on their caseloads.

A member of CFSD's CQI unit continues to meet monthly with the Foster Care Point of Contact for Department of School Innovation and Improvement through OPI to review foster care students' enrollment in school, or students who are not enrolled due to dropping out or being placed/transferred out of state. During SFY25, CFSD's MCFCIP providers and the MCFCIP-Program Manager were recently included in the partnership as an additional collaboration to identify youth who need additional engagement and support. Additionally, OPI continues to submit articles to be included in the CFSD quarterly newsletter to help spread awareness and information to CFSD staff on new opportunities for foster care students, or upcoming events focused on supporting foster care students.

During SFY25, OPI provided CFSD with the following "Foster Student Snapshot Data Trends" as a comparison for students aged 5–18 who were recorded as being placed in Montana during January 2021 and January 2025 based on the two following categories:

1. **School Placement** - Based on the data provided in the table below, CFSD identified the following trends:
    a. Students who were marked as 'Dropouts/Unknown' have decreased.
    b. Fewer students remain unaccounted for in state records, indicating improved tracking. This is the result of schools enrolling students with a different name compared to what is recorded in your system so working together we can find more students that would normally not be identified.
    c. Not positive or negative but we are seeing more students leaving public school for other reasons (increase from 4.1% to 5.39%), which can include moving to homeschools and private schools. This is an area where CFSD and OPI worked together to verify that caseworkers had the correct documentation required for such schooling in CFSD's CAPS system.

Table 9: School Placement Category

School Placement Category	2021	2025	% Change
Dropout/Unknown	57 / 3%	32 / 3%	↓ 23%
Enrolled/Graduated	1568 / 91%	1144 / 91%	Stable
Left Public School	70 / 4%	68 / 5%	↑ Increase
Student Located in State (SIS)	32 / 2%	17 / 1%	↓ 27%

2. **School Placement by Region** - Based on the data provided in the table below, CFSD identified the following regional trends:
    a. Region 3 continues to have the highest number of enrolled foster students.
    b. Region 2 had the most significant improvement for the 'Dropout/Unknown' category.
    c. Students marked as a 'Dropout/Unknow' has decreased in most regions, except region 6, which saw a significant increase.
    d. Students 'Unable to Locate' in the state education system decreased overall, though region 6 showed a slight increase.

Table 10: School Placement by Region

Region	2021 Dropout/Unknown %	2025 Dropout/Unknown %	2021 Unable to Locate %	2025 Unable to Locate %
Region 1	2.6%	2.4%	2.0%	1.9%
Region 2	5.3%	1.1% (Significant Improvement)	2.2%	2.1%
Region 3	3.5%	3.2%	1.7%	0.9%
Region 4	3.0%	2.2%	2.4%	1.1%
Region 5	2.0%	0.9%	1.5%	0.9%
Region 6	0.8%	5.8% (Increase)	0.0%	0.6%(Increase)

OPI also provided the following data regarding the overall Montana Foster Student Data Trends comparing 2021 to 2023, using the OPI public dashboards and the state report card system based on the following four categories:

1. **School Stability (2021 vs. 2023)** - Based on the data provided in the table below, CFSD is seeing fewer students transferring multiple times within a school year, suggesting an increase in school stability. In 2021 we saw up to seven different school enrollments within the data system; however, in 2023 there was a decrease to five different school enrollments or less.

Table 11: School Enrollments

School Enrollments in One Year	2021	2023
1 School enrollment	75%	76% (Improved stability)
2+ School enrollments	25%	24% (Fewer school changes)

2. **Statewide Assessment Performance (2021 vs. 2023)** - Based on the data provided in the table below, Montana sees Math and Reading scores remaining relatively stable; however, there has been a decline in the Science Proficiency, showing students scoring at a novice level.

Table 12: SWA Performance

Proficiency Level	Math (2021 → 2023)	Reading (2021 → 2023)	Science (2021 → 2023)
Novice	62% → 62%	56% → 53%	52% → 69% (Increase)
Nearing	24% → 26%	24% → 27%	33% → 22% (Decrease)
Proficient	11% → 10%	15% → 16%	11% → 6% (Decline)
Advanced	3% → 3%	5% → 4%	3% → 3%

3. **Statewide Satisfactory Attendance (2021 vs. 2023)** - This category is defined as "A student attending at least 95% of the days enrolled." Based on the data provided in the table below, Montana has seen attendance rates decline for all students (not only foster students) from 2021 to 2023. Foster students show a lower attendance rate than the general student population in both 2021 and 2023. The decline was more severe for all students (14.0 points) compared to foster students (8.3 points).

Table 13: Statewide Attendance

Year	All Students	Foster Students
2021	47%	38%
2023	33%	30%
Difference / Change	**â 14 Percentage Points**	**8 Percentage Points**

4. **Statewide Graduation Cohort Rate (2021 vs. 2023)** - Based on the data provided in the table below, Montana's graduation rates declined for all students from 2021 and 2023. Foster students had a lower graduation rate than the general population in both years. The decline was more severe for foster students (10 points) compared to all students (1 point).

Table 14: Statewide Graduation Rate

Year	All Students	Foster Students
2021	86%	63%
2023	85%	53%
Difference / Change	**â 1 percentage point**	**â 10 percentage points**

In conclusion, the key findings of OPI's data reflect that overall, educational outcomes remain challenging, but there are small improvements in students being identified in the state's educational student information system and school stability.

- **Pandemic Aftermath (COVID-19 Impact)**
  - The 2020-2021 school year saw significant disruptions due to remote learning, attendance challenges, and learning losses. While schools have returned to in-person instruction, the gaps persist.
  - Student engagement and mental health remain concerns, particularly for foster youth.
- **Declining Graduation and Enrollment Rates**
  - Many districts report higher dropout rates and lower graduation rates, especially among vulnerable student populations like foster youth.
  - Enrollment declines have been widespread, with some students never re-enrolling in post-2020.
- **Statewide Assessment Score Trends**
  - Proficiency rates in math, reading, and science have generally declined or stagnated.
  - Math proficiency has seen the steepest drop, with some states reporting double-digit declines.
  - Recovery remains slow, and many students have not regained pre-pandemic performance levels.
- **Increased Mental Health and Behavioral Challenges**
  - Schools report higher absenteeism, more disciplinary issues, and lower student engagement, all affecting academic outcomes.
  - Foster students face additional challenges adapting to structured learning environments.

Additional resources for OPI can be found:

- Montana was highlighted by the Federal Department of Education praising the work being done as an example for other states. This snapshot can be found: OPI and CFSD Collaboration in Montana Hyperlink.
- More information on this program can be found on their website: OPI Hyperlink

Item 16 Performance Outcome Appraisal

CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding this item.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review

Well-Being Outcome 3 - Children receive adequate services to address their physical/mental health needs.

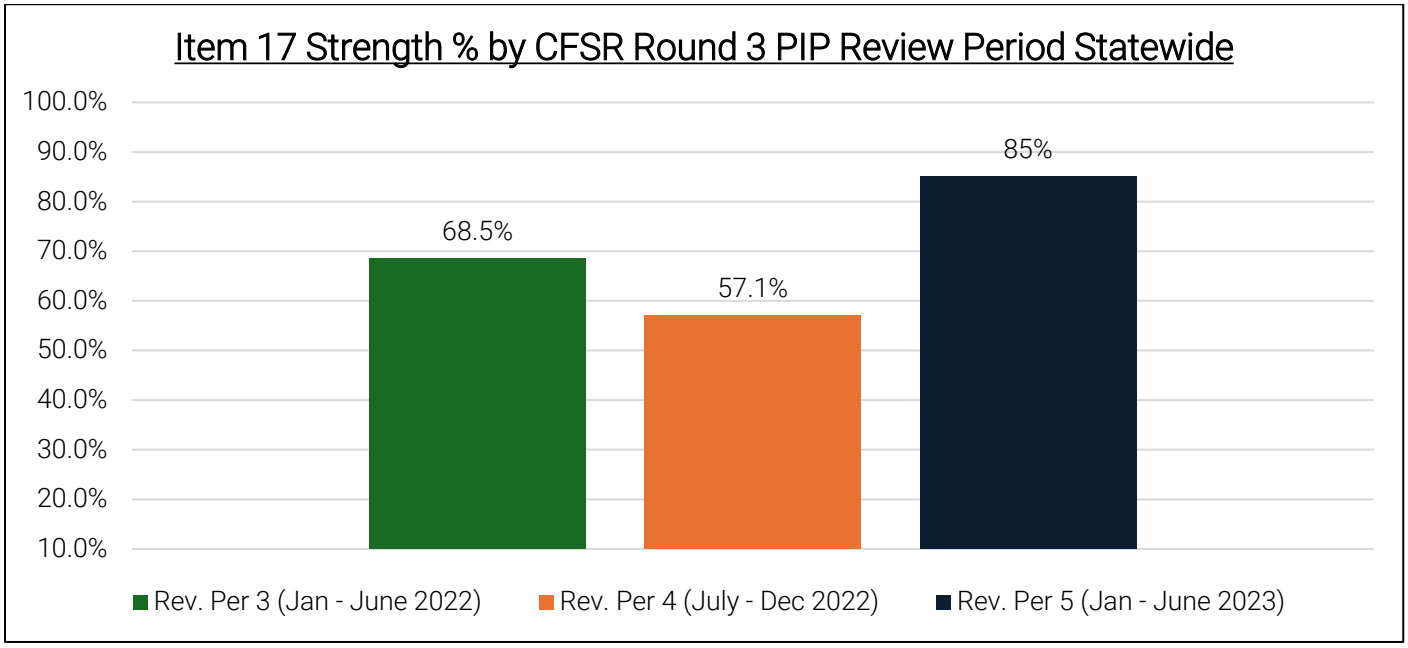
Item 17

APSR Question: Did the agency address the physical health needs of children, including dental health needs?

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 17 was rated as an Area Needing Improvement because the item was substantially achieved in only 62% of the fifty-two cases reviewed at the time in which the overarching goal was to be achieved in 90% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, Montana had a baseline of 43.4% on Item 17. This was another area of significant improvement for CFSD, with the last review period demonstrating an improved rate to 85% (double the baseline) as shown in the chart below. It should be noted that this final review period did not include in-home cases, and CFSD consistently performed better on foster care cases for this item. The cumulative overall strength rating average for this item over five periods was 62.5%.

Chart 34: Item 17 CFSR-R3 PIP-Monitored Case Reviews Data Review Period 3-5 as indicated in the narrative above



During SFY25, CFSD has continued with the efforts implemented during the CFSR Round 3 PIP-Monitored period in order to ensure physical health needs of children (including dental) are being met and consistently documented in the electronic case record.

CFSD continues to utilize the Case Management procedure CFSD Case Management Procedure Hyperlink which outlines that assigned caseworkers are to monitor each child on their caseload who is taking repeated prescription drugs (including psychotropic and psychiatric), through participating in medication management appointments, and by notifications provided by the child's placement, within twenty-four hours of medical providers prescribing new medications, or changing medication. Caseworkers are further responsible for engaging youth in age and developmentally appropriate discussions about their administered medication.

- It should be noted that during the CFSR Round 4 SWA, CFSD identified this procedure as needing more clarification about prescription drug monitoring regarding all prescription drugs and not just psychotropic and psychiatric. This procedure will be updated during SFY26.

CFSD continues to pull an *AFCAR 'Error' Report* monthly and distributes it to the regions to address the errors. This allows for more oversight to ensure data is being entered timely and accurately. It also helps identify causes for errors that can be fixed before the official AFCAR report is submitted to ACF-CB. The CQI and BA unit supported each region's implementation and are available to provide additional technical assistance as needed.

CFSD continues to use the existing Montana Medicaid schedule for initial and follow-up health screenings which requires all youth entering foster care to receive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screening within thirty days. If any mental health or dental needs are identified during this EPSDT screening, these services are eligible for Medicaid payment. Furthermore, CFSD Investigation of Reports by Field Staff procedure CFSD Investigation of Reports Procedure Hyperlink states that any child "should be examined by a physician when there is reason to believe the child is a victim of serious physical or sexual abuse, has been exposed to a drug lab, or there is reason to believe the child may have drugs in their system due to actions by the parent."

- CFSD continues to collaborate with DPHHS Health Resource Division responsible for Montana's Medicaid Program, to develop an electronic health record for all foster children that list the health, physical, mental, and dental health needs identified through required screenings; as well as the treatment and services received. Through this collaboration it was determined that the Medicaid system data is far superior to anything that could be captured by CFSD workers through CAPS currently. The goal continues to be to develop efficient processes that allow various computer systems to share information in an efficient manner as the new CCWIS systems is constructed and completed.

CFSD has continued to enhance supervisor training to improve the well-being outcomes of foster youth. The training supports supervisors who are more skilled in assisting the less experienced workforce to effectively connect treatment and case plans to screenings and assessments for children on their caseloads. This is further discussed in Section 2: Item 27.

CFSD has continued to enhance their collaboration with the Foster Child Health Program. This program was recognized as a promising practice by American Psychological Association's Society for Child and Family Policy & Practice, and its key elements are:

- Facilitates a dedicated Public Health Nurse working directly with foster and kinship families to help them understand the sometimes-complex health needs of children in their care (medical and dental).
- Provides support to the foster parents and kinship parents through health education and ensures children in the foster care system receive access to healthcare, and complete medical records.
- Serves all children new to foster care that meet the program's following criteria:
    - Age newborn to five years old.
    - Children newly entering the system or in placement transition.
    - Youth sixteen to eighteen years of age.
- Provides care and coordination efforts by:
    - Compiling the child's past and current medical providers and dates of care.
    - Referring the child to a doctor, dentist, and other specialty providers if needed.
    - Following up on medical referrals made by providers.
    - Assisting in collecting and understanding the child's medical history.
    - Gathering lost or unknown immunization records and making sure they are up to date.
    - Helping the family understand medications the child may be taking.
    - Supporting placements while the child is in their care.

The Foster Child Health Program is not offered in every region, as provided below, however, it has enhanced the four counties who are served through this program. Currently, the program is implemented in the following four regions (counties):

- Region 1 – Dawson County Health Department (County: Dawson/City: Glendive)
- Region 2 - Cascade County Health Department (County: Cascade / City: Great Falls) CCHD Hyperlink
- Region 3 - Yellowstone Riverstone Health (County: Yellowstone / City: Billings) - Riverstone Hyperlink.
- Region 5 - Missoula City-County Health Department (County: Missoula / City: Missoula) - MCCHD Hyperlink

CFSD continues to utilize the *Health Care Oversight and Coordination Plan* that was submitted to ACF-CB with CFSD's SFY25-29 CFSP and is attached to this APSR.

CFSD continues to utilize the process implemented by the Licensing Bureau in which licensing staff complete a six-month check-in with licensed foster care placements on their caseloads to address needs and review the CFSD Foster Home Licensing and Re-Licensing Requirement Agreement (CFS-LIC-020) components.

- Licensed foster parents are required to follow medication management through ARM 37.51.825 MT ARM 37.51.825 - Physical Care of Foster Child Hyperlink as well as required to sign the CFSD Foster Home Licensing and Re-Licensing Requirement Agreement (CFS-LIC-020). CFSD CFS-LIC-020 Agreement Hyperlink outlines their responsibility in ensuring any child placed in their care has their medical and dental needs met and appointments and medication information is communicated to the child's assigned caseworker.

Item 17 Performance Outcome Appraisal

CFSD's newly implemented FCP also includes a section to document most recent, and upcoming, medical and dental health appointments, recommendations, and treatments to address the child's identified needs. CFSD believes this will support children's physical and dental health assessments to be met more consistently across all case types, since the FCP is required to be updated at least once every six months.

Through CFSD's efforts to improve AFCAR data points reporting, a barrier was identified that caseworkers are not receiving formal training on how to enter applicable information to this item in CAPS. This is being addressed in Goal 3 of CFSD's SFY25-29 CFSP. CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding this item. CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review.

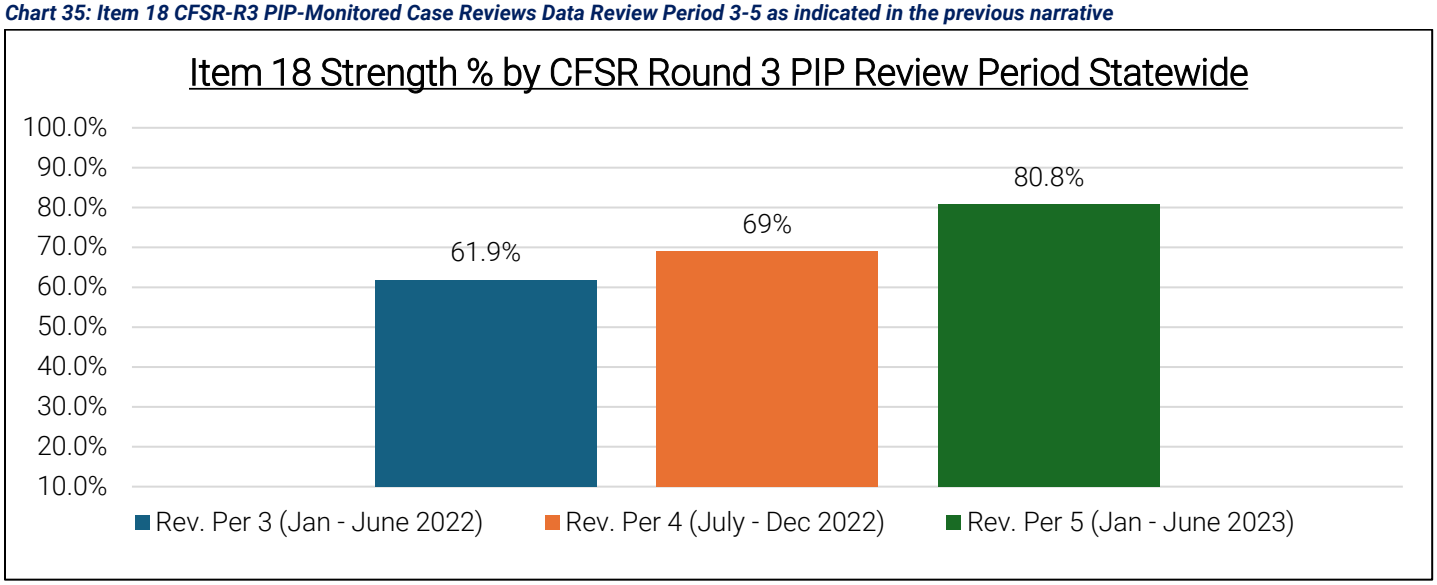
Item 18

APSR Question: Did the agency address the mental/behavioral health needs of children?

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Item 18 was rated as an Area Needing Improvement because the item was substantially achieved in only 59% of the thirty-seven cases reviewed at the time in which the overarching goal was to be achieved in 90% of cases reviewed.

During the CFSR Round 3 PIP-Monitored Case Review period, CFSD had a baseline of 40.4% on Item 18. CFSD showed significant improvement from the baseline as shown in the chart below. The cumulative overall strength rating average for this item over five periods was 57.9%.

Chart 35: Item 18 CFSR-R3 PIP-Monitored Case Reviews Data Review Period 3-5 as indicated in the previous narrative



CFSD consistently did better in Out-of-Home cases compared to In-Home cases, though the difference between the two was not significant. CFSD's procedure for monitoring prescription medications for mental health is the same as detailed for prescription medications in Item 17. However, it is noted that CFSD's performance on medication monitoring for medications under the scope of Item 18 is lower than those that fall under the scope of Item 17.

As stated in previous reports to ACF-CB, CFSD partnered with the DPHHS Behavioral Health and Developmental Disabilities (BHDD), Children's Mental Health Bureau (CMHB), and Developmental Disability Program Bureau (DDPB) to create procedures and protocols to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medical fragile conditions, or developmental disabilities. In addition, these protocols help ensure foster care children are not placed in non-family settings because of inappropriate diagnosis.

During SFY25, CFSD has continued with the efforts implemented during the CFSR Round 3 PIP-Monitored period in order to ensure mental/behavioral health needs of children are being met and consistently documented in the electronic case record.

CFSD continues to improve the well-being outcomes of foster youth by enhancing supervisor training, discussed in Section 2: Item 27, to ensure supervisors are more skilled in assisting the less experienced workforce to effectively connect treatment and case plans to screenings and assessments for children on their caseloads.

CFSD continues to utilize the Case Management procedure CFSD Case Management Procedure Hyperlink which outlines that assigned caseworkers are to:

- Monitor each child on their caseload who are using repeated prescription drugs (including psychotropic and psychiatric), through participating in medication management appointments and by notifications provided by the child's placement within twenty-four hours of medical providers prescribing new medications or changing medication. Caseworkers are further responsible for engaging youth in age and developmentally appropriate discussions about their administered medication.
- Conduct monthly collateral contact with treatment providers of each child on their caseload to support ongoing assessment and determine if needs are being met.
- Refer children, not only children with substantiated abuse and/or neglect allegations but also all children being served by CFSD in an in-home or out-of-home safety plan, for a Part C Screening. By making these screenings universal for the foster care population, more children with developmental disabilities, whether related to emotional trauma or cognitively based, will have access to entitlement services that will improve the well-being of the child. Part C Screenings are further discussed in Section 2: Item 29.

CFSD continues to pull an *AFCAR 'Error' Report* monthly and distributes it to the regions to address the errors. This allows for more oversight to ensure data is being entered timely and accurately. It also helps identify causes for errors that can be fixed before the official AFCAR report is submitted to ACF-CB. The CQI and BA unit supported each region's implementation and are available to provide additional technical assistance as needed.

CFSD continues to utilize the *Health Care Oversight and Coordination Plan* that was submitted to ACF-CB with CFSD's SFY25-29 CFSP and is attached to this APSR.

CFSD continues to utilize the process implemented by the Licensing Bureau in which licensing staff complete a six-month check-in with licensed foster care placements on their caseloads to address needs and review the CFSD Foster Home Licensing and Re-Licensing Requirement Agreement (CFS-LIC-020) components.

- Licensed foster parents are required to follow medication management through ARM 37.51.825 MT ARM 37.51.825 - Physical Care of Foster Child Hyperlink as well as required to sign the CFSD Foster Home Licensing and Re-Licensing Requirement Agreement (CFS-LIC-020). CFSD CFS-LIC-020 Agreement Hyperlink outlines their responsibility in ensuring any child placed in their care has their medical and dental needs met and appointments and medication information is communicated to the child's assigned caseworker.

Item 18 Performance Outcome Appraisal

CFSD's newly implemented FCP also includes a section to document most recent behavioral and mental health appointments, recommendations, and treatments to address the child's identified needs. CFSD believes this will support children's mental and behavioral health assessments to be met more consistently across all case types, since the FCP is required to be updated at least once every six months.

Through CFSD's efforts to improve AFCAR data points reporting, a barrier was identified that caseworkers are not receiving formal training on how to enter applicable information to this item in CAPS. This is being addressed in Goal 3 of CFSD's SFY25-29 CFSP.

CFSD is committed to addressing ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding this item.

CFSD's current case review process has not been implemented to fidelity for long enough to successfully pull data to identify patterns, strengths and weaknesses of this item. CFSD will rely on the CFSR Round 4 Federal On-Site Review to establish a baseline for this item, and the CFSR Round 4 PIP-Monitored Period to report on this item in future APSRs.

Currently CFSD believes the established practices are in place to assist staff in meeting the agency's policies and state statutes regarding this item. Over the past several years CFSD has implemented and sustained multiple activities, as listed above, in order to support caseworkers, and supervisors, in achieving this item's goal. CFSD believes these efforts will be represented in the CFSR Round 4 Federal On-Site Review

Systemic Factors

ACF-CB uses seven systemic factor data indicators, which focus on internal process and systems, staff and provider training, services for children and families, collaboration, and foster care licensing standards, process and recruitment:

- A. Statewide Information System
- B. Case Review System
- C. Quality Assurance System
- D. Staff and Provider Training
- E. Service Array and Resource Development
- F. Agency Responsiveness to the Community
- G. Foster and Adoptive Parent Licensing, Recruitment and Retention

Statewide Information System

Item 19

APSR Question: ***How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?***

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 19' was rated as an Area Needing Improvement, as CFSD was not in substantial conformity. Information from the SWA and the stakeholder interviews showed that the statewide information system has the capacity to readily identify the child's status, demographic characteristics, and location for children who are, or within the immediately preceding twelve months have been, in foster care. However, stakeholder interviews indicated that permanency goals for children in foster care are not routinely updated in the statewide information system and are often inaccurate.

In 2023, the Montana Legislation session passed the Long-Range Information Technology bill to further fund and support CFSD in their efforts to develop a new CCWIS system. CFSD, Information and Technology Support Division (ITSD), and DPHHS-Procurement and Legal teams, started taking collaborative approaches towards a full replacement of CFSD's legacy child welfare system.

During SFY25, CFSD has focused on the CCWIS development through a Request for Proposals (RFP) process. In August of 2024, six qualified proposals were submitted. The CCWIS Scoring Committee, made up of CFSD and ITSD resources, reviewed and scored each proposal, and three vendors were requested to travel to Helena to demonstrate their solutions.

- CFSD entered contract negotiations with *Accenture, LLC,* in November of 2024, and as of April 2025 the official contract was signed. *Accenture, LLC,* is contracted to design, develop and implement their *Accenture Case Insight Solution (ACIS)* to support intake, investigation, placements, case management, family engagement, services, eligibility, fiscal and financial management, and permanency. The ACIS out-of-box solution is already in use in Wyoming, and the configurable components will speed up the design, development and implementation in Montana. Because ACIS uses the Salesforce Public Sector platform, enhanced configurability allows DPHHS to future-proof our technology investment, and access to data for actionable program and federal reporting. Designed from the ground up to reduce duplicative data entry tasks, ACIS' intuitive user interface will improve productivity and job satisfaction for our caseworkers and administrative personnel by reducing the administrative burden of entering or finding the data they need. Using Application Programming Interface technology for data exchange with other systems, relevant information is presented directly on the screen for efficient, informed decision-making. The intuitive interface also means faster training new staff, and ACIS offers access through mobile devices, including offline capabilities, so that our workers can complete field work, upload photos and documents, and case updates in real time.

During SFY25, CFSD has continued their *Data Quality* work in preparation for the new CCWIS system. This work has helped remediate shortcomings of data points that are integral to reporting and CQI efforts.

- Additional BAs have been hired to increase capacity within the team to work on this and prepare for the new CCWIS solution. CFSD has also procured external services with BerryDunn for Business Process Redesign to support high-quality, accelerated Discovery, Design, and Implementation for the new CCWIS solution redesign. This work has included Process and Journey Mapping, Inventories, and Process Gap Analysis.
- The contractor for CAPS, Peraton, runs AFCARS; NCANDS, and NYTD exception reports throughout the year, which outline missing or illogical data. These reports are provided to relevant staff to review and resolve errors.
    - Specific to AFCARS, this has resulted in an overall reduction in errors in the past year, and it is CFSD's belief that a continuation of this effort will help reduce errors further, both by the correction process, but also by staff realizing that things need to be entered on a more proactive basis that have not historically and consistently been entered. CFSD has had timely and compliant submissions of AFCARS since it transitioned in 2020. CFSD continues to work with federal partners on any data quality questions or measures. This includes review of coding for AFCARS if/when questions arise regarding specific records, instances in which no records are reported for a specific element or dropped records. Minor code changes have been implemented to improve submissions, though there have been no issues identified which impact overall compliance. Though CFSD has a higher error rate for the transaction dates of removals and exits from care (1.9% for 24B submission on removals, and 4.6% for 24B submission on exits), both remain above the 90% threshold.

- The contractor for MPATH is Oracle. Data is extracted from CAPS weekly, resulting in updates to their overall database and all pre-built reports. CFSD continues to collaborate with Oracle to identify, fix, and optimize any issues within the reports. There remain some issues due to synchronization of data between MFSIS and CAPS. This has been a high priority to fix. In the meantime, a workaround has been developed to pull the information needed for some administrative reports directly from MFSIS while the issues are resolved. This primarily involves reports specific to reports made to the hotline and investigations. A primary focus on this lies with those reports and data points that are most useful within CFSD, and which contain data that other entities request. The move to MPATH also allows for ad hoc reporting, and a few individuals within the agency can create one time or repeat reports to fulfill specific needs not already captured in existing reports.
    - Within SFY25, additional access was obtained to the raw data MPATH receives through a SQL tool. While only a few people within the state have access to this tool, it does allow for compilation of other data not available through existing reports or ad hoc reports. This has been valuable for compiling data on things CFSD has historically had no data on. Additionally, this has been useful for identifying data points that may need cleaned up – such as adoption and/or guardianship placements that have not been end-dated, despite there no longer being a subsidy or other assistance, including for those youth who are beyond the age of eighteen.

CAPS contains the status, demographic characteristics, location, and permanency goals of every child who is or has been in CFSD's foster care system. Upon CFSD's review of the quantitative and qualitative data available and shared throughout this item above, CFSD believes that the statewide functioning of the statewide information system meets the basic requirements and can readily identify, for all children in foster care, or who have been in foster care within the immediately preceding 12-month period the:

- Status (whether the child is in foster care or no longer in foster care).
- Demographic characteristics (date of birth, sex, race, ethnicity, disability, medically diagnosed condition requiring special care).
- Placement location (child's physical location); and,
- Goals for placement (i.e., permanency goal[s] reunification, adoption, guardianship, another planned permanent living arrangement, or not yet established).

Item 19 Performance Appraisal

CFSD has rated *'Systemic Factor Item 19'* as a **Strength**.

Currently CFSD has no current method of evaluating this item on a consistent or quantifiable basis until the CCWIS system is developed, which feedback from other states indicate the replacement will be a multi-year project from procurement to full implementation of the new CCWIS. CFSD's new CCWIS system will have more interfacing data exchange that is compliant and will capture the requirements of this items assessment. However, in the interim, CFSD plans to implement use of a *Data Verification Review Tool* to begin collecting this information as discussed in Goal 3 of the SFY25-29 CFSP.

In summary, upon review of the quantitative and qualitative data available and shared throughout this items assessment above, CFSD believes that the statewide functioning of the statewide information system meets the basic requirements and can readily identify, for all children in foster care, or who have been in foster care within the immediately preceding 12-month period the:

- Status (whether the child is in foster care or no longer in foster care).
- Demographic characteristics (date of birth, sex, race, ethnicity, disability, medically diagnosed condition requiring special care).
- Placement location (child's physical location); and,
- Goals for placement (i.e., permanency goal[s] reunification, adoption, guardianship, another planned permanent living arrangement, or not yet established).

Case Review System

Item 20: Written Case Plan

APSR Question: ***How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?***

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 20' was rated as an Area Needing Improvement, as CFSD was not in substantial conformity based on information from the SWA and the stakeholder interviews, which showed that written case plans for children in the state's foster care system were not routinely developed jointly with parents.

As reported in the past CFSR Round 3 process, APSRs and CFSPs, CFSD's child case plans were essentially a document generated through CAPS prior to Foster Care Review Committees, which are scheduled every six months from the date of a child entering foster care. The generated document was dependent upon information being entered into CAPS in a timely, accurate, and consistent manner for each child on a caseworker's caseload. The document primarily focused on updates regarding the parent(s) anecdotally. The document generated was on a platform (DocGen) that does not allow for data to be pulled to reflect if a case plan exists for each child, as it should. In addition, this generated document cannot be modified to include items that are correlated more directly with CFSD's ever revolving practice implementations, procedures, and overarching goals. During this time, CFSD's only data on family participation in case plan development came from case reviews utilizing the OSRI to further analyze child and parent participation in developing their case plans.

During SFY25, CFSD has continued with the efforts implemented during the CFSR Round 3 PIP-Monitored period in order to ensure written case plans are developed jointly with the child's parent(s) and includes required provisions by ACF-CB. CFSD has continued to make the following significant efforts to improve caseworkers in engaging families as partners in case plan/treatment plan development by:

- Emphasizing the importance of effective family engagement in the updated MCAN training and the support provided by UM-WTCs, CPSSs and RAs.
    - Through the coaching and mentoring process, a combination of methods and techniques, in collaboration with CFSD CPSS to embed a deeper knowledge and an understanding of the knowledge and skills caseworkers need to be effective. For CPSS this includes field-based role modeling, observation and feedback, hands-on task focused coaching and group discussions around common themes, and enhancement of individual CPSS and caseworker staffing to help plan specific activities throughout their cases.
    - Development, training, and implementation of the following procedures provide staff with more in-depth perspectives of how family engagement is central to positive outcomes for children and families. These procedures highlighted steps taken by CFSD to support parents, children and resource parents during their involvement in the child welfare system. The CFSD procedures are:
        - Case Management CFSD Case Management Procedure Hyperlink
        - Family Support Team CFSD Family Support Team Procedure Hyperlink
        - Concurrent Planning: Preserving Connections While Defining Permanency Options CFSD Concurrent Planning Procedure Hyperlink
- Reviewing data from case reviews and fidelity reviews. RAs and Management Team regularly review data from case reviews and fidelity reviews to identify strengths and challenges to effective family engagement within regions and across the state. This has led to CFSD being able to modify practices to address challenges while building upon strengths.
- Implementing the FCP into practice. The FCP was adopted as CFSD's child and parent's case plan, including all state and federal required elements. CFSD staff were trained on FCPs in September of 2024, and the assessment tool went live October 1, 2024.
    - The FCP was designed to capture a comprehensive formal assessment of the family's needs, safety concerns, visitation plans, and services to both parents and children, through consultation and engagement with parents, children and providers (i.e. face to face, formal and informal meetings, etc.) on an ongoing basis. The FCP captures whether it was created in conjunction with the parent(s) or child(ren), reviewed directly with them, and whether a copy was provided to them. In cases where the FCP is not reviewed directly with the parent(s) or child(ren), the caseworker documents the efforts they made to review the FCP with the applicable family members. The FCP is to be completed within the first sixty days of intervention type (Prevention Plan or Legal Court Filing) and then updated every six months thereafter at a minimum, or more recent when changes are required in the case plan (visitation planning, child placement move, etc.).

- The FCP is an effective case management, dynamic and ongoing tool, which focuses on assessing, monitoring and supporting child safety, permanency and well-being elements as listed below:
    - Permanency for children is achieved in a timely manner, and the child is safe and stable where they reside.
    - Children are supported to maintain and have permanent connections to natural supports and other important people in their lives.
    - Children's behavioral, physical health, education and well-being are assessed regularly, and services are referred to as needed.
    - Parents are given opportunities and support to mitigate the safety concerns that led to CFSD involvement.
    - Parents are encouraged to engage in the development and implementation of their case plan by identifying services to support and enhance their protective capacities.
    - Resource families are assessed and supported in providing quality care and services for children in their care.
- Currently the FCP is housed on CFSD's intranet platform with their other forms, and the FCP is electronically (or manually) completed by CFSD staff and applicable family members, and then the form is uploaded to CFSD's DocGen system, rather than completed within the DocGen system as referenced prior. Prior to October 2024, CFSD was able to make changes to the CAPS system and were able to create a "FCP" code to be utilized by the caseworker within the CAPS case note system to reflect when a FCP has been completed and uploaded. By using this code, CFSD can pull a data report reflecting all children in care during a period since the FCPs went into effect. CFSD can identify how many children have a documented FCP and can also report on whether the FCPs are being completed within the required timeframes as listed above. With a look towards the future and a new CCWIS system, CFSD plans to have the FCP built within the system to allow for easier data extraction.
- Since implementing the FCP in October of 2024, as a living document meant to be maintained throughout the life of a case, the goal is that CFSD caseworkers would utilize the various meetings listed below to further support and engage the family in developing, or updating, information and key activities of their FCP to improve outcomes for their family within the child welfare system.

- Engaging families through various CFSD facilitated meetings as listed below. Historically parental engagement in the development of their children's case plans has been achieved with the use of CFSD facilitated meetings. CFSD continues to utilize these meetings as an assessment tool on a regular basis throughout a family's case.
    - These meetings include, but are not limited to:
        - **Family Engagement Meetings (FEM):** CFSD's Engagement and Support Meeting Procedure states CFSD caseworkers will offer a FEM within 60 days of a legal case opening to allow parent(s) to provide their perspective on their child(ren)'s strengths and needs while aligning with CFSD to address any identified ongoing or unmet needs for the youth.
        - **Family Support Team (FST) Meetings:** CFSD's Family Support Team Procedure states CFSD caseworkers will offer an FST meeting within seventy-two hours of entering a Protection or Prevention Plan with a family in counties in which FST meetings are implemented. FSTs continue to be utilized in multiple regions across the state, and further information regarding the implementation process has been outlined in Item 29.
        - **Foster Care Review Committee (FCRC) Meeting:** CFSD's Engagement and Support Meeting Procedure states CFSD will hold an FCRC meeting within 6 months of the child entering care, and every six months thereafter, to review and discuss the child's case plan. FCRCs are discussed further in Item 21 in this APSR.
        - **Permanency Plan Team (PPT) Meeting:** CFSD's Concurrent Planning: Preserving Connections While Defining Permanency Options Procedure states CFSD will hold PPT meetings within ninety days of the child entering care, and every six months thereafter, to review and discuss the child's case plan. PPTs are discussed further in Item 21 in this APSR.
            - Additionally, PPTs are held every ninety days when a youth is placed in a Therapeutic Group Home (TGH) (*aka as Qualified Residential Treatment Program (QRTP))* type placement to discuss the child's case plan.
        - **Youth Centered Meetings (YCM)**: CFSD's Engagement and Support Meeting Procedure states that CFSD will engage youth, specifically fourteen years of age or older, in foster care in YCM to better support and empower youth in directing their case plan goals.

- The overarching goals for these types of meetings are to: engage parent(s), child(ren) when developmentally and age appropriate to do so, natural supports, and community partners for case planning purposes; and reduce isolation and blend formal and informal guidance and support while promoting transparency, clear objectives, and a team approach to shared decision making.
- These meetings are captured by CFSD caseworkers and facilitators across the state documenting various codes within the CAPS system; however, there are many limitations to collecting and analyzing the data to further determine if parent(s) and youth are in fact attending the meetings and actively participating in developing their child(ren)'s case plan. In addition, the consistency and frequency of these meetings vary from region to region. There are many factors that impact the actual frequency of the meetings occurring, the parent(s) and youth attendance, and the parent(s) and youth intentional and meaningful participation. These factors can include the following, but are not limited to:
  - The willingness of parent(s) to engage in these types of meetings earlier on in their case for various reasons (such as not trusting government systems, not ready to openly discuss the child safety and/or well-being reasons that exist within their family dynamic, etc.
    - Youth may also express similar willingness concerns, especially if they have been in the child welfare system previously.
  - Ability of parent(s) to engage in these types of meetings due to their whereabouts being unknown by CFSD, incarceration with limited ability to communicate with CFSD, etc.
    - Youth may also have similar ability concerns, especially if they are engaging in behaviors such as running away from their placements

Item 20 Performance Appraisal

CFSD has rated *'Systemic Factor Item 20'* as an **Area Needing Improvement**.

CFSD's administrative data currently is limited to only identifying applicable cases, and whether a FCP has been completed. It does not currently have a way to reflect whether the FCP was developed jointly with the child's parent(s), since the FCP is a word document which would require each case manually being reviewed to determine if the FCP was developed jointly. CFSD administrative data pulled in May of 2025, reflected 38% of applicable cases did not have a FCP. Without further analytics, CFSD is unable to determine at this time if this is a data-entry issue, or if the FCPs are not being completed as required to do so.

CFSD's SFY25-29 outlines specific FCP goals including identifying a baseline to set future targets to further support FCPs being developed with parent(s) and youth. CFSD's new CCWIS system will have more interfacing data exchange that is compliant and will capture the requirements of this items assessment. However, in the interim, CFSD intends to utilize the *Data Validation Review Tool* discussed in the SFY25-29 CFSP during future case reviews to be able to further assess the joint development of FCPs.

Item 21: Periodic Review

APSR Question: ***How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?***

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 21' was rated as a Strength based on information from the SWA and the stakeholder interviews showed that periodic reviews were routinely occurring across the state. It was further noted that in Montana, the Foster Care Review Committee (FCRC) conducted administrative reviews and was the primary entity used by the state to meet this requirement. There was a variation among stakeholders in the quality of the reviews and the degree to which key factors that affect permanency for children were meaningfully discussed.

During SFY25, CFSD continued to utilize FCRC for administrative periodic reviews, and additionally applicable court hearings that occur within six- month periods, or more often, such as Temporary Legal Custody Extension Hearings, Status Hearings, etc.

- Foster Care Review Committee (FCRC) – Are comprised of stakeholders past and present to hold administrative reviews of each child in foster care every six months in accordance with MCA 41-3-115 FCRC MCA Hyperlink.

- Temporary Legal Custody (TLC) Extension Hearings – Are hearings held no later than six months after the initial court finding that the child has been subjected to abuse or neglect to determine if TLC will remain with CFSD in accordance with MCA 41-3-442 TLC MCA Hyperlink.

During SFY25, CFSD continued to utilize their internal processes for scheduling the FCRC meetings, which varies by region.

Historically, CFSD did not have reports or data available to quantify this information. CFSD administrative data is limited specific to these types of reviews outside of frequency of occurrence, as CFSD relies on the accuracy and consistency of the caseworker, or other assigned staff, entering the review dates into CAPS. CFSD used the ACF-CB 'Using Systemic Factor Items 21 Calculation Workbook' instructions to report the frequency of periodic reviews (FCRC, Applicable Court Hearings) that occurred no less frequently than once every six months for the performance period during the first part of SFY25 starting on July 1, 2024. It should be noted that the percentages reflected below are consistent with what was reported in the CFSR Round 4 SWA which reflected four reporting periods over 2023 and 2024.

Table 15: Item 21 Frequency Performance Periods Combined

Hearing Type SFY25	Count of Children *Denominator*	Count of Valid Hearings *Numerator*	Percentage of Children Who Received a Timely Hearing
Initial	111	93	84%
Subsequent	1637	1044	64%
All	1748	1137	65%

As shown above, the initial reviews statewide have the most deficient results with a marked increase for the subsequent reviews, thereafter, suggesting the periodic reviews are taking place in a timely manner 64% percent of the time. Through the recent CFSR Round 4 SWA process, there was consensus in internal staff and external stakeholders believing that FCRC meetings are being scheduled and occurring for each child every six months. CFSD CQI and BA compared the qualitative and quantitative data and believe that one of the factors resulting in the initial assessment timeliness issues is due in part to how these committees and hearings are scheduled by a specific day or week of a month, often missing the six-month initial review deadline, but then the subsequent reviews routinely take place within the next six months and thereafter. As an example, a region will hold their monthly FCRC meetings for the children in care in their region every second Monday of the month. This means that the six-month dates do not always correlate and often children's case plans may be reviewed within the same month in which their six-month deadline would occur, however, the actual FCRC meeting held occurs after the six-month date has already passed.

CFSD is currently reviewing this practice and hoping to address a solution that will capture more children early, versus late, for that initial six-month review, which would then result in the subsequential dates to be set up more accurately as well. CFSD is currently working to develop a tool to assist regions in a better scheduling process to ensure they are not having periodic reviews outside of the six-month timeframe. Practice changes will be discussed in future APSRs.

2025 CFSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders. As stated in Section 1 in this APSR, this survey was completed by 147 internal CFSD staff, and 219 external stakeholders (including youth, parents, Tribal members, court personnel, etc.). The following were the questions and responses collected specific to Item 21.

- The 147 internal staff participants were asked, ***"What are the federal timeframes required for FCRC and Permanency Hearings?"*** Participants could choose from: 3 months, 6 months, 12 months, 18+ months, or never. Results are as follows in the table below.

Table 16: Periodic Review Timeframes (N=147)

Internal - Timeframe	FCRC Count / Percentage	Permanency Hearings Count / Percentage
3 Months	15 / 10%	12 / 8%
6 Months	126 / 86%	35 / 24%
12 Months	4 / 3%	96 / 65%
18+ Months	2 / 1%	4 / 3%
Grand Total	**147 / 100%**	**147 / 100%**

- The 147 internal staff participants were asked, ***"Reflect on the barriers you have experienced, or observed, in achieving the federal timeframe requirements for periodic reviews (FCRC or Permanency Hearings) and provide a short description."*** CFSD CQI staff categorized the answers into the six categories that best described their open-ended responses. There were ninety-two responses that were listed "not applicable to their role" and those were not reflected in the table below.

Table 17: Barriers to Achieving Periodic Reviews (N=55)

Internal – Barriers to Achieving Federal Periodic Review Timeframes.	Count / Percentage
Court	25 / 45%
Time Management: Scheduling and Timeline Limitations	22 / 40%
Training	3 / 5%
Foster Care Review Committee	3 / 5%
Communication	2 / 4%
Grand Total	**55 / 100%**

- The 147 internal staff participants were asked, ***"Reflect on how often you notify parents, youth, placement (licensed/kinship), attorneys, CASA, and applicable Tribal members on your caseload when federally mandated periodic reviews are occurring?*** Participants were provided with the options: always, sometimes, usually, rarely, never, or not applicable to their role.

  - **Parents**: There were sixty-eight responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 18: Periodic Review Notices to Parent(s) (N=79)

Internal - Periodic Review Notice to Parents	Respondents Count / Percentage
Always	70 / 89%
Usually	5 / 6%
Never	4 / 5%
Grand Total	**79 / 100%**

  - **Foster/Kinship Placements**: There were fifty-nine responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 19: Periodic Review Notices to Foster/Kinship Placements (N=88)

Internal - Periodic Review Notice to Foster/Kinship Placements	Respondents Count / Percentage
Always	78 / 89%
Sometimes	2 / 2%
Usually	6 / 7%
Rarely	1 / 1%
Never	1 / 1%
Grand Total	**88 / 100%**

  - **Youth (14 and Older)**: There were sixty-three responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 20: Periodic Review Notices to Youth (14 and Older) (N=84)

Internal - Periodic Review Notice to Youth (14 and Older)	Respondents Count / Percentage
Always	57 / 68%
Sometimes	12 / 14%
Usually	7 / 8%
Rarely	5 / 6%
Never	3 / 4%
Grand Total	**84 / 100%**

- **Tribal Representative**: There were sixty-four responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 21: Periodic Review Notices to Tribal Representatives (N=83)

Internal - Periodic Review Notice to Tribal Representative	Respondents Count / Percentage
Always	71 / 85%
Sometimes	3 / 4%
Usually	7 / 8%
Never	2 / 2%
Grand Total	**83 / 100%**

- **Parent's Attorney**: There were sixty-eight responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 22: Periodic Review Notices to Parent(s) Attorney (N=79)

Internal - Periodic Review Notice to Parent's Attorney	Respondents Count / Percentage
Always	67 / 85%
Sometimes	3 / 4%
Usually	5 / 6%
Rarely	1 / 1%
Never	3 / 4%
Grand Total	**79 / 100%**

- **Youth Attorney**: There were sixty-one responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 23: Periodic Review Notices to Youth Attorney (N=86)

Internal - Periodic Review Notice to Youth Attorney	Respondents Count / Percentage
Always	73 / 85%
Sometimes	3 / 3%
Usually	7 / 8%
Rarely	1 / 1%
Never	2 / 2%
Grand Total	**86 / 100%**

- **CASA/GAL**: There were sixty-one responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 24: Periodic Review Notices to CASA/GAL (N=86)

Internal - Periodic Review Notice to CASA/GAL	Respondents Count / Percentage
Always	74 / 86%
Sometimes	3 / 3%
Usually	7 / 8%
Never	2 / 2%
Grand Total	**86 / 100%**

- The 219 external stakeholder participants were asked, ***"Are you routinely being invited to attend the federally mandated periodic reviews (FCRC or Permanency Hearings) as they apply to your role?"*** There were ninety-seven responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 25: External Invitations to Periodic Reviews (N=122)

External – Invitations to Periodic Reviews	Count / Percentage
No	5 / 4%
No – However, My Role Should Be Invited	19 / 16%
Yes	98 / 80%
Grand Total	**122/ 100%**

- The 219 external stakeholder participants were asked, ***"Are you receiving timely notifications regarding the federally mandated periodic reviews (timeliness is subjective to the individual completing the survey – you should consider if you had enough time to adjust your schedule to attend)?"*** There were 135 responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 26: External Timely Notifications (N=84)

External – Timely Notification of Periodic Reviews	Count / Percentage
No	15 / 18%
Yes	69 / 82%
Grand Total	**84 / 100%**

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"Do you believe the federally mandated periodic reviews are important in a child's case?*** There were twenty-seven external stakeholder participant responses that were listed as "not applicable to their role" and those results were not reflected in the table below.

Table 27: FCRC Importance (N=339)

FCRC Important to Child's Case	Internal Count / Percentage	External Count / Percentage
No	21 / 14%	16 / 8%
Yes	126 / 86%	176 / 92%
Grand Total	**147 / 100%**	**192/ 100%**

- The 147 internal staff were asked **"*What do you believe is the biggest contributing factor making the periodic reviews important to a child's case?*** CFSD CQI staff categorized the answers into the ten categories that best described their open-ended responses. There were fifty-eight responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 28: Internal Response of Biggest Factor to FCRC Importance (N=89)

Internal – Biggest Contributing Factor Making FCRC Important to a Child's Case	Count / Percentage
Funding	1 / 1%
Inclusion of Child	1 / 1%
Achieving Permanency	2 / 2%
Training	2 / 2%
Court	4 / 4%
Time Management: Scheduling and Timeline Limitations	6 / 7%
Accountability	8 / 9%
Case Planning with Team	29 / 33%
Communication	36 / 40%
Grand Total	**89 / 100%**

- The 219 external stakeholder participants were asked, **"*What do you believe is the biggest contributing factor making the periodic reviews important to a child's case?*** CFSD CQI staff categorized the answers into the nineteen categories that best described their open-ended responses. There were sixty-four responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 29: External Response of Biggest Factor to FCRC Importance (N=155)

External – Biggest Contributing Factor Making FCRC Important to a Child's Case	Count/ Percentage
Assist with Maintaining Appropriate Permanency Goals and Planning to Meet the Child(ren) Current Needs/Situation	1 / 1%
Judicial Review and Oversight of Case	1 / 1%
Keeps Parents Updated, and Provides Them Hope	1 / 1%
Safe and Appropriate Placement Determination	1 / 1%
Support for the Child, Placement, and Family	1/ 1%
Transparent Case Planning	1 / 1%
Youth Engagement / Impact on Youth	1 / 1%
Youth Engagement / Supporting Transitional Living Plan	1 / 1%
Improve Process to Provide More Advanced Notification of FCRC Meetings	3 / 2%
Quality Assurance to Evaluate Interventions and Improve Child Welfare Practices	3 / 2%
Supports Reunification Efforts	3 / 2%
Team Collaboration and Communication	3 / 2%
Family Engagement and Opportunity to Share/Voice Opinions and Concerns in Safe Manner	5 / 3%
Child Safety and Placement Stabilization	7 / 5%
External Interdisciplinary Oversight of Case Plans	8 / 5%
Youth Engagement and Ongoing Assessment of Needs. Youth Having Opportunity to Share/Voice Opinions and Concerns in Safe Manner	8 / 5%
Accountability of All Parties Involved (CFSD, Family Members, Providers, etc.), Engagement, Status Updates, and Collaboration in Decision Making Regarding the Child's Permanency Goals and Planning	15 / 10%
Ongoing Case Monitoring, Engagement, Status Updates, Collaboration and Opportunities to Adjust the Case Plan (Services, Placement, Visitation, Permanency Goals, Placement, etc.) to Meet the Family's Needs	92 / 59%
Grand Total	**155 / 100%**

- The 219 external stakeholder participants were asked, ***"Are you a FCRC committee member?*** Results are as follows in the table below.

Table 30: FCRC Committee Member Inquiry (N=219)

External – FCRC Committee Member Inquiry	Count / Percentage
No	195 / 89%
Yes	24 / 11%
Grand Total	**219 / 100%**

  - The twenty-four external stakeholders who responded that they were a FCRC committee member were then asked, ***"Are Family Case Plans provided to you prior to the date of the FCRC?"*** Participants were provided with the options: always, sometimes, usually, rarely, and never. Results are as follows in the table below.

Table 31: FCRC Members Receiving Family Case Plans (N=24)

External – Family Case Plans are Provided to FCRC Committee Members Prior to FCRC Meetings.	Count / Percentage
Always	12 / 50%
Usually	9 / 38%
Never	3 / 17%
Grand Total	**24 / 100%**

- Of the sixty-five internal staff respondents who answered "Yes" previously in Item 20 to completing a Family Case Plan on their current caseload they were then asked, ***"Reflect on how often you update your Family Case Plans prior to FCRC?"*** Participants could choose from: Always, Sometimes, Usually, Never, or Rarely. Results are as follows in the table below.

Table 32: Caseworkers Response to Providing FCRC with Family Case Plans(N=65)

Internal – Family Case Plans Updated Prior to FCRC	Count / Percentage
Always	54 / 83%
Sometimes	1 / 2%
Usually	4 / 6%
Rarely	1 / 2%
Never	5 / 8%
Grand Total	**65 / 100%**

Item 21 Performance Appraisal

CFSD has rated *'Systemic Factor Item 21'* as an **Area Needing Improvement**.

Qualitative and Quantitative data reflect periodic reviews are routinely occurring across the state.

- Administrative data reflects that 63% of children are receiving timely periodic review hearings. Through discussions with internal staff, there have been indications that the way in which the reviews are being scheduled are causing the reviews to occur beyond the six-month date by only a few days/weeks because they are technically still being held within the same month. For example, a child's periodic review needs to occur by June 2 to follow the federal timeframes, and the staff scheduling the periodic review only looks at the month in which it is due and ends up scheduling the periodic review for June 10th. In this case, the child's periodic review occurred outside of the six-month period. Without further analytics, CFSD is unable to determine at this time if this is a factor for the 37% of children in which the data pull did not reflect a periodic review occurring, or if the issue is that no periodic review occurred at all.
- Survey responses specific to this item's assessment indicated the following:
  - 86% of CFSD staff surveyed verified they understand the federal timeframe of FCRCs occurring at six months.
  - 89% of CFSD staff surveyed reported they *'Always'* provide notice to parents when periodic reviews are scheduled.
  - 89% of CFSD staff surveyed reported they *'Always'* provide notice to resource parents (foster/kinship placements) when periodic reviews are scheduled.
  - 68% of CFSD staff surveyed reported they *'Always'* provide notice to youth (14 and older) when periodic reviews are scheduled.
  - 85% of CFSD staff surveyed reported they *'Always'* provide notice to Tribal representatives when periodic reviews are scheduled.
  - 85% of CFSD staff surveyed reported they *'Always'* provide notice to parent(s) attorneys when periodic reviews are scheduled.
  - 85% of CFSD staff surveyed reported they *'Always'* provide notice to youth attorneys when periodic reviews are scheduled.
  - 86% of CFSD staff surveyed reported they *'Always'* provide notice to CASA/GALs when periodic reviews are scheduled.
  - 80% of external survey respondents reported they are being invited to attend the periodic reviews.
  - 82% of external survey respondents reported they are receiving timely notification of the periodic reviews.
  - 86% CFSD staff and 92% external survey respondents reported they believe that periodic reviews are important in a child's case.

CFSD is currently working to develop a tool to assist regions in a better scheduling process to ensure they are not having periodic reviews outside of the six-month timeframe.

CFSD's new CCWIS system will have more interfacing data exchange that is compliant and will capture the requirements of this item's assessment.
In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment

above, due to administrative data limitations, though required, CFSD is unable to ensure that a periodic review for each child occurs no less frequently than once every six months (by court or administrative review).

Item 22: Permanency Hearings

APSR Question: ***How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than twelve months from the date the child entered foster care and no less frequently than every twelve months thereafter?***

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 22' was rated as an Area Needing Improvement based on information from the SWA and the stakeholder interviews showed that the state did not have a mechanism in place to track the timeliness of permanency hearings. Stakeholders reported that permanency hearings were not routinely occurring in a timely manner across the state. Barriers to timely permanency hearings included the size of court dockets, hearing continuances, and delays in submitting the required reports.

In Montana, Permanency Hearings are held to ensure that judicial notice is taken of the state's current permanency plan as well as concurrent plan for the child in care and how the agency intends to achieve said plans. Permanency Hearings are hearings held in accordance with MCA 41-3-445 Perm Hearing MCA Hyperlink, that are:

- Held within thirty days of a determination that reasonable efforts to provide preservation or reunification services are not necessary.
- Held no later than twelve months after the initial court finding that the child has been subjected to abuse or neglect or twelve months after the child's first sixty days of removal from the home, whichever comes first and every twelve months thereafter until the child is permanently placed in either an adoptive or a guardianship placement. The court or the court-approved entity holding the permanency hearing shall conduct a hearing and the court shall issue a finding as to whether the department has made reasonable efforts to finalize the permanency plan for the child.
- Not required if the proceeding has been dismissed, the child is not removed from the home, the child has been returned to the child's parent or guardian, or the child has been legally adopted or appointed a legal guardian.
- May be combined with a hearing that is required in other sections of this part or with a review if held within the applicable time limits. If a permanency hearing is combined with another hearing or a review, the requirements of the court related to the disposition of the other hearing or review must be met in addition to the requirements of this section.

CFSD continues to make efforts to ensure that children who are removed from their homes spend the least amount of time in an out-of-home placement by simultaneously working on plans to reunify and other permanency options in the event reunification isn't possible. Each case has a primary and a concurrent (or alternate) permanency goal. Working on both outcomes at the same time allows the child to achieve positive permanency as quickly as possible. CFSD recognizes the necessity of siblings being placed together when at all possible.

Like Item 21, CFSD has historically not had reports or data available to quantify information regarding ongoing Permanency Hearings for children in foster care. There are limitations of what can be pulled out of a data report specific to these entries, outside of frequency of occurrence. CFSD relies on the accuracy and consistency of the caseworker, or other assigned staff, when entering the hearing dates into CAPS. CFSD used the ACF-CB 'Using Systemic Factor Items 22 Calculation Workbook' instructions to report the frequency of Permanency Hearings that occurred no less frequently than once every twelve months for the performance period during starting on January 1, 2024. It should be noted that the percentages reflected below are consistent with what was reported in the CFSR Round 4 SWA which reflected two reporting periods over 2023 and 2024.

Table 33: Item 22 Frequency Performance Periods Combined

Hearing Type SFY25	**Count of Children** *Denominator*	**Count of Valid Hearings** *Numerator*	**Percentage of Children Who Received a Timely Hearing**
Initial	714	264	37%
Subsequent	907	390	43%
All	1621	654	40%

As shown above, the initial Permanency Hearing reviews have the most deficient results with a marked increase for the subsequent reviews, suggesting the Permanency Hearings are taking place in a timely manner 40% percent of the time. It is important to note that the percentage of cases receiving a timely Permanency Hearing may be slightly affected and misrepresented, as the numbers reflect time between an initial case filing and subsequent Permanency Hearings, which can vary by a few days, depending on when the child was removed from care. In addition, if a hearing has not occurred, it is not captured in the court's database. The court does not collect data on children in foster care and is not responsible for determining the date when a permanency hearing is required. Nor does the state's child welfare data system have a current reporting mechanism able to capture timely Permanency Hearing data. CFSD does not control the scheduling of the courts; however, as hypothesized in Item 21, CFSD believes Permanency Hearings may be held during the same month in which the twelve-month date would occur; however, due to scheduling practices the actual court hearing date may occur past the actual twelve-month period date accounted for in this assessment. Therefore, CFSD is only able to report timeliness information for hearings that have occurred and been entered into CAPS.

2025 CFSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders. As stated in Section 1 in this APSR, this survey was completed by 147 internal CFSD staff, and 219 external stakeholders (including youth, parents, Tribal members, court personnel, etc.). The following were the questions and responses collected specific to Item 22.

- The 147 internal staff participants were asked, ***"Are you receiving timely notice from your County Attorney, or Attorney General, for your jurisdiction when there is a Permanency Hearing affidavit due?"*** There were seventy-one responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 34: Caseworker Receive Timely Notice of Hearings (N=76)

Internal –Timely Notice from County Attorney, or Attorney General of Permanency Hearing Affidavits Due to Court	Count / Percentage
No	19 / 25%
Yes	57 / 75%
Grand Total	**76 / 100%**

- The nineteen internal staff participants who answered 'No' to receiving timely notice in the above question, were then asked, ***"If you are aware, what do you believe are the biggest barriers to your County Attorney, or Attorney General, for your jurisdiction providing notice timely when Permanency Hearing affidavits are due?*** CFSD CQI staff categorized the answers into the two categories that best described their open-ended responses. There were seven responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 35: Barriers to Caseworkers Receiving Timely Notice of Hearings (N=12)

Internal –Biggest Barriers to Receiving Notice Permanency Hearing Affidavits Due to Court	Count / Percentage
Communication	8 / 67%
Workload	4 / 33%
Grand Total	**12 / 100%**

Item 22 Performance Appraisal

CFSD has rated *'Systemic Factor Item 22'* as an **Area Needing Improvement**.

Qualitative and Quantitative data reflect Permanency Hearings are routinely occurring across the state.

- Administrative data reflects that 46% of children are receiving timely Permanency Hearings. CFSD believes Permanency Hearings may be held during the same month in which the twelve-month date would occur; however, due to scheduling practices the actual court hearing date may occur past the actual twelve-month period date accounted for in this APSR report.
- Survey responses specific to this item's assessment indicated the following:
    - 75% of CFSD staff surveyed reported they do receive timely notice from their County Attorney, or Attorney General, when a Permanency Hearing affidavit is due.

CFSD's new CCWIS system will have more interfacing data exchange that is compliant and will capture the requirements of this item's assessment.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, due to administrative data limitations, though required, CFSD is unable to ensure that, for each child, a permanency hearing occurs no later than twelve months from the date the child entered foster care, and no less than every twelve months thereafter.

Item 23: Termination of Parental Rights

APSR Question: ***How well is the case review system functioning to ensure that the filing of Termination of Parental Rights (TPR) proceedings occurs in accordance with the required provisions?***

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 23' was rated as an Area Needing Improvement, based on information from the SWA and the stakeholder interviews showed that TPR petitions were not routinely filed across the state in a timely manner. Stakeholders reported that barriers to timely filing of TPRs include uncertainty about when a petition should be filed in accordance with federal requirements and a lack of uniform and consistent internal case staffing procedures to discuss appropriateness of TPR.

CFSD Post-Adjudication procedure states TPR must be considered if a child has been in foster care under the physical custody of the state for fifteen months of the most recent twenty-two months, or if the court has found that reasonable efforts to preserve or reunify a child with the child's parent or guardian are not required, a petition to terminate parental rights must be filed unless an exception outlined in MCA 41-3-604 MCA 41-3-604 Hyperlink or in the ASFA is met. Exceptions impacting on why TPR has not been filed in a case include the following:

- CFSD has made reasonable efforts to reunite the parent and child, further efforts would likely be unproductive, and reunification of the parent and child would be contrary to the best interest of the child.
- Either TPR is not in the child's best interest; or parental rights have been terminated, but adoption is not in the child's best interest.
- Guardianship is in the best interest of the child.

During SFY25, CFSD was able to access raw data through SQL as mentioned previously. CFSD is now able to create a report that will identify at what point a TPR filing, or exception is required, with minimal limitations, of being unable to exclude time children may have spent on a THV.

- Historically, beyond case reviews, CFSD has been unable to quantify the frequency at which TPRs are filed at fifteen of the most recent twenty-two months when exceptions do not exist. Though the dates and results of TPR hearings are recorded in CAPS, the dates of filings are not.

Currently, CFSD SACWIS reports can detail the length of time a child remains in care once TPR has been achieved; however, it does not capture when the TPR petition is submitted to the court and the length of time between the TPR petition and when TPR is court ordered. Additionally, CFSD does not have a way to determine why a petition is not submitted within the required timeframes or why a court does not grant termination timely. When a continuance is filed, the court screens are updated, but the exception reason for the continuance is in a free text comment field that does not get extracted for reports.

Therefore, CFSD has started to develop a method to support consistent documentation within the SACWIS system that will be extractable and allow for CFSD to quantify the TPRs that are filed timely applicable to the following:

- Filing of TPR
- Not Filing for TPR when an Exception Exist
- Not Filing for TPR when an Exception Does Not Exist

2025 CFSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders. As stated in Section 1 in this APSR, this survey was completed by 147 internal CFSD staff, and 219 external stakeholders (including youth, parents, Tribal members, court personnel, etc.). The following were the questions and responses collected specific to Item 23.

- The 147 internal staff participants were asked, ***"What is the frequency in which you file an exception to TPR, and for what applicable reason?"*** Participants could choose from the following options: less than half the time, half

the time, more than half the time, I've never filed an exception to TPR, or not applicable to role, for the following three exception categories:

- CFSD has not provided services deemed necessary to support reunification.
- CFSD has documented compelling reasons that TPR would not be in the child's best interest.
- CFSD has placed the child with a relative caregiver.

There were eighty-two responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 36: Frequency Timeframe for Filing Exceptions to TPR (N=65)

Internal – Frequency Timeframe Filing Exception of TPR	CFSD Not Provided Supports for Reunification Count / Percentage	CFSD Documented Child's Best Interest Count / Percentage	Child Placed with Relative Count / Percentage
Less than 1/2 the Time	20 / 31%	16 / 25%	13 / 20%
Half the Time	2 / 3%	3 / 5%	5 / 8%
More than 1/2 the Time	2 / 3%	10 / 15%	11 / 17%
I've Never Filed an Exception to TPR	41 / 63%	36 / 55%	36 / 55%
Grand Total	**65 / 100%**	**65 / 100%**	**65 / 100%**

- The 147 internal staff participants were asked, ***"Do you believe an exception to filing for TPR automatically extends the expected timelines to achieve permanency?"*** Results are as follows in the table below.

Table 37: Filing TPR Extends Permanency Timelines (N=147)

Internal - Filing an Exception for TPR Automatically Extends the Expected Timelines to Achieve Permanency	Count / Percentage
No	104 / 71%
Yes	43 / 29%
Grand Total	**147 / 100%**

Item 23 Performance Appraisal

CFSD has rated *'Systemic Factor Item 23'* as an **Area Needing Improvement**.

CFSD believes this is an Item for which interviews with key stakeholders may assist in better assessing the state's performance.

CFSD has recently identified a way to pull monthly reports to support caseworkers. The report would reflect when a TPR filing is due before a specific concrete date, when it is entered, and/or when it is overdue.

CFSD's new CCWIS system will have more interfacing data exchange that is compliant and will capture the requirements of this item's assessment.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, due to administrative data limitations, though required, CFSD is unable to ensure that the filing of TPR proceedings occurs in accordance with the required provisions. Additionally, exceptions of TPRs are not being entered accurately in order for CFSD to draw any conclusions on the matter.

Item 24: Notice of Hearings and Review to Caregivers

APSR Question: ***How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?***

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 24' was rated as an Area Needing Improvement based on information from the SWA and the stakeholder interviews that there was variation across the state as to whether foster parents, pre-adoptive parents, and relative caregivers of children in foster care routinely receive hearing notifications. Many stakeholders said that caregivers were not routinely notified of their right to be heard in reviews or hearings held with respect to the child in their care. Stakeholders also reported that not all jurisdictions in the state have procedures in place to meet the requirement.

During SFY25, CFSD has continued to partner with the states attorneys to ensure caseworkers provide a list to their assigned attorney listing the child's placement (kinship and/or foster care provider) as a party to the case who is required to be provided notice of court proceedings. Additionally, each CFSD region has its own process for ensuring that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child. Letters of notice and invitation (may be U.S. mail or email) are sent regarding FCRC; however, the variation of how notices are provided becomes broader as it applies to court hearings due to the courts scheduling process.

CFSD does not have any quantitative administrative data as there is no formal statewide process to capture this information in our system. CFSD is continuing to assess and seek consistency in active efforts to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are routinely notified of any review or hearing held with respect to the child and furthermore are given the opportunity to speak and be heard. Because there is no standardized process of notification and invitations being provided, and neither CFSD's child welfare case record system SACWIS, nor the court case management system collect data related to this Item, there is no way to gather empirical evidence within the existing systems of how often notifications are occurring. CFSD believes this to be inconsistent in how its system is functioning in relation to this Item.

2025 CFSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders. As stated in Section 1 in this APSR, this survey was completed by 147 internal CFSD staff, and 219 external stakeholders (including youth, parents, Tribal members, court personnel, etc.). The following were the questions and responses collected specific to Item 24.

- The 147 internal staff participants were asked, ***"Reflect on how often you notify parents, youth, foster families (licensed and kinship), providers, and applicable Tribal representatives on cases when court hearings (not just permanency hearings) are occurring?"*** Results are as follows in the table below. (N=147)

  - **Parents**: There were sixty-seven responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 38: Court Hearing Notice to Parent (N=80)

Internal – Court Hearing Notices to Parent	Respondents Count / Percentage
Always	64 / 80%
Sometimes	6 / 8%
Usually	6 / 8%
Rarely	2 / 3%
Never	2 / 3%
Grand Total	**80 / 100%**

  - **Placement (licensed and kinship)**: There were fifty-eight responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 39: Court Hearing Notice to Placement (N=89)

Internal – Court Hearing Notices to Placement	Respondents Count / Percentage
Always	65 / 73%
Sometimes	12 / 13%
Usually	10 / 11%
Rarely	2 / 2%
Grand Total	**89 / 100%**

- **Youth**: There were sixty-two responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 40: Court Hearing Notice to Youth (14 or older) (N=85)

Internal – Court Hearing Notices to Youth (ages 14 or older)	Respondents Count / Percentage
Always	50 / 59%
Sometimes	19 / 22%
Usually	11 / 13%
Rarely	2 / 2%
Never	3 / 4%
Grand Total	**85 / 100%**

- **Tribal Representative**: There were sixty-four responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 41: Court Hearing Notice to Tribal Representatives (N=83)

Internal – Court Hearing Notices to Tribal Representative	Respondents Count / Percentage
Always	67 / 81%
Sometimes	5 / 6%
Usually	6 / 7%
Rarely	2 / 2%
Never	3 / 4%
Grand Total	**83 / 100**

- **Provider**: There were sixty-two responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 42: Court Hearing Notice to Providers (N=85)

Internal – Court Hearing Notices to Provider	Respondents Count / Percentage
Always	34 / 23%
Sometimes	22 / 15%
Usually	11 / 7%
Rarely	12 / 8%
Never	6 / 5%
Grand Total	**85 / 100%**

- The 147 internal staff participants were asked, ***"Reflect on what factors are present when caregivers of children in foster care /i.e. foster or kinship placements, pre-adoptive parents, etc. are not provided notice of court hearings?*** CFSD CQI staff categorized the answers into the five categories that best described their open-ended responses. There were seventy-two responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 43: Factors Present when Notice not Provided (N=75)

Internal - What Factors are Present when Caregivers are Not Provided with Notice of Court Hearings?	Respondents Count / Percentage
Safety Concern	2 / 3%
Lack Training	2 / 3%
Court Scheduling	4 / 5%
Workload	6 / 8%
Communication Issues	61 / 81%
Grand Total	**75 / 100%**

Item 24 Performance Appraisal

CFSD has rated *'Systemic Factor Item 24'* as an **Area Needing Improvement**.

CFSD does not have any quantitative administrative data as there is no formal statewide process to capture this information in our system. However, CFSD captured qualitative data that reflects hearing notifications are routinely occurring across the state.

- Survey responses specific to this item's assessment indicated the following:
  - 80% of CFSD staff surveyed reported they *'Always'* provide notice to parents when there is a court hearing scheduled.
  - 73% of CFSD staff surveyed reported they *'Always'* provide notice to resource parents (foster/kinship placements) when there is a court hearing scheduled.
  - 59% of CFSD staff surveyed reported they *'Always'* provide notice to youth (14 and older) when there is a court hearing scheduled.
  - 81% of CFSD staff surveyed reported they *'Always'* provide notice to Tribal representatives when there is a court hearing scheduled.
  - 23% of CFSD staff surveyed reported they *'Always'* provide notice to the service providers working with the parent or child in their case when there is a court hearing scheduled.

CFSD believes this is an Item for which interviews with key stakeholders may assist in better assessing the state's performance.

CFSD's new CCWIS system will have more interfacing data exchange that is compliant and will capture the requirements of this item's assessment.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, due to administrative data limitations, though required, CFSD is unable to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are receiving notification of any review or hearing held with respect to the child and have a right to be heard in any review or hearing held in respect to the child.

Quality Assurance System

Item 25: Quality Assurance System

APSR Question: How well is the quality assurance system functioning statewide to ensure that it is:

1. ***Operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided.***
2. ***Has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided with quality services that protect their health and safety).***
3. ***Identifies strengths and needs of the service delivery system.***
4. ***Provides relevant reports; and,***
5. ***Evaluates implemented program improvement measures.***

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 25' was rated as an Area Needing Improvement, as CFSD was not in substantial conformity based on the information from the SWA and the stakeholder interviews. At that time, CFSD was in the process of enhancing the QA system, however, it was not fully functioning statewide. A random sample of foster care cases was being reviewed every six months and in-home cases were not reviewed. Stakeholders at the time reported that statewide data was beginning to be used to inform programmatic initiatives, but the QA system was not able to routinely monitor the initiatives and provide data that could be used to make needed adjustments. In addition, there were concerns about the agency's case review process being able to be sustained due to staffing resources and capacity, and there was a plan being developed to increase the resources available for the case review component of the state's QA system.

During SFY25, CFSD has continued its efforts that were implemented during the CFSR Round 3 PIP-Monitored period, including, but not limited to:

- Reviewing, updating, and creating policies and procedures to be a more effectively implemented practice model with a greater emphasis on training, coaching, and mentoring, and a more developed and robust CQI model helping CFSD independently and collectively improve how work with children and families is completed. This work has become integral to CFSD's future child welfare success improving safety, permanency and well-being outcomes for Montana children.
- Collecting and analyzing data from various sources and methods and then presenting discussing the findings with M-Team and regional staff. This allows for CFSD to take a deeper dive into positive and challenging trends across the state, within regions and within specific units.
- Engaging stakeholders, Tribes, foster care providers, parents, and youth through ongoing councils statewide which present ongoing opportunities for CFSD to share initiatives and plans, present data, and obtain feedback which led to creating the process of including external stakeholders in improvement plans at state and local levels. This has led to more formalized processes to ensure continuity and regularity, while also providing opportunities for CFSD to share more information surrounding the state's CFSP, APSR, future PIP, and CFSR process, planning and results, to promote better understanding and involvement from external stakeholders. These councils consist of:
    - Parent Advisory Board – *Connected Voices for Montana Children*
    - Youth Advisory Board
    - State Advisory Board
    - Regional Advisory Councils
- Analyzing data entry to assist in my streamline and accurate development of administrative reports. CFSD has focused on how data is entered by staff and overall collected within administrative systems as well as data being collected surrounding CFSD's newly implemented strategies. Through the process of data collection and analysis, CFSD identified ways the data collection could be enhanced to provide more useful information to help inform decisions moving forward, which included more discussions prior to implementing data tracking to ensure correct data is being collected in the most efficient manner available from the beginning. CFSD collaborated with external stakeholders with more data collection and analysis experience than internal stakeholders to learn ways to better identify more efficient data (both qualitative and quantitative) collection tools. All this work has supported CFSD's increased data collection, presentation, and ability to make plans for improvement based on data.
- Implementing an internal case review process. CFSD identified inefficiencies in the previous process utilized during the CFSR Round 3 PIP-Monitored Case Review period, such as utilizing a rotating pool of reviewers for case reviews, which resulted in more time required in retraining and impacted the overall QA processes. CFSD made changes to ensure reviewers remained consistent as well as implementing more formal training for reviewers to enhance reviewer knowledge and consistency in application of the OSRI.
- Improving the quality and frequency of caseworker monthly visits through enhanced training for both caseworkers and supervisors, as well as establishing ongoing supervisory coaching and mentoring techniques.

CFSD has continued to build a stronger and more robust CQI program, recognizing that CQI is not a static process. CFSD continues to develop a formalized CQI process moving towards using information from all areas of CFSD in a structured "Plan, Do, Study and Act" process. CFSD's CQI policy outlines the philosophy of CQI as a catalyst for change. CFSD continues to strive to be a true learning organization that embraces change to improve outcomes for children and families while improving workplace satisfaction and worker retention. CFSD takes a CQI approach to inform quality assurance and improvement efforts throughout the division with the intent of making on-going real-time modifications to practice and policy as indicated through analysis of data and stakeholder feedback. CFSD has embraced the use of CQI system and supported the ongoing efforts of the CQI unit in developing a robust feedback loop to ensure everyone involved with child welfare has a voice in the development and implementation of a quality program.

CFSD's CQI Bureau currently has five full- time positions (more than double the positions dedicated to CQI in 2022 and prior) supervised by the Deputy Division Administrator, who is also responsible for involvement in many other programs and processes. The CQI staff are all new to the CQI team within the past 1.5 years, though they all have prior experience with the agency with a cumulative ninety-seven total number of years of experience with CFSD. CFSD CQI Bureau collaborates with CFSD's BA Bureau on various activities listed throughout this report. The BA Bureau currently has five positions (three full-time and two half-time) supervised by the BA Bureau Chief.

Both the CQI and BA Bureaus present data surrounding agency outcome workloads to RAs and M-Team, with some of these reports being then shared with supervisors and workers. Internally, CFSD utilizes several data reports, prepared by the CQI and BA unit, each month, as well as yearly data updates for same outcomes. All RA's have received training on how to utilize the pivot tables, with the expectation that they then train staff within their region who need to know. The CQI and BA unit have provided additional technical assistance to CWM's and supervisors assigned by the RAs in their regions to help inform program development and increase efficiencies.

During SFY25 CFSD utilized the following monthly reporting which allowed for assessing trends through cumulative data as well as a breakdown to specific case level. Much of this is done through use of pivot tables, as they allow for easy view of the entire state or breakdown by region, county, supervisor, worker, and/or case type. Not only does the monthly view of data help promote improvement and identification of problem areas, but it also ensures the data is being looked at frequently, which allows for concerns within the data to be identified (for instance, cases being attributed to the wrong county). Since the creation of these reports, CFSD has seen improved outcomes in both measures, as RAs and regional leadership teams have been able to look at trending and use the data provided to identify barriers and shortcomings and develop plans to address those. On a monthly basis, more often if noted, the following reports are completed and provided to M-Team, which then are shared with regional supervisors as a tool for improving case management.

- Investigations Past Due Report: This is a point in time list of investigations that are past the due date and is provided every two weeks, and in addition to that, a monthly report is created providing the total number of investigations completed/not completed timely so that trends can also be seen, rather than a point in time look.
- Caseload Assignment: This caseload report indicates the number of investigations/kids assigned per worker as both fully staffed, and by positions occupied during the month.
- Caseworker Monthly Visits with Youth: This is a pivot table report detailing the number and percentage of required caseworker monthly visits that occurred with youth in foster care during the prior month. This report allows management to identify trends, and to make this as broad as desired, or specific enough to encompass only one supervisory unit or worker.
- Timely Investigations: This is a pivot table report detailing the number and percentage of investigations completed on time in the previous month.
- Number of Reports by County: This is number of reports requiring an investigation received by the county.
- Fidelity Reviews: This is a copy of all completed fidelity reviews in the previous month.

The following reports are provided to central office program staff monthly, unless otherwise specified:

- Adoption Disruptions: This is a report reflecting the disrupted adoptions/guardianships that occur monthly.
- Youth Fourteen+ Credit Checks: This is a quarterly report reflecting all youth in care who are required to have a credit report pulled and reviewed with them during the same period. The pull is based on each youth's birthday and ensures that the credit report process is done yearly. The report is provided to caseworkers, enabling them to know and track what youth are due for review.

- Foster Care Youth Turning Eighteen: The BA unit initiated a monthly report process to assist Guardianship and Adoption Program Managers with Medicaid termination processes. The monthly pulled report reflects all adopted and guardianship kids turning eighteen in the following month. Appropriate information from this report is shared consistently with the Medicaid Unit. This proactive effort has greatly reduced the frequency of questions between programs staff and the Medicaid unit about closures.
- MCFCIP Eligible Youth Referral: The BA unit implemented a monthly report that is pulled to reflect all MCFCIP eligible youth in care. This report is arranged by region and shared with both MCFCIP providers and caseworkers. This practice has eliminated the need for paper referrals from caseworkers to MCFCIP providers, which frequently caused service delays, and provides MCFCIP with the most up to date contact information for MCFCIP eligible youth. This has reshaped the referral process for MCFCIP, and more eligible youth are being connected timelier.

Most recently CFSD utilized data pulled by the BA unit to establish baseline performance, analyze causes of issues/patterns delaying efforts, and thereby identify plans for improvement:

- Caseworker Visits with Parents: These are two separate reports, one reflecting data specific to caseworker visits with mothers, and another specific to caseworker visits with fathers. These reports are in keeping with goals set forth in CFSD's SFY25-29 CFSP. This allows a cumulative view of the documentation of these visits. Though there are limitations to the data based on the current case management system, those are accounted for in assessing the data. This cumulative view will allow CFSD to take a deeper look at the engagement of parents in children's case plans as well as the documentation of such.
- Periodic Review Report (Foster Care Review Committee and Permanency Hearings): These reports are generated monthly to reflect when periodic reviews are either coming due or are overdue. Additionally, a report is generated cumulatively every six months to reflect current status.
- Timely filing of TPR: This report is generated monthly to reflect the current status of the TPRs or Exceptions to TPRs, and whether they were entered into the SACWIS system. The data reflects whether the information entered was completed timely.
- Adoption/Guardianship Subsidized End Date Report: Historically, on occasion the Guardianship and Adoption Program Managers have become aware of a child whose subsidy had ended prior to the child's eighteenth birthday. With the goal of proactively addressing data input errors, the BA unit began pulling reports that document kids whose subsidy is set to close on a date other than their eighteenth birthday. This report has allowed program managers to investigate the legitimacy of the dates entered and proactively make necessary corrections versus hearing from a parent that their subsidy was unexpectantly terminated.
- Guardianship Tracker: Due to constraints of the current case management system, a tracking sheet was utilized for years to track processes of guardianship. This included the time it takes from a referral from caseworker to complete a guardianship to the time it is ordered/completed. However, the way the spreadsheet was initially created, and data was entered, resulted in all data from it needing to be 'hand-counted'. In Spring of 2025, CFSD's BA unit worked with the Guardianship Program Manager to re-format the tracking sheet, and the process of entering data, to reduce the likelihood of human error, improved reporting capabilities, and reduced the amount of time required to access and report on data from this tracking. The new process ensures the following:
    - Remove the need for any hand-counts
    - Automatically calculate timelines that are tracked to reduce human error
    - Utilize drop downs for fields in which they apply, again to reduce human error
    - Create automatic cumulative reporting of identified criteria wanting tracked (such as timelines to completion)

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

In addition, the CQI and BA unit are reviewing AFCAR errors monthly and provide the regional errors report to the regional Admin Support Supervisors (or others assigned by the supervisor) to address the errors in a timely manner. This process has helped identify training needs for staff when entering case information into the CFSD case record system.

CFSD also provides data to Tribes and Courts upon request and additionally provides access to data in understandable reports to community stakeholders (upon request) across the state via CFSDDataRequest@mt.gov. This mailbox is maintained by a combination of the CQI and BA unit staff to ensure someone can respond to inquiries timely. Aside from Courts and Tribes, a partial list of these stakeholders includes CASA, Wendy's Wonderful Kids, Child Advocacy Centers, and Montana's Foster Care Health Program. This process ensures accurate information is disseminated in a format that is understandable and meets the needs of stakeholders.

CFSD worked with the MCIP to ensure data used by MCIP, the Drug Court Pilot, and the CASA programs are consistent with agency data and that these entities are working collectively toward the same end goal.

Also, through the Grants and Contracts Program Managers with Central Office, CFSD is enhancing involvement of contracted service providers in a process that will include identification/provision of data outcome measurements and participation in discussion of data analysis and conclusions. Providers submit logs monthly, indicating what model interventions are being utilized by the county. These logs are reviewed to track evidence-based model interventions. Next steps will be to compare the model interventions being utilized to the number of children in care, number of children on THVs, and the number of children reunified and dismissed. This data will then be shared with providers and CFSD staff to use to improve outcomes for children and families.

In addition to sharing the data with stakeholders per their request, CFSD has moved towards sharing case review data, and analysis of the same, with RAC and SAC to help engage them in discussion surrounding the data, what it means, and identifying action steps and changes that can be made to enhance overall performance of CFSD's Child Welfare System. Along with this, CFSD has shared data from the Data Profile and Supplemental Context Data as well.

CFSD's primary method of case review has been through utilization of the OSRI. CFSD began using this tool regularly following the Round 3 Federal Review conducted in 2017.

During the PIP-Monitored reviews CFSR Round 3, CFSD was able to identify areas of the review process that did not work well, and course correct. Throughout the three years of Baseline and PIP-Monitored reviews, a variety of staff were trained and participated in the review process. By the CQI team regularly assessing the process, CFSD was able to make necessary changes to include a more regular pool of reviewers, more in-depth initial training for reviewers, regular ongoing training for reviewers, and training and manuals to expand the quality of information included in rating summaries. The CFSD M-Team found it most useful for supervisors and training staff to be well versed in the OSRI, as it provides a good foundation for best practice, and they are the positions that drive day-to-day practice change within the state. However, this was not a sustainable review plan due to reviewers' capacity, and CFSD elected to temporarily stop reviews at the end of Round 3 PIP-Monitored reviews to further develop a new ongoing review plan and training and provide that training prior to re-implementing reviews utilizing the Round 4 OSRI.

Currently the case review plan focuses on exposing and training all supervisors within CFSD. In 2024, supervisory staff (CWMs, CPSSs, RFSSs, and CI Supervisors) were split into six different groups in which they underwent training on the OSRI tool. The groups moved seamlessly from other leadership trainings into the Case Review Training. The groups were staggered with different start dates over a four-month period. The first group began training in March of 2024. These groups conducted monthly sessions for each group covering different aspects of the case review process and how they pertain to everyday work within the field. A total of fifty-four CPSS completed the mock case in the OSRI by the end of August 2024.There have been staff that have completed the training that have since left CFSD and new supervisory staff being hired to fill their positions. These new supervisory staff have formed new cohorts that have already begun this same training. It is now a training that is built in for new supervisors to attend within their first year of being hired into their supervisory role. As staff transition, new cohorts are formed to facilitate this training process.

In September 2024, CFSD's internal case reviews started with the end goal that each region completes a review most months throughout the year through June of 2025, except for December in which no reviews occurred. There are consistently two regions each month that receive a 'pass' and do not complete a case review. From September 2024 to January 2025, QA was completed by the CQI unit on each case reviewed, and feedback was provided to the reviewers; however, initially this process was used as ongoing training to create a learning experience for the reviewers and they were not expected to make corrections in the OSRI tool. As of January 2025, CFSD is conducting reviews more similarly to what is described in the available CFSR Round 4 Instruments, Tools, and Guides. QA is now utilized as intended. Reviewers are now expected to go through two rounds of QA and resolve any issues brought to their review through QA. Currently reviewers do review cases from their own regions, however in an effort to avoid conflicts of interest reviewers must not have touched the case in any capacity that they are to review. This is done during the case setup process which involves vetting cases pulled against who was assigned the case and the potential reviewers. As well as corresponding with reviewers to ensure they have no conflicts with identified cases. This process has created significant "buy-in" across the state and has aided in building a case review culture across all regions. Cases are assigned through random sampling, and all case participants are interviewed. CFSD developed a comprehensive guide to be used by reviewers that incorporates various resources released by ACF-CB and provides both clarifications and expectations for the reviews.

These include the published Frequently Asked Questions (FAQ), and CFSD will continue to update the guide as ACF-CB provides future clarification and guidance. The guide is intended to be a living guide that is updated frequently and serves as a method of continually informing all reviewers of new information obtained or learned through review processes. This current case review plan supports approximately forty reviews being completed within an SFY.

CFSD is taking a thoughtful approach with slower steps towards achieving an ongoing case review process to ensure sustainability and sufficient training. Through this process the CQI Team is identifying 'Case Review Champions' within the supervisory groups to help in building out a sustainable review process before beginning PIP-Monitored reviews following Round 4 CFSR. Ultimately, by the time PIP-Monitored reviews occur for Round 4, CFSD would like to have shorter review periods to support an overall greater number of review periods. This helps ensure more opportunities to show improvements, and more frequent full reports to management with progress.

In addition to case reviews utilizing the OSRI, in SFY23 CFSD Safety Committee led the development and implementation of a Fidelity Review Tool which focuses on the investigation phase of a case. The fidelity tool is currently used by both Safety Committee and regional staff. CFSD is working through gathering enough responses for a sufficient baseline. At this time, roughly twenty reviews are completed each month. There is an effort to have reviews completed by each region, and to try and match percentage of reviews by region to the percentage of investigations done by each. Some regions request randomly selected investigations to review, while others choose them on their own. Of those that are randomly selected, a BA manages that, while also trying to ensure there is not over-representation of any one worker/supervisor by those completed. Starting in FY25, CFSD will explore requiring all fidelity reviews to be randomly selected to provide greater confidence in the findings when aggregated up to state level outcomes. The Safety Committee continues to drive practice changes forward.

The CQI unit participates in supporting the Regional Advisory Council and the State Advisory Council with the goal of introducing stakeholders to the CFSR process, how stakeholders can be involved in the process, and how stakeholders can be involved in the resulting PIP. Moreover, during these meetings, stakeholders shared their thoughts and concerns pertaining to the division's work and interaction with stakeholders, and this feedback is being used to develop surveys and topical platforms for focus groups moving forward. Stakeholders have partnered with CFSD to further develop effective communication and collaboration between the parties. CFSD currently shares trends, comparisons, and findings derived from data to help guide collaborative efforts with internal and external stakeholders (including RAC, SAC, Legislative Committees, and service providers). This included briefings on reports from case review data to regional staff and stakeholders, statewide data on case review results, administrative data, and SWDI to decision-makers within CFSD, statewide stakeholders, and legislative committees. Feedback provided to them, and resulting discussions and feedback from them, has resulted in several changes to existing practices, both internally and through collaborative efforts with partnering agencies. Some examples of this include providing training in 2023 on concurrent planning and goal setting, a different approach to Chafee referrals with MCFCIP providers, restructuring the way information is pulled and followed up on for credit reports for youth over fourteen to be more efficient, providing data in a more reader friendly format, and a current look at processes for ensuring medical coverage is handled appropriately for youth in care and in subsidized adoptions or guardianships.

CFSD's current CQI team is small and is responsible for carrying out case reviews, overseeing the creation, implementation, and update of the APSRs and CFSP, policy and procedure revisions and maintenance, CFSR components (i.e. SWA and federal led case review plan), and many other tasks as assigned. Each team member is also assigned one or more specific regions of the state to be a primary contact in relation to CQI processes and some technical assistance. Each of the CQI Specialists have some tasks they are primarily responsible for (some of which directly relate to CQI, and some that do not, but are necessary). Due to this and the small nature of the team, it is imperative that CFSD builds out a CQI structure that permeates every level of the agency and does not rely solely on the CQI team to employ this. Not only does this help create and maintain a culture of CQI, but it ensures that CQI processes and practices do not fade away as staff changes within the CQI team occur.

As CFSD continues to build out the CQI plan and process, CFSD plans to incorporate quarterly CQI meetings in which both regional and statewide data are shared relating to CFSD's goals. The data shared will demonstrate recent trends, status, and what the goals are. This will provide a forum to identify what practices are in place that are working, where different areas may be struggling, barriers to improvement, and plans to address those barriers and change methods as needed.

CFSD M-Team CQI Focus Group Feedback

On March 12, 2025, a focus group around CQI efforts was held with the CFSD M-Team in-person. The purpose of this focus group was to identify how CQI has been implemented and institutionalized across the agency, and specifically at the field level. All six RAs were able to illustrate a number of ways in which they implement CQI within their daily work. Region 3 reported that they review the monthly data reports that indicate specific regional data that can be sorted by supervisor, worker, family, child, etc. The RA reported that this state-level information is reviewed monthly with her regional leadership team, who then create workplans with their staff to meet the goals set by the leadership team.

Another example of a CQI process that has been institutionalized is in Region 1. The RA reported that their home visit completion has increased over the past fifteen months, their home visit completion has increased from 79.0% in February 2024 to 93.3% in March 2025. This was as a result of regional home visit data that was shared at the state level, and the Region 1 leadership and staff implemented very specific goals to increase their home visit completion rates. This data continues to be reviewed monthly with all staff and has been included in their performance appraisal goals as well. This data is also shared with their Regional Advisory Council, who helps to inform the broader child welfare system.

CFSD is committed to continuing to make progress in refining our CQI program and increasing the speed and efficiency with which it works. CFSD sees all the CQI innovations and improvement as a strength that will continue to be built upon moving forward.

CFSD's new CCWIS system will have more interfacing data exchange that is compliant and will capture the requirements of this item's assessment. The completion of a new CCWIS system will allow for increased real-time data collection as well. While the course of constructing and implementing this new system is in initial stages, the system is expected to enhance the quality and timeliness of data entry/retrieval and will be tied closely to CFSD's case review process.

Item 25 Performance Appraisal

CFSD has rated *'Systemic Factor Item 25'* as a **Strength**.

CFSD is committed to continuing to make progress in refining our CQI program and increasing the speed and efficiency with which it works. CFSD sees all the CQI innovations and improvement as a strength that will continue to be built upon moving forward.

CFSD's new CCWIS system will have more interfacing data exchange that is compliant and will capture the requirements of this item's assessment. The completion of a new CCWIS system will allow for increased real-time data collection as well. While the course of constructing and implementing this new system is in initial stages, the system is expected to enhance the quality and timeliness of data entry/retrieval and will be tied closely to CFSD's case review process.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the quality statewide functioning of the quality assurance system to ensure that CFSD is:

- Operating in jurisdictions where the service included in CFSP are provided.
- Evaluating the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety).
- Identifying strengths and needs of the service delivery system; and,
- Evaluating implemented program improvement measures.

Staff and Provider Training

Item 26: Initial Child Facing Staff Training

APSR Question: ***How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:***

1. **Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and,**
2. **The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.**

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 26' was rated as an Area Needing Improvement, as CFSD was not in substantial conformity. Information from the SWA and the stakeholder interviews showed that at the time there were no timeframe requirements for completion of the training, although most caseworkers complete initial training within six months of their hire date. Many stakeholders reported that the initial training did not prepare new caseworkers to assume entry-level case management duties. Stakeholders reported that new caseworker training lacked a sufficient skill-based component. They noted that some new caseworkers were assigned cases before they completed initial training and that there were variations in the level of adequate oversight provided to caseworkers who were assigned cases before the completion of initial training. Most stakeholders reported that there was little to no communication between training and field supervision staff, while new caseworkers were in training status.

The efforts achieved during the CFSR Round 3 PIP-Monitored period were all reported in the Final Montana PIP Progress Report submitted to ACF-CB, and the majority of those efforts have remained intact as outlined throughout the attached CFSP SFY25-29 CFSD Training Plan.

During SFY25, UM-CCFWD continued to support CFSD's efforts in providing initial and ongoing training for child welfare staff. UM-CCFWD is a longstanding contracted partner of CFSD and are highly regarded in the state as an active participant working closely with CFSD to identify and provide necessary training.

All CFSD employees in child-facing employment positions, currently defined as CPS and CPSS, are required to successfully complete specified training requirements within their first year of employment to achieve a Montana CPS Certification (MT CPS Certification) as stated in statute. MT-CPS Certification and re-certification are required for all child-facing staff types as laid out in the following MCA and ARM hyperlinks:

- MCA 41-3-127 Certification Requirements Hyperlink
- ARM 37.47.308 Hyperlink

Please see the CFSP SFY25-29 Training Plan for the following components that have been consistent and applicable to SFY25:

- Initial Training Requirements and Expectations
- Recruitment
- Retention
- Information on the Child Protective Service Workforce
- Child Facing Certification
    - Initial Training Requirements
    - New Hire Onboarding Training Requirements and Curriculum Overview
    - Training Manuals
    - Pre-MCAN Training: Phase 1
    - MCAN Training: Phases 1-4
    - Shadow/Coaching for New Staff: Phases 2-4
    - Skill Enhancement Training
    - Requirements for Initial Case Assignment
- Resource Family Specialist Training
- Supervisor Training
    - Requirement and Process for Initial Supervisor Training (Applicable to Child-Facing Positions)
        - Phase I: Leadership Academy
        - Phase II: Case Review
        - Phase III: Consultation Workshops
- CFSD Internal Process for Tracking, Monitoring and Evaluating Training

During SFY25, CFSD Training Bureau continued to be flexible and innovative in creating training necessary to best support the workforce. Flexibility was required to meet the demands of the workforce in offering face-to-face and virtual learning sessions and there is continual work between each session of certification training to ensure that the most up to date policy and procedures are mirrored within the training curriculum. Efforts were made to incorporate videos, training examples, as well as hands-on learning experiences, to create a learning environment that promoted a higher level of comprehension of the material. CFSD enhanced the initial onboarding training for CPS in the following ways:

- Length of Training:
    - MCAN training historically consisted of three weeks. However, in August of 2024, the training was enhanced to four weeks, with facilitation of five sessions serving five cohorts per year.
    - While the expansion to MCAN through the addition of the fourth week of initial CPS training content does potentially elongate the period in between MCAN week one sessions, the changes to curriculum have not resulted in fewer MCAN cohorts each year.
    - The Training Bureau will continue to offer five full sessions of MCAN to five cohorts of newly hired CPS staff.
- Increased communication between Training Bureau and Supervisors:
    - There have been, and continue to be, efforts to involve CPSSs into the ongoing learning and training of new CPS staff. To stimulate growth in that area, supervisors are provided with information about the importance of transfer of learning and how they can support their new CPS that is attending required initial training to obtain their MT-CPS Certification. The CPS Training Manual provides prompts and resources that will assist them in supporting the ongoing learning of the workforce. Communication has been enhanced between the Training Bureau and CPSSs to ensure that supervisors are kept connected to the training and have enhanced their ability to support the CPS before, during, and after training.
- MT-CPS Certificate Exams:
    - The Training Bureau has made further efforts to incorporate the certification exams into each corresponding week of MCAN to prolong delays resulting from staff returning home and failing to complete their exams timely. The Training Bureau has identified that most new CPS staff are completing their MT-CPS Certification within four months of their hire date.
- Virtual Reality:
    - In October of 2024, CFSD implemented the use of Virtual Reality to further support the second week of MCAN, and in February of 2025, Virtual Reality content was implemented to support the fourth week of MCAN.
    - Additionally, Virtual Reality simulation content was incorporated into the Initial Supervisor - Practice Model Facilitation Training, with the second cohort of 2024 promoting consultation practice specific to initial contacts, immediate danger identification, and safety determinations. A second Virtual Reality simulation activity was added to the Practice Model Facilitation for Supervisor's training in March of 2025 to promote consultation practice specific to youth engagement, out-of-home placement, monthly home visiting, assessment of safety, and case planning.
- Shadow/Coaching for New CPS:
    - Revisions were made during 2025 to the CPS Training Manual to clearly identify shadowing or coaching activities for CPS and their Supervisor, a more experienced peer, or a staff member in a leadership role.
    - New supervisor training was also expanded in 2024 to include ninety minutes of in-person training specific to onboarding of new caseworkers and application of the CPS Training Manual, inclusive of training requirements and associated expectations regarding the assignment of independent investigative and/or case management activities.
    - The insights obtained from the CPSSs and the Training Bureau through the training interactions of initial onboarding, directly inform individualized training and support strategies, as well as future case assignments beyond that of the standardized requirements.
    - Additional and/or individualized support may include additional shadowing opportunities, subsequent training reports or case management activities, one-on-one coaching time with training and/or supervisory staff, or repeat modules or sections.
- Skills Enhancement Training (SET):
    - As of August 2024, the completion of the designated SETs modules is now eighteen hours of training content. Prior to August of 2024, the completion of the designated SETs modules was twenty-eight hours of content. Various topics were embedded into the enhanced MCAN topics listed in the MCAN training phases in the SFY25-29 Training Plan.

- Requirements for Initial Case Assignment:
  - Beginning in 2025, during the *Welcome and Introduction Phase* of the initial training orientation the Training Bureau started providing a one-page summarization to the CPS and their assigned CPSS that outlined the CPS's first year training requirements that must be met prior to them independently being assigned a report, or case. Modifications to the 2025 CPS Training Manual include a clearer representation of the training requirements that are required for completion prior to independent investigative or case management assignments. Additionally, the Training Bureau has increased communication with CPS and CPSS staff via email and welcome meeting introductions to affirm accomplishments and the corresponding eligibility for staff to independently manage investigations and/or cases.
  - The one-page summarization also reflects the "Training Progression" category, reflecting the requirements the CPS must meet prior to independently managing investigative reports, or on-going case management/caseload assignments as reflected in the table below.

Table 44: New Hire Training and Investigation Case Assignment Progression

New Hire CPS First Year Training and Investigation and/or Case Assignment Requirements
Classroom and Online Learning Courses
• *Pre-MCAN, MCAN Weeks 1-4, and SETs completed.*
Mentored Case Practice
• *Supported Investigation and Case Management Activities conducted with CPSS & peers (shadowing). Shadowing starts upon hire and is ongoing until the completion of week 4 MCAN.*
• *Completion of 2 Training Reports following week 2 MCAN. The first training report is conducted with a supervisor, the second training report is conducted with a peer.*
• *Completion of 5 Core Case Management Activities following week 3 MCAN. The core case management activities are conducted with a supervisor.*
Training Progression – "Independent Report Assignment"
Independent Report Assignments occur <u>after</u> completion of: • *Week 2 & 3 MCAN* • *Week 2 & 3 certification exams* • *2 Training Reports – Completed with a CPSS - See CPS Training Manual for directives.*
Training Progression – "Independent Case Assignment"
Independent Case Assignments occur <u>after</u> completion of: • *Week 4 MCAN* • *Week 4 certification exam* • *5 Core case management activities – Completed with a CPSS - See CPS Training Manual for directives.*
MT-CPS Certification
CPS Certification is successfully achieved with a passing score of 80% or better on all of the following exams: • *Exam 1 occurs at the conclusion of Week 1 MCAN* • *Exam 2 Childhood Trauma occurs at the conclusion of Week 1 MCAN* • *Exam 3 occurs at the conclusion of Week 2 MCAN* • *Exam 4 occurs at the conclusion of Week 3 MCAN* • *Exam 5 occurs at the conclusion of Week 4 MCAN*

- Enhanced CPSS Initial Training:
  - CFSD institutionalized training for CPSS as never before. With the support of the UM-CCFWD, CFSD now has an initial and ongoing supervisor training that is sustainable for the foreseeable future, as discussed further in the SFY25-29 Training Plan.
  - For 2025, Leadership Labs were rebranded to "Consultation Workshops. This was based on formal and informal feedback from CPSSs through direct communication with the Training Bureau and surveyed feedback from an April 2023 Supervisor's meeting. It was further determined that the Consultation Workshops would be most effective after new CPSSs had established an understanding of the CFSR standards explored through Phase *II: Case Review Training*. With an established understanding of the performance standards and evaluation method, the Consultation Workshops will promote the incorporation of the learned standards into the structured consultation strategies explored throughout the workshops. Thus, Phase II and III of the new CPSS Training were retitled as:
    - Phase II: Case Review Training

- Phase III: Consultation Workshops
  - Consultation Workshops follow the same structure as the Leadership Labs, but enhancements to the six sessions occurred to focus more intently on application of trauma-informed practices through CPSS consultations with the assigned CPS. The sessions focus on the Implementation of a safety culture through Leadership, and Application of Administrative Skills, Coaching Strategies, Accountability, and Trauma-Informed Supervisory Support. Each session is approximately ninety minutes long. The sessions occur virtually on a monthly basis, over a six-month period, which are facilitated by the Training Bureau staff and include asynchronous practice activities for CPSS and their assigned CPS in between sessions.

During SFY25, the following table represents the new CPS hires per month during SFY25 (ending as of April of 2025).

Table 45: New CPS Hire From 2022-2025

CPS Hires	2024	2025
Jan	-	4
Feb	-	2
March	-	7
April	-	3
May	-	-
June	-	-
July	9	-
Aug	3	-
Sept	3	-
Oct	4	-
Nov	11	-
Dec	7	-

The number of registered CPS and/or MCAN CPS participants coincides with hiring data for this respective position type and is routinely cross-referenced by the Training Bureau staff to ensure for accurate and timely MCAN registration.

Discrepancies between the total number of CPS hired each year and the number of CPS participating in MCAN are accounted for in rollover from one year to the next (CPS hired in December of 2024 for example would attend MCAN in January of 2025). Thirty-six CPSs were registered for MCAN between January-April of 2025, whereas only sixteen CPS have been hired in that same timeframe. More insignificant discrepancies include CPSs who are hired and either resign or are terminated prior to attending MCAN.

With the completion of two 2025 MCAN sessions as of this writing, twenty-six of twenty-seven CPS have completed MCAN, and nine CPS are currently registered for the June 2025 MCAN session. The table below represents the staff hired and the staff registered for MCAN.

Table 46: Cross Referenced New Hire and MCAN Registered

New CPS Status	2024	2025
CPS Registered for MCAN	63	36
Onboarded	72	36

During SFY25, reports generated from the CFSD LMS, the findings of the MCAN evaluations, and the training tracking efforts by the Training Bureau, account for incremental increases in the timely completion of the pre-MCAN training requirements for CPS. Successful completion is indicative of completing the competency checks with a score of 80% or higher at the conclusion of each pre-MCAN module. Competency checks are applicable to all the previously identified pre-MCAN course topics. The following table reflects the successful completion rate of CPS completing pre-MCAN in 2024.

Table 47: CPS Pre-MCAN Attendance and Completion Rate

Year	CPS Pre-MCAN Attendance Count/Percentage	CPS Successful Completing Pre-MCAN Training within Required Timeframe
2024	63	61 / 97%

The success rate in having the MCAN sessions completed in totality within a CPS staff's first year of hire is very high. Approximately 1% of staff are unsuccessful in completing MCAN timely. Moreover, this metric has remained consistent throughout calendar years. The CPS who was unable to successfully complete MCAN within their first year of hire, failed to do so due to resignation or termination within the specified timeframe.

During SFY25, the following table represents the total number of new CPSSs who have completed the in-person Practice Model Facilitation training requirement.

Table 48: CPSS Practice Model Facilitation Training Completion Rate 2024-2025

Year	Total of CPSS Successfully Completed In-Person Training
2024	13
2025	5

The following table reflects the CPSS Phase I Training schedule utilized during SFY25 and projected through the first part of SFY26.

Table 49: CPSS Phase I 2025 Training Schedule

2025 Leadership Academy Schedule Module/Topic	Cohort 1: Open-Close Date	Cohort 1: Virtual Debrief	Cohort 2: Open-Close Date	Cohort 2: Virtual Debrief
Module 1: Child Welfare Supervision	Feb 3 – Feb 21	Feb 21	July 21-Aug 15	Aug 18
Module 2: Implementing Safety Model	Feb 21 -Mar 14	Mar 14	Aug 18-Sept 5	Sept 8
In-Person: Practice Model Facilitation	Mar 17-21	N/A	Sept 29 – Oct 3	N/A
Module 3: Permanency Outcomes	Mar 21-Apr 25	April 25	Oct 6-Oct 24	Oct 27
Module 4: Leadership	Apr 25-May 30	May 30	Oct 27- Nov 28	Dec 1

The following table reflects the CPSS Phase II Training schedule utilized during SFY25 and projected through first part of SFY26.

Table 50: CPSS Phase II 2025 Training Cohorts

Phase II Cohort And Year	New CPSS Hire Start Date Range	Phase I CPSS Training Start Date	Phase II CPSS Training Start Date	Total CPSS enrolled in Phase II	Total Number of Completed Modules of Phase II	Proposed Completion Date of Phase II	Proposed Number of Months from Phase I Start Date to Phase II Completion Date
Cohort 1 2025	May 27, 2024 - July 1, 2024	August 12, 2024	February 24, 2025	4	4 of 6	June 2025	10
Cohort 2 2025	October 21, 2023 – January 27, 2024	January 22, 2024	March 31, 2025	5	4 of 6	July 2025	17
Cohort 3 2025	October 7, 2024 - January 21, 2025	February 3, 2025	TBD August 2025	4	0 of 6	December 2025	10

As a result of the reorganization of Phase III: Consultation Workshops as mentioned previously, the first cohort of Phase III: Consultation Workshops was postponed until July of 2025. The following table reflects the CPSS Phase III Training schedule which will be utilized during SFY26.

- It should be noted that although only one session of workshops will occur during 2025, the Training Bureau is including the 2024 cohort participants to ensure completion of the workshops prior to the conclusion of 2025. Additionally, the 2024 cohorts will still adhere to the intended eighteen-month training period.

Table 51: CPSS Phase III 2025 Training Cohort

Phase III 2025 Cohort	Session I Leadership	Session 2 Leadership	Session 3 Coaching	Session 4 Coaching	Session 5 Administration	Session 6 Administration
Cohort 1 - Training Dates	July 29	August 26	Sept 23	October 28	November 25	December 16

Item 26 Performance Appraisal

CFSD has rated *'Systemic Factor Item 26'* as a **Strength**.

CFSD is always seeking ways to improve our practice, survey workforce, and recognize opportunities to seek efficiencies. CFSD is willing to update processes and procedures and remains agile and flexible to offer quality training frequently to best meet the needs of staff.

While the expansion to MCAN through the addition of the fourth week of initial CPS training content does potentially elongate the period in between MCAN week one sessions, the changes to curriculum have not resulted in fewer MCAN cohorts each year. The Training Bureau will continue to offer five full sessions of MCAN to five cohorts of newly hired CPS staff. The Training Bureau has made further efforts to incorporate the certification exams into each corresponding week of MCAN to prolong delays resulting from staff returning home and failing to complete their exams timely. The Training Bureau has identified that most new CPS staff are completing their MT-CPS Certification within four months of their hire date. There are likely benefits to having MCAN trained regionally, as opposed to the centralized structure that Montana is currently utilizing, but the variability in how the training content was delivered and the challenges in tracking training requirements would increase exponentially, in addition to consuming additional resources CFSD does not have.

The insights obtained from the CPSSs and the Training Bureau through the training interactions stated above, directly inform individualized training and support strategies, as well as future case assignments beyond that of the standardized requirements. Additional and/or individualized support may include additional shadowing opportunities, subsequent training reports or case management activities, one-on-one coaching time with training and/or supervisory staff, or repeat modules or sections of MCAN or SETs.

UM-CCFWD is a longstanding contracted partner in CFSD's efforts to provide initial and ongoing training for child welfare staff in Montana. UM-CCFWD is highly regarded in the state and the agency as an active participant working closely with CFSD to identify and provide necessary training.

CFSD evaluated their initial training and developed a Training Bureau with subject specific curriculum to support the workforce throughout their initial MT-CPS Certification.

The CFSD Training Bureau is flexible and innovative in creating training necessary to best support the workforce. Flexibility was required to meet the demands of the workforce in offering face-to-face and virtual learning sessions and there is continual work between each session of certification training to ensure that the most up to date policy and procedures are mirrored within the training curriculum. Efforts were made to incorporate videos, training examples, as well as hands-on learning experiences, to create a learning environment that promoted a higher level of comprehension of the material.

There have been, and continue to be, efforts to involve CPSSs into the ongoing learning and training of new CPS staff. To stimulate growth in that area, supervisors are provided with information about the importance of transfer of learning and how they can support their new CPS that is attending required initial training to obtain their MT-CPS Certification. The CPS Training Manual provides prompts and resources that will assist them in supporting the ongoing learning of the workforce.

Communication has been enhanced between the Training Bureau and CPSSs to ensure that supervisors are kept connected to the training and have enhanced their ability to support the CPS before, during, and after training.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning of the staff and provider training system ensures initial training is provided to all staff who deliver services pursuant to the CFSP reflecting:

- Staff receive training in accordance with the established curriculum and timeframes for provisions of initial training; and,
- The system demonstrates how well the initial training addresses the basic skills and knowledge needed by staff to carry out their duties.

Item 27: Ongoing Child Facing Staff Training

APSR Question: ***How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regards to services included in the FCFSP so that:***

1. **Staff receive ongoing training pursuant to the established curriculum and timeframes and provisions of ongoing training; and,**
2. **The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties.**

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 27' was rated as an Area Needing Improvement, as CFSD was not in substantial conformity. Information from the SWA and the stakeholder interviews showed that although there are no ongoing training requirements for staff, caseworkers generally receive the training needed to perform their job duties. Some staff reported that it is difficult to find the time needed to attend training that meets their ongoing professional development needs and supervisors do not routinely receive the ongoing training that is relevant to the supervision of casework practice.

The efforts achieved during the CFSR Round 3 PIP-Monitored period were all reported in the Final Montana PIP Progress Report submitted to ACF-CB, and the majority of those efforts have remained intact as outlined throughout the attached CFSP SFY25-29 CFSD Training Plan.

During SFY25, UM-CCFWD continued to support CFSD's efforts in providing initial and ongoing training for child welfare staff. UM-CCFWD is a longstanding contracted partner of CFSD and are highly regarded in the state as an active participant working closely with CFSD to identify and provide necessary training.

Once the child-facing staff has met their initial training requirements, all CFSD employees in child-facing employment positions are required to complete twenty hours of position specific training each year in maintenance of their MT CPS Certification. Annual re-certification can be achieved through participation in learning opportunities offered by CFSD or through training opportunities outside of CFSD. Re-certification is required for all child-facing staff types as laid out in the following MCA and ARM hyperlinks:

- MCA 41-3-127 Certification Requirements Hyperlink
- ARM 37.47.308 Hyperlink

Please see the CFSP SFY25-29 Training Plan for the following components that have been consistent and applicable to SFY25:

- Required Ongoing Staff Training
  - Annual Training Requirements to Maintain CPS Certification
    - Ethics Training Defined
    - Forensic Interview Training Defined
  - Policy Training
- Ongoing Supervisory Training
  - Requirement and Process for Ongoing Supervisor Training (Applicable to Child-Facing Positions)
  - State Supervisor Training
  - DPHHS Human Resources Trainings – LEAD

During SFY25, CFSD Training Bureau continued to be flexible and innovative in creating training necessary to best support the workforce. Flexibility was required to meet the demands of the workforce in offering face-to-face and virtual learning sessions and there is continual work between each session of certification training to ensure that the most up to date policy and procedures are mirrored within the training curriculum. Efforts were made to incorporate videos, training examples, as well as hands-on learning experiences, to create a learning environment that promoted a higher level of comprehension of the material. CFSD enhanced the ongoing training for CPS and CPSS in the following ways:

- Regional Training:
    - Ongoing training efforts are not solely provided by the Training Bureau. In January of 2025, each RA across the six CFSD regions and seven hub offices of Montana established a year-long training calendar for their respective staff. The trainings are facilitated by regional leadership and community resources in mandatory all staff meeting settings, both virtually and in-person. The topics presented through these regional trainings vary from location to location but maintain alignment with the MT-CPS Certification standards and thus applicable to the twenty hours of annual training required of child- facing staff types. Although each region manages an individualized training and meeting schedule, training hours offered across regions are similar, averaging ninety minutes a month for approximately eighteen hours a year. Their plans are informed by the Training Bureau, and the RAs provide a copy of their regional training plans to the Training Bureau Chief and the Division Administrator for final approval.
- State Supervisor Mandatory Meetings
    - These meetings are an emphasis on the professional development of supervisory staff.
    - Supervisor meetings, whether virtual or in-person, have an established agenda targeted at information sharing, skill building, resource awareness, and networking in satisfaction of statutory training obligations, meeting federal outcomes, and continuous quality improvement. Supervisor meeting content provides for adherence to annual trainings topics, as outlined in Statute and Administrative Rule and further includes topics associated with cross-system training needs, employee management strategies, practice trends, revisions to legislation or procedure, CFSD's objectives and announcements, and audit or federal review findings. Supervisor meeting attendance rates are high, consistently incorporating upwards of eighty-nine participants at each event.
    - At a recent virtual State Supervisor's Meeting held on January 21, 2025, there were ninety-one invitations resulting in eighty participants. In attendance, there were 91% (56/61) of child-facing supervisor staff types (CPSS, CWM, and RA), which accounted for 70% (56/80) of the overall participants.

During SFY25 Advanced Practice Trainings (APT) attendance varied by topic. Attendance of APT was tracked as primarily child-facing staff. CFSD had their highest APT attendance on record, ninety-nine participants, in February of 2025 for Family Case Plan Training. The following table reflects the 2025 APT attendance for January - April.

Table 52: 2025 APT Training Topics

APT Training Topic	Month/Year	Total Number of Participants
Conducting Quality Home Visits	January 2025	66
Implementation of the Family Case Plan	February 2025	99
Chafee Coordination	March 2025	43
Interstate Compact on the Placement of Children (ICPC)	April 2025	66

During SFY25, CFSD, in conjunction with support from the UM, hosted the annual PCAN conference tailored towards learning and support opportunities specific to CFSD staff, legal partners and stakeholders, resource families, individuals with lived expertise, contracted providers, and treatment or behavioral health providers serving the child welfare system. The conference offers upwards of twelve-sixteen hours of professional development that can be applied toward a child-facing employees annual training requirement. The table below shows the 2025 PCAN participation summary based on role type.

Table 53: 2025 PCAN Attendees (N=284)

Participant Type	Attended
CFSD Staff	74 / 26%
CASA	50 / 18%
Community Contract Provider /Chafee, IV-B, etc.	77 / 27%
Education Providers	14 / 5%
Foster/Adoptive Resource Parent	5 / 2%
State Government	8 / 3%
Legal Professional	8 / 3%
Medical Provider	31 /10%
Mental Health Provider	7 /2%
Student	5 /2%
Tribal Affiliated	5 /2%
Grand Totals	**284 / 100%**

During SFY25, supervisory staff continued to have access to monthly virtual and on-demand trainings presented by DPHHS Human Resources (HR), specific to personnel management strategies such as goal setting, coaching and corrective action, ADA, and FMLA entitled LEAD Webinars. LEAD webinars are offered once per month, virtually, and content runs sixty minutes in length, potentially accounting for twelve hours of approved training per year. LEAD webinars are only offered and accessible to employees in Supervisory positions across CFSD. LEAD webinars are facilitated live but recorded and stored on the LMS for on-demand learning opportunities. The following table reflects the LEAD training opportunities during SFY25.

Table 54: LEAD Webinar 2024-2025 Schedule

Month	2024 Lead Webinar	2025 Lead Webinar
January	-	Labor Relations- Understanding Unions and Collective Bargaining Agreements
February	-	Measuring Milestones: Goal Setting Essentials
March	-	Cultivating a Positive Workplace Culture
April	-	State Discipline Handling Guide
May	-	Delivering Performance Feedback
June	-	NA – Had not occurred as of writing this APSR.
July	Incident Reporting: Worker's Compensation	-
August	*Setting Up Employees for Success*	-
September	Leveraging Learning Resources	-
October	HR/Management Relationship	-
November	Managing Employee FMLA	-
December	Time Management Strategies	-

Item 27 Performance Appraisal

CFSD has rated *'Systemic Factor Item 27'* as a **Strength**.

Initial and on-going child-facing staff training has been evaluated for both CPS and CPSS staff types in determination of whether training adequately addresses the skills and knowledge needed to perform the duties of a child-facing staff type. The Training Bureau, in partnership with the UM-CCFWD, remain dedicated to continuous quality improvement in promotion of knowledgeable, skilled, child welfare professionals.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning of the staff and provider training system ensures initial training is provided to all staff who deliver services pursuant to the CFSP reflecting that:

- Staff receive initial training in accordance with the established curriculum and timeframes for provisions; and,
- The system demonstrates how well the initial training address the basic skills and knowledge needed by staff to carry out their duties.

Item 28: Foster and Adoptive Parent Training

APSR Question: ***How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) so that:***

1. **Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirements and timeframes for the provision of initial and ongoing training; and,**
2. **The system demonstrates how well the initial and ongoing training addresses the skills and knowledges base needed to carry out their duties with regards to foster and adopted children?**
3. **Additional Questions/Considerations:**
    - **What are the state's requirements and processes for initial training of all current or prospective foster parents, adoptive parents, and staff of state-licensed or approved facilities? For ongoing training?**
    - **How does the agency track, monitor, and evaluate training completion?**
    - **Among all current or prospective foster parents, adoptive parents, and staff of state-licensed or approved facilities who required initial training in a specified period, what percentage completed initial training in the required timeframe?**
    - **Among all current or prospective foster parents, adoptive parents, and staff of state-licensed or approved facilities who required ongoing training in a specified period, what percentage completed ongoing training in the required timeframe?**
    - **What evidence does the state have that the initial and ongoing training addresses the skills and knowledge needed by caregivers and staff in licensed or approved facilities to carry out their duties regarding caring for foster and adoptive children?**

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 28' was rated as an Area Needing Improvement, as CFSD was not in substantial conformity. Information from the SWA and stakeholder interviews showed that foster and adoptive parents and facility staff received initial and ongoing training within established timeframes. However, stakeholder interviews indicated the quality of the pre-service foster parent training varied significantly and overall, did not adequately prepare foster parents to fulfill their roles. Some stakeholders were concerned about the possibility of a reduction of required pre-service training hours and the effect of this decision on foster parent retention and the ability of new foster parents to provide quality care to children. Stakeholders said that both initial and ongoing training for facility staff prepared them to perform their duties.

The efforts achieved during the CFSR Round 3 PIP-Monitored period were all reported in the Final Montana PIP Progress Report submitted to ACF-CB, and the majority of those efforts have remained intact as outlined throughout the attached CFSP SFY25-29 Foster and Adoptive Parent Recruitment, Retention and Training Plan.

CFSD believes the resource parent training system is performing in a way that is responsive to the current child welfare landscape and can be modified to meet the needs of the resource families (which includes: licensed kinship, regular youth foster home, guardianship and adoptive families). In 2020, due to the Covid-19 pandemic, CFSD was required to pivot from the traditional practice of providing training to resource families in person on a monthly to quarterly basis, to providing training virtually. Virtual training in Montana created various opportunities for families to participate in training including, but not limited to:

- For families to participate in training, even when it was not being initiated in their local community.
- Assisted in overcoming challenges serving urban and rural communities, such as, waiting lists for there to be enough attendees for a training to occur, weather impacting road conditions, childcare/respite needs, limitations of physical space to hold training, and staff capacity to facilitate training.
- Families can attend the training on their own schedules and from the comfort of their home.
- Allow larger numbers of attendees and training to reach people in all corners of the state rather than in just their physical location.

Virtual initial and ongoing training options have been embraced by other state and national organizations, and studies have supported the concept that virtual training can result in learning/growth like what is achieved in an in-person training environment. The overarching goal is to provide resource families with training and allow them to complete a portion of it in a self-paced format that still increases their skills and assesses their understanding. Previously, families would often complete the training months before they began any care of children, often not retaining the information prior to placement. Therefore, CFSD integrates the learning process into the timeframe of families active parenting, which allows them to use the tools more effectively and in real-time, by continuing to provide the initial and ongoing training, as laid out below, through a virtual or hybrid format.

Please see the CFSP SFY25-29 Foster and Adoptive Parent Recruitment, Retention and Training Plan for the following components that have been consistent and applicable to SFY25:

- Foster and Adoptive Parent Diligent Recruitment Plan Overview
- Training For Resource Family Specialist
- Recruitment of Kinship Providers
- Recruitment and Retention of Licensed Providers
- Provider Training
    - Initial Training for Resource Families
    - Annual Ongoing Training for Resource Families
    - Child Placing Agency Training Requirements – *Therapeutic Foster Care / Adoptive Placement*
    - Youth Congregate Care Facility Training Requirements

During SFY25, the following updates, revisions and implementations have occurred:

- Provider Training Data: The providers' training completion is documented by CFSD staff, using the current electronic case management system. Data provided in the table below only list the individuals who completed the training during FFY2024.

Table 55: Number of Participants Who Completed Initial Provider Training

FFY	KCS	Core-KCS	CLF
FFY 2024	668	491	62

- CFSD Lunch and Learn Training: Throughout SFY25, CFSD provided monthly Lunch and Learn agency-directed trainings. The topics were based on information provided on resource family renewal applications and from a survey completed through the CVMC. The training was provided in a lunch period format, and all were virtual with many having an in-person option.
    - Due to the lack of participations throughout the year, and the providers feedback from the CFSR Round 4 SWA, CFSD will discontinue these efforts moving forward, and replace them with other efforts that will be shared in future APSRs.
- Additional Training Topics Provided: During SFY25, CFSD provided opportunities for resource families across Montana to attend trainings. The information regarding additional training opportunities is distributed through CFSD's *Foster Care Parent Listserv*. Families are added by their workers when they are licensed and can unsubscribe or request to be removed as they choose. The following topics were made available to the resource families during SFY25 through a hybrid platform:
    - The CORE KCS training site has been moved - check it out!!!
    - Virtual; adoption support group
    - Connected Voices Public Comment
    - Reach Higher Summit Invitation - Second notice
    - Understanding Individualized Education Plans (IEP)
    - Reach Higher Summit
    - Teamwork and IEP
    - Prenatal Substance Exposure
    - CFSD Foster Parent Survey
    - Learn about the Montana Empowerment Center and IEP
    - Invitation to the Montana Prevent Child Abuse Conference
    - Invitation to the Connected Voices Quarterly Meeting
    - Engaging Families in Child Welfare and Mental Health Services
    - Learn about adoption assistance
    - Adoption and Post Adoption Conversation with CFSD
    - Invitation to Radiant women retreat for foster/adoptive moms
    - CPS and Foster Parent Panel on Providing Care

    - Connected Voices Quarterly Meeting Notice
    - Culturally competent resource parenting
    - Dawson's Promise for aging our youth
    - Neurobiology of connection
      Navigating education as resource parents
    - Child Bridge upcoming training
    - The impact of trauma, separation and loss on development
    - Foster care and the legal process
    - Montana Kinship Navigator program introduction
    - Advocating for your child with special needs
    - Introduction to the Chafee Program
    - Trauma of Separation: The Manifestation in Developmental
    - Connected Voices Quarterly Meeting Notice
    - Do you have questions about IEP
    - Treating the family with technology chaos
    - Safe firearm storage in a foster home
    - Working through barriers with teens
    - Updates to your foster care licensing forms
    - Connected Voices Quarterly Meeting Notice
    - Attachment and Reactive Attachment Disorder
    - Notice of hearing in licensing rule changes
    - Parenting a child with autism
- New PPS Hire: The primary role of the PPS is to engage with the community programs who provide recruitment activities, as listed in the CFSP SFY25-29 Foster and Adoptive Parent Recruitment, Retention and Training Plan. and support the field in identifying the best match for a specific child and to ensure successful placement. The PPS is currently developing, or enhancing, procedures focused on recruitment for targeted youth, as well as transition and placement of those youth. The initial focus of this position is to focus on youth who do not have an identified permanency option. The PPS will meet regularly with field staff and recruitment program staff to identify the best matches with programs and to ensure appropriate follow-through occurs when placements are made.
    - The new PPS is working with CFSD staff and external partners to identify social media opportunities for recruitment and retention efforts. Meetings have been held with the agency media manager of DPHHS to provide a path to initiating social media strategies. This is a slow process considering the risks and challenges if using social media for communication as a protective service agency.
    - Through a CQI process, the PPS will be collecting data regarding targeted recruitment efforts and their outcomes by tracking the outcomes of referrals and placement. This process will assist CFSD in identifying the efficacy of programs and success of the various placements informing future recruitment and placement activities. Due to this being a new initiative by CFSD, there is no current data to share regarding the effectiveness of the recruitment programs.
- Tribal Engagement: LB staff have continued to engage with Tribal Social Service agencies, as well as members of the Urban Indian communities (such as the Urban Indian Health programs in CFSD's four of the six regions), to identify placement resources for Native American youth in care. The ongoing efforts will ensure regular and specific contact with Tribal licensing staff through individual visits to Tribal social services agencies by LB staff. LB staff in region III (South Central Montana) and in region V (Western Montana) have continued to have regular contact with members of the ICWA court staff in those areas.
    - Additionally, DPHHS hired a new liaison to the Office of Indian Health specific to CFSD has enhanced communication regarding the relationship between our agency and tribes. A request has been made to initiate meeting with tribal partners (both tribal agencies and urban Indian health centers), CFSD and the Office of Indian Health to enhance current communication and develop potential opportunities for increased recruitment of Native American families for placement.

- Peer Group: LB leadership team completed assessments of the recruitment efforts and the viability of various recruitment mechanisms (television, radio, social media, print) and their effectiveness.
    - CFSD determined to discontinue participation in the Peer-to-Peer Diligent Recruitment group which is ran through AdoptUsKids.
    - CFSD is continuing to explore partnership with The Center for Diligent Recruitment who has indicated a willingness to work with CFSD of engaging in national discussions regarding recruitment and retention of families. CFSD efforts to explore other engagement efforts will be provided in future APSRs.
- Resource Family Newsletters: CFSD has continued efforts to identify other training opportunities for resource families and identify new or creative ways to share the information about the availability of the training beyond the current use of the Listserv and email notices directly from staff. Two regions are developing newsletters to use in engaging and informing resource families. Staff will assess the response to the newsletters and use that information to consider expanding to other regions.
- Child Placing Agency Contracts:
    - Yellowstone Boys and Girls Ranch (YBGR): YBGR has only recently taken over the Therapeutic Foster Care – Provider licensing process from a now closed TFC agency Youth Dynamics Incorporated (YDI) who closed abruptly.
        - YBGR did not license TFC homes between 2023 and 2024.
        - When YBGR incorporated the YDI program into their program– they transitioned to licensing TFC homes again (they had maintained their CPA license).
        - YBGR currently uses the complete NTDC curriculum, using an in-person format. They have a limited number of families who are currently pursuing licensing.
    - CFSD implemented new bi-monthly meetings between CPA and the LB team to discuss CPA process. Targeted discussions with the CPA agency have decreased challenges and increased referrals resulting in timelier completion of foster home studies and additional placement resources.

Throughout SFY25, CFSD has continued to seek ways to improve practice, seek input from providers, and seek out opportunities to make the process more efficient, while not losing the necessity to be thorough and engaging. CFSD is willing to review and revamp training and processes, as needed, for resource families to have the most ease of access, while gaining the most skills and knowledge and ensuring safety, permanency and well-being for children.

Provider Training Evaluations

CFSD has maintained a consistent desire to review and update training modules, ensure consistent access, and overall has a willingness to step outside/beyond current practices to create a learning culture that provides opportunities to engage, inform and enhance the skills and knowledge of resource families. Various updates or enhancements include the modification to the KCS initial training, the Core-KCS updates, updates to the CLF (permanency training), and additional trainings – reflective of the interests of resource families through the following surveys.

2024 KCS Training Evaluation

In December of 2024, UM-CCFWD completed a comprehensive evaluation of the KCS training. The evaluation period was from July of 2021 to December of 2024. UM-CCFWD surveyed resource families who had completed their initial KCS and Core-KCS training as part of the requirements for foster care licensing renewal to help determine the impact the training had on their skills and knowledge. The evaluation provided the following information:

Table 56: Overall Course Feedback (N=620)

Thinking of the entire series, I agree with the following statements:	Respondents Count / Percentage
Organized in an Easy-to-Navigate Format.	603 / 97%
Balanced Instructional Material and Interactive Content to Support My Learning.	603 / 97%
Used Up to Date Relevant Learning Materials (Such as Texts, Readings, Websites, and Videos).	603 / 97%
Offered an Instructor's Presence Through a Welcoming Video, a Conversational Tone, and End-of-Lesson Summaries.	597 / 96%

Table 57: Materials Were Beneficial for Enhancing my Learning (N=595)

Beneficial Materials	Videos	Reading Sections	Knowledge Checks	Interactive Activities	Audio Clips	Handouts	Written Reflections
Count/Percentage	494 / 83%	434 / 73%	411 / 69%	333 / 56%	321 / 54%	256 / 43%	149 / 25%

Table 58: How would you rate the Resource Parent Training Series? (N=595)

Excellent Count / Percentage	Good Count / Percentage	Fair Count / Percentage	Poor Count / Percentage	Very Poor Count / Percentage
256 / 43%	313 / 53%	24 / 4%	2 / 0.03%	2 / 0.03%

Table 59: Knowledge/Ability Statements (N=600)

As a result of this training course, I agree with the following statements:	Definitely Count / Percentage	Probably Count / Percentage	Probably Not Count / Percentage
I am prepared with the knowledge needed to be a resource parent.	508 / 85%	89 / 15%	3 / 1%
I am confident in my ability to be a resource parent.	508 / 85%	89 / 15%	3 / 1%
I am excited to be a licensed resource parent.	545 / 91%	54 / 9%	1 / 0.03%

Table 60: Type of Licensure (N=694)

Youth Foster Home Count / Percentage	Kinship Count / Percentage	Tribal Count / Percentage	Therapeutic Foster Care Count / Percentage	Other Count / Percentage
308 / 44%	267 / 38%	35 / 5%	26 / 4%	58 / 8%

Table 61: Length of Licensure (N=590)

First Time Fostering Count / Percentage	Renewal, Fostering 1-3 Yr Count / Percentage	Renewal, Fostering 3-6 Yr Count / Percentage	Renewal, Fostering 7-10 Yr Count / Percentage	Renewal, Fostering 10+ Yr Count / Percentage
231 / 39%	330 / 56%	2 / 4%	5 / 1%	2 / 0.03%

Table 62: Education Level of Participants (N=577)

High School Count / Percentage	Associates Count / Percentage	Bachelors Count / Percentage	Masters Count / Percentage	Doctorate Count / Percentage
267 / 46%	94 / 16%	129 / 22%	68 / 12%	19 / 3%

Table 63: Age Group of Participants, Youngest=15 yr., Oldest=80 yr., Average Age 42 yr. (N=562)

Under 30 Count / Percentage	30-40 Count / Percentage	40-50 Count / Percentage	50-60 Count / Percentage	60+ Count / Percentage
75 / 13%	176 / 31%	178 / 32%	84 / 15%	49 / 9%

Table 64: Race of Participants (N=637)

White Count / Percentage	American Indian Count / Percentage	Hispanic/ Latino Count / Percentage	Black Count / Percentage	Native Hawaiian Count / Percentage	Asian Count / Percentage	Other Count / Percentage
516 / 81%	72 / 11%	21 / 3%	8 / 1%	7 / 1%	6/ 1%	7 / 1%

Table 65: Participants by County (N=586)

County	Respondents Count / Percentage
Beaverhead	2 / 0.03%
Big Horn	2 / 0.03%
Blaine	4 / 1%
Broadwater	6 / 1%
Carbon	5 / 1%
Cascade	93 / 16%
Custer	7 / 1%
Daniels	4/ 1%
Dawson	10 / 2%
Deer Lodge	4 / 1%
Fallon	2 / 0.03%
Fergus	7 / 1%
Flathead	60 / 10%
Gallatin	16 / 3 %
Garfield	2 / 0.03%
Glacier	5 / 1%
Granite	2 / 0.03%
Hill	20 / 3%
Jefferson	5 / 1%
Granite	2 / 0.03%
Lake	15 / 3%
Lewis and Clark	29 / 5%
Lincoln	6 / 1%
McCone	2 / 0.03%
Meagher	2 / 0.03%
Missoula	44 / 8 %
Musselshell	11 / 2%
Park	3 / 1%
Petroleum	2 / 0.03%
Phillips	3 / 1 %
Powell	1 /0.02%
Prairie	1 /0.02%
Ravalli	28 / 5%
Richland	9 / 2%
Roosevelt	17 / 3%
Sanders	5 / 1%
Sheridan	3 / 1%
Silver Bow	16 / 3%
Stillwater	2 / 0.03%
Teton	5 / 1%
Toole	2 / 0.03%
Valley	6 / 1%
Wheatland	1 /0.02%
Yellowstone	117 / 20%

Overall Series Feedback

Overall, resource parents reported that the training was a comprehensive overview of pertinent foster care topics. They also reported the training was informative, well written, and helpful. The online format was appreciated for its flexibility and convenience, and participants valued the resources provided, finding them beneficial.

The primary requests for improvement included: expanding content to provide more information on the legal process and roles. Additionally, feedback indicated that several links and videos were broken or outdated, prompting requests for updated materials: especially post-pandemic information. There were also suggestions to provide printed materials and

improve video accessibility. There were requests for more interactive elements, such as Zoom meetings or live discussions to accompany the training.

Future Training Requests

Resource parents were asked to report on any additional training they would like to see included in this course or provided later. These were their identified needs:

1. **Home Preparation and Safety:** Requirements for different ages (beds, outlet covers, pet safety), checklists for foster child's needs, and preparing the home to make children feel welcome.
2. **Special Needs and Developmental Support:** Caring for children with special needs and learning disabilities, working with children with developmental or physical needs, and understanding and navigating IEPs and school resources.
3. **Legal and System Navigation:** In-depth courses on legal processes and resource parents' rights, navigating child protection services, ICWA, and resource parent support in the legal system.
4. **Behavioral and Emotional Support:** Applied Behavior Analysis, addressing behavioral problems and trauma responses, and positive discipline and handling disrespectful behavior.
5. **Health and Safety:** Basic nutrition by developmental stage, first aid and CPR training, and understanding drug-exposed behaviors.
6. **Parenting and Family Dynamics:** General parenting training, supporting biological children in resource families, creating healthy boundaries with birth families, dealing with complicated birth parents and family dynamics, and handling bullying and social media dangers.
7. **Trauma-Informed Care**: Understanding how trauma affects development, trauma-informed strategies, and helping children cope with trauma.
8. **Practical Resources and Support:** Local resources and contacts, FAQs for first-time licensees, strategies for accessing community support, and support for grieving resource parents.

What Advice Do You Have for Future Participants?

Resource parents were asked what advice they would give others to support their success in the course. The main themes were:

1. Set aside ample, uninterrupted time to complete the course. Finding a quiet, distraction-free environment was recommended for better focus and retention of information.
2. Engaging with the material, taking notes, and discussing with partners were common suggestions.
3. Bookmark, print, or save materials for future reference.
4. Approach the course with an open mind and a willingness to learn. Being curious and diving into the resources provided encouraged us to gain the most from the training.

Table 66: Positive Discipline (N=785)

As a result of the Positive Discipline course, I have an increase in:	Respondents Count / Percentage
Understanding of how a person's emotional response may impact how they discipline children.	780 / 99%
Knowledge of the requirements to use positive discipline techniques under Montana law and policy.	780 / 99%
Confidence in my ability to use non-physical methods to redirect children to assure safety and protection of the child and others.	777 / 85%
Confidence in my ability to model strategies taught in this course to help children manage their emotions.	**779 / 99%**

Table 67: How Would You Rate the Course Content on Positive Discipline? (N=757)

Excellent Count / Percentage	Good Count / Percentage	Fair Count / Percentage	Poor Count / Percentage	Very Poor Count / Percentage
317 / 42%	389 / 51%	47 / 6%	19 / 3%	19 / 3%

Positive Discipline Comments: Resource parents shared a range of feedback on the course, with overall positive responses to the positive discipline model. They expressed enthusiasm for implementing strategies such as the Time-In model and Connect and Redirect. Participants particularly appreciated learning techniques to support children in managing their emotions constructively and exploring the underlying causes of behaviors, rather than focusing solely on the actions.

Some concerns were also raised, which included: difficulties navigating the online platform and challenges with the quiz, such as an inability to go back or save answers. Many participants expressed a desire for more real-life examples and suggested adding a workbook or printed materials for reference. Additionally, some noted that a particular quiz question was incorrectly coded, while others pointed out grammatical errors.

Table 68: Trauma (N=735)

As a result of the Trauma course, I have an increase in:	Respondents Count / Percentage
Understanding of how the key types of childhood trauma affect children in foster care.	732 / 99%
Understanding of how adverse childhood experiences (ACEs) impact brain development of youth in foster care.	731 / 99%
Confidence in my ability to create a safe environment for children placed in my care (i.e., use of routine, provide emotional support, learn child's triggers).	731 / 99%

Table 69: How would you rate the course content on Trauma? (N=706)

Excellent Count / Percentage	Good Count / Percentage	Fair Count / Percentage	Poor Count / Percentage
350 / 50%	336 / 48%	18 / 3%	2 / 0.3%

Trauma Comments: Resource parents generally had positive impressions of the course. They particularly appreciated the content on how trauma affects the brain, the long-term effects of trauma, and the varying individual responses to trauma. Many found the material relatable and felt it enhanced their understanding of children impacted by trauma.

For recommendations, resource parents suggested additional content with clearer definitions of trauma and more practical strategies for supporting children. They expressed interest in seeing more examples of routines and approaches to help children who have experienced trauma. Some participants noted that parts of the content overlapped with the Core training and felt it could benefit from updates and greater diversity in material. Additionally, there were concerns about confusing instructions and missing links.

Table 70: Child and Youth Development (N=703)

As a result of the Child and Youth Development course, I have an increase in:	Respondents Count / Percentage
Knowledge of normative child development.	669 / 95%
Knowledge of how trauma impacts youth development (i.e., regression or delayed fulfilment of key child and youth development milestones).	698 / 99%
Confidence in using techniques that foster bonding between you and children placed in your care.	697 / 99%
Confidence in your ability to support foster children to develop self-confidence or positive self-image (instead of focusing on deficits).	691 / 98%

Table 71: How Would You Rate the Course Content on Child and Youth Development? (N=673)

Excellent Count / Percentage	Good Count / Percentage	Fair Count / Percentage	Very Poor Count / Percentage
293 / 44%	341 / 51%	38 / 6%	1 / 0.1%

Child and Youth Development Comments: Resource families shared that the course provided valuable insights into how trauma impacts development and helped them better understand children in relation to developmental milestones. They found the videos and handouts particularly helpful in deepening their understanding of trauma.

For improvement, families suggested including more real-life tips for addressing challenging behaviors, particularly with older children and teens. They also recommended adding more printable and takeaway materials for practical use. Some participants noted that certain videos were repeated from other modules and suggested diversifying the content. Lastly, technical issues with the test were highlighted as an area needing attention.

Table 72: Grief and Loss (N=694)

As a result of the Grief and Loss course, I have an increase in:	Respondents Count / Percentage
Knowledge of common behaviors and emotions related to childhood grief and loss.	691 / 99%
Confidence in recognizing signs of grief and loss in foster children.	691 / 99%
Understanding of the complexity of grief experienced by biological family members when a child is removed.	690 / 99%
Confidence in my ability to respond to children with empathy as they process their grief.	688 / 99%

Table 73: How Would You Rate the Course Content on Grief and Loss? (N=662)

Excellent Count / Percentage	Good Count / Percentage	Fair Count / Percentage
331 / 50%	305 / 46%	26 / 4%

Grief and Loss Comments: Resource parents were most surprised to learn that grief affects everyone, including children and caregivers. Many were particularly struck by the insight that even infants can experience grief. They also reported gaining a deeper understanding that people grieve in different ways and that there is no set order to the grieving process. Additionally, resource parents highlighted the distinction between sympathy and empathy and the different skills to effectively implement.

When asked about areas for improvement, the most common concern was formatting issues with some of the course content.

Table 74: Culture (N=675)

As a result of the Culture course, I have an increase in:	Respondents Count / Percentage
Knowledge of techniques to learn the cultures of children in your care.	662 / 98%
Understanding how culture positively impacts healthy identity development in youth in care.	660 / 98%

Table 75: How Would You Rate the Course Content on Culture? (N=637)

Excellent Count / Percentage	Good Count / Percentage	Fair Count / Percentage	Poor Count / Percentage
252 / 40%	333 / 52%	50 / 8%	2 / 0.3%

Culture Comments: Resource families shared that the course helped them explore topics they had not previously considered.

For improvement, participants suggested adding more content focused on specific cultural groups and including information on children with disabilities. Many also expressed a desire for takeaway materials, such as guides for community connections and ongoing mentorship or support. Several families recommended reviewing and updating the videos to make them more engaging and relevant. Some felt that certain videos or content segments were too long and suggested breaking them into smaller sections. Additionally, there were frequent comments about the need to review quizzes for spelling errors and improve the clarity of question wording. Others noted that some links within the course were broken and required attention.

Table 76: The Legal Process (N=655)

As a result of the Legal Process course, I have an increase in:	Respondents Count / Percentage
Knowledge of the roles involved in the legal process related to foster children's cases (e.g., biological family, ICWA Specialist, lawyers, Child Protection Specialist (CPS).	651 / 99%
Knowledge of common legal proceedings that can occur during a child's first year in foster care.	650 / 99%
Understanding of your role as a mandated reporter for past and current child abuse.	650 / 99%
Knowledge of your role of resource parents in court proceedings (including reunification efforts).	650 / 99%
Confidence in my ability to advocate on behalf of the best child's interests, not my own needs or desired outcomes.	648 / 99%

Table 77: How Would You Rate the Course Content on The Legal Process? (N=629)

Excellent Count / Percentage	Good Count / Percentage	Fair Count / Percentage	Poor Count / Percentage	Very Poor Count / Percentage
261 / 42%	341 / 54%	23 / 4%	3 / 1%	1 / 0.2%

The Legal Process Comments: The primary feedback from resource families was that this course should be offered earlier in their training. Additional suggestions included reviewing the course for typos, outdated information, and broken links. Resource parents were also asked to reflect on any lingering questions they had after completing the course. The following are their unanswered questions:

- How can a child who opposes reunification or parent visitation be effectively represented?
- Why is there a lack of transparency from CPS regarding case details shared with resource parents during placements?
- Why do discrepancies exist between legal guidelines (e.g., the fifteen of twenty-two-month foster care rule) and actual practices, including differences in timelines and decision-making by CPS and courts?
- How does ICWA handle adoption versus guardianship in high-risk situations, and should children interact with biological family members in such cases?
- Why are resource parents or stepparents, who are placements, unable to testify in court despite having relevant information for the child's case?

2025 KCS Annual Training and Needs Survey

In March of 2025, CFSD collaborated with UM-CCFWD to survey resource parents to gain greater understanding of the ongoing training. The survey was sent to approximately 1000 resource parents listed on CFSD's *Foster Care Parent Listserv.* It was completed by 136 resource parents. Overall, the survey indicated that resource parents:

- Are completing their renewal training within the required timeframe.
- Are completing their training through other available means offered by CFSD such as books, webinars, work resources, Child Bridge training.
- Are not engaging in CFSD's *Lunch and Learn* training due to it being offered during a problematic time for their family and work schedules.
- Feel their training is supporting their role and has assisted them in obtaining additional skills and knowledge necessary to fulfill the expectations of their role.

Table 78: Respondents were asked to list what County they reside in? (N=136)

County	Respondents Count / Percentage
Beaverhead	1 / 1%
Big Horn	1 / 1%
Blaine	1 / 1%
Broadwater	1 / 1%
Cascade	7 / 5%
Custer	8 / 6%
Daniels	1 / 1%
Dawson	5 / 4%
Fallon	1 / 1%
Flathead	11 / 8%
Gallatin	6 / 4%
Hill	3 / 2%
Jefferson	4 / 3%
Lake	6 / 4%
Lewis & Clark	13 / 10%
Lincoln	4 / 3%
Mineral	1 / 1%
Missoula	14 / 10%
Musselshell	1 / 1%
Ravalli	7 / 5%
Richland	1 / 1%
Roosevelt	1 / 1%
Sheridan	3 / 2%
Stillwater	1 / 1%
Teton	1 / 1%
Toole	1 / 1%
Valley	5 / 4%
Wibaux	1 / 1%
Yellowstone	16%

Table 79: Licensed Foster Parent (N=136)

Are you currently a licensed foster parent?	Respondents Count / Percentage
Yes	109 / 80%
No	27 / 20%
Grand Total	**136 / 100%**

Table 80: Years as a Foster Parent (N=105)

Number of Years as a foster parent?	Respondents Count / Percentage
1	24 / 23%
2	17 / 16%
3	9 / 9%
4	8 / 8%
5-9	28 / 27%
10 or more	19 / 18%
Grand Total	**105 / 100%**

Table 81: Annual Training Requirements: Three participants listed not applicable and those are not reflected in the table below. (N=102)

Have you completed the required annual training hours for licensed foster parent?	Respondents Count / Percentage
Yes	93 / 91%
No	9 / 9%
Grand Total	**102 / 100%**

Table 82: Barriers to Completing Annual Training Requirements (N=11)

If respondents answered 'No' to the annual training requirement question above, they were then prompted to explain what barriers were impacting their ability to complete their annual training. Respondents could provide more than one answer.

What barriers have impacted your ability to complete the annual training requirements?	Respondents Count / Percentage
Lack of Access to Online Training	7 / 64%
Lack of Time to Commit to the Training	2 / 18%
Lack of Information Provided Regarding the Trainings	2 / 18%
Grand Total	**11 / 100%**

Table 83: Method of Completing Annual Training Requirements (N=90)

If respondents answered "Yes" to the annual training requirement question above, they were then prompted to share what methods they used to fulfill the requirement. Respondents could list more than one answer.

What methods have you used to complete the annual training requirements?	Respondents Count / Percentage
Podcast	30 / 33%
Webinar	40 / 44%
Book	44 / 49%
Conference	25 / 28%
Lunch & Learn	12 / 13%
Support Group Meetings	32 / 36%
Education from a Child's Service Provider	24 / 27%
Other – Respondents were asked to further explain if they selected other, and their answers were categorized as follows (*respondents could provide more than one answer*): ➢ Online Trainings – YouTube, UM-CCFWD, Behavioral, Articles, Research Papers ➢ Training Topics – Nutrition, Concussion, Safe Sport, Trust Based/Relational Interventions ➢ Child Bridge Trainings and Meetings ➢ In-Person – Local and Statewide ➢ Workplace – Related to Foster Care ➢ Support Groups ➢ Parent Coaching with Therapist	35 / 39%

Table 84: Access to Locate Ongoing Trainings (N=123)

Do you have the information needed to find ongoing training opportunities?	Respondents Count / Percentage
Yes	101 / 82%
No	22 / 18%
Grand Total	**123 / 100%**

Table 85: Access to Lunch and Learn Trainings (N=123)

Have you attended your local Lunch and Learn training facilitated by CFSD?	Respondents Count / Percentage
Yes	22 / 18%
No	101 / 82%
Grand Total	**123100%**

Table 86: Barriers to Accessing Lunch and Learn Training (N=94)

If respondents answered 'No' to attending the question regarding attending Lunch and Learn trainings, they were prompted to provide an example of the barrier(s) impacting their ability to attend the Lunch and Learn trainings.

What barriers impact your ability to attend the local Lunch and Learn training facilitated by CFSD?	Respondents Count / Percentage
Time/Availability	45/ 48%
Unaware of the Training	19 / 21%
Distance	13 / 14%
Child Related Challenges	3 / 3%
Forgot about the Training	3 / 3%
Issues with CFSD	2 / 2%
Might Attend in the Future	2 / 2%
Prefer Books	2 / 2%
Would Like Meetings Recorded	2 / 2%
Don't Feel it is Needed	1 / 1%
Not Licensed	1 / 1%
Previous Foster Parent	1 / 1%
Grand Total	**94 / 100%**

Table 87: Training Enhances Skills (N=108)

Do you believe the training you have participated in has enhanced your skills as a resource parent?	Respondents Count / Percentage
Yes	82 / 76%
No	26 / 24%
Grand Total	**108 / 100%**

Table 88: Additional Training Topics to Explore for Future Trainings (N=69)

Are there specific types of training you would like opportunities to attend?	Respondents Count / Percentage
Trauma	15 / 22%
Mental and Behavioral Health	9 / 13%
Prenatal Exposure to Substances	8 / 12%
Understanding the CFSD System and Case Managers	6 / 9%
Culturally Responsive to Native American Children	5 / 7%
Permanency	4 / 6%
Advocacy	3 / 4%
Local Resources	3 / 4%
Autism	2 / 3%
Self-Help	2 / 3%
Respite	1 / 1%
Internet Safety	1 / 1%
Youth Substance Abuse	1 / 1%
Former Foster Youth Panels	1 / 1%
Navigating Issues with CFSD	1 / 1%
Medical Care	1 / 1%
General Refresher	1 / 1%
Ways to Access Training	1 / 1%
Ways to Connect and Support Bio-Parents	1 / 1%
Education System and Services	1 / 1%
Foster Parent Rights	1 / 1%
Local Activities Available for Youth/Families	1 / 1%
Grand Total	**69 / 100%**

Table 89: Resource Parent Strengths (N=102) – Respondents could select more than one.

What are your strengths as a resource parent?	Respondents Count / Percentage
Flexibility	59 / 58%
Commitment	83 / 81%
Consistency	84 / 82%
Willingness to work in partnership with birth family	76 / 75%
Willingness to work in partnership with service providers	74 / 73%
Willingness to work in partnership with the Child and Family Services Division	81 / 79%
Experience	58 / 57%
Capacity to manage difficult behaviors	51 / 50%
Ability to advocate for child and self	89 / 87%
Resilient	52 / 51%
Recognize and accommodate child's needs	49 / 77%
Support and maintain child's cultural, religious, and/or community connections	48 / 47%
Other – Respondents were asked to further explain if they selected other, and their answers were categorized as follows (*respondents could provide more than one answer*): ➢ Social Services background ➢ Martial Arts ➢ Experience with drug withdrawal infants ➢ Calm environment ➢ Education drive ➢ Networking ➢ Respite ➢ Trauma Educated ➢ Conflict Resolution	6 / 6%

Table 90: Resource Parent Needs (N=99)

What are your needs as a resource parent?	Respondents Count / Percentage
Communication with Child and Families Services Division	59 / 60%
Support from Child and Family Services Division	42 / 42%
Resource Services (daycare; respite; other)	44 / 44%
Additional Training	20 / 20%
Connection with other Resource Families	33 / 33%
Information and communication regarding child-specific services (therapy, education, medical, dental, etc.)	32 / 32%
Other – Respondents were asked to further explain if they selected other, and their answers were categorized as follows (*respondents could provide more than one answer*): ➢ Difficulty with CFSD – Communication, Consistency, Transparency, etc. ➢ Lack Understanding of the Legal Process	15 / 15%
Grand Total	**99 / 100%**

Overall, survey results indicated that the training (initial, Moodle, permanency and ongoing) is being provided to, or independently completed by families, is enhancing their knowledge, skills, and abilities as resource parents. While families indicated a need for additional training topics, this is seen as a strength that families understand the gaps in their skills or knowledge and are interested in filling the gaps. An additional strength is CFSD's willingness and interest in creating ongoing learning opportunities for families. While the Lunch and Learn format was not as successful, the topic areas continue to be those expressed as a need by families

Item 28 Performance Appraisal

CFSD has rated *'Systemic Factor Item 28'* as a **Strength**.

CFSD is always seeking ways to improve practice, seek input from providers, and seek out opportunities to make the process more efficient, while not losing the necessity to be thorough and engaging. CFSD is willing to review and revamp training and processes, as needed, for resource families to have the most ease of access, while gaining the most skills and knowledge and ensuring safety, permanency and well-being for children.

CFSD has maintained a consistent desire to review and update training modules, ensure consistent access, and overall has a willingness to step outside/beyond current practices to create a learning culture that provides opportunities to engage, inform and enhance the skills and knowledge of resource families. Various updates or enhancements include the modification to the KCS initial training, the Core-KCS updates, updates to the CLF (permanency training), and the Lunch and Learn schedule – reflective of the interests of resource families.

The variety of training for resource and adoptive families is extensive. Options in topics, times, and delivery platforms are varied to accommodate for many differing needs. For instance, training for providers is held both on a weekday and a Saturday each month and can be modified or include other days, as needed, for families. CFSD has partnered with other state agencies who serve parents or parenting individuals to create as robust of a learning culture as possible. Collaboration with programs like Child Bridge, who provide training activities targeted at resource families, also enhances not only the opportunity for families to expand their knowledge and skills but according to families, the training resources have expanded their knowledge and skills.

Overall, survey results indicated that the training (initial, Moodle, permanency and ongoing) is being provided to, or independently completed by families, is enhancing their knowledge, skills, and abilities as resource parents.

While families indicated a need for additional training topics, this is seen as a strength that families understand the gaps in their skills or knowledge and are interested in filling the gaps. An additional strength is CFSD's willingness and interest in creating ongoing learning opportunities for families. While the Lunch and Learn format was not as successful, the topic areas continue to be those expressed as a need by families

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for current or prospective foster parents, adoptive parents, and staff or state licensed or approved facilities (receiving IV-E funds) so that:

- They receive training pursuant to the established annual/biannual/hourly/continuing education requirements and timeframes for the provisions of initial and ongoing training; and,
- The system demonstrates how well the initial training address the basic skills and knowledge needed to carry out their duties with regard to foster and adopted children.

Service Array and Resource Development

Item 29: Service Array and Resource Development

APSR Question: ***How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the Child and Family Services Plan (CFSP)?***

1. ***Services that assess the strengths and needs of children and families and determine other service needs.***
2. ***Services that address the needs of families in addition to individual children to create a safe home environment.***
3. ***Services that enable children to remain safe with their parents when reasonable; and,***
4. ***Services that help children in foster and adoptive placements achieve permanency.***

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 29' was rated as an Area Needing Improvement, as Montana was not in substantial conformity based on information from the SWA and the stakeholder interviews showing that there were significant challenges in accessing services, particularly in rural areas of the state. There were significant gaps and waitlists for transportation, family-based prevention and in-home services, housing, youth and adult mental health and substance abuse inpatient and outpatient services, childcare, and supervised visitation services to promote parent-child connections. Stakeholders reported a need for post-adoption services, independent living services, services to support reunification, and school-based social/mental health services. Stakeholders said that the difficulties in accessing mental health and substance abuse treatment and appropriate placement resources for youth resulted in placing youth out-of-state.

Services provided under Title IV-B Subparts 1 & 2, Chafee, Education and Training Vouchers (ETV), CAPTA, Title IV-E, CBCAP, Adoptions and Legal Guardianship Incentive Funds, and State General Fund appropriations to CFSD have been identified under the following categories:

- Category 1: Services to assess the strengths and needs of children and families.
- Category 2: Services to address the needs of families – in addition to individual children – to create a safe home environment and enable children to remain safely with their parents when reasonable.
- Category 3: Services to help children in foster and adoptive placements achieve permanency.

Category 1: Services to Assess the Strengths and Needs of Children and Families.

Centralized Intake Hotline Intake Assessment

The Centralized Intake Specialists (CIS) are the intake professionals at CFSD who record allegations of reported abuse and neglect. As outlined in the following CFSD procedure CFSD Taking a Report of Abuse and Neglect Procedure Hyperlink, during the initial intake assessment, the CIS gathers necessary information so the assigned regional CFSD office can act swiftly to protect children. From the assessment, the CIS assigns a priority to the report, and when applicable, assigns the report to the regional offices to further assess and investigate the allegations.

This assessment is completed statewide through the Centralized Intake Hotline Specialist in CFSD's Central Office in Helena, Montana. All reports received by CIS receive an intake assessment which are documented in the CFSD MPATH system, making them readily available for the assigned regional office staff to review. Data reflected from MPATH is limited; however, it can reflect assigned report numbers, applicable and children, and categorization and prioritization of the report.

Whenever the CIS receives a call regarding a child residing on Tribal lands who have their own Tribal child welfare agency that investigates abuse and neglect cases, the CIS records the report as usual and distributes the report to the applicable Tribal child welfare agency.

Child Protection Services Assessment

When a CIS assigns an abuse/neglect report to the regional field office to further assess and support a family, a member of the regional field office leadership (RA, CWM, and CPSS) reviews and analyzes the information of the incoming report of child maltreatment and determine what actions to take for an assessment; assess the concerns within the report to find the facts; make decisions about whether reports of child maltreatment are confirmed or unconfirmed; and assign CPS when warranted.

This assessment is completed in all regional CFSD offices statewide through the assigned regional leadership roles. This informal assessment is not documented within the electronic case record, other than the office leadership assigning the CPS to the report within the MPATH system, therefore there is no data regarding this assessment.

Applicable Tribal Child Welfare Agencies that complete their own investigations of abuse and neglect reports from CIS have an independent assessment process outside of what is stated above for CFSD managed investigations.

Family Functioning Assessment

CFSD policy outlined here CFSD Family Functioning Assessment (FFA) Procedure Hyperlink requires CPS responding to CI maltreatment to work collaboratively with families in need of protective services to complete a comprehensive initial FFA to assure child safety and determine service needs.

This assessment is completed in all regional CFSD offices statewide by the assigned caseworker and their immediate supervisor. Every report investigated is closed in the SACWIS system only when the CPS completes the FFA justifying the determination of maltreatment and findings and a supervisor approves the FFA. The data collected in the MPATH system is limited and cannot be generated to ensure that FFAs are being completed on all reports as required; however, a report cannot be closed in the SACWIS system without approval of a CPSS, CWM, or RA.

Applicable Tribal Child Welfare Agencies that complete their own investigations of abuse and neglect reports from CIS have an independent assessment process outside of what is stated above for CFSD managed investigations.

Family Case Plan (Listed in FFY25 APSR and CFSP as “Family Progress Assessment” (FPA))

This assessment is completed on all families who have come to the attention of the child welfare agency through a child protection report that results in a referral for protective services (i.e. Prevention Plan or Legal Intervention).

The CPS provides ongoing child welfare support throughout the life of a case to ensure the safety and well-being of children; prevent their initial placement or re-entry into foster care; and preserve, support, and stabilize their family. The CPS utilizes the FCP for an overall ongoing comprehensive assessment of the quality of the helping relationship between the parents/caregivers/child and the agency, the degree to which specific behaviors or conditions are changing in the intended direction, and assessment of individualized service needs to ensure the service meets the family’s needs in order to address the child(ren)’s safety, well-being and permanency is at the forefront of decision-making throughout the life of the family’s case with CFSD.

This assessment is completed in all regional CFSD offices statewide by the assigned caseworker and/or their immediate supervisor, for all children and their applicable parent/caregiver(s) on a Prevention Plan or Legal Intervention type of cases. This assessment is not embedded in CFSD’s electronic case record system, and therefore the data is limited to what can be provided.

The timelines for the FCP provided in the FCP guidance provided to caseworkers are:

- The initial FCP must be completed, and approved by CPSS, within sixty days from the case opening date.
    - For Legal Interventions, aka court filings:
        - The FCP will be updated, and approved by CPSS, within the following timeframes/circumstances:
            - Every six months until case closure.
            - Any of the following circumstances occur:
                - Prior to Foster Care Review Committee (FCRC)
                - Child's Change of Placement
                - Change of Household Composition
            - Prior to case closure to support the case closure determination process.
    - For Prevention Service Agreements:
        - The FCP will be reviewed monthly with the applicable family members.
        - The FCP will be updated, and approved by CPSS, within the following timeframes/circumstances:
            - Every six months until case closure.
            - Any of the following circumstances occur:
                - Services/Task Change
                - Change of Household Composition
                - Intervention Level Changes from Prevention to Legal Intervention
            - Prior to case closure, to support the case closure determination process.

Commercial Sexual Exploitation-Identification Tool (CSE-IT) Assessment

When CFSD receives a report of a missing (or runaway) child/youth who's under the custody of CFSD, or Tribal Social Services, that has been located and returned to care, the following procedure outlines the requirements for CPS to follow CFSD Reporting Montana Missing or Runaway Foster Procedure Hyperlink requiring a CSE-IT assessment to be completed on the child/youth to ensure the child/youth is assessed for abuse, neglect, if they have been involved in sex trafficking, injured and/or involved in any criminal activities.

This assessment is completed in all regional CFSD offices statewide by the assigned caseworker and their immediate supervisor.

Family Support Team (FST) Meetings

CFSD continues to utilize FST meetings as a tool to further assess family's needs at the onset of a protection plan during an initial investigation. This approach is a community wraparound type of support to ensure that services are set up in a timely manner to support children remaining with their parents when safe to do so.

As discussed in previous APSRs, CFSD created FSTs as a tool to fully engage families, community partners, natural supports, and internal staff. The FST referral is used to engage families at the time of CFSD intervention. These meetings are intended to keep children in their home, or to reunify families in a timely manner by implementing support services, while engaging parents in the process of assessment, service planning and their individualized case plans. Success is measured by when parents, natural supports, community providers and children, when appropriate, are engaged in their case to the extent that they are indicating they feel valued as a team member; opportunities have been created for meaningful engagement with parents to advocate for the needs of their children and themselves; collaboration with community providers has been strengthened as reported by CFSD staff and community providers; and, appropriate services, including targeted evidenced-based programs that meet the specific needs and characteristics of the parent and those necessary to help prevent children from coming back into state care, are identified and implemented. The FST members include, but are not limited to, local contractors that specialize in early childhood intervention services, domestic violence counselors, mental health counselors, in-home services contractors, OPI, and substance abuse counselors. The robust and flexible services offered are focused on the family as a whole; CFSD and contractors' partners with the families to identify the goals and assess the short- and long-term interventions needed to meet the needs of the family.

FSTs have been established in the following regions and counties:

- **Region 1:** Custer County (Miles City), Big Horn County (Hardin), Valley County (Glasgow), Dawson County (Glendive), and Roosevelt County (Wolf Point). These mentioned Region I CFSD county hub offices cover all eighteen counties in the eastern side of the state. Region 1 has been innovative in expanding the use of the model to include a broader array of cases; however, continues to maintain adherence to the model in all other aspects.
- **Region 2:** Cascade County (Great Falls).
- **Region 3:** Yellowstone County (Billings).
- **Region 4:** Lewis and Clark County (Helena) and Silver Bow County (Butte).
    - Due to issues with staff capacity, FSTs in Butte were put on hold with the intention of restarting in SFY26.
- **Region 5:** Missoula County (Missoula).
- **Region 6:** Flathead County (Kalispell).

From SFY20 – SFY24, a member of the CQI unit was collecting data and coordinating with each region through the FST facilitator who was tracking their regional meetings. This FST statewide data is reflected in table below.

Table 91: Statewide Number and Percent of Children Involved in FSTs by SFY and Outcome (In-Home or Out-of-Home)

Region	State Fiscal Year	Total FST's Meetings	Total Children involved in FST 's	Children maintained in their home		Children placed out of home prior to the FST		Children moved from Out of Home Plan to an In-Home Plan within:					
								First 30 days		Days 31-60		Days 61-90	
				N	%	N	%	N	%	N	%	N	%
State Totals	SFY20	152	364	186	51%	178	49%	35	20%	13	7%	11	6%
	SFY21	362	818	554	68%	260	32%	70	27%	26	10%	3	1%
	SFY22	319	726	511	70%	205	28%	43	21%	20	10%	7	3%
	SFY23	355	734	485	66%	249	34%	107	43%	11	4%	1	0%
	SFY24	325	694	446	64%	248	36%	55	22%	9	4%	19	8%

CFSD's SFY25-29 CFSP Goal 1 Objective 2 is for CFSD to utilize FSTs at the onset of cases to identify the initial service to promote more timely engagement of services, prevent removals, and facilitate earlier return of children to parents when possible. At the time this goal was listed in the CFSP, CFSD did not have the ability to document the occurrences of FST in the electronic case record in an exportable manner. In September of 2024, the code "FST" was added to the electronic case record, and the CFSD facilitators were trained on how to document the FST meetings in the electronic case record. The documentation of FSTs in the electronic case record will allow CFSD to collect data comparing outcomes for cases that have FSTs vs. cases that do not have FSTs. Since October of 2024 the FST data has been collected within the CAPS system, and CFSD will continue to collect data and report the information in future APSRs.

The CQI unit will continue to monitor the implementation of the program by meeting with the FST facilitators on a quarterly basis; gathering feedback from CFSD staff, families involved, and contractors around service delivery and methods, with a special focus on safety; educating local stakeholders and CFSD staff about FST meetings implementation, and the benefits of having FST meetings; and ensuring services are offered in support of families to promote healthy development of children.

CFSD Engagement and Support Meetings - *Not Already Specified*

The meetings, and associated procedures, listed below are CFSD family engagement and support type of meetings that are utilized statewide to further assess and support family needs surrounding safety, permanency, and well-being:

- **Family Engagement Meetings (FEM)**: Are a creative tool used by CFSD to empower families in formulating a plan of treatment to provide a safe protective environment for their children where issues of abuse/neglect have come to the attention of the CFSD. The goals and purposes for holding a FEM meeting should change and be adapted to meet the needs of each family. More about FEMs can be found: CFSD Family Engagement and Support Meetings Hyperlink.
- **Youth-Centered Meetings (YCM)**: Are a creative tool used by CFSD to empower youth in formulating a plan to support foster care youth ages fourteen or older in various topics: placement stabilization, permanency, education, well-being, independent living, aging out of care, community resources and supports, etc. More about YCMs can be found: CFSD Family Engagement and Support Meetings Hyperlink.
- **Permanency Planning Team (PPT) Meetings**: Are a creative tool used by CFSD as an approach to help eliminate delays in attaining permanent families for children and youth in foster care. Effective implementation requires comprehensive and early assessment. It involves identifying and working toward a child's primary permanency

goal (such as reunification with the birth family), while simultaneously identifying and working on a secondary goal (such as guardianship with a relative). This practice can shorten the time to achieve permanency if efforts toward the primary goal prove unsuccessful because progress has already been made toward the secondary goal. More about PPTs can be found: CFSD Concurrent Planning Procedure Hyperlink.

Post-Permanency Services Program Intake and Assessment

CFSD's Post-Permanency Support Specialist (PPSS) utilize an intake and assessment form when an eligible family has been referred to their program to assess the family's current situation and determine the level of service the family needs (coordination of care, linking community resources, or payment agreements for support services).

This assessment is available to families statewide by the PPSS for eligible families referred to them.

Community Provider Intake Assessments

Public agency mental/behavioral health assessments of children and parents and referral for services.

These assessments are available through public and private providers statewide and are a resource for CFSD and Tribal child welfare agencies when needing further assessment of individualized family members.

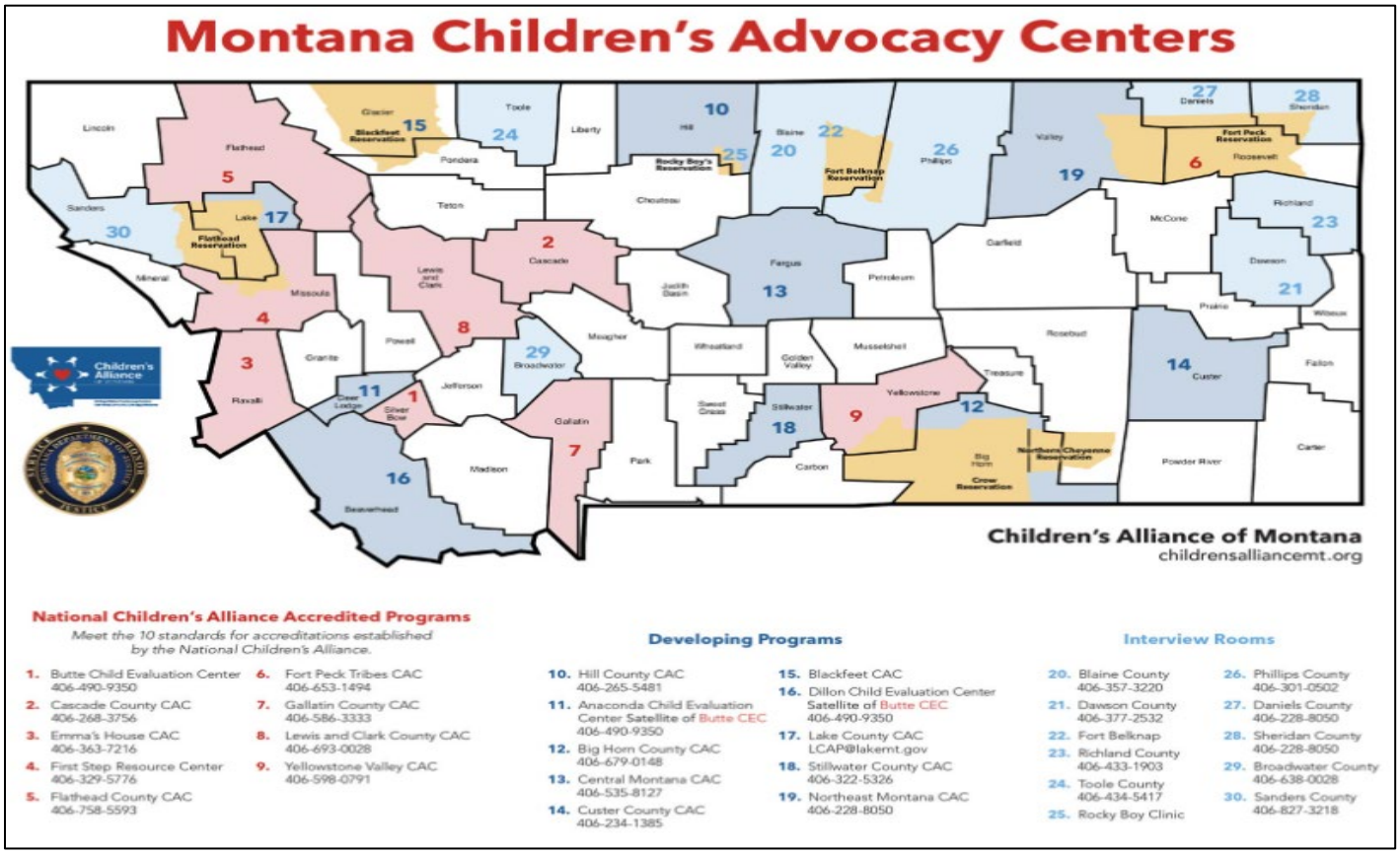
Children's Advocacy Center's Assessment

The Children's Alliance of Montana (CAM) is a non-profit organization whose mission is to provide support, training and technical assistance to Children's Advocacy Centers (CAC) and Multi-Disciplinary Teams (MDT) across the State of Montana so that every child victim of abuse and their non-offending caregiver(s) have access to the services of a CAC and the expertise of a MDT. CAM is now the designated Montana agency that is responsible for oversight of the CJA Grant.

The CACs provide child and adolescent victims of abuse access to a multidisciplinary team approach of investigation, treatment, and care in a safe, family-focused environment. The multidisciplinary team includes child protection services, law enforcement, forensic interviewers, prosecution, victim advocacy, and medical and mental health professionals who work together to provide comprehensive, coordinated and compassionate investigation and intervention of victim abuse allegations and assist in the assessment of child physical and sexual abuse.

These types of assessment are available statewide. As shown in the chart below, there are currently nine communities with accredited CACs (accreditation through the National Children's Alliance), ten communities developing CACs (not yet accredited), and an additional eleven interview rooms scattered throughout the state to help accommodate victims and non-offending family members. When applicable, in circumstances that a CAC, or interview room, is not available in the victim's location, CFSD and the CACs collaborate to support and accommodate travel arrangements for the child, non-offending family members, and/or placement provider.

Chart 36: MT CACs



2024 data recorded and analyzed by CAM regarding the CACs can be viewed here: CAC 2024 Year in Review Hyperlink .

Additional resources for CAM are:

- CAM's Guide/Brochure: CAMs Guide Brochure Hyperlink
- CAM's Website, which includes a map of CACs, can be located here: CAC Locator Hyperlink

All child welfare agencies (including the Tribal agencies) have access to the CAC in their area.

Part C-Screenings: Collaboration with Early Childhood and Family Support Division(ECFSD)

Part C-Screenings help identify intervention services and supports for infants and young children (from birth until their third birthday) who have developmental delays. Developmental assessments and evaluations are provided at no cost to families. If a child qualifies, a plan is developed with parents to meet the unique needs of the child and family. Service plans may include ongoing home visits, consultations, and parent coaching. Home visitors may include (based on child's needs) early intervention service.

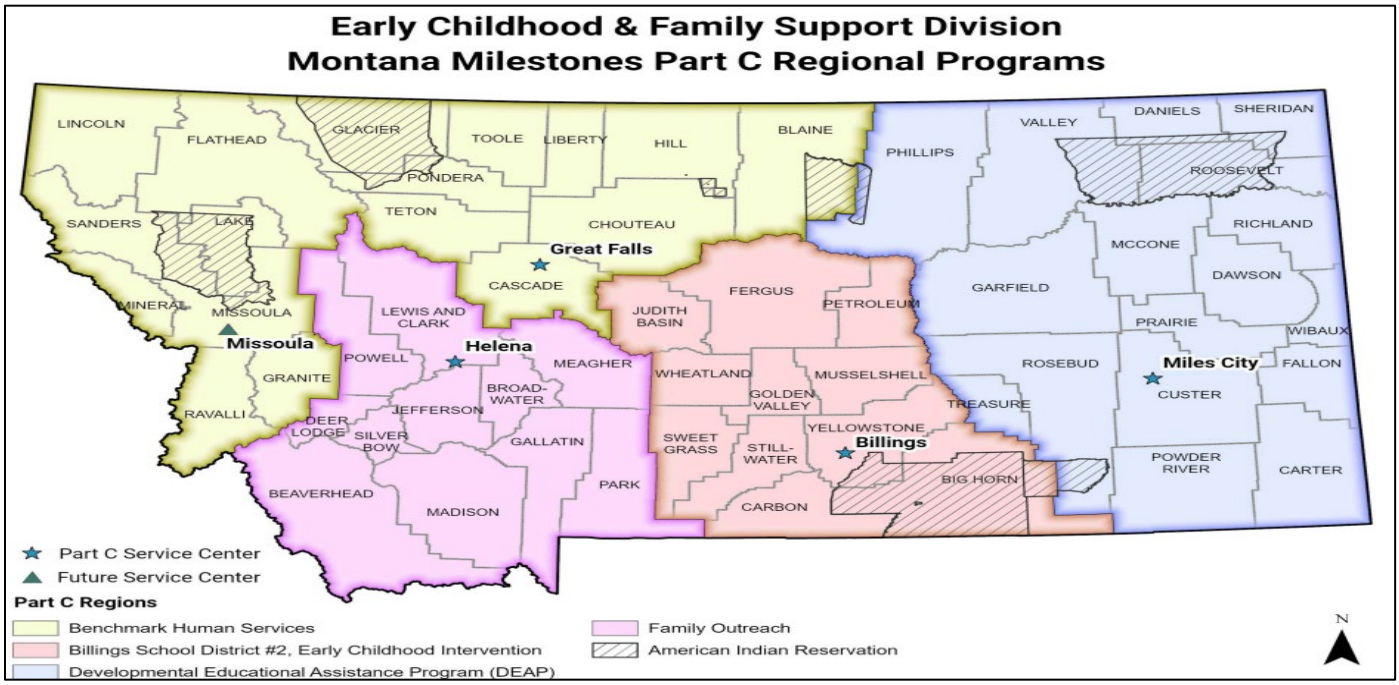
As reported in the Health Care Oversight and Coordination Plan attached to the SFY2025-2029 CFSP submitted to ACF-CB in June of 2024, the current CFSD procedure CFSD Case Management Procedure Hyperlink requires that children with substantiated abuse and/or neglect allegations, as well as all children being served by CFSD on an in-home or out-of-home safety plan, be referred for a Part C Screening.

CFSD continues to collaborate with ECFSD to ensure that these comprehensive assessments/screenings are made universal for the foster care child population, allowing for more children with developmental disabilities, whether related to emotional trauma or cognitively based, to access entitlement services that will improve the well-being of the child.

The Part C-Screening State Annual Report Performance Data Report can be viewed on the following website: Part C-Screening State Annual Report Performance Report for FFY2019-2022.

This assessment is completed in all regions statewide by the Part-C Grantees. CFSD assigned caseworkers make the referral for all children on an In-Home Safety Plan, Out-of-Home Safety Plan, Prevention Plan, or Legal Intervention type of case. The Grantees and the locations they serve are reflected in the chart below.

Chart 37: ECFSD Program Map



Ansell Casey Life Skills Assessment (ACLSA)

ACLSA's are utilized by the MCFCIP providers, contracted with CFSD within the first sixty days of connecting a referred youth to the MCFCIP program, as a tool to help develop the child's TLP in conjunction with the overall CFSD FCP. This assessment is a companion to each individualized TLP which is updated bi-annually. This process ensures specific, comprehensive, continuous service delivery for each eligible youth.

ACLSA is a tool that helps assess the independent skills needed to achieve their long-term goals, and it updated on an annual basis (more frequently if necessary to support the youth). It aims to guide toward developing healthy, productive lives. Some of the functional areas assessed include:

- Daily living and self-care activities
- Maintaining healthy relationships
- Work and study habits
- Using community resources
- Money management
- Computer literacy and online safety
- Civic engagement
- Navigating the child welfare system

This assessment is available statewide to eligible youth enrolled in the MCFCIP program, and the assessment is provided to the CFSD assigned caseworker to support further assessment of the youth's needs.

Ten-4 FACES Medical Assessments

There is significant data supporting the need to identify and evaluate for child abuse in the clinical environment to provide an opportunity to intervene before abuse escalates.

During SFY25, CFSD collaborated with the Montana Chapter of the American Academy of Pediatrics (MTAAP), who is part of a nationwide campaign to raise awareness about child abuse, to expand knowledge about TEN-4FACESp clinical tools that helps identify injuries concerning physical abuse in young children.

The Governor of Montana declared October 4, 2024, TEN-4 Day.'

To ensure that all clinicians in Montana are utilizing the TEN-4FACESp Clinical Assessment Tool, MTAAP is piloting a project during 2025 with hospitals in Missoula, Montana, to support training and education on Child Abuse Clinical Decision Support process utilizing the TEN-4FACESp Clinical Tool focused on expanding implementation of the assessment tool across the state.

The TEN-4FACESp is clinical tool assessment that is provided statewide by clinicians and the findings can be used by the CFSD assigned caseworker to further assess the family's needs.

Court Appointed Qualified ICWA Experts

ICWA QEW are representatives of the Montana Tribes in ICWA cases. As ICWA states, "A person may be designated by the Indian child's Tribe as being qualified to testify to the prevailing social and cultural standards of the Indian child's Tribe." They provide input regarding the prevailing social and cultural standards of the family's Tribe to the child welfare agency and child and family team. They identify and address barriers to family preservation and assist with coordinating services when appropriate which can then be utilized by CFSD to further their assessments of the strengths and needs of the family unit.

2025 CFSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders. As stated in Section 1 in this APSR, this survey was completed by 147 internal CFSD staff, and 219 external stakeholders (including youth, parents, Tribal members, court personnel, etc.). The following were the questions and responses collected specifically to Item 29 Category 1.

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"Reflect on their response in accordance with specific statements listed regarding service array, availability and individualization, etc. for children and families."*** The statements were:
    - Child and Family Services' caseworkers complete an assessment of all family members' strengths and needs to help determine service needs.
    - Children and families receive services that help them create a safe home environment or maintain a child in their home safely with parents when reasonable.
    - Children and families receive services that help children in foster and adoptive placements achieve permanency.
    - Services received by children and families are developmentally appropriate.
    - Services received by children and families are culturally appropriate.
    - Services received by children and families are individualized to meet their unique needs.
    - There are waitlists for children and families for the services they need.

  Participants could choose from the following options: always, sometimes, usually, rarely, never, or unsure. Results are as follows in the table below.

Table 92: Internal Response of Service Array (N=147)

Internal - Statement Regarding Service Array	Always Count / Percentage	Sometimes Count / Percentage	Usually Count / Percentage	Rarely Count / Percentage	Unsure Count / Percentage	Grand Total Count / Percentage
Caseworkers complete assessments to determine service needs.	53 / 36%	11 / 7%	57 / 39%	6 / 4%	20 / 14%	**147 / 100%**
Children and families receive services to create a safe home environment to maintain children in the home safely.	33 / 22%	18 / 12%	77 / 52%	5 / 3%	14 / 10%	**147 / 100%**
Child and families receive services that help children in placement achieve permanency.	28 / 19%	30 / 20%	73 / 50%	3 / 2%	13 / 9%	**147 / 100%**

Services received by children and families are developmentally appropriate.	31 / 21%	27 / 18%	72 / 49%	3 / 2%	14 / 10%	**147 / 100%**
Services received by children and families are culturally appropriate.	22 / 15%	45 / 31%	57 / 39%	10 / 7%	13 / 9%	**147 / 100%**
Services received by children and families are individualized to meet their unique needs.	21 / 14%	42 / 29%	67 / 46%	4 / 3%	13 / 9%	**147 / 100%**
There are waitlists for getting children and families the services they need	39 / 27%	39 / 27%	55 / 37%	2 / 1	12 / 8%	**147 / 100%**

Table 93 External Response of Service Array (N=219)

External - Statement Regarding Service Array	Always Count / Percentage	Sometimes Count / Percentage	Usually Count / Percentage	Rarely Count / Percentage	Never Count / Percentage	Unsure Count / Percentage	Grand Total Count / Percentage
Caseworkers complete assessments to determine service needs.	28/13%	49/22%	62/28%	13/6%	9/4%	58/26%	**219/100%**
Children and families receive services to create a safe home environment to maintain children in the home safely.	38/17%	61/28%	78/35%	15/7%	4/2%	23/10%	**219/100%**
Child and families receive services that help children in placement achieve permanency.	28/13%	67/30%	82/37%	6/3%	3/1%	33/15%	**219/100%**
Services received by children and families are developmentally appropriate.	29/13%	54/25%	87/40%	7/3%	6/3%	36/16%	**219/100%**
Services received by children and families are culturally appropriate.	23/10%	56 /25%	71/32%	23/10%	5/2%	41/19%	**219/100%**
Services received by children and families are individualized to meet their unique needs.	21/10%	65/30%	69/31%	26/12%	10/5%	28/13%	**219/100%**
There are waitlists for getting children and families the services they need.	45/20%	52/24%	66/30%	8/4%	3/1%	45/20%	**219/100%**

Category 2: Services to Address the Needs of Families, in Addition to Individual Children, to Create a Safe Home Environment and Enable Children to Remain Safely with their Parents when Reasonable.

CFSD Child Welfare Prevention and Support Services (CWPSS) Contractors Service Array

The CWPSS contractors are required to have the ability to provide at least one of the following service categories of Title IV-B subpart 2: family support, preservation, and family reunification.

Please refer to Section 5: Update on the Services Description *MaryLee Allen Promoting Safe and Stable Families* to learn more about these contracts, service array, geographic locations, and Title IV-B subpart 2 funding utilization.

During SFY25, on February 26, 2025, a member of the CFSD CQI team and the CWPSS Contract Manager met with the CWPSS contractors for a *CFSR Round 4 Focus Group* during their regularly scheduled monthly check-in to discuss:

- CFSR Round 4's Process, Goals, and Overarching Purpose
- Timeline of the CFSR Round 4 Process
- Statewide Assessment Process and Purpose
- MT Safety and Permanency Data Profile as of August 2024
- CFSR Round 4 Handout Specific to Community Providers

There were twenty-one individuals representing fifteen contracted agencies. The following table reflects the region in which the contractor is contracted to provide services, and though the number representing each region was not substantial, there was a participant from each region.

Table 94: 2025 CWPSS Focus Group Members by Region

Region	Total Number of Contracted Agency
Region 1	1 / 7%
Region 2	2 / 13%
Region 3	4 / 27%
Region 4	4 / 27%
Region 5	2 / 13%
Region 6	2 / 13%
Grand Total	**15 / 100%**

The twenty-one contractors were asked, ***"Reflect on the strengths you have observed in the state, ensuring the above referenced services are available in each CFSD jurisdiction."*** Responses were collected by the CQI unit staff and summarized, as follows, with the region (R) number, or specific city/county of the individual responding, *if collected*:

- When providing services, they can apply different curriculums that deal with trauma with kids and parents. Families aren't just going through the motions with visits, they are able to connect on a deeper level, which there's a need for. (R3)
- Providing education and Co-parenting, even to foster parents. (R3)
- There is an increase in ability to make the parenting classes individualized through the Supervised Visitation Network (SVN) program. They have observed parents not necessarily doing well in a group setting, so being able to use the SVN program and really individualize it to the family and what that family needs, especially in the moment or even the ongoing, has been the biggest strength seen. (R3)
- They have seen an increase in parents attending parenting classes. Have offered that class for a very long time and looking at offering the 24/7 dad and the Teen parenting one also. (R4)
- Parents are attending and completing and last time had twenty-two parents complete. Big enough that had to split the class but share more when in intimate settings. Offered the class during the day, and then again in the evening, to meet family's needs. (R4)
- This increase can be attributed to communication and collaboration as they're going to monthly meetings with local CFSD offices and talking about services; talking about what is effective for families and what isn't.
- Have learned that Safe Care should come later in the case, not in the beginning. (R4)

- Have support program “Parents for Parents” where someone with lived experience helps who had her children removed and navigated the system. CFSD refers families to this individual and they can communicate what the family needs to do to move the case forward. (R4)
- In the last several years, collaboration with CFSD, especially regarding foster care adoption, FBS, and Home Support Services, has been great. (R5)
- Collaboration and communication with each other as a team has really been very, very good and very much appreciated to serve the needs of the kids and believe that dept went above and beyond to look at their rules, especially in terms of things like transferring licenses back and forth. There was a time in past years when that was a very difficult thing. (R5)
- CFSD has changed its structure to make it much more fluid to meet needs. (R5)
- Success with FBS; especially with kids who are needing trauma support. (R6)
- Doing a lot of FBS with parents and foster parents; seeing a lot of success with foster parents and decreased stress and more stability in home with children. (R6)
- Getting more referrals for just FBS and been able to get a lot of parents needing Substance Use Disorder (SUD) services into the services timelier. Whether getting them referred for evaluations, or follow up treatment (inpatient or outpatient), seen quite a bit of success with.

The twenty-one contractors were asked, ***“What services might address the needs of the families and individuals to create a safe home environment? How do these services impact maintaining children in their home? How do these services impact children achieving permanency?”***

- Responses to Specific Service Impacting Families were collected by the CQI Unit staff, and summarized as follows with the region number, or specific city/county of the individual responding (if collected):
    - Additional services are very beneficial so there's extra support in the home. There are services that are needed during the transition period of a family being involved with the state and their case being closed. Service providers can support families through the resource of FBS, as mentioned earlier, at the end of cases, which can be huge because they are the ones helping them with parenting plans, Medicaid adjustments, daycare adjustments, which are huge in that transition to make them successful and feel like they're supported even at the end. (R3)
    - Family Support Team meetings have been helping families avoid getting further into the system. (R5)
    - FBS, Circle of Security, and Home Support Services are impacting families maintaining children in their homes, or during the reunification period. (R5)
    - Interim support where other services cannot be paid for in other ways or accessed in a timely manner(R5)
    - Contractors, who primarily serve Medicaid patients with outpatient services, can provide access to resources through the CWPSS contracts when people don’t have insurance for a period. (R5)
    - Parents are participating in active parenting classes which are helping them overall. (R6)
    - Parents who are being provided with Circle of Security have done well applying what they have learned, which has impacted visiting time in helping them maintain that kind of regulation with their kids and understand what their kids need more, which then just helps them to meet their needs. Helps meet needs at all developmental stages. (R6)
- Responses to Challenges of state ensuring assessments addressing the services enabling at home, maintain the child at home and then helping the kids in foster care—observed challenges/gaps/barriers were collected by the CQI unit staff, and summarized as follows with the region number, or specific city/county of the individual responding (if collected):
    - The group agreed that one of the biggest gaps for services across the state is services to kids who have been exposed to domestic violence. (All)
    - A program in Butte provides dinner and activities for domestic violence victims and their children. During dinner, they will pull the kids aside separately and let them have a group. It's not very structured though so some kind of acute/structured care is what is needed to fill the gap. (R4 – Butte)
    - Similarly, it is a struggle to find services to support kids exposed to domestic violence. (R5)
    - There is a program in Lake Sanders County that is a support group for women and children, and they separate out like what is stated above for Butte. (R5 – Lake Sanders)
    - Their program is now able to offer Moral Reconation Therapy specific to domestic violence as well as complete domestic violence assessments. (R6)
    - There are often more resources for the offenders than for the victims (outside of mental health services). For collateral victims, such as the kids, there are not a lot of resources available. There is a non-profit in their community that offer some loose services but all focus more on the direct victim parent or the offender parent, not the child who witnessed everything. (R6)

CFSD Montana Chafee Foster Care Independence Program (MCFCIP) Contractors Service Array

CFSD continues to serve eligible youth as allowed in the Chafee Foster Care Independence Grant requirements within the MCFCIP. The MCFCIP is administered, supervised, and overseen by CFSD's MCFCIP Program Manager.

Please refer to Section 5: Update on the Services Description *Chafee and Education and Training Vouchers* to learn more about these contracts, service array, geographic locations, and funding utilization.

Title IV-E FFPSA - Prevention Plans

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

Since ACF-CB approved CFSD's Title IV-E Prevention Services State Plan on January 5, 2022, CFSD has not made any changes to the plan, services, etc.

CFSD has not claimed any Title IV-E funding to offset costs for services listed on Prevention Plans with families. These models are currently funded through other grants, MIECHV funding, Medicaid and private community funding. This has been a barrier in braiding funding for CFSD as FFPSA funding is Payer of Last Resort, and all the models already have a funding stream to pay for the services.

- Parents as Teachers (PAT) and Nurse Family Partnership (NFP): ECFSD uses MIECHV grant funding to cover the cost of these two models.
- Healthy Families America (HFA): The agency providing HFA uses private funding to cover costs for families enrolled in the program. CFSD has collaborated with them on reaching out to other states who have HFA also listed in their FFPSA State Prevention Plan to learn ways of leveraging funding to support families with the model intervention. Criteria of how families are eligible and enrolled in the model often do not align with CFSD Prevention Plan timeframes, efforts, requirements, etc. Other states have reported similar barriers during the All-State FFPSA meetings. CFSD will continue to collaborate with HFA nationally and locally to explore ways to overcome model barriers to support applicable families with the model.
- Parent and Child Interaction Therapy (PCIT): PCIT is a model whose cost is covered by Medicaid and Insurance in Montana.

FFPSA required program evaluation to understand how and if services were meeting the intended legislative goal of keeping families together. CFSD currently contracts with MSU and their Extension Family & Consumer Sciences Program (MSU-E) to meet the evaluation requirements of the program. Implementing consistent process and outcomes evaluation across the state can help CFSD to improve programmatic flexibility to meet changing community needs efficiently and effectively. Safely and supportively keeping children in their homes could have long-term positive impacts on individual, family, and community well-being for years to come. The plan involves encouraging evidence-based programming as a part of prevention services. The plan also involves evaluating the use and success of these programs to ensure CFSD is meeting the goals of FFPSA. After initial exploration, some evaluation plans shifted to better answer questions at present stages of implementation. For example, we initially planned to assess fidelity to delivery and outcomes for well-supported models, but due to low statewide numbers, this would not have resulted in practical or generalizable information. This evaluation will help identify strengths and opportunities to work towards additional funding to help families access these services. The goal of the plan is to improve the lives of Montana's youngest residents by supporting strong and healthy families. In efforts to evaluate Prevention Plans, CFSD assigned a staff member from each region to track Prevention Plans, service referrals, and overall outcomes. This information is shared quarterly with the MSU-E evaluator, and reports are generated on an annual basis. Below is the most updated MSU Evaluation FFPSA Report information.

Montana FFPSA Prevention Plan Evaluation 2024

On February 9, 2018, the landmark bipartisan Family First Prevention Services Act (FFPSA) was signed into law. The FFPSA includes reforms that support keeping children and youth, where possible, safely with their families, and helps ensure they are placed in the least restrictive, most family-like setting appropriate to their special needs when foster care is needed.

Children experience trauma from maltreatment which can be compounded when a child is removed from a home they are familiar with. While sometimes necessary for safety, trauma can continue when they are returned to a parent after growing attachment to foster families (Gauthier, Fortin, & Jeliu, 2004). When a child can safely stay in their home situation while parents get support in protective caregiving and wraparound care, research would suggest children experience less future maltreatment and greater placement stability (Rivera, & Sullivan, 2015).

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

In 2020, CFSD made significant efforts to identify, increase and implement evidence-based prevention models and updated their prevention process to engage and support families through what is now called a 'Prevention Plan'.

Montana's FFPSA State Plan was approved by Administration of Children and Families on January 5, 2022. The four well-supported FFPSA evidenced-based models listed in the Montana FFPSA Plan and counties the services are provided in:

- Parents As Teachers (Home Visiting) – Twenty-Two Counties
- Nurse Family Partnership (Home Visiting) - Six Counties
- Healthy Families America (HFA) (Home Visiting) - One County
- Parent Child Interaction Therapy (PCIT) (Therapy)- Eleven Counties

Overall CFSD expects that the outcomes provided by the prevention plan will result in parents being better able to safely care for their children in their homes or with kinship, thus preventing foster placements when possible. CFSD implementation of Prevention Plans are to improve outcomes for children and families in areas specific to their needs as follows:

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

Families enter a Prevention Plan with CFSD when the following occur:

1. CFSD investigates a report alleging abuse/neglect and has identified 'Impending Danger' as present.
2. CFSD determines if a Safety Plan can be put in place to allow for the child to remain in their home safely.
3. CFSD offers the Prevention Plan when parent(s) agree to participate in the intervention and the identified 'Impending Danger' can be mitigated.
4. CFSD and the parent(s) develop the Prevention Plan together, outlining tasks and individualized community services to support change.
5. The Prevention Plan is signed by all parties, monitored by CFSD, and in place for three to twelve months depending on the circumstances of the families' individualized needs.

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

Evaluation Components

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

The plan involves encouraging evidence-based programming as a part of prevention services. The plan also involves evaluating the use and success of these programs to ensure CFSD is meeting the goals of FFPSA. After initial exploration, some evaluation plans shifted to better answer questions at present stages of implementation. For example, we initially planned to assess fidelity to delivery and outcomes for well-supported models, but due to low statewide numbers, this would not have resulted in practical or generalizable information.

This evaluation will help identify strengths and opportunities to work towards additional funding to help families access these services. The goal of the plan is to improve the lives of Montana's youngest residents by supporting strong and healthy families.

Data Elements Collected

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

In partnership with CFSD, Montana State University Extension Assistant Professor Brianna Routh, PhD, provided program evaluation planning and implementation support. Data collection for these new program components was designed to determine current outputs and outcomes and to help consider what would be most valuable in future case-tracking systems. Regional representatives collected information from Protection Plans and Prevention Plans provided the data to the research team on a quarterly basis. The data included:

- Community report reasons for CFSD involvement.
- Protection and/or Prevention plan open date.
- Services to which families are referred by CFSD staff.
- Services families receive CFSD staff knowledge.
- Prevention Plan closure date and reason.

Reasons for Reports to CFSD

The charts below list out the report reasons for 2023 and 2024 collected by the regional representative from Protection and Prevention Plans. As shown, the top two reasons for both years were the same:

1. Chemical Dependence (39.7% recorded in 2023 and 35.9% recorded in 2024)
2. Domestic Abuse (19.5% recorded in 2023 and 13.4% recorded in 2024

In addition, from 2023 to 2024, there was a 4% increase in the category "Lack of Parenting Skills," and a slight 1.6% decrease in the category "Mental Health Concerns.

Chart 38: FFPSA 2023 Evaluation Reason for Reports as indicated in narrative above

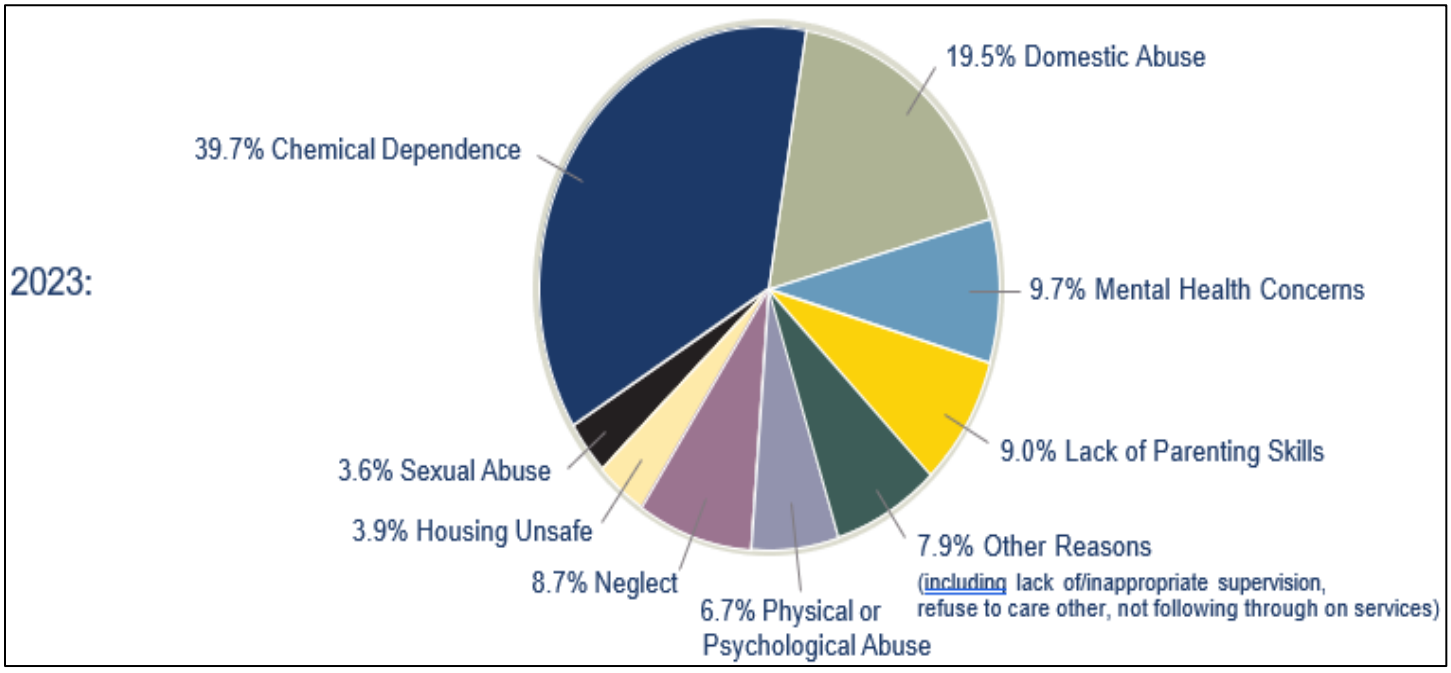
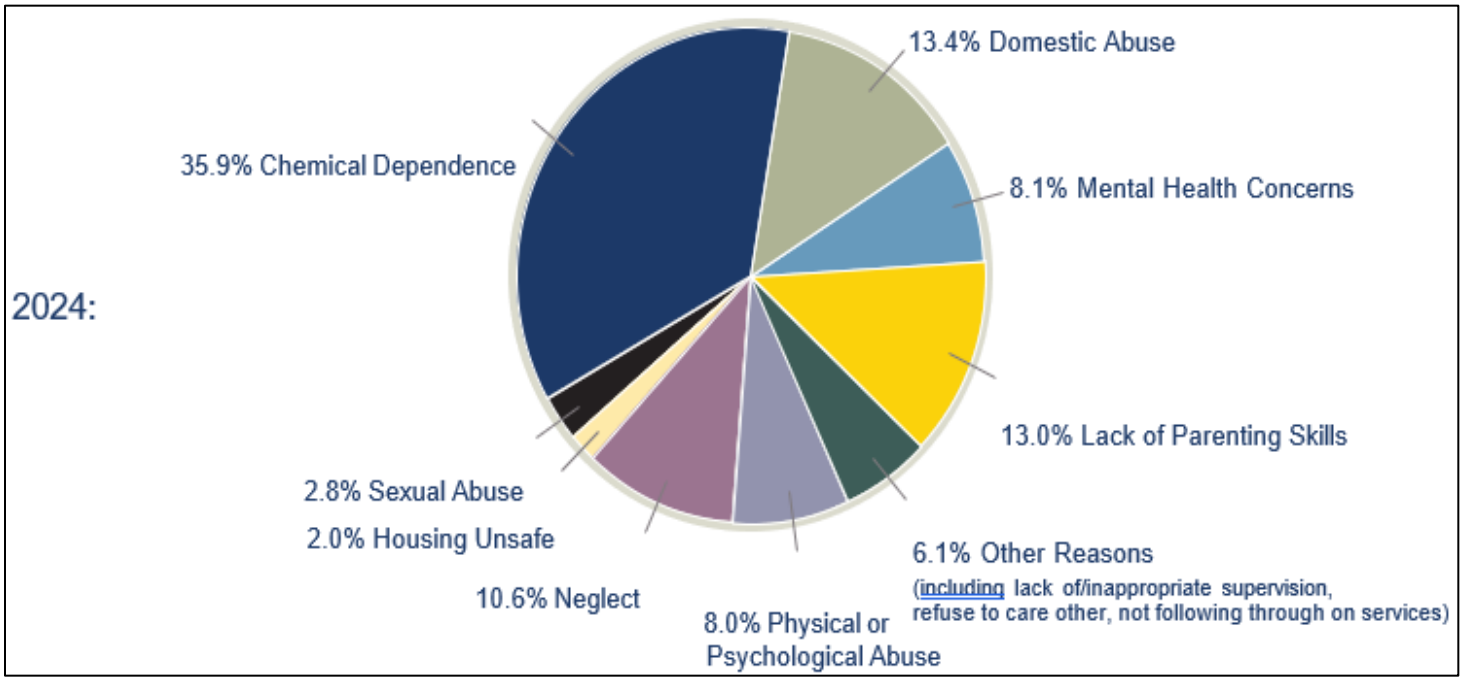


Chart 39: FFPSA 2024 Evaluation Reason for Reports as indicated in previous narrative



During an investigation of a report, families may enter a Protection Plan (up to thirty days for Out-of-Home and sixty days for In-Home) with CFSD for further assessment of child safety risk to occur. CFSD may offer a Prevention Plan to a family if during the investigation they determine that a family is willing/able to mitigate for safety of their child(ren) as well as participate in wraparound support type services enrolling in a Prevention Plan. Families who enrolled in a Prevention Plan with CFSD were on average referred to at least three services/providers for additional support.

The table below reflect the percentage data collected by the regional representatives for 2023 and 2024 regarding the total number of Prevention Plans enrolled, the associated Protection Plans of the enrolled prevention plans, and the total number of services referred. This data shows a decrease from 2023 to 2024 in families enrolled (though not significant), an increase in Out-of-Home Protection Plans, a decrease in In-Home Protection Plans, and a decrease in numbers of services referred to. However, this aligns with the number of reports investigated across the state decreasing as well.

Table 95: FFPSA 2023 and 2024 Protection Plans

Year	Total Protection Plans Enrollment	Out-of-Home Protection Plans	In-Home Protection Plans	Combination Protection Plans	Total Number of Service Referred
2023	N=91	22 / 24%	67 / 74%	2 / 2%	378
2024	N=86	36 / 42%	46 / 545%	5 / 5%	220

Examples of the service array categories recorded in the regional representatives collected data were:

- Home Visiting Models (*FFPSA approved models are bolded*) – **Healthy Families America, Nurse Family Partnership, Parents as Teachers**, SafeCare, etc.
- Parent Education Models - *Nurturing Parenting Program, Parenting Class, Circle of Security, FBS, etc.*
- Mental Health Services - **Parent Child Interaction Therapy**, Anger Management, Domestic Violence, Couples Therapy, Individual Therapy, Wraparound, etc.
- Substance Use Disorder Services - Chemical Dependency, Multisystemic Therapy, etc.
- Family Support Referrals - Medical, Community Resources (general), Part C-Screenings, etc.

The table below show the percentage of services for each category, and in alignment with reasons for the initial CFSD report, the most common service referred was mental health services for the individual, couple, or family. The data reflects that while many parent education models were referred to, none of these services currently have a 'Well-Supported' rating from the Title IV-E Clearinghouse.

Table 96: FFPSA 2023 and 2024 Service Referred Category

Service Referred to Category ***Note: Families Could be Referred to Multiple***	**2023** **N=378**	**2024** **N=220**	**Difference** áâ
All MT FFPSA Well-Supported Families Programs	1.9%	4.1%	á 2.2%
Home Visiting	6.3%	4.5%	â 1.8%
Family - Support or Other	5.8%	10.5%	á 4.7%
Parent Education	24.9%	15.5%	â 9.4%
Substance Use Abuse/Disorder	8.2%	24.1%	á 15.9%
Mental Health Counseling	45.5%	54.8%	á 9.3%

Outcomes from Prevention Plans

From the regional representatives tracked data of Prevention Plans case status at the time of closure, CFSD was able to determine that there appears to be an increase rate in achieving the family goal of keeping the child safely in the home at closure, when CSFD makes referrals to relevant supports and resources for the parent, caregiver or child.

The table below shows the percentage of each 'Reason for Closure' category on the Prevention Plans that closed during 2023 and 2024. As reflected below, there were no significant differences from 2023 to 2024 in the data collected per category; however, during 2024, the CQI Specialist overseeing the regional data collection and the MSU evaluator met with each region to discuss data tracking accuracies, as it had been identified that what the regional representatives were listing in the 'other' column for reason for closure was applicable to the already existing categories provided they could select. For this reason, the trackers were encouraged to use applicable categories more often than selecting "other" as an option.' There was a significant decrease in using the option 'other' in 2024.

Table 97: FFPSA 2023 and 2024 Reason for Prevention Plan Closure

Reason for Closure Category	**2023** **N=98**	**2024** **N=101**
Closed for 'Other' Reason Not Listed (*including another family guardian found or another report received*)	4 / 4.1%	1 / 1%
Moved Away	3 / 3.1%	5 / 5%
Lacked Cooperation with Plan	13 / 13.3%	14 / 13.9%
Child Removed	14 / 14.3%	15 / 14.9%
Achieved Family Goal of Safely Maintaining Child in the Home	64 / 65.3%	66 / 65.3%
Grand Totals	**98 / 100%**	**101 / 100%**

CFSD's current electronic case record system was designed to allow Title IV-E funds to be used, based on a child's Title IV-E eligibility for allowable foster care, adoption, and guardianship services. Title IV-E Prevention Services has a different eligibility criterion requiring significant changes to the electronic case management system. CFSD continues to collaborate with the Technology Bureau, as well as the non-agency vendor responsible for making changes to CFSD's electronic case record system. CFSD future planning is to capture FFPSA requirements within the new CCWIS system being developed set forth in CFSD's SFY25-29 CFSP goal 3.

Title IV-E FFPSA - Qualified Residential Treatment Program (QRTP)

CFSD continues to partner with DPHHS Developmental Services Division, Children's Mental Health Bureau, in oversight of Montana's licensing requirements for QRTP placements, as defined in the Social Security Act, as outlined in past APSR and the SFY25-29 CFSP. QRTP placements are called Therapeutic Group Homes (TGH) in Montana, and they meet all necessary licensing requirements of a QRTP set forth by ACF-CB.

The following are the TGH applicable MCA and ARM:

- MCA MCA Definition Hyperlink
- ARM TGH Staffing Requirements ARM - TGH Staffing Requirement Hyperlink
- ARM TGH Clinical Assessment ARM - TGH Clinical Assessment Requirement Hyperlink
- ARM TGH Treatment Plan ARM - TGH Treatment Plan Requirement Hyperlink

CFSD chose the Child and Adolescent Service Intensity Instrument (CASII) as its assessment tool. The CASII is facilitated by a Qualified Individual (QI) which is defined as a trained professional, youth Targeted Case Manager (TCM) or licensed clinician, who completes a CASII assessment on a youth to assess the strengths and needs of the child, make recommendations on the most appropriate placement setting for the child, and recommend short and long-term goals. The Children's Mental Health Bureau established ARM to support this process.

- ARM Targeted Case Managements Services for Youth with Serious Emotional Disturbance, Provider Requirements ARM - TCM Provider Requirements Hyperlink .

CFSD continues to follow the Therapeutic Group Home Referral and Placement Process Procedure CFSD TGH Referral and Placement Process Procedure Hyperlink. And utilizes the forms listed below to support staff in the process:

- Level of Care Assessment Team Meeting Form
- Child Protection Specialist TGH Placement Checklist
- Division Administrator Extended Stay Authorization Form
- Aftercare Tracking Form

The CQI Unit provides oversight of the tracking log which was developed to support regions in developing processes to adhere to the steps required to place in a TGH placement and draw IV-E funding down for the placement and services. Since the QRTP process changes from state to state, CFSD focused on evaluating their state's efforts of adhering to the procedure for youth placed in TGH in Montana. The tracking log collects information applicable to the discussed elements above. Most regions selected their CWM to provide an oversight of their region's process and track the information. The CQI Specialist, as needed, meets with each of the trackers to discuss the elements and provided a detailed manual on using the tracking log. Every month the CQI Unit updates the tracking log to reflect the youth who are placed in TGH placements, and it is the responsibility of the regional tracker to enter dates and assurances that the placement steps are being adhered to. Though data has been collected for over a year, data was not pulled for this APSR from the tracking logs, as the process is inconsistent across the state and some regions have not updated any information on the log for their region. However, through ongoing support calls and discussion with the regions, the CQI Unit determined there continues to be a challenge in getting the CASII completed, and there are barriers around timeframes and reimbursement of the CASII being completed as well. The barrier is as follows:

- The CASII is a Medicaid billable service. It must be completed by QI, who traditionally are a trained professional, TCM, or licensed clinician who have received training in administrating the CASII. When a youth already has a TCM set up prior to the LCAT there has not been any reported delay in completing the CASII. However, the challenges arise when a youth does not have a TCM set up prior to the LCAT**.** These challenges exist for our internal staff and our external partners (MH providers) as follows:
    - Our internal staff must meet federal requirements and timeframes. Federal Act states: The CASII must be completed within thirty days of the placement start date; however, there are considerations:
        - It is best practice for the CASII to be completed prior to a TGH placement, and this is what was written into our procedure.
        - When the CASII is not completed prior to placement, the challenges are:
            - The TGH placements may not even allow the child to be placed without a current CASII.
            - The QI is attempting to visit with the child at their placement (telehealth).
            - The QI CASII, not being utilized to determine placement, could be a concern as they may determine through CASII the child did not meet the requirements for a higher level of care. This could result in CFSD scrambling to locate another placement.
            - Delay in the Placement Hearing due to the QI not being able to sign the court Sworn Declaration that is required to be attached to the CPS affidavit to the courts requesting the Placement Hearing to occur within sixty days of the start date of placement.
    - Our external mental health provider partners must meet Medicaid requirements and timeframes. Traditionally, to have a TCM complete the CASII and bill Medicaid, the agency must enroll the youth to their agency for TCM services.
        - Medicaid rules state to open the youth for TCM services (QI to complete CASII) the child must:
            - Have a clinical assessment that meets the required SED diagnosis.

- The clinical assessment is required to be completed by a licensed clinician within three visits or fourteen days (whichever is longer) once the assessment process has started.
    - Note: An agency could use an old clinical assessment from another eligible provider if the clinical assessment meets:
        - The Mental Health Center Rules and Standards
        - The clinical assessment could not be older than twelve months.
            - Note: Most providers will not accept a past clinical assessment from another provider as they want to make sure that the recommendations are current, meet their own standards, etc.

- Collaboration with Children's Mental Health Bureau
    - When one of the providers initially brought up the concern of the Federal QRTP vs. Medicaid billable timeframes to the CQI unit. Their biggest issue at the time was that they lacked clinicians to complete the Medicaid required clinical assessment to enroll the youth in TCM services to complete the CASII. The barriers were:
        - At the time had a waiting list of four to six weeks for a clinical assessment to be completed.
        - Primarily using FBS type services to support the child and family (birth or placement) while waiting for the clinical assessment to be completed to then wrap services around the child and family and bill them to Medicaid.
        - Receiving referrals from CFSD requesting 'just the CASII' to be completed without the clinical assessment. The child was being placed, and CFSD was attempting to meet the federal requirements for the placement to be paid for under IV-E knowing the child would not be enrolled in traditional Medicaid billable services at the agency. In these types of situations, Medicaid cannot be billed for the CASII cause the agency is not following the requirements set forth for the service to be Medicaid reimbursable.
    - In early 2023, the CQI Unit met with the Children's Mental Health Bureau program staff shared that in these types of rare circumstances (in which the youth is likely to be placed in a TGH placement and TCM was not already established) the agency/provider can complete the CASII without a clinical assessment and still bill Medicaid. The agency must open the youth for services, assign the TCM to complete the CASII, TCM complete the CASII within fourteen days of their initial intake, then discharge the youth from the agencies services completely within fourteen days of their initial intake, and they must document in their system, "The youth was discharged within fourteen days of intake due to being transitioned to a higher level of care. Therefore, the Clinical Assessment was not necessary."
        - Another suggestion at this time was to establish "Private Pay Agreements" or Memorandum of Understandings (MOU) for these "Just CASII" referrals when TCMs are not already established. This would allow TCM to be able to complete them in the necessary QRTP placement timeframe required. Additionally, the program/provider isn't going through all the steps to attempt to get a clinical assessment completed to open services to TCM knowing the child is not likely to enroll in any services at their agency because they are being placed in a TGH placement.
    - In March of 2025, the CQI Unit received further guidance from the Children's Mental Health Bureau program staff sharing that for a program/provider to enroll the child into TCM services and bill the CASII as noted above to Medicaid, the child must have an SED diagnosis in place (such as a past clinical assessment). If the program/provider could not determine the child had been properly assessed then the program/provider would need to complete their clinical assessment prior to enrolling the child in TCM services for the CASII to then be completed, if they are going to bill the service to Medicaid.
    - In March 2025, the CQI unit discussed the barrier with one of the state's mental health providers who said they would not use a past clinical assessment with a past SED diagnosis if outside of a year, and the past provider would have to have met the Mental Health Center Rules for their assessment to be considered for use. In addition, it has been reported that providers do not believe it is best practice to use a past clinical assessment, and they prefer to complete their own assessment of the child to establish the best course of treatment for the child and make recommendations.

During SFY26, in April of 2025, the Division Administrator, along with the CQI unit, met with the RAs and CWMs to discuss the regional challenges in adhering to the federal requirements (both internal and external) elements being tracked. The following outlines the discussion:

- Court Hearings (Occurring within sixty days of TGH Placement)
    - Is it a court hearing that occurs on its own, or is it wrapped into another hearing that was already established or scheduled?
        - Region 1 – Not seeing an issue via district court.
        - Region 2: Like region 6 - If don't already have a court hearing, then the CA is getting the hearing scheduled; however, at court there is confusion by Judge on what the hearing is for and what the order should say.
        - Region 3 – Getting them scheduled as they are quick hearings. Only are longer when there is a CASA or someone who has additional questions about the process.
            - The biggest issue is getting the CASII.
        - Region 4 (Butte) – Have the court hearing occurring; however, they end up being more of a status hearing and allows for the public attorneys to ask about CFSD due diligence and process.
            - Dillon/Anaconda – Struggle to get it on the calendar.
        - Region 5 – Getting them scheduled just fine.
            - The biggest struggle is consistency on the time/capacity to schedule the LCAT and obtain the CASII.
        - Region 6: CA is scheduling the court hearings and understands the need for them. However, at the court hearing they understand that CFSD did the due diligence, and not much is occurring at the court hearing itself because everyone stipulates.
    - CASII
        - Region 1: Depends on the community and the availability of a TCM (especially in more rural areas).
            - When TCMs are not available it takes an act of God to get the CASII completed to then move forward with the LCAT and locate placement.
        - Region 2: Struggling with CASIIs more recently due to a local provider being encompassed by another provider and the kinks have not been all worked out.
            - When we have an emergency need, we are struggling to use the now local provider.
            - Have utilized clinicians to do complete a Mental Health Assessment/CASII and they bill Medicaid.
        - Region 3: Things were going smoothly, however, have had the same issue as region 2 due to a local provider being encompassed by another provider…
            - The biggest issues are being put on a waiting list, and timeliness of referral and completion for emergency placements of youth that don't already have established TCM.
        - Region 4: Local clinician getting the CASII turned around quickly and doing a good job.
        - Region 5: Local providers are completing CASII's when needed.
        - Region 6: Not having issues with getting the CASII. Usually call to get the CASII. A lot of the kids do have TCM already, and the ones that do not have TCM, the local provider is getting them completed timely.
    - QI Sworn Declaration
        - Region 2: Resistant to signing the QI Sworn Declaration.
        - Region 3: Nervous to sign the document.
        - Region 4: Worry about having the QI change the language in the document or using their own templates when CFSD doesn't have the LCAT meeting or provide the summary to the QI.
    - LCAT Meetings
        - Region 1: Holding LCAT meetings (having QI attend), and good discussions and talk about the CASII and discussing any follow up steps/task needed prior to determining placement levels.
            - Facilitated by PPT Specialist
            - Holding them on all kids.
        - Region 2: Are not holding a formal LCAT meeting. Believe staff to be having appropriate discussions, but not with all the parties involved around a table.
        - Region 3: LCATs occurring
            - Facilitated by the FEM coordinators
            - Using the LCAT Summary to document the efforts, meeting and results.

        - Region 4: Not having LCAT meetings. Informal meetings. Very rarely are parents involved.
        - Region 5: Meetings are not occurring to fidelity (not an official meeting – just collateral contacts or informal treatment team meetings).
        - Region 6: Not having a formal meeting. Just communication is occurring with the team members involved with the child.
- Understanding the value of the TGH requirements: What are the values of the process (intent was so children do not linger in shelter care for years and years)? Montana has few shelters, few kids in congregate care, and because of the Medicaid licensing process children are not permitted to be in TGH placements for extended amounts of time:
    - Region 1: Have had a couple of LCAT meetings where the decision was made to not have the child going to a TGH, and they were able to keep the child in their community with support.
    - Region 2: Hard to execute all the process.
    - Region 3: Valuable in documentation, but there are not a lot of changes in the outcomes. A lot of additional work to establish the same outcome (as there haven't been cases where team members are supporting TGH placement)
    - Region 4: Is valuable in showing our due diligence and shows that we are assessing the kids.
    - Region 6: Not taking every step of the process being done, but are having better conversations around placing kids, and engaging team members. This is more of a preventative process, and CFSD is using this more of a checklist process instead of developing a process to use it as a preventative measure. CFSD is attempting to meet all the requirements but continue to get stuck in areas that don't align with timeframes and internal processes.

CFSD continues to evaluate the TGH process, procedure, etc., and works to identify barriers to address in a collaborative internally and with our external partners.

Respite Care Services

Respite care is a pre-planned arrangement available to a parent/caregiver who needs temporary relief of duties for the child whose mental or physical conditions require special or intensive supervision or care.

CFSD reimburse cost for respite care as established in the Foster Care Support Services, Respite Care Allowance ARM ARM Foster Care Support Services and Respite Care Allowance Hyperlink.

In addition, CFSD utilizes the Montana Lifespan Respite Coalition which is in partnership with the Aging and Disability Resource Center making available a public website of resources focusing on our Montana seniors and people with disabilities (such as youth in foster care or in post-permanency care). More can be found about this program at: MT LRC Coalition Hyperlink.

Specific to Region 2, there are local partnerships with the Toby's House Crisis Nursery, which is a local funded program committed to prevention of child abuse and neglect by providing crisis, respite, and transitional care for children ages birth through six. More about this program can be found at: Toby's House Crisis Nursery Hyperlink.

Early Childhood Support Services

ECFDS and CFSD continue to collaborate on multiple projects. CFSD aligns with ECFSD overarching goals and continues to partner in multiple ways to support families and caregivers with children under the age of five who also experience at least one of the following:

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

Other ways that CFSD and ECFSD partner are through the following programs/services:

Part C Early Intervention Program

Detailed information regarding Part C services is outlined in category one above.

As reported in the Health Care Oversight and Coordination Plan, current CFSD Case Management Procedure requires that children with substantiated abuse and/or neglect allegations, as well as all children being served by CFSD on an in-home or out-of-home safety plan, be referred for a Part C Screening. More can be found regarding the procedure at: CFSD Case Management Procedure Hyperlink.

By making these screenings universal for the foster care population, more children with developmental disabilities, whether related to emotional trauma or cognitively based, will access entitlement services that will improve the well-being of the child. CFSD continues to partner with ECFSD to identify barriers to making Part C referrals and barriers to ensuring comprehensive screening for children.

CFSD continues to look for ways to strengthen collaboration with the ECFSD Montana Milestones Part C Early Intervention Program to better coordinate referrals from CFSD to local Part C providers to ensure screening for developmental delays. As reported in prior APSR, CFSD's Program Planning Unit Supervisor has been charged with re-establishing communication and working relationships with the state level staff overseeing the Part C Program. These staff meet routinely and discuss how to provide better access to the entitlement. Anecdotally, improved communication is resulting in improved access for children to entitlement. The partnership at the state level is important as both CFSD and Part C providers continue to struggle with staff turnover at the local level. More can be found regarding this program at: ECFSD Part C Screening Website Hyperlink.

Substance Exposed Infants (The Meadowlark Initiative)

The Meadowlark Initiative has created a venue for implementing Plans of Safe Care in Montana in a meaningful way, prior to a call to CFSD's CI. CFSD has worked diligently with their local providers to ensure that pregnant mothers are assessed early and often and can access the services that assist in keeping their newborns safe before the birth of their child. This leads to better relationships with families and less trauma for all involved when the baby is born.

The Meadowlark Initiative Meadowlark Initiative Hyperlink integrates behavioral health screening and services, care coordination, and navigation to community resources into prenatal and postpartum care to keep mothers and babies healthy and families together. The initiative was founded on evidence that a team-based, non-judgmental, and culturally responsive model of care improves outcomes for mothers, children, and families. When health providers have the tools and staffing they need to provide whole-person care for their pregnant patients, they can improve health outcomes for mothers and babies and help Montana families thrive.

Participation in the Meadowlark Initiative supports prenatal care clinics in implementing a new model of care tailored to meet each community's needs and available resources. The Meadowlark Initiative brings together clinical and community teams to provide the right care at the right time for patients and their families; improve maternal outcomes, reduce newborn drug exposure, neonatal abstinence syndrome, and perinatal complications; and keep families together and children out of foster care.

The Meadowlark model of care integrates behavioral health into prenatal and postpartum care and coordinates patient care and community resources for patients and families. All patients are universally screened for anxiety, depression, substance use, and needs related to the social determinants of health. If a patient has a positive screen or requests additional support, a behavioral health provider is available to meet, assess the issue, and initiate any needed treatment, generally during the same visit. If any social needs are identified – like access to safe housing, affordable food, or reliable transportation – the care coordinator will work with trusted local and state organizations to navigate each patient to available resources. When concerns that might impact the health and safety of the mom or newborn are identified, care coordinators use the Meadowlark Family Plan of Safe Care to keep patients and families engaged in care and create a collaborative plan to address those issues.

Organizations participating in the Meadowlark Initiative have shown what a powerful difference they can make for Montana families. A recent evaluation of the initiative Meadowlark-Evaluation Jan 2023 Hyperlink showed that Meadowlark sites have:

- A higher-than-average percentage of women receiving adequate prenatal care.
- A lower-than-average percentage of premature births.
- A decrease in infant removals.
- An increase in universal screening for depression and substance use disorders.

Though this initiative is not yet 100% statewide, it is actively supporting women in communities with twenty of the twenty-six delivering hospitals in the state, and Meadowlark care is also now available to women and families on five reservations. CFSD has partnered regionally, as shown below, with the agencies contracted with the Montana HealthCare Foundation to provide the initiative listed here Meadowlark Provider Participation List Hyperlink:

- Region 1
  - One Health – Rosebud County (Ashland – Northern Cheyenne Reservation)
  - Holy Rosary Healthcare (Miles City)
  - Sidney Health Center (Sidney)
  - Northeast Montana Health Services (Wolf Point – Fort Peck Reservation/Assiniboine and Sioux Tribes)
- Region 2
  - Benefis Health System (Great Falls – Little Shell Chippewa Cree Tribe)
  - Rocky Boy Health Board (Box Elder – Rocky Boy Reservation/Chippewa Cree Tribe)
  - Northern Montana Healthcare (Havre)
  - One Health – Blaine County (Chinook – Fort Belknap Reservation/Gros Ventre and Assiniboine Tribes)
- Region 3
  - One Health – Fergus County (Lewistown)
  - St. Vincent Healthcare Foundation (Billings)
  - One Health – Big Horn County (Hardin – Crow Reservation/Crow Tribe)
- Region 4
  - Community Hospital of Anaconda (Anaconda)
  - St. James Healthcare Foundation (Butte)
  - Bozeman Health Foundation (Bozeman)
  - Livingston Healthcare (Livingston)
  - St. Peter's Health Foundation (Helena)
- Region 5
  - Community Medical Center (Missoula)
  - St. Luke Community Healthcare Foundation (Ronan)
- Region 6
  - Logan Health Medical Center (Kalispell –Flathead Reservation/Confederated Salish and Kootenai Tribes)
  - Blackfeet Tribal Health (Browning – Blackfeet Reservation)

Family Support Services Advisory Council (FSSAC)

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

Healthy Montana Families (HMF)

HMF uses funding streams such as MIECHV to contract with agencies to provide evidence-based voluntary home visiting services. These programs support evidence-based and comprehensive home visiting and coordination services to improve outcomes for children and families in Montana, which can be found at their website ECFSD HMF Hyperlink. These improved outcomes include but are not limited to child development; school readiness; child health; family economic self-sufficiency; maternal health; positive parenting practices; and an overall reduction in child maltreatment, juvenile delinquency, family violence, and crime.

HMF home visiting models are:

- SafeCare Augmentation – CFSD and ECFSD have been in partnership since 2014 in efforts to implement and sustain the model in Montana through in-state trainers and coaches.
- Parents as Teachers
- Nurse Family Partnership
- Family Spirit

Community Response Teams

CFSD and ECFSD continue to collaborate on CFSD's Community Response Teams (CRPs) which are overseen by ECFSD. CRPs receive Community-Based Child Abuse Prevention (CBCAP) funding for specific parent support and education activities for the prevention of child abuse and neglect. These centers are local, collaborative efforts providing opportunities for evidence-based parent education for parents and caregivers.

CRP has been serving families in the four following pilot locations:

- Region 2: Cascade County
- Region 3: Yellowstone County
- Region 4: Lewis and Clark County
- Region 6: Silver Bow County

A family completes the CRP after participating for at least eight weeks, completing a short term and financial goal, and they have made progress toward their long-term goal. On average, families are completing the program in thirteen and a half weeks. On rare occasions, there have been families who were enrolled in the CRP for longer than sixteen weeks, due to scheduling difficulties and changes to goals. In total 202 families have been referred to, assisted with various supports, and discharged from CRP since implementation.

Montana Head Start and Infant and Early Childhood Mental Health Consultant Training (IECMHC)

CFSD continues to collaborate with Montana Head Start programs. Head Start programs offer both year-round and summer programs for children ages three-five, and Early Head Start serves families with children from birth to three, including pregnant women. Summer programs focus on preparing children for kindergarten and provide essential services like nutritious meals and health screenings. The programs are designed to support the comprehensive development of children and families, fostering a strong foundation for future success. Children and families are served in both center and home-based delivery models.

Montana Head Start programs are primarily funded by the U.S. Federal Office of Head Start, which allocates funds to community-based grantees. These grants are then used to support the operation of Head Start programs within local communities. The U.S. Congress authorizes the amount of federal spending for the Head Start program each year. Funding goes directly from the Federal Office of Head Start to community Head Start grantees in Montana. More about this program can be found at: Montana Head Start Website Hyperlink.

Montana Head Start takes a comprehensive approach to meeting the needs of the whole child and family. This two-generational approach supports stability and long-term success for families who are most at risk. Depending on each family's needs, they receive a wide range of services. They promote comprehensive services to children and families of our most economically disadvantaged citizens. In Montana, Head Start and Early Head Start programs employ 1,269 regular staff and ninety-five contracted staff. Montana Head Start Data Flyer Hyperlink.

The Montana Head Start Collaboration Office impacts the lives of low-income children and families by influencing state and local policy and the effective delivery of services, while linking Head Start Programs and communities through collaborative relationships. CFSD has collaborated with Head Start in various ways across the state to provide early head start services to children and families supported by CFSD. Head Start prioritizes referrals from CFSD, especially when supporting a child in a kinship or foster care placement. In addition, CFSD has collaborated with Head Start in their *Infant and Early Childhood Mental Health Consultant Training (IECMHC)* program over the past year. IECMHCs are highly trained professionals who support the mental health and social-emotional development of young children by working with the adults in their lives, such as parents, caregivers, and early childhood educators.

They collaborate with other early childhood professionals to implement prevention-based interventions that enhance the workforce and improve outcomes for children. Importantly, IECMHCs do not provide direct therapy. Instead, they partner with childcare agencies to address child behaviors, build program capacity and improve staff wellness. They support staff in understanding child development, stress, trauma, and attachment — fostering strong relationships to meet children's needs.

Montana Children's Trust Fund Board of Directors (MTCTF)

CFSD actively participates with this board that helps in developing parenting resources for all ages. The following list includes, but is not limited to, specific services the MTCTF provides:

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

A robust list of resource services based on a child's age can be found on their website at: Parenting Montana Hyperlink. More of MCTFC overall program can be found on their website: MTCTF Hyperlink.

2025 CSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders. As stated in Section 1 in this APSR, this survey was completed by 147 internal CFSD staff, and 219 external stakeholders (including youth, parents, Tribal members, court personnel, etc.). The following were the questions and responses collected specifically to Item 29 Category 2.

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"Rank the services you believe are most necessary to help families create a safe home environment or maintain their child(ren) in their families home safely with parents(s) when safe to do so."*** Participants were able to use a ranking process within the survey to put the following choices in order 1-10 (one being the most necessary): Mental/behavioral health services (both parent and child); Substance use treatment (both parent and child); Parenting classes and support/or parent aid services; Low-income housing and/or rental assistance; Anger management or domestic violence support; Childcare assistance; Transportation assistance; Income assistance; Respite and shelter care development; and Developmental disability services.

  Due to the number of responses and the amount of the ranking choices, charts and tables were difficult to create; however, the CQI Unit staff analyzed the data to reflect that the three top services selected from the participants compiled responses as follows. There were thirty responses that were listed as "not applicable to their role" and those responses were not reflected in the table below.

Table 98: Top Three Needs to Create Safe Home (N=336)

Internal and External Combined – Top Three Services Needed to Create/Maintain a Safe Home Environment	Respondents Count / Percentage
Mental/Behavioral Health	162 / 48%
Substance Abuse/Use Treatment	94 / 28%
Anger Management or Domestic Violence Support	80 / 24%
Grand Total	**336 / 100%**

Category 3: Services to Help Children in Foster and Adoptive Placements Achieve Permanency

CFSD continues to make the services listed above in category two available to resource and post-permanency families when necessary to support placement stabilization.

Post-Permanency Services Program

The PPSS oversees the Adoption Promotion and Support Services. The PPSS responsibilities include, but are not limited to, completing record searches, intakes, agreements and requests for renegotiations for post-permanency assistance. The PPSS duties consist of offering ongoing consultation with post-permanency families regarding services and interventions for their child, and being accessible to any family who has adopted a child from or has a guardianship through:

- The Montana foster care system.
- A private agency, including international adoptions.
- Adoptive family who finalized adoption in another state and currently resides in Montana.
- Adoptive family who finalized in Montana and have since moved to another state.
- Any individual who was adopted in Montana or is a birth parent.

Please refer to Section 5: Update on the Services Description *MaryLee Allen Promoting Safe and Stable Families* to learn more about these contracts, service array, geographic locations, and Title IV-B subpart 2 funding utilization.

Title IV-E FFPSA - Montana Kinship Navigator Program (MTKNP)

CFSD partnered with MSU to support implementation and evaluation of Montana's Kinship Navigator Program (MTKNP). The goal of MTKNP is twofold -- to support kinship families caring for children through building safety, stability, permanency and well-being as well as building community capacity to link kinship families to community resources.

MTKNP serves Kinship Caregivers for the entire state of Montana. The program offers kinship caregivers support, education and access to resources to assist caregivers in raising their children so they can live happier, healthier lives and can, in turn, raise children who know emotional and physical safety, excel in school and social situations and are prepared to take on the challenges of their new life.

MTKNP serves kinship and relative caregivers for the entire state of Montana. MKNP are a central support, resource, and referral navigator program supporting Montana's rural areas, Montana's Native American Tribes, and Montana's urban cities.

A kinship family is a family that has taken in a child that is not biologically their own for several various reasons. A common example is grandparents raising their grandchildren**.** Raising kinship is a rewarding task but is often one that is accompanied by challenges that may look different for every family. MTKNP offers kinship and relative caregivers support, education and access to resources so they can live happier, healthier lives and can, in turn, raise children who know emotional and physical safety, excel in school and social situations and are prepared to take on the challenges of their new life. It also provides resources, support and referrals to other agencies and organizations that serve kinship families. Some of the resource and supports provided through the MTKNP are as follows and can also be found on their website at MSU MTKNP Website Hyperlink.

MTKNP Advisory Board – MTKNP Advisory Board provides an opportunity for kinship caregivers, people raised in kinship families, and those who serve them to provide input into program development and operation. The board meets quarterly (January, April, July, October), and the board's membership reflects the following groups: underrepresented kinship population, race, religion, socioeconomic status, age, disabilities, etc., providing an expression of the state's kinship community. The board encourages authentic engagement with caregivers and youth with lived experience to promote public awareness of kinship issues and challenges by making presentations, sharing personal stories, writing op-eds, testifying before legislative committees, participating in CFSD Youth and Parent Advisory Board, and providing input on policy and practice changes that affect kinship families. The board partners with other external stakeholders and organizations by engaging those who work with kinship families for purposes of education, advocacy, consultation, inclusion, and coordination to avoid duplication of efforts. The MTKNP Advisory Board is made up of the following types of participants:

- 30% of caregivers or individuals raised or being raised in kinship families and representatives from diverse partner organizations to ensure the council has authentic engagement from those with lived experience.

- CFSD - Post Adoption Program Manager and additionally the following have taken part in the board meetings from CFSD: Division Administrator, IV-E Program Bureau Chief, Region 1 RA, a CPSS from Region 3, and Foster Care Licensing Bureau Chief.
- Montana State Homeless Education Coordinator
- Office of Aging, Foster Care Licensing
- Office of Public Assistance
- Children's Mental Health Bureau (CMHB)
- Other advisory council members include:
    - Individuals from different non-profit programs, schools, support group leaders, etc., serving families in Montana
    - Montana State University Extension Agents
    - AARP Outreach Director
    - Tribal Representatives
    - An individual that came from a kinship family

MTKNP Advisory Board has identified both strengths and barriers through this process as listed below:

- Successes:
    - Adding Members - The board is constantly adding new partners and programs as they make new connections, which allows for more conversations and further program development.
    - Community Collaboration – Members are encouraged to present and provide updates of their community programs across the state, which has allowed for members to learn more about other program developments that are happening across the state.
    - Inclusion of Programs – The board has participated in robust conversations with MSU as they continue their research and evaluation efforts. These conversations have included but are not limited to programmatic efforts such as outreach, family success stories, and new program supports.
- Barrier:
    - Scheduling Conflict – The board faces scheduling conflicts between members, which at times has prevented all voices and conversations to be had from all programs involved in the board. It is important to the board that all members feel involved in whether they were able to attend the meeting or not, so they have provided the meeting minutes and notes to allow all individuals to see what was discussed and add further input via email or phone call if applicable.

MTKNP implementation plans for 2025 have included continuing to create new partnerships with family programs across the state, continue to provide services to all kinship families in the state of Montana, and complete the program research and evaluation efforts and submit them to the Title IV-E Clearinghouse to have the program rated.

At the time of this APSR, MSU surveyed the participants of both the MTKNP and the associated board members; however, the results of the survey were not available as they were still collecting survey responses.

Temporary Assistance for Needy Families (TANF) for Youth Placed with Kinship

Temporary Assistance for Needy Families (TANF) - This program provides monthly cash assistance to eligible low-income families. This program is available for kinship family placements as a “Child Only Grant.” Their programs and services include the list below, but are not limited to, and more about this program can be found on their website: TANF Hyperlink :

- Commodity Supplemental Food Program – More about this program can be found on their website: Commodity Supplemental Food Program Hyperlink.
- Community Service Block Grant Program - More about this program can be found on their website: Community Services Block Grant Program Hyperlink.
- Emergency Solutions Grant Program - More about this program can be found on their website: Emergency Solutions Grant Program Hyperlink

Support for Indian Child Welfare Act (ICWA) Children Placements

CFSD’s ICWA Foster Care and Adoption Placement Preference Procedure can be found: CFSD ICWA Placement Preference Procedure Hyperlink.

CFSD continues to maintain working relationships with all the state's federally recognized Tribes. ICWA compliance is of utmost importance to CFSD. The agency goal is to improve all aspects of ICWA compliance and effectively engage Tribes and Tribal families in case management planning and decisions throughout the lifetime of the case. The bulk of the work done with Tribes around ICWA compliance happens between CFSD local offices, County Attorney staff and Tribal ICWA staff as decisions are made on individual cases.

Some of the ways CFSD has engaged in this process is through:

- ICWA Court - Yellowstone (Billings) and Missoula (Missoula) counties have developed ICWA Courts to help ensure compliance with the Act.
- ICWA Qualified Expert Witness Training - MCIP provides QEW Training several times throughout the year. The training is provided by Yellowstone County Attorney staff who represent CFSD in the Yellowstone County ICWA Court. The training locations vary and are held in or near Tribal communities. Once individuals receive this training, they are added to a list of potential QEW maintained on the CFSD website. Individuals are not QEW by taking the training, only courts can determine someone is a QEW. The training is designed to prepare Tribal members, who will testify in state courts, information on the state court process and their role as a QEW.
- MCIP ICWA Communities of Practice (CoP) – CFSD participates in this CoP, which is a designated network of people who share information and knowledge either face-to-face or virtually. Each community is held together for a common purpose, which usually focuses on sharing experiences and insights related to a topic or discipline. The focus of Montana CoP is ICWA.

Montana Court Improvement Program (MCIP)

On the state level, the director of the MCIP is a key stakeholder in CFSD's work with the Courts and the MCIP Coordinator serves on the SAC. CFSD leadership participates in quarterly MCIP meetings.

CFSD and MCIP collaborate in scheduling and providing training to individuals interested in being determined by the courts as a QEW for the purpose of providing testimony in ICWA cases. The training provides information on the district court process, along with the roles and responsibilities of a QEW. Individuals receiving this training are included on the list of prospective QEW, located on the CFSD website. CFSD expects this process to continue for the foreseeable future, and updates will continue to be shared in future APSR.

Other judicial collaboration at the regional level is with Family Drug Treatment and ICWA Courts. Training on ICWA compliance and statutory requirements is provided at CFSD's MCAN training. The training is most often provided by the attorneys representing CFSD in the ICWA Court in Billings. State and Tribal relationships continue to improve in both tracks of ICWA Court with most cases being assigned to CFSD caseworkers in two specialty ICWA units. Missoula County has successfully implemented an ICWA Court. The process used by the Missoula ICWA Court is similar, but not identical to, the ICWA Court process in Yellowstone County. Early indications are the court is being successful in improving ICWA compliance and engaging Tribes and families in the child protection process. As reported in past ASPRs, though there had been multiple counties expressing interest in developing an ICWA court, due to Covid and resource concerns the implementation efforts were derailed. CFSD staff, county attorneys and other members of the court continue to have ongoing discussions on local judicial issues and cases. CFSD will continue to explore with MCIP expansion of ICWA courts in other counties of the state and future APSR will include information should Cascade, Hill or other counties opt to consider implementing an ICWA Court in the future.

Outside of the courtroom, CFSD continues to facilitate monthly staffing's with the Tribes' respective ICWA agents by holding virtual meetings. Inside the courtroom, the Court offers alternative means for Tribal participation, including telephonic and virtual appearances.

2025 CFSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders. As stated in Section 1 in this APSR, this survey was completed by 147 internal CFSD staff, and 219 external stakeholders (including youth, parents, Tribal members, court personnel, etc.). The following were the questions and responses collected specifically to Item 29 Category 3.

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"Rank the services you believe are most necessary to help achieve permanency for children in foster and adoptive placements."*** Participants were able to use a ranking process within the survey to put the following choices in order 1-10 (one being the most necessary): Mental/behavioral health services (both parent and child); Substance use treatment (both parent and child); Parenting classes and support/or parent aid services; Low-income housing and/or rental assistance; Anger management or domestic violence support; Childcare assistance; Transportation assistance; Income assistance; Respite and shelter care development; and Developmental disability services.

  Due to the number of responses and the amount of the ranking choices, charts and tables were difficult to create; however, the CQI unit staff analyzed the data to reflect that the three top services selected from the participants compiled responses as follows. There were sixteen responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 99: Top Three Needs to Achieve Permanency (N=350)

Internal and External Combined – Top Three Services Needed to Help Achieve Permanency for Foster and Adoptive Placements	**Respondents Count / Percentage**
Mental/Behavioral Health	191 / 55%
Parenting Classes and Support and/or Parent Aid Services	88 / 25%
Anger Management or Domestic Violence Support	71 / 20%
Grand Total	**350 / 100%**

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"List in order (1-3) the top three barriers that impact children and families from receiving services that help achieve permanency while in a foster or adoptive placement?***

  CFSD CQI staff categorized the answers that best described their open-ended responses. However, due to the number of responses and the amount of the responses listed, charts and tables were difficult to create. The CQI unit categorized the responses and analyzed the data to reflect that the three top barriers listed from the participants compiled responses as follows.

Table 100: Top Three Barriers to Achieving Permanency (N=366)

Internal - Top Three Barriers to Children and Families Receiving Services that Help Achieve Permanency for Foster and Adoptive Placements (N=147)	**External - Top Three Barriers to Children and Families Receiving Services that Help Achieve Permanency for Foster and Adoptive Placements (N=219)**
1. Service Availability	1. Service Availability
2. Waitlist	2. Substance Abuse/Treatment Service Availability
3. Parent Engagement	3. Housing

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"List in order (1-3) the top three barriers that impact children and families from receiving services that are developmentally and/or culturally appropriate."***

  CFSD CQI staff categorized the answers that best described their open-ended responses. However, due to the number of responses and the amount of the responses listed, charts and tables were difficult to create. The CQI unit categorized the responses and analyzed the data to reflect that the three top barriers listed impacting children and families from receiving services that are developmental and/or culturally appropriate from the participants compiled responses as follows.

Table 101: Top Three Barriers to Children Receiving Specific Services (N=366)

Internal - Top Three Barriers Impacting Children and Families Receiving Developmentally and Culturally Appropriate Services (N=147)	External - Top Three Barriers Impacting Children and Families Receiving Developmentally and Culturally Appropriate Services (N=219)
1. Service Availability	1. Service Availability
2. Cultural Competency	2. Cultural Competency
3. Identifying and Referring for Appropriate and/or Individualized Services	3. Training/Skillset for Providers and CFSD Staff

Item 29 Performance Appraisal

CFSD has rated *'Systemic Factor Item 29'* as a **Strength**.

Since the completion of the PIP-Monitored Period goals, strategies and key activities, CFSD has continued to strive to ensure that children and families have access to the services and support they need to accomplish their case plan goals and lead safe, stable lives without agency intervention. However, CFSD recognizes service needs are not universally met due to the rural landscape within our sizeable geographic area. As previously stated, is the fact that a disproportionate percentage of children in our child welfare system identify as American Indian. CFSD encourages CPS and CWPSS contractors to assess families in a culturally responsive manner that reflects the unique needs of children and families being served. It is notable that multiple evidenced-based interventions used by CFSD contractors and stakeholders encompass cultural practices and flexibility. However, CFSD recognizes this is an area of practice that needs to continue to improve.

Though CFSD attempted in multiple ways to gather information from parents and youth through a survey, there were not a lot of respondents from this population. Therefore, CFSD believes this is an item for which interviews with key stakeholders (especially parents and youth) may assist in better assessing the state's performance.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the service array and resource development system does ensure the following are in all political jurisdictions, even in rural areas, covered by the CFSP:

- *Services that assess the strengths and needs of children and families and determine other service needs.*
- *Services that address the needs of families in addition to individual children to create a safe home environment.*
- *Services that enable children to remain safe with their parents when reasonable; and,*
- *Services that help children in foster and adoptive placements achieve permanency.*

Item 30: Individualized Services

APSR Question: ***How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?***

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 30' was rated as an Area Needing Improvement, as Montana was not in substantial conformity based on information from the SWA and the stakeholder interviews, which showed that although there has been improvement in some areas of the state, services are not routinely individualized and tailored to meet the needs of children and families. Stakeholders reported that services are not routinely individualized to meet the cultural needs of Native American children and families and that there is a need for more collaboration with the Tribes. Stakeholders said that high caseloads can be a barrier to ensuring services are individualized.

During SFY25 CFSD continued their focus of individualizing services for:

- Older Youth (14-17) Service Delivery: The CQI process included focus groups with MCFCIP contractors and CFSD staff to both increase referrals to the program, enrollment of youth into the program, increase participation of youth enrolled in the program, and overall service delivery to youth that is individualized to the youth's needs. CFSD provided information about these processes in Section 5: Update on the Services Description *Chafee and Education and Training Vouchers*, which included, but is not limited to the following processes:
    - Improve referrals to MCFCIP providers.
    - Increase collaboration between CFSD regional field staff and MCFCIP contractors to:
        - Engage youth who are eligible for the program but have not yet enrolled.
        - Re-engage youth who have enrolled in the program but are lacking participation.

- Update to procedures to clarify the referral process, and the increased collaboration between CFSD and the MCFCIP contractors through different engagement tools (Youth-Centered Meetings, Family Engagement Meetings, Permanency Planning Team Meetings, Foster Care Review Committee, Court Hearing Notifications, etc.).
- Refocus on services delivery to better support the MCFCIP youth enrolled Transitional Living Plans.
- Increase Technical Assistance and contract monitoring by the MCFCIP Program Manager.
- Increase engagement with Tribes to better support MCFCIP eligible youth who are Native American.

- Pre-Hearing Conferences (PHC): PHCs are a great way to increase individualizing services for families. PHCs are an opportunity for a conversation among the parties that occurs before the Emergency Protective Services (EPS) hearing. The participants include parents, CFSD caseworkers, attorneys, tribal representatives, CASA/GAL, foster parents, family members, and children, if appropriate. The PHCs are conducted by a neutral facilitator, who is paid by CIP. The facilitator's role is to make sure everyone in the room can speak openly and honestly about the pending case. Facilitators are not allowed to give legal advice, and judges do not participate.

  The purpose of the PHC is to talk about the four main issues in the case:
  - The Child's Placement
  - Family Time Between Parent and Child
  - Individualized Treatment Services for the Family
  - Conditions for Return

  PHCs provide an opportunity for all parties to establish a mutual understanding of what is in the best interest of the children, and to begin working toward reunification of the family as a team. PHCs seek to establish trust between the parties by fostering open discussions among them.
  - Besides introducing the parties and their roles as they relate to children, and trying to move the process from adversarial to cooperative, the general goals of a pre-hearing conference consist of:
    - Identifying any needs or issues related to the children.
    - Gathering input from family and friends concerning family history, safety issues, and support available to the family.
    - Identifying possible relative and kinship placements for children early in the case.
    - Identifying possible relatives and other resources for supervision of increased family time
    - Identifying services the parents need and would agree to begin immediately.
    - Discussing and reaching agreements regarding placement, family time, and services for the family.
    - Establishing realistic conditions of return: Can the children safely return home? If not, what conditions must be met before they can safely return home?

  Since launching in Yellowstone County, the MCIP has funded and trained the Pre-hearing Conference (PHC) model in additional judicial districts:
  - Region 2 (Cascade County)
  - Region 4 (Park, Sweet Grass, and Silver Bow Counties)
  - Region 4 (Lewis and Clark and Gallatin Counties)
  - Region 5 (Missoula County) also participated; however, their hearings were called "Intervention Conferences" and the standing master led the meetings prior to the EPS hearing.
  - Region 6 (Flathead County)

  It is anticipated that future analysis of PHC is likely to demonstrate that structured and intentional engagement of families at the very initial stages of a case is a strong correlate to improved reunification and permanency outcomes. At the time of this APSR, the data report for SFY25 had not been analyzed or shared with CFSD. CFSD will update future APSR with data analytics.

- Family Case Plan (FCP): As discussed previously in Section 2: Items 3, 20 and 29 in this APSR, the FCP was developed to help with ongoing assessment of all applicable members of a case to ensure that the individualized services being provided to support the family in enhancing the parents' protective and parenting capacities of meeting their child(ren)'s safety, well-being and permanency needs.

- Post-Permanency Support Services: As discussed in Section 2: Item 29 in this APSR, CFSD increased the post-permanency support services by adding an additional position. In addition, through leadership evaluation of the program, collaboration with internal and external partners, the following processes were implemented:
    - Post-Permanency Support Services Procedure and supporting forms were developed.
    - The Post-Permanency Financial Tracking practice manual was developed to enhance financial oversight of the funding streams utilized to support this program.

CFSD's current practice model and policies and procedures require individualization of services to meet the needs of children and families. These types of individualized processes are supported through efforts that were listed in Section 2: Item 29 in this APSR. CFSD has established formal processes, such as the FFA, Safety Plans, Protection Plans, Prevention Plans, PHC, Court-Ordered Treatment Plans, FCPs, FSTs, FEMs, PPTs, FCRCs, etc. as ways to support the caseworker's engagement efforts in tailoring services for families.

The belief that CFSD needs to better engage families and stakeholders in designing services and evaluating these services is a key principle underlying the formation of CFSD. In addition to CFSD's ongoing tasks of writing and managing contracts, procurement of services, development and management of provider networks, evaluation and refinement of services, and measurement of outcomes, CQI has been tasked with supporting the Program Bureau with the following responsibilities that have been spoken to throughout this APSR, such as.

- Seek and organize inputs on gaps and needs.
- Coordinate the prioritization of service needs.
- Research solutions.
- Facilitate the design of new services and the refinement of existing services (with program specialist and stakeholder engagement).
- Provide written guidelines for services and provide technical assistance.
- Ensure a broad, flexible array of effective services.
- Efforts to gather information regarding gaps in services provided by CFSD thus far include:
- Service evaluation of gaps within SAC, RAC, YAB, and CVMC.
- Surveys with external partners and internal staff to identify barriers.
- CQI plans with ECFSD to develop ways to evaluate gaps of services, identify strengths and barriers by using surveys of both external partners and internal field staff.

As discussed further in *Section 5: Update on the Services Description MaryLee Allen Promoting Safe and Stable Families,* CFSD currently continues to work with CWPSS contractors across the state to establish who is able, and willing to ensure services provided are timely, flexible, coordinated, and accessible to families and individuals, principally delivered in the home or community, and are delivered in a manner that is respectful and builds on the strengths of the community and cultural groups.

2025 CFSD CWPSS Focus Group

During SFY25, on February 26, 2025, a member of the CFSD CQI team and the CWPSS Contract Manager met with the CWPSS contractors for a *CFSR Round 4 Focus Group* during their regularly scheduled monthly check-in to discuss:

- CFSR Round 4's Process, Goals, and Overarching Purpose
- Timeline of the CFSR Round 4 Process
- Statewide Assessment Process and Purpose
- Montana Safety and Permanency Data Profile as of August 2024
- CFSR Round 4 Handout Specific to Community Providers

There were twenty-one individuals representing fifteen contracted agencies as shown in Table 223 in Item 29. The twenty-one contractors were asked, ***"How well are the resources and service array individualized to meet the unique needs of children and families serviced by CFSD?*** Responses were collected by the CQI unit staff, and summarized as follows with the region number, or specific city/county of the individual responding (if collected).

- Strength - An example was that a provider had a mom with three children who referred to them for visitation. The provider was struggling to support mom, who had a physical disability, while also monitoring three children. The goal was to empower the mother in her application of parenting techniques she was working on, as well as monitor the children to ensure their safety. The provider was able to reach out to CFSD to have it approved to have additional staff attend the visits so that each staff could have a role in supporting the family and truly accessing mom's needs so that the individualized accommodations could occur for her through their program.

- Strength - One thing that was added in their program is SafeCare but also have an Exchange Parent Aid program that is also an evidence-based program that CFSD is referring families to us as well because the difference between SafeCare and the Exchange Parent Aid is the age of the child. SafeCare is for families with children aged zero to five. Additionally, Exchange Parent Aid can assist when families fall back into the system, and they have already had SafeCare. Exchange Parent Aid is a little bit more parent driven, but it's just another support for families and CFSD will now send that to them as well. (R4)
- Strength - Great experiences working with the state from Kalispell down to Bitterroot Valley and Helena and in between; anything with physical disabilities, anything cultural-- that's always part of their treatment plans and component of it; had nothing but support from CFSD workers. (R4, R5 & R6)
- Strength - Have SUD providers but integrated families are contracted through their program as well which has had a lot of success in being able to communicate thoroughly with their SUD and mental health providers. They collaborate to ensure that there are different nuances to the family's needs so that they can tailor their separate treatment plans. Communicating with all the care team regularly is important to make sure everyone knows all the little ins and outs of what the clients need. (R6)
- Strength – Providers has received great support from CFSD. Whenever I've run into developmental needs for a parent, or culturally, I have received nothing but support with ideas from CFSD or other team members. CFSD is good at having provider meetings for families so all the providers that are working with a family as providers get together and run some ideas through so can all do what they need to for the family. (R3)
- Strength - Having Early Childhood Intervention (Part C Screening) come into visitations to see how it's working has been positive for the other providers developmentally that are able to come into these visits. (R3)
- Gap - When there are availability issues, providers will get online to locate resources to fill gaps because they don't have the services in Montana. (R3)
- Gap - It is a rarity to find a provider who can speak different languages, and providers will have to do their own research to find language advocates to support the families they are serving. (R3)
- Gap - Disjunct nature of the history of the kids' lives, and that's not on CFSD, it's about the chaos from which they come from and the way that follows; not knowing what need to know about kids, i.e.. where they come from, where they've been, who's cared for/not cared for them. (R4, R5 & R6)
- Gap - Obviously the state struggles with the same thing that service providers struggle with, which is turnover. (R4, R5 & R6)
- Gap - Other thing struggle with at times with CFSD is the expediency of response-caseworkers overloaded and create lags when timelines are looming; makes linkage difficult at times. (R4, R5 & R6)
- Gap – There's more need for after school times and the limited availability after school because they get filled up so fast and is current waitlist for weekend availability-don't have enough people-trying to be creative to resolve challenge. (R3)
- Gap – There are always more kids than there are families for therapeutic foster care. We usually have a wait list for home support services or have more needs for services than have people to serve. Usually have a wait list for outpatient services but sounds like home support services and supervised visitation are areas where there's just never enough service providers. (R4, R5 & R6)

2025 CFSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders. As stated in Section 1 in this APSR, this survey was completed by 147 internal CFSD staff, and 219 external stakeholders (including youth, parents, Tribal members, court personnel, etc.). The following were the questions and responses collected specific to Item 30.

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"List your top three barriers to children and families receiving services that are individualized to their needs?"***

  CFSD CQI staff categorized the answers that best described their open-ended responses. However, due to the number of responses and the amount of the ranking choices, charts and tables were difficult to create. The CQI Unit staff analyzed the data to reflect that the three top services selected from the participants' compiled responses are as follows.

Table 102: Top Three Barriers to Families Receiving Individualized Services (N=366)

Internal - Top Three Barriers to Children and Families Receiving Services that are Individualized to their Needs (N=147)	External - Top Three Barriers to Children and Families Receiving Services that are Individualized to their Needs (N=219)
1. Service Availability	1. Service Availability
2. Identifying and Referring for Appropriate and/or Individualized Services	2. Identifying and Referring for Appropriate and/or Individualized Services
3. Waitlist	3. High Caseloads / CFSD Staff Turnover

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"Identify what type of services, if any, have a waiting list in your region that you are aware of?"*** (N=366)

  CFSD CQI staff categorized the answers that best described their open-ended responses. However, due to the number of responses and the amount of the ranking choices, charts and tables were difficult to create. The CQI Unit staff analyzed the data and concluded that participants identified the service type, with the largest waiting list being Mental Health Services, followed by Housing in every region statewide.

Item 30 Performance Appraisal

CFSD has rated *'Systemic Factor Item 30'* as a **Strength**.

Though CFSD attempted in multiple ways to gather information from parents and youth through surveys, there were not a lot of respondents from this population. Therefore, CFSD believes this is an item for which interviews with key stakeholders (especially parents and youth) may assist in better assessing the state's performance.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the service array and resource development system does ensure the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency to ensure that services are:

- Developmentally and/or culturally appropriate.
- Responsive to disability and special needs; and,
- Accessed through flexible funding.

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

Stakeholder involvement and input are a critical and required component of the CFSR and PIP. Those collaborations and efforts to strengthen them are well documented and readily available for review in documentation previously submitted to ACF-CB as part of the CFSR, subsequent PIP, the 2020-2024 CFSP and subsequent APSRs, including this APSR. Specific examples included in this APSR include: discussions with judiciary on implementation of PHC and decreasing the time from TPR to Adoption (Collaboration Section); the work done with inter-departmental partners to support and expand SafeCare Augmented in the state (Collaboration Section); CORE Trainings were held across the state allowed CFSD to provide information on their procedures and practices to local community stakeholders and receive feedback from those partners (Collaboration Section); Tribal feedback on the state's IVE Prevention Plan and FFPSA impact on Tribal programs (Consultation and Coordination Between States and Tribes Section); and, the extensive MCIP involvement in the PIP (QA System – Feedback to Stakeholders Section). Examples of federal/federally funded agencies CFSD has coordinated services with to address needs of mutual children/families' services include SafeCare (ECFSD-MIECHV), Meadowlark Project referenced in the Collaboration Section (Medicaid), and the Healthcare Oversight and Coordination Plan efforts to address overuse of psychotropic medications and oversight of children entering TGH placements (Medicaid).

Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

APSR Question: ***How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?***

CFSD believes that every person and agency that impacts child welfare in Montana plays an integral part of the child welfare system. Therefore, *meaningful collaboration* continues to be a main focus of CFSD.

CFSD continues to commit to improving practices by both participating in and creating opportunities to collaborate with multiple agencies, and internal and external stakeholders on an ongoing basis to align a shared vision across the broader child welfare system in Montana to support prevention efforts and better permanency outcomes for children and families. CFSD developed ways to engage with state agencies, families, children, youth, young adults, and other state and community partners. These engagement efforts were made to work towards shared goals and activities, assess outcomes, and develop strategic plans to increase the safety, permanency, and well-being of children in the child welfare system.

CFSD Engagement Efforts (Parents, Youth, Court, Tribes and other External Stakeholders)

During SFY25 CFSD continued to make efforts to involve families, youth, courts, Tribes and external stakeholders. As discussed in greater detail in *Section 1: Collaboration*, the following programs, councils, and groups, continue to support the CFSP SFY25-29 goal implementation, monitoring and overall progress:

- State Advisory Council
- Regional Advisory Council
- Parent Advisory Council – *Connected Voices for Montana Children*
- Youth Advisory Board - *Quality Improvement Center Engagement of Youth Project*
- Tribal Partnership and Engagement
- Montana Court Improvement Program

Other External Stakeholder Collaboration

During SFY25 CFSD continued to greatly value partnerships with all stakeholders and therefore have engaged various stakeholder partners to review their current performance data and assess the agencies strengths and areas needing improvement through multiple informal and formal platforms.

- **Children's Alliance of Montana (CAM) –** Outlined in detail in Items 29 and 30.
- **Montana Children's Trust Fund Board of Directors (MTCTF) -** CFSD actively participates with this board that helps in developing parenting resources for all ages which are provided on their website https://dphhs.mt.gov/ecfsd/childrenstrustfund/CTFBoard. Services to children specific to children ages under five years of age included, but are not limited to:
    - Advice for New Moms and Dads.
    - Developmental Milestones
    - Hygiene and Potty Training
    - Safe Bodies
    - Sleep
    - Parenting Montana (Resource by Age)
    - Soothe a Crying Baby
    - Preventing Abusive Head Trauma in Children
- **Behavioral Health Alliance of Montana (BHAM)** - CFSD Deputy Administrator is an active member of BHAM), which meets quarterly. BHAM's overarching goal is to support families with quality behavioral health education, prevention, treatment, recovery support and related services available and accessible to people, families, and communities in need. More about the vision, alliance providers, and values can be located on their website at: https://montanabehavioralhealth.org/
- **Montana Early Childhood Advisory Council -** CFSD continues to play an active role in the Montana

Early Childhood Advisory Council (formally known as Governor's Best Beginning Advisory Council). This council is coordinated through ECFSD of DPHHS. The task of this Council is to identify gaps in services for children in this age group in the State of Montana and to then make recommendations and strategic plans to fill in these gaps to ensure that the developmental needs of all children birth through five in the State of Montana are being met by building comprehensive early childhood service systems in communities in collaboration with local community councils or coalitions. The council focuses on the services and needs of all children in this age group, including children in custody of CFSD. The Council has improved access for children ages birth through five to evidence-based interventions, such as, home visiting models like Parents as Teachers, Circle of Security, Parent-Child Interaction Therapy, SafeCare Augmented, Nurse Family Partnership, and Early Head Start. By continuing to build strong partnerships between programs, including Head Start, Stars to Quality Child Care (a QRIS system), Medically Important Evidence Based Health Care, Home Visiting, Part C, and CFSD, children aged birth through five have the benefit of receiving these services. More about this council can be located on their website at: MT Early Childhood Advisory Council Hyperlink

2025 CFSD CFSR Round 4 SWA External and Survey

During the ***2025 CFSD CFSR Round 4 SWA Internal and External Survey*** 219 external stakeholders were asked about the ways in which CFSD has engaged participants in developing strategies through data sharing and collaboration through the following questions.

- External stakeholders were asked, ***"In the past twelve months, has data been shared at meetings you have attended in collaboration with CFSD leadership?"*** An example of leadership types was provided to the survey participants as such: *"The 'Child and Family Services Leadership' is defined as various roles within the agency, including but not limited to: Child Protection Specialist Supervisors, Resource Family Specialist Supervisors, Child Welfare Managers, Regional Administrators, Program Bureau Chiefs, Deputy Division Administrator, or the Division Administrator."*

  The respondents' answers are reflected in the table below. There were 110 participants who responded as "Not Applicable to Role" or "Unsure," and those were not included in the table below.

Table 103: Inquiry on Attending Meetings with CFSD (N=109)

Question	Yes Count / Percentage	No Count / Percentage
Attended meeting in collaboration with CFSD?	80 / 73%	29 / 27%

- The eighty external stakeholders who answered the above question 'Yes' were then asked, ***"Was the data shared in a way that engaged the participants to develop strategies, or to engage in established strategies, to improve outcomes for children and families?"*** The respondents' answers are reflected in the table below.

Table 104: Data Shared at Meetings by CFSD (N=80)

Question	Yes Count / Percentage	No Count / Percentage
Was data shared in a way that engaged participants in collaboration with CFSD?	62 / 78%	18 / 23%

- The sixty-two external stakeholders who answered 'Yes' to the above question were then asked, ***"Would you be willing to share an example of meeting type in which data was shared, providing a brief description of the data and how it enhanced the strategic planning?"***. Fifty-five of respondents shared an open-ended example which were analyzed and categorized by CFSD's CQI unit as the following categories represented:
  - State and Regional Advisory Councils
  - School District Meetings
  - Child Protection Team
  - Chafee Program Meetings
  - CWPSS Contractor Provider Meeting
  - Behavioral Health Alliance of Montana (BHAM) Meetings
  - Child Abuse Prevention Community Groups
  - Family Support Team Meetings

- Judge's Meetings
- Foster Care Review Committee
- Family Engagement Meetings
- Treatment Court Meetings
- Multidisciplinary Team Meetings
- Home Visitor Program Meetings
- Children Trust Fund Meetings
- Shelter Care Facility Meetings
- Tribal Collaboration Meetings
- Legislative Interim Committee Meetings

- External stakeholders were asked, ***"In the past twelve months, have you participated in collaborative meetings with other DPHHS leadership members (ECFSD, BAHM, Children's Mental Health, etc.) and other community stakeholders to identify problems and develop/implement solutions with the child welfare system?"***
  The respondents' answers are reflected in the table below. There were twenty-eight participants who responded as "Not Applicable to Role" or "Unsure," and those were not included in the table below.

Table 105: Inquiry of other DPHHS Attended Meetings (N=191)

Question	Yes Count / Percentage	No Count / Percentage
Attended other DPHHS leadership collaborative meetings	51 / 27%	141 / 74%

To achieve improved outcomes throughout this upcoming five-year period, CFSD will focus on strengthening existing feedback loops and developing additional feedback loops by engaging stakeholders in a meaningful way. These efforts will continue over the next year and will be included as part of CFSD's broader CQI Plan.

Item 31 Performance Appraisal

CFSD has rated *'Systemic Factor Item 31'* as a **Strength**.

There is a myriad of examples of how stakeholders are involved in ongoing planning activities throughout the child welfare system throughout this Item.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the agency's responsiveness to the community system does ensure that, in implementing the provisions of the CFSP and developing related APSRs, CFSD:

- Engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child-and-family serving agencies; and,
- Includes the major concerns of the representatives listed above in the goals, objectives, and annual updates of the CFSP.

Item 32: Coordination of CFSP Services with other Federal Programs

APSR Question: ***How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?***

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 32' was rated as Area Needing Improvement based on information from the SWA and the stakeholder interviews. Information collected in the 2017 SWA and stakeholder interviews indicated concerns that the coordination of services across agencies is uneven and does not occur in some areas of the state. CFSD has initiated concerted efforts to establish partnerships with other agencies and organizations to coordinate services and benefits of other federal or federally assisted programs serving the same population. Efforts were underway to address the need for an inter-agency approach to coordinate key services to promote child safety, permanency, and well-being outcomes for children and families. Stakeholders reported that the current child welfare agency administration has recently begun establishing partnerships with agencies across the state to maximize the availability of services through joint inter-agency coordinated efforts; however, these efforts were in the early stages of implementation.
CFSD has continued to focus on collaboration efforts throughout the SFY25 to ensure that the state's services under the

CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

Largely, CFSD continues to collaborate with other federal, state and privately funded programs throughout the state, focusing on services to children under the age of five. The AFCARS/NCANDS Supplemental Context Data for Montana provided by ACF-CB in February of 2025, reflect that despite the efforts previously set forth by Montana, the overall caseloads and specifically the number of children under age five in foster care continue to remain on average around 52%, as reflected in the table and charts below. The resurgence of fentanyl and methamphetamine in Montana continues to make a significant contribution to CFSD caseloads. Substance abuse is particularly destructive to family functioning, creating conditions under which many children five years of age and younger are becoming increasingly vulnerable to abuse and neglect and being exposed to the drugs themselves.

Table 106: Montana Population and Foster Care Entries 2024

Year	Total Population of Ages 0-17	Total Population of Ages only 0-5 Count / Percentage	Total Foster Care Entries	Total Foster Care Entries of Ages only 0-5 Count / Percentage
2024	235,651	69,946 / 29.68%	1,299	686 / 52.81%

Additionally, during SFY25, CFSD continued to make deliberate efforts to collaborate with statewide programs who provide services to older youth. CFSD collaborated with program staff listed below in developing presentations that include the purpose of each program, core services, application processes, sharing local contact information, how programs might be leveraged, and funding might be braided to more holistically address older youth's needs:

- Workforce Investment and Opportunities Act (WIOA) - Youth Program
- Vocational Rehabilitation and Blind Services (VRBS) - Pre-Employment Transition Services (Pre-ETS) Program
- Montana Continuum of Care (COC) - Youth Homeless Demonstration Project (COC-YHDP)
- Reach Higher Montana - Employment and Training Voucher Program (ETV)
- Independent/Transitional Living – MCFCIP
- Title I services through Office of Public Instruction (OPI)

This compiled information was then presented to a variety of groups to support awareness of youth services, including, but not limited to:

- CFSD MCFCIP Contractors
- CFSD CWPSS Contractors
- Resource and Adoptive Families
- Montana Schools

CFSD continues to look to increase its collaboration with the children and adult mental health programs, substance abuse providers, home visiting programs, and other community youth resources, in hopes of finding more effective interventions for families supported by CFSD. CFSD continues to collaborate with the following agencies/services as outlined below.

Department of Public Health and Human Services (DPHHS)

Many CFSD coordinated services are housed within the states DPHHS. DPHHS is the state agency administering a comprehensive array of healthcare and human services to residents, particularly low-income individuals. These services encompass a wide range of healthcare needs, including medical, mental health, and substance abuse treatment, as well as support services for families and individuals, including child welfare and housing assistance. DPHHS plays a crucial role in ensuring that all Montana residents, particularly those in need, have access to the healthcare and human services they require to live healthy and safe lives.

CFSD has shared data agreements with the other DPHHS divisions to create demographic records for clients receiving state services. Additional network interfaces are in place between CFSD and Medicaid, TANF, Child Support Services, etc., which overall aid in the reporting of financial elements for the AFCARS report.

The following list of categories with purple headers are DPHHS Healthcare Service types and are specific to the population CFSD also supports.

Healthy Montana Kids (HMK)

Healthy Montana Kids (HMK) was formally known as Montana's Children's Health Insurance Program (CHIP). HMK offers

a free or low-cost health insurance plan providing coverage to eligible Montana children up to age nineteen. Covered services include medical, dental, eyeglasses, and other related services. Treatments and services must be medically necessary, and the member must be enrolled at the time the service is delivered. More about this program can be found on their website: Healthy Montana Kids (HMK) Hyperlink.

Medicaid and Healthy Montana Kids Plus

HMK- Plus are healthcare benefits for eligible low-income Montanans to help provide coverage for essential healthcare services, including doctor visits, hospital care, dental care, prescription drugs, and mental health services which are provided by a Montana Medicaid and HMK Plus enrolled provider, and Medicaid and HMK Plus covered services. Medicaid covers cost for the following standard service items, and more information about this program can be found on their website: Medicaid Program/HMK Plus Hyperlink:

- Breast pumps
- Dental care
- Doctor, hospital, and emergency services
- Family planning
- Home health services
- Laboratory and x-ray services
- Maternity and newborn care
- Mental health and substance abuse treatment
- Prescription drugs
- Rehabilitative services and supplies
- School-based services
- Speech therapy, audiology, and hearing aids
- Transportation to appointments
- Vision care

Healthcare Oversight Plan (APSR/CFSP Reports)

CFSD continues to use the existing Montana Medicaid schedule for initial and follow-up health screenings supporting the requirement that all youth entering foster care receive an EPSDT screening within 30 days.

If any mental health or dental needs are identified during this EPSDT screening, these services are eligible for Medicaid payment. Furthermore, CFSD policy states that any child “should be examined by a physician when there is reason to believe the child is a victim of serious physical or sexual abuse, has been exposed to a drug lab, or there is reason to believe the child may have drugs in their system due to actions by the parent.” This policy will continue to be evaluated to determine if changes or enhancements should be made in the future.

CFSD partnered with the DPHHS BHDD, CMHB, and DDPB to create procedures and protocols to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medical fragile conditions, or developmental disabilities. In addition, these protocols help ensure foster care children are not placed in non-family settings because of inappropriate diagnosis.

CFSD will continue to work with the Medicaid Division to obtain ongoing reports on foster children that list the health physical, mental, and dental health needs identified through required screenings, as well as the treatment and services received.

More about this partnership can be found in CFSD’s Healthcare Oversight Plan submitted to ACF-CB along with the SFY25-29 CFSP.

Prescription Assistance Program

Is a program administered by DPHHS that is dedicated to helping Medicare clients pay for Medicare approved prescription drug insurance premiums. More can be found on their website: Prescription Assistance Programs Hyperlink.

Family Planning Services

Family Planning types of services are provided to help individuals plan their families and access necessary resources outlined below:

- **Plan First:** Plan First is a Montana Medicaid Waiver that covers family planning services for eligible women. Some of the services covered include office visits, contraceptive supplies, laboratory services, and testing and treatment of Sexually Transmitted Diseases (STD). More about this program can be found on their website: Plan First Hyperlink.
- **Maternity and Newborn Care:** Support for pregnant women and newborns is available, including medical care and services to address post-partum needs.
- **Children's Special Health Services (CSHS):** CSHS is a financial assistance program which can provide up to $2,000 per year of financial assistance for treatment and enabling services and/or items for qualified Children and Youth with Special Healthcare Needs, age birth through twenty-one that are uninsured or under-insured. This funding is not available once it is exhausted for the year. More can be found on their website: Children's Special Health Services Hyperlink.

Healthy Living

Healthy Living oversees the following categories, but not limited to, programs supporting families with children birth-five, and more information about the services they provide can be found on their website at Healthy Living Hyperlink:
Montana's Newborn Screening: With the goal of the program to assure every baby born in Montana will receive three essential newborn screenings listed below. Most babies are born healthy; however, Montana tests all babies because a few babies look healthy but have rare health conditions. It is very important that these conditions are detected right away. The three essential screenings are:

- Critical Congenital Heart Disease Screening
- Metabolic Bloodspot Screening
- Newborn Hearing Screening and Intervention

Early Childhood Support Service Division (ECFSD): The following list includes programs throughout the state that CFSD collaborates with, and families served by CFSD often access. More detailed information about each of these programs can be found in Item 29 in this APSR:

- Healthy Montana Families Home Visiting – MIECHV Funded
- Part C Early Intervention Program
- Head Start and Infant and Early Childhood Mental Health Consultation
- Community Response Programs
- Families First Prevention Services Act (FFPSA) – In collaboration to braid funding streams and develop more program/role awareness for home visiting interventions that are listed in Montana's Title IV-E Prevention Services State Plan.
- Montana Children's Trust Fund Board of Directors

Well Child Exams: Well Child Exams, also known as EPSDT services, are the portion of Medicaid's comprehensive healthcare coverage for children. It is available for all children in Medicaid from birth through age twenty. The EPSDT goal is to assure individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting. In addition to well child visits, EPSDT includes inter-periodic sick visits, or other visits as needed by the individual child. EPSDT well child visits include the following, and more about this program can be found on their website: Well Child Hyperlink:

- Comprehensive health & developmental history
- Comprehensive unclothed physical examination
- Assessment of physical, emotional & developmental health
- Immunizations appropriate to age & health history
- Laboratory tests (including blood lead levels)

- Assessment of mental/behavioral health
- Assessment of mouth, oral cavity & teeth, including referral to a dentist
- Assessment of nutritional status
- Assessment of vision, including referrals
- Assessment of overall health, including referrals
- Health education (also called anticipatory guidance)
- Family planning services and adolescent maternity care
- Substance Abuse Treatment - DPHHS offers mental health and substance abuse treatment options, helping individuals with addiction and mental health concerns.
- Rehabilitative Services - Services are provided to help individuals regain or improve their abilities after an injury or illness.
- Special Needs Services - Individuals with disabilities receive assistance through programs like home-based care, assistive devices, and transportation.

Montana Special Supplemental Nutrition Program for Women, Infants and Children (WIC): WIC offers healthy food, breastfeeding support, nutrition tips, and connection to community resources. More about WIC can be found on their website: WIC Hyperlink.

Temporary Assistance for Needy Families (TANF)

This program provides monthly cash assistance to eligible low-income families. This program is available for kinship family placements as a "Child Only Grant." Their programs and services include the list below, but are not limited to, and more about this program can be found on their website: TANF Hyperlink :

- Commodity Supplemental Food Program – More about this program can be found on their website: Commodity Supplemental Food Program Hyperlink.
- Community Service Block Grant Program - More about this program can be found on their website: Community Services Block Grant Program Hyperlink.
- Emergency Solutions Grant Program - More about this program can be found on their website: Emergency Solutions Grant Program Hyperlink.

Supplemental Nutrition Assistance Program (SNAP)

SNAP provides food benefits to help low-income individuals afford healthy food. More about this program can be found on their website: SNAP Hyperlink.

Low-Income Home Energy Assistance Program (LIHEAP)

LIHEAP aids low-income individuals afford heating costs. More about this program can be found on their website: LIHEAP Hyperlink

Commodity Supplemental Food Program (CSFP)

CSFP offers a supplemental food package to low-income elderly residents. More about this program can be found on their website: CSFP Hyperlink.

Child Support Services Division (CSSD)

CFSD collaborated with CSSD to create a process for submitting child support referrals. The referral information sent to the Child Support Division is used to establish paternity, locate the absent parent(s), and establish and enforce a support order.

The referral may be transmitted by CFSD to Child Support at any time following placement but is required to be transmitted at the time of initial payment authorization. Once a child support referral is in an open status, child support collected on behalf of the child will automatically be allocated to CFSD to offset the amount expended for foster care while the child is in a paid placement. When a child's placement is closed, the child support referral will revert to "close pending" and remain in a monitor status until the child's foster care program is closed or a new placement is entered.

This coordination assists the agencies to meet the needs of children. In some cases, the local agency can locate a prospective placement option or reunite a child with biological family because of information obtained from the Child Support Division. Additionally, child support is to help children get the financial support they need when it is not otherwise received from one or both parents.

To accomplish this, CFSD works directly with the Child Support Division, who works with families to carry out critical steps in the child support process to ensure proper payments are applied to child accounts. This step is outlined in the CFSD's Concurrent Planning procedure CFSD Concurrent Planning Procedure Hyperlink. More about this program can be found on their website: Child Support Services Division Hyperlink.

CSSD Federal Parent Locator

The Federal Parent Locator is a beneficial resource available to the state's child welfare community hosted by the CSSD. CSSD works closely with CFSD to ensure that CFSD staff have access to obtaining necessary contact information on all children in foster care to obtain contact information on family with hopes to locate and secure relative placement options. More about this program can be found on their website: CSSD Locating a Parent Hyperlink.

Trauma Informed Practices (TIPs) Training

CFSD participated in collaboration with multiple DPHHS divisions, along with the Montana Board of Crime Control (MBCC) in developing the "The Vision 21: Linking Systems of Care for Children across Montana" project.

The project was a cooperative agreement between the MBCC and the Office of Victims of Crime (OVC) in Washington D.C. The purpose of the project was to improve the response to every child victim and their family by providing consistent, coordinated responses that address the presenting issues and the full range of victim's needs. Using the System of Care committee and other state partner agencies as stakeholder partners, the MBCC will conduct a gap analysis and needs assessment of the current state of services across Montana that inform the policy and procedure recommendations in the final report to the OVC. There are three primary goals for the project:

- Every child who needs physical and mental health care in Montana will be assessed for victimization.
- Children and their families will be provided with comprehensive and coordinated services to fully address their needs.
- Practices and policies will be established to sustain this approach.

In 2021, CFSD committed to having two staff attend the training and become the agency's "Train the Trainers." CFSD had multiple cohorts of this training initially focusing on staff who voluntarily wanted to participate in the training. During 2022, CFSD had multiple other staff become trainers, and during 2023 and 2024, the trainers trained the program statewide. The name of the training was changed to be specific to CFSD and it is now called "Trauma-Informed Practices (TIPs) Training".

Pre-Employment Transition Services (Pre-ETS) through Vocational Rehabilitation and Blind Services (VRBS) Program

Over the past year, CFSD and VRBS partnered and successfully increased foster youth participation in VRBS Pre-Employment Transition Services (Pre-ETS) by 50% statewide, by the end of the SFY to ensure eligible foster youth benefit from these programs and services. More can be found about this program at: VRBS Pre-ETS Hyperlink.

Pre-ETS are activities that provide an early start at job exploration for students with disabilities ages fourteen through twenty-one to assist with transitioning from school to post-secondary education or employment. VRBS works with schools and other organizations across the state to deliver Pre-ETS services. Pre-ETS services focus on the following:

- Job Exploration Counseling
- Work-Based Learning Experiences
- Counseling on Post-Secondary Programs
- Workplace Readiness Training
- Instruction in Self-Advocacy

In addition, VRBS supports special projects to support youth with their transitional needs, such as the following:

- Montana Youth Transitions Program
- Montana Youth Leadership Forum
- Movin' On – Campus experiences programs at UM-CCFWD and MSU-Billings

Statewide Collaboration with other State, Federal and Private Funded Programs

CFSD has leveraged additional collaborations, as listed below, with state and federally funded programs statewide.

Office of Public Instruction (OPI)

OPI Title I-Part A, is a federal program designed to provide additional academic support and learning opportunities to help low-achieving children master challenging curricula and meet state standards in core academic subjects.

As discussed further in Item 16 in this APSR, CFSD has partnered with OPI since 2021 to ensure that Montana's foster care students have educational stability. Every month a CFSD CQI Specialist meets with the Foster Care Point of Contact for the Department of School Innovation and Improvement to review the foster care students that are enrolled in the public-school systems and discuss the data regarding the foster care students that are not enrolled in public school or have dropped out or transferred out of state. More recently, MCFCIP providers and the MCFCIP-Program Manager were included in the partnership as an additional collaboration to identify youth who need additional engagement and support. During SFY24 there was a significant decrease in foster care students that were without a school placement for the 2023-2024 school year, which shows how much impact the monthly meetings between CFSD and OPI are having on the foster care students. In addition, the OPI staff has, and will continue to, attend both the SAC and RAC meetings across the state. CFSD and MCFCIP providers participate twice a year in the OPI - Community of Practice Conference. In addition, the OPI staff submits an article to CFSD for their quarterly newsletter to help spread awareness and information to CFSD staff on new opportunities for foster care students, or upcoming events focused on supporting foster care students.

Foster Child Health Program

As discussed further in Item 17 in this APSR, CFSD continues to collaborate and partner with the Foster Child Health Programs. The program facilitates a dedicated Public Health Nurse working directly with foster and kinship families to help them understand the sometimes-complex health needs of children in their care (medical and dental). It was recognized as a promising practice by American Psychological Association's Society for Child and Family Policy & Practice. The program provides support to the foster parents and kinship parents through health education and ensures children in the foster care system receive access to healthcare, and complete medical records. The program serves all children new to foster care that meet the program's following criteria:

- Age newborn to five years old
- Children newly entering the system or in placement transition
- Youth sixteen to eighteen years of age

Currently, the program is implemented in four counties:

- Region 1 – Dawson County
- Region 2 – Cascade County
- Region 3 – Yellowstone County
- Region 5 - Missoula County

Meadowlark Initiative

As previously discussed in Items 29 and 30, CFSD partnered with the Meadowlark Initiative, which brings together clinical and community teams to provide the right care at the right time for patients and their families; improve maternal outcomes, reduce newborn drug exposure, Neonatal Abstinence Syndrome, and perinatal complications; and keep families together and children out of foster care. This Initiative has created a venue for implementing Plans of Safe Care in Montana in a meaningful way, prior to a call to CI. CFSD has worked diligently with their local providers to ensure that pregnant mothers can access the services that assist in keeping their newborns safe before the birth of their child. This leads to better relationships with families and less trauma for all involved when the baby is born. Additional information and resources can be found here: Meadowlark Initiative Hyperlink.

Healthy Mothers Healthy Babies (HMHB) Coalition

CFSD collaborates HMHB in their overarching goals to improve the health, safety, and well-being of Montana families by supporting mothers and babies, age zero to three. CFSD will continue to partner by participating in the HMHB coalition meetings

The Children's Alliance of Montana (CAM) / Children's Advocacy Centers (CAC)

As previously mentioned in Item 29 in this APSR, CAM is a non-profit organization whose mission is to provide support, training and technical assistance to CACs and MDTs across Montana so that every child victim of abuse and their non-offending caregiver(s) has access to the services of a CAC and the expertise of an MDT.

MDT's purpose is to review cases of alleged child abuse and neglect and collaborate on child abuse cases to ensure victims receive comprehensive services and referrals to services as well as track cases through the criminal and child welfare systems. This group is made up of professionals from specific, distinct disciplines that collaborate from the point of a child abuse report and throughout a child and family's involvement with the CAC. They coordinate intervention to reduce potential trauma to children and families and improve services overall, while preserving and respecting the rights, mandates, and obligations of each agency. At accredited CACs, the MDT must include, at a minimum, representatives from law enforcement, CFSD caseworker, prosecution, medical, mental health, victim advocacy, and CAC fields. Activities to enhance outcomes for shared populations have developed because of this coordination.

Workforce Innovation and Opportunity Act (WIOA) of Montana

WIOA is funded through the US Department of Labor. They provide federal funding for state and local workforce development activities which are administered through Montana's local workforce systems. More about this program can be found: WIOA Hyperlink.

The Montana Department of Labor & Industry can help individuals who may need assistance to obtain/retain employment that allows for self-sufficiency or needs training to obtain/retain employment leading to economic self-sufficiency. The WIOA has the following three programs:

- Adult Program
- Youth Program
- Dislocated Worker Program

The WIOA Title I Adult program provides resources to enable workers to obtain or retain good jobs by providing them with workforce services such as job assistance, career guidance, and training opportunities. The Adult program is designed to:

- Help employers meet their workforce needs by connecting them to skilled workers
- Provide eligible adults with basic and individualized career services and the training services necessary to obtain good jobs; and,
- Prioritize provision of these services to recipients of public assistance; other low-income individuals; and individuals who are basic skills deficient.

The Youth Program provides services to in-school youth ages fourteen through twenty-one, and out-of-school youth ages sixteen through twenty- four. The focus of the youth program is to help youth focus on career pathways, longer-term academic, and occupational learning opportunities, and provide long-term comprehensive service strategies. The program is designed to prepare Montana's youth to either enter post-secondary education, training or employment upon completion of their secondary education. Additional services and opportunities provided by the Montana Department of Labor & Industry, that operate in conjunction with, as well as independent of, the WIOA Programs previously described are listed below.

Montana Continuum of Care (COC) Coalition's Youth Homelessness Demonstration Program (YHDP)

U.S. Department of Housing and Urban Development (HUD), its federal partners, and youth with lived experience of homelessness designed the YHDP to drastically reduce the number of youths experiencing homelessness, including unaccompanied, pregnant and parenting youth. The requirements of the program are:

- Communities must bring together a wide variety of stakeholders, including housing providers, local and state child welfare agencies, school districts, workforce development organizations, and the juvenile justice system.
- Communities must convene Youth Action Boards, comprised of youth that have current or past lived experience of homelessness, to lead the planning and implementation of the YHDP.
- Communities will create a coordinated community plan that assesses the needs of youth at-risk of and experiencing homelessness in the community and addresses how it will use the money from the YHDP grant, along with other funding sources, to address these needs.
- Communities may propose innovative projects and test new approaches to address youth homelessness.

With shared responsibility throughout Montana, we envision a community in which all Youth and Young Adults (YYA) know their rights and resources and that services and housing are readily available to them, creating a pathway for youth to achieve self-sufficiency and self-actualization. COC-YHDP has envisioned a future in Montana where all YYAs are:

- Served with dignity and respect through youth-driven systems of care
- Provided with immediate, safe and supported housing through diverse and flexible options that pave the way for long-term, sustainable housing.
- Supported into adulthood through the process of self-actualization by chosen family and other natural supports.
- Accessing affordable and youth-oriented health and wellness supports, including reproductive health and life planning decision; and,
- Provided access to educational resources to achieve their career goals.

COC-YHDP program goals are as follows:

- Housing - YYA are connected to immediate, safe, and supported housing options through diverse and flexible options that reflect their individualized needs and pave the way for long-term, sustainable housing.
- Social-Emotional Well-Being & Permanent Connections - The health and well-being of YYA are prioritized by meeting youth where they are and providing them with the resources, support, and permanent connections they need to achieve happiness, health, self-sufficiency, and self-actualization.
- Education and Employment - All YYA have access to educational resources to achieve their career goals, helping to prevent homelessness for at-risk YYA and create sustainable pathways to income and housing for YYA experiencing homelessness.
- Systems Change - YYA will be supported in navigating systems of care and transitioning into adulthood and out of homelessness through increased cross-systems coordination and collaboration.

Though completed in 2019, the overarching COC-YHDP Coordinated Community Plan program was developed through their Needs Assessment at that time, which can be found at: COC-YHDP 2019 Needs Assessment Hyperlink.

Reach Higher Montana (RHM)

RHM Is primarily funded by the Montana Higher Education Student Assistance Corporation (MHESAC). MHESAC, a non-profit organization, manages its programs and uses proceeds from business activities, including student loan operations, to support initiatives like RHM MHESAC also receives no direct funding from the State of Montana. More about this program can be found at: Reach Higher Montana Hyperlink.

CFSD collaborates with RHM through SAC, MCFCIP Program Manager and contractors, and at regional levels across the state to support foster youth with educational and career goals.

RHM goals are to help students strategically pursue educational opportunities to achieve personal success in education, career and life. With a specific focus on youth in foster care through the following support:

- Employment and Training Voucher (ETV) program - Montana foster care youth are eligible to apply for the Foster Care ETV program, which provides eligible youth with up to $5,000 per year to pay for educational expenses.
- Summit for Foster Youth – RHM holds an annual Summit for Youth in Foster Care every year in June. The purpose of the summit is to help youth in foster care experience life on a college campus, learn about available resources to achieve education and career goals, and connect to peers from across Montana. Students can apply for the opportunity to attend the Summit with the assistance of their MCFCIP provider.
- Career Exploration Training - To help students get a jump start on career exploration, RHM Advisors will host regional training sessions across Montana to help foster youth explore available education or workforce opportunities after high school. These fun, interactive sessions guide students through Level All and/or the Montana Career Information System (MCIS) and provide students with access to information and connections to careers available in their area. In addition, RHM Advisors are hosting regional training sessions across the state to give students a head-start on career exploration. These fun and interactive sessions will help students discover education and workforce opportunities available after high school. Participants get hands-on experience with Level All and/or MCIS and are provided with access to information and connections to careers available in their area.
- Resources for Foster Youth – RHM compiled a resource list to support youth while they are in high school exploring their options for after they graduate to further their education and careers. In addition, this resource provides a list of scholarships available to foster youth.

Montana Court Improvement Program (MCIP)

In response to a dramatic increase in child abuse and neglect cases and the expanded role of the courts in achieving stability, permanent homes for children in foster care, Congress created the Court Improvement Program in 1993.

The Court Improvement Program aims to improve court practice in child abuse and neglect cases so that the three goals of safety, permanence, and well-being for each child are achieved in a fair and timely manner. (Well-being is defined by the ASFA of 1997 as factors that relate to a child's current and future welfare, most notably the child's educational achievement and mental and physical health.)

The program is federally funded by the ACF-CB. The Court Improvement Program is the federal government's attempt to understand what works best in the court arena. ACF-CB supports courts in their efforts to ensure secure, permanent homes for children in foster care and to improve their effectiveness in achieving permanency.

CFSD collaborates with the MCIP as previously mentioned through the SAC, as well as through other initiatives that have supported CFSD's CFSP goals. More can be found about this program at: MCIP Website Hyperlink.

The MCIP initiatives are listed below:

- **Pre-Hearing Conference (PHC):** PHCs strive to increase the rate of family reunification and shorten the duration of an abuse and neglect case. In 2021, Montana had the third highest rate of children in foster care in the United States, with 7.2 in foster care for every 1,000 children. Alaska was second, with a rate of 7.4, and West Virginia was first, with a rate of thirteen. The national rate is 2.8 per 1,000 children.

  The non-profit, non-partisan research organization Child Trends, from which these numbers came, also showed that in the same year, 37% of the children in care in Montana were AI/AN children. The AI/AN children represent only 9% of children in Montana. In comparison 46% of the children in care in Montana were white children, even though they represented 78% of the state's children. This means that more than a third of the children in foster care in Montana are AI/AN.

  In 2015, to improve outcomes for children and families, the federally funded MCIP started a pilot PHC project, which began in Lewis and Clark, Gallatin, and Flathead counties. From there it expanded to Yellowstone, Cascade, Park, Sweetgrass, and Butte-Silver Bow counties, as well as the 5th and 7th judicial districts.

Over the years, MCIP collected data from the original three counties and hired a researcher to analyze the data. (See attached report in the "More Links" section at the bottom of the page). MCIP's study showed that the PHC pilot project had met its primary goals of increasing the rate of children reunifying with their families and reducing the time to permanency, which is the conclusion of the legal case. In DN cases with a PHC, the rate of reunification was higher (62%) compared to cases that did not include a PHC (53%). In addition, the average time to permanency was reduced from 530 days without a PHC to 472 with a PHC. Also, if parents had higher levels of participation at the PHC, they were more likely to reunify.

In 2021, the state Legislature created an interim committee to study the PHC pilot project and, in 2023, passed House Bill 16 to expand PHCs statewide. After Governor Gianforte signed it, the law went into effect July 1, 2023. PHCs must be made available in all judicial districts statewide. They must be available to parents and guardians within five days of a child's removal, and occur before EPS hearings, which are set within five business days of removal. Generally, they are held by video conferences but can also take place in jury rooms or conference rooms at a courthouse, if available. The type and location of a PHC generally depends on the jurisdiction in which the PHC is held.

At its most basic, a PHC is a conversation among the parties that occurs before the EPS hearing. The participants include parents, CFSD caseworkers, attorneys, tribal representatives, CASA/GAL, foster parents, family members, and children, if appropriate. The PHCs are conducted by a neutral facilitator, who is paid by MCIP. The facilitator's role is to make sure everyone in the room can speak openly and honestly about the pending case. Facilitators are not allowed to give legal advice and judges do not participate.

The purpose of the PHC is to talk about the four main issues in the case:

- The Child's Placement
- Family Time Between Parent and Child
- Treatment Services for the Family
- Conditions for Return

PHCs provide an opportunity for all parties to establish a mutual understanding of what is in the best interest of the children, and to begin working toward reunification of the family as a team. PHCs seek to establish trust between the parties by fostering open discussions among them.

- Besides introducing the parties and their roles as they relate to children, and trying to move the process from adversarial to cooperative, the general goals of a pre-hearing conference consist of:
    - Identifying any needs or issues related to the children.
    - Gathering input from family and friends concerning family history, safety issues, and support available to the family.
    - Identifying possible relative and kinship placements for children early in the case.
    - Identifying possible relatives and other resources for supervision of increased family time.
    - Identifying services the parents need and would agree to begin immediately.
    - Discussing and reaching agreements regarding placement, family time, and services for the family.
    - Establishing realistic conditions of return: Can the children safely return home? If not, what conditions must be met before they can safely return home?

The outcomes MCIP hopes to achieve through the PHCs are:

- Increased Rate of Family Reunification
- Decreased Number of Days to Permanency
- Increased Buy-in from the Parties by Providing a Safe and Neutral Environment

- **ICWA Community of Practice (COP)** In June 2016, the U.S. Department of the Interior's Bureau of Indian Affairs released new regulations governing state court and agency child custody proceedings to ensure uniform compliance with the Indian Child Welfare Act of 1978. The new regulations took effect December 2016.

  Most recently, ICWA withstood a constitutional challenge in the 2023 United States Supreme Court case of Haaland v. Brackeen. In addition, Montana, through House Bill 317 (2023), created a state version of the Indian Child Welfare Act, encompassing the ideals and principles of federal ICWA.

While some progress has been made, there remains a great deal of work to be done to meet the goals of ICWA. Indian children in Montana and throughout the United States continue to be removed from their homes at a rate far higher than the general population.

In 2023, MCIP started facilitating ICWA-COP meetings to engage Tribes and Judicial partners. The following website has all recordings of the ICWA-COP meetings and can be found at: MCIP ICWA COP Hyperlink.

- **Attorney Practice Standards**: These standards are designed to provide guidance concerning high-quality legal representation for parents and children in DN cases. They were created by a team of attorneys and judges statewide with extensive knowledge about representing parents and children, and they reflect existing national standards, rules of professional conduct, statutory requirements, and commentary from experienced practitioners across Montana. Efforts have been made to note where laws, regulations, policies, and rules apply. Practitioners are responsible for learning and understanding those laws, regulations, policies, and rules as they apply to these matters before accepting representation in a DN case.

- **Moving the Dial:** From 2020 – 2023, MCIP and CFSD collaborate on conferences supporting partnership between judges, attorneys, CASA/GAL's, and social workers to prevent and respond to maltreatment of children. Moving the Dial agendas, recordings, etc., can be found at: MCIP Moving the Dial Hyperlink. These conferences are highlighted in this APSR.

- **Emergency Protective Services (EPS) Hearings:** Concerned about the length of time it was taking for parents to appear in court and see their children after being removed from their homes on allegations of child abuse and neglect, judges in Yellowstone and Flathead counties in 2020 began to implement EPS hearing pilot courts.

  These courts gave parents an opportunity to be in court within five business days of removal. Previously, parents had not been in court until the "show cause" hearing, which could occur as late as twenty days after the initial filing of a DN case. In some instances, this was nearly four weeks after a child's removal.

  The primary objective of an EPS hearing is to provide parents and guardians with an opportunity to address the court about their child's removal from the home within a few days of a removal. It also expedites the appointment of legal counsel and seeks to engage the parents in supportive services aimed at reunifying the child with their family.

  During the 2023 Montana legislative session, HB-16 was enacted into law, making EPS hearings within five business days of a child's removal mandatory in all dependent neglect cases throughout Montana. EPS hearings were enacted into law as MCA 41-3-306 MCA EPS Hearings 41-3-306 Hyperlink.

  This change was based in part on an interim study of these hearings instituted during the 2021 Montana Legislature. During an EPS hearing, the court must decide whether a child's removal will continue beyond the date of the hearing. In addition, discussions may occur regarding the placement of the child, family time and visitation, services for the parents and family, and what may need to occur for the child to return home.

  The overarching goals of the EPS hearings are to:
  - Reunify Families when Possible
  - Connecting Parents with an Attorney Earlier
  - Involve Parents at the Outset of a Case
  - Obtain Earlier Assessments of Parents' Abilities and Needs
  - Providing Services from the Onset
  - Resolve Cases more Timely

Preventing Child Abuse and Neglect Conference (PCAN)

CFSD continues to host the annual state PCAN. The PCAN has been hosted by CFSD for over twenty years. The PCAN is designed to inspire child welfare employees, partners and stakeholders surrounding the Montana child welfare system in working together to help youth and families have a strong and empowering support community around them, even as Child and Family Services ends their legal involvement.

The conference focuses on providing educational and inspirational opportunities for those who work in and around child welfare and the prevention of child abuse and neglect, offering coaching, skill building, resource sharing, training opportunities with national recognized speakers and trainers, and networking.

It is an important time for those working in the field of child welfare in Montana to come together! A key element of the work Montana's child welfare system is engaging in is to strengthen collaboration and community for a collective, impactful response in supporting children and families.

The conference is tailored to address the sustainable and ongoing support that can be put in place to empower foster youth and their families, even as the Child and Family Services Division ends any legal involvement with the youth. Partnering with youth court and probation, the attendees look to learn creative ways to engage older youth in planning their future, support new or reconstituted family systems, and proactively prepare for the challenges ahead. The hope is to model Montana-based community successes and resources that already exist or could be facilitated between current agencies in our communities and state.

CFSD staff and practitioners adjacent to the Montana child welfare system, older youth who have aged out of foster care, as well as foster and adoptive parents, and others closely involved with child welfare are encouraged to attend to learn more about child welfare practices and collaboration.

Item 32 Performance Appraisal

CFSD has rated *'Systemic Factor Item 32'* as a **Strength**.

CFSD has begun the process of utilizing other state and federal programs to augment the programs and services available to children and families. However, there are data limitations that indicate how successful these collaborations are or where there are gaps within these collaborations. There is a myriad of examples of how stakeholders are involved in ongoing planning activities throughout the child welfare system throughout this Item.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the agency's responsiveness to the community system does ensure that CFSD's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

APSR Question: ***How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds? (Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.)***

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 33' was rated as an Area Needing Improvement, as Montana was not in substantial conformity. Information from the SWA and the stakeholder interviews showed that there was no data to show how well foster and adoptive and childcare institution licensing standards were equally applied across the state. Stakeholders said that the foster and adoptive home licensing process included ongoing statewide group supervision to provide consistency in applying the standards. However, there was no process in place for childcare institution licensing, and stakeholders were concerned that requirements have not been equally applied across the state.

Foster and Kinship Home Licensing Standards

CFSD is a state-administered program, and all licensing rules, policies and programs fall under the auspices of the agency. Due to this, all licenses issued are done under the same standards. Information specific to licensing standards for foster homes can be found in the Foster and Adoptive Parent Diligent Recruitment Plan submitted to ACF-CB along with the SFY25-29 CFSP. CFSD follows the same standards and tools across the state, based on facility type, in compliance

with the following MCA and ARMs.

- MCA List of MCA Licensing Requirements MCA 52 601-605, 611-613, 616-618, 621-624, 627-628
- ARM List of Youth Foster Homes Licensing Requirements ARM

CFSD has not adopted changes to licensing rules for kinship providers but has the authority to make exceptions for licensing that are not safety-related (sleeping arrangements); waive training requirements; pay for water testing; and provide fire safety items as needed. Training, water testing and fire safety were identified barriers reported by RFS for kinship families becoming licensed.

In addition, to allow for an increased number of placement opportunities, CFSD has the authority to issue provisional licenses to:

- Non-Relative youth foster homes who have completed:
  - Training
  - Background Checks
  - Home Safety Assessments
- Relative (Kinship) youth foster homes who have completed:
  - Background Checks
  - Home Safety Assessment
    - CFSD uses a separate format for kinship studies that allows for more timely completion and focuses on the relationship between the kinship caregiver and the child, and their capacity to meet the child's needs.
- The following table reflects the *Foster and Kinship Licensing Data* collected by CFSD's RFSS specific to licensing staff and licensures during SFY25.

Table 107: Foster and Kinship Licensing Data

Month/Year	Number of Licensed Foster Care Homes	Number of Licensed Kinship Homes	Number of Foster Homes Pending	Number of Kinship Homes Pending	Kids in Care Caseload	Number of Resource Family Specialist	Number of Resource Family Specialist Vacancies	Number of Foster Care Homes Closed	Number of Kinship Homes Closed
July 2024	666	447	93	67	72	31	0	-	-
Aug 2024	673	449	85	76	72	31	0	-	-
Sept 2024	664	433	93	77	79	30	1	-	-
Oct 2024	674	436	92	72	67	30	1	-	-
Nov 2024	660	394	68	68	69	31	0	37	20
Dec 2024	659	400	67	65	59	30	1	22	5
Jan 2025	651	357	19	0	59	30	1	15	30
Feb 2025	650	392	0	0	61	30	1	10	15
March 2025	654	400	26	0	62	30	1	0	0
April 2025	646	388	70	58	70	30	1	2	7
May 2025	637	390	67	49	58	30	1	36	30

Child Placing Agency Licensing Standards

CFSD licenses Child Placing Agencies (CPA) who oversee Therapeutic Foster Care Providers (TFC-P). CFSD also license CPAs who oversee adoption placements. Each CPA license is renewed annually.

- TFC-P are licensed through CPAs who are approved by CFSD Licensing Bureau. When a CPA is also licensed to complete adoption placements, their licenses are approved by both the Licensing Bureau, and the CPA Licensing Program Manager.

CPA – TFC-P: TFC-P families' initial application and renewal packets are completed with the CPA licensing staff, reviewed by the CPAs licensing program managers and supervisors, and then submitted to CFSD to request a license be approved. The packets contain the same checklists used by CFSD RFS staff, listing the required licensing documents for initial and renewal of a license.

Each year thereafter, TFC-P must complete a total of thirty hours of annual training, including a minimum of fifteen hours of training directly related to: the special needs of youth with emotional disturbances receiving treatment for their emotional disturbance in a treatment family environment, and the use of nonphysical methods of controlling youth to assure the safety and protection of the youth and others.

- Each TFC-P in a two-parent foster home must complete at least five hours of training directly related to special needs of youth in therapeutic care and nonphysical methods of controlling behavior or specialized treatment training to offer therapeutic foster care in their home.

CFSD Licensing Bureau is responsible for all submissions for TFC-P licensing. An assigned RFSS reviews the list and verifies the attached documentation before issuing the license, which includes the initial training hours.

CPA – Adoption Placement: CFSD's Permanency Planning Program Manager (PPPM) license Child Placing Agencies (CPAs) for Adoption Placements, and the same standards and tools are used across the state in compliance with the aforementioned MCA and ARM specific to licensing requirements, as well as the following:

- MCA List of MCA Licensing of CPA MCA 52 101-108
- ARM List of CPA General Requirements ARM
- ARM List of CPA License Requirements ARM
- ARM List of CPA Records Requirements ARM
- ARM List of CPA Placement Services ARM

The CPAs have their own curriculum for training, which complies with the states licensing requirements and administrative rules regarding training.

The PPPM licenses CPAs for one year and renews the license annually on/or before the expiration date (previous years license). The PPPM completes on-site visits, licensing procedures, and licensing study for adoption agencies. During the on-site visits the PPPM completes a seventeen-page study that includes the following, but is not limited to:

- Each child's file that is reviewed for the following items:
    - Demographic Information
    - Legal Documents
    - Medical History
    - Summary Case Plans
    - Discharge Summary, *if applicable*
- Each birth family's file is reviewed for the following items:
    - Demographic Information
    - Social History
    - Case Review Reports
    - Legal Documents
    - Discharge Summary, *if applicable*
- Each adoptive parents' file is reviewed for the following:
    - Application
    - Assessment Study
    - Medical Records
    - References
    - Legal Documents
    - Placement Decisions
    - Preplacement And Post-Placement Contacts
    - Motivation For Adoption
    - Strengths And Weaknesses
    - Emotional Stability
    - Financially Statements
    - Recommendations
- Adoptive Services Check
    - Proof of the Agency Worker Visiting the Home within 6 Months after Placement
    - Referral to Post-Adoption Services
    - Court Documentation

In the case a license revocation, or denial, is necessary, CFSD follows the ARM 37.93.204 CPA License Revocation and Denial ARM 37.93.204 Hyperlink. CFSD, after written notice to the applicant or licensee, may deny, suspend, restrict revoke or reduce to a provisional status a license upon finding that:

a. The CPA is not in substantial compliance with licensing requirements established by these rules.
b. The CPA has made any misrepresentations to the department, either negligent or intentional, regarding any aspect of its operations or facility; or,
c. The CPA, or a member of its staff, have been named as a perpetrator in a substantiated report of child abuse or neglect.

There are currently four CPAs licensed:

- St. Johns United Family Services
- Catholic Social Services
- Sacred Portion
- Dan Fox - Therapeutic

Youth Congregate and Residential Facilities Licensing Standards

In Montana, the DPHHS OIG is responsible for licensing all facilities youth may be placed in. The same standards and tools are used across the state, based on facility type, in compliance with the aforementioned MCA and ARM specific to licensing requirements, as well as the following:

- MCA List of MCA Hospital and Related Facilities Licensing Requirements MCA 50 Parts 1-14
- MCA List of MCA Treatment of Seriously Mentally Ill MCA 53 101-108, 111-154, 161-170, 180-199
- ARM List of Youth Care Facility Licensing Requirements ARM
- ARM List of Residential Treatment Facilities Licensing Standards ARM

The OIG mission is to promote and protect the health, safety, and well-being of people in Montana by providing a responsive, independent assessment and monitoring of human services through respectful relationships.

OIG collaborates with other DPHHS divisions/branches to ensure that all Montana health care, residential, and youth care facilities comply with the required state and federal standards of care. OIG carries out this work through two primary regulatory functions: certification and licensing.

All health care facilities and services are licensed but may not be certified. Licensing ensures that all facilities and programs meet state requirements, while certification ensures that facilities and programs meet federal requirements related to reimbursement eligibility in Medicaid and Medicare.

OIG's system for receiving complaints regarding facility care and services allows the public to play an essential role in guarding the safety of vulnerable populations. OIG investigates each complaint to ensure facilities operate safely and protect the health and well-being of all Montanans.

Certification

The Certification Bureau performs onsite surveys to determine whether a provider or supplier meets the requirements for participation in the Medicare and Medicaid programs and whether they meet the standards for delivering safe and acceptable quality care. Providers and suppliers reviewed include ambulatory surgery centers, end stage renal disease facilities, home health agencies, hospice providers, hospitals (acute, children's, critical access, long-term acute care, psychiatric, and rehabilitation), long-term care (nursing homes), outpatient therapy, psychiatric resident treatment facilities, and portable x-ray suppliers. Certification staff support new and current providers through the certification process and serve as subject matter experts on federal regulations. They offer education on rules and work with federal regulatory agencies to help providers meet the requirements of certification. The Bureau is comprised of thirty Positions Budgeted (PB).

Certification performs the following functions:

- Conduct investigations and fact-finding surveys, including complaints, emergency preparedness, laboratory, life safety code, emergency preparedness, and recertification surveys.
- Certify and re-certify facilities within statutory timelines.
- Advise providers and suppliers about federal regulations to assist them in qualifying for participation in the

programs and in maintaining standards of health care consistent with the requirements.
- Conduct periodic educational programs to present current regulations, procedures, and policies to the staff and residents at skilled nursing facilities (Medicare) and nursing facilities (Medicaid).

Recently, after engaging with providers (nursing homes, hospitals, hospice and home health agencies, etc.) and their associations, the Bureau conducted a needs assessment on how best to assist providers in meeting their regulatory obligations. In conjunction with this assessment and in response to provider suggestions, the Bureau repurposed a health facility surveyor position to become the health facility trainer. This position was developed and operationalized to take a proactive approach and to develop training for providers and surveyors to ensure consistent and equitable training in Center for Medicare and Medicaid Services regulations. The objective of the providers and the Bureau is to realize a shared goal of reducing the number, severity, and frequency of citations.

Licensure

The Licensure Bureau has fourteen staff members to oversee the licensing of over 1,100 healthcare, residential, and community-based facilities. In addition to regulatory inspections, facility surveyors investigate a wide range of complaints at licensed facilities to ensure people have their voices heard and their needs met.

In 2024, the Licensure Bureau became fully staffed for the first time in almost five years by filling the Bureau Chief position. The Bureau also reclassified a position to develop a facility surveyor supervisor position. Historically, the two programs under the Licensure Bureau, Healthcare Facility Licensing and Community and Residential Facility Licensing, operated independently and separately. With the fulfillment of the Bureau Chief and facility surveyor supervisor positions, the Bureau has taken steps to unite the two programs and make consistent multiple processes, including surveying, writing reports, and the tools used to conduct inspections. The Bureau is implementing cross-training of staff amongst the two programs. Cross training of staff will ensure that schedule and complaint inspections can be completed, even in the event of staff absences or vacant positions. The plan will also result in cost savings for travel and lodging. As part of the Governor's Red Tape Relief initiative, the Bureau reviewed, updated, and amended the ARM for minimum standards for all health care facilities, adult daycare facilities, and retirement homes.

The Licensure Bureau conducts four provider training sessions throughout the state each year. The Bureau maintains its accessibility to providers and the public by providing technical assistance through the licensing portal, regulatory discussions, and inspection evaluations

OIG Healthcare Facilities Program licenses over 800 facilities, including medical and senior services at hospitals, home health agencies, hospices, outpatient centers for surgical services, and assisted living facilities. Healthcare facilities' staff beyond the oversight of just the application for licensure, health statements, releases of information, staff rosters, and background checks (including fingerprints) are required to conduct regulatory activities to ensure citizens receive quality treatment and medical care at each facility. All licensed facilities are subject to unannounced inspections to ensure a clean and safe environment, proper nutrition, documentation of services provided and needs of patients and residents, and proper delivery of health care services.

OIG Residential Facilities program licenses almost 200 community residential facilities that provide care and treatment for youth needing out-of-home placements or elderly or disabled adults. The program also licenses close to 100 programs, which provide outpatient mental health or substance use disorder treatment. Residential facilities' staff beyond the oversight of just the application for licensure, health statements, releases of information, staff rosters, and background checks (including fingerprints) are required to conduct regular inspections of facilities and investigate complaints independently and in collaboration with appropriate partners and agencies. These activities ensure proper supervision, care, and treatment services are provided to Montanans at these facilities.

A comprehensive list of the types of Youth Care Facilities licensed through the OIG can be found at the following website OIG Licensing Bureau List of Facilities , and below is a list of the types of facilities applicable to foster youth:

- Child Care Agencies
- Psychiatric Residential Treatment Facilities
- Therapeutic Youth Group Homes
- Youth Care Facilities
- Youth Group Homes
- Youth Shetler Care

PRTFs fall under medical facility rules and requirements. The same group of individuals complete licensing and

inspections, though the on-site inspections occur less frequently. There is a different set of tools used for PRTFs than other Youth Care Facilities, but they cover the same type of things and are broken into separate tools rather than being all encompassed in one.

The OIG utilizes the following guides when completing their quality assurance of licensed facilities:

- Youth Care Facilities Compliance Review Guide
- Youth Care Facilities On-Site Inspection Guide

The OIG Program Support and Improvement Section includes the Certificate of Need program. Since 1975, 35 states and Washington DC have utilized Certificate of Need programs to help maintain quality of care, control a portion of community health care costs, and promote rational distribution of certain health care services. Montana Certificate of Need requires individuals or health care facilities seeking to initiate or expand long-term care services, to submit letters of intent and applications to the department as reflected in their Long-Term Care Facilities Plan MT Long-Term Care Facilities Plan Hyperlink.

Licensure Denial, Suspension, Restriction, and Revocation

OIG follows the requirements outlined in ARM 37.97.115 ARM 37.97.115 Hyperlink when denying, suspending, restricting or revoking a Youth Facility License.

Tribe IV-E Agreement Licensure Collaboration

CFSD's Program Bureau Chief, Foster Care LBC, Title-IVE Eligibility Unit Supervisor, and the Title IV-E Eligibility Unit staff continue to have regular, ongoing communication with Tribal Social Services staff and directors on a wide variety of issues related to Tribal agreements, licensure, Title IV-E eligibility issues and payments made to foster, adoptive and guardianship families.

- For example, the CFSD Foster Care LBC is the primary contact for licensing matters for all Tribal licensing staff and has developed an onboarding manual for new CFSD licensing staff that provides step-by-step instructions on entering licenses in CAPS. This manual is shared with Tribal Social Services when there is turnover or additional staff are needed to enter licenses into CAPS. The CFSD LBC also provides Tribal licensing staff with local, state, and national information on resources and support for resource families.
- The Northern Cheyenne and Fort Belknap Tribes' licensing standards do not provide for assessing or approving families for guardianship or adoption. When requested by these Tribes, the CFSD Licensing Program Bureau Chief coordinates, with local CFSD licensing staff, to assess and approve Tribal families wanting to establish subsidized guardianships or adoptions. The children in these foster homes are typically kinship to the foster family. CFSD assess and approves the families according to the state's licensing standards. If the Tribal families do not meet the state licensing standards, they are not approved. CFSD has suggested to Fort Belknap and Northern Cheyenne that they adopt changes to their licensing standards to assess and approve Tribal families for guardianship and adoption. The current system creates delays in permanency for Tribal children and it can also create workload issues for the local CFSD licensing staff assessing the Tribal families.

2025 KCS Annual Training and Needs Survey

In March of 2025, CFSD collaborated with UM-CCFWD to survey resource parents to gain greater understanding of the ongoing training.

The 109 participants who had previously indicated they were a licensed foster care provider were asked, ***"To the best of your knowledge, are licensing standards applied equally to all recourse parents statewide?"*** Fifty-four participants did not respond.

Table 108: Licensing Standards (N=55)

To the best of your knowledge, are licensing standards applied equally to all resource parents statewide?	Respondents Count / Percentage
Yes	42/ 76%
No	13 / 24%
Grand Total	**55 / 100%**

Item 33 Performance Appraisal

CFSD has rated *'Systemic Factor Item 33'* as a **Strength**.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the foster and adoptive aren't licensing, recruitment, and retention system ensures that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds.

Item 34: Requirements for Criminal Background Checks

APSR Question: ***How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placement for children?***

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 34' was rated as an overall Strength, as Montana was in substantial conformity. Information from the SWA and the stakeholder interviews showed that there was no data to show that the state complies with federal requirements for criminal background checks and that the state has a process that includes provisions for addressing the safety of foster care and adoptive placements for children. Stakeholders said that criminal background checks occurred before the licensure of any foster or adoptive home, and they did not report any pattern of exceptions to meeting the federal requirement. Stakeholders reported that the state routinely follows protocols to address child safety and report safety concerns for children in foster homes and childcare institutions.

During SFY25, CFSD continued to adhere to the federal standards specific to background checks according to 42 U.S. Code § 671and MCA 52-2-622(4). The process adheres to National Crime Prevention and Privacy Compact 42 U.S..C 14611-16 (NCPPC).

Overall, the CFSD background process includes:

- FBI Criminal History Record – *Nonpublic based on fingerprints.*
- Child Protective Services History:
  - Montana – *Nonpublic based on CFSD CAPS*
  - States Outside of Montana - *For each state of residence in the previous five years. If information is received that indicates a need to assess more than five years of information regarding Child Protection Service history, the caseworker may request the review to extend past five years.*
  - Tribal Court and/or Child Welfare History - *Only if the subject currently resides, or has resided during the preceding five years, on a reservation.*
- Sexual and Violent Offender Registry (SVOR)
- Montana Con-Web
- Montana Motor Vehicle Division (MVD) Check

CFSD requires:

- Fingerprinting of all non-emergency applicants and their household members over eighteen years of age for foster care (non-relative) including therapeutic foster homes or adoption.
- Background checks on all placement resources (licensed or not) and all household members over eighteen years old in those placement resources, including criminal, child protective services, and driver's license/motor vehicle.
- Purpose Code X9 (PCX) checks (name based federal background checks) on all relative providers and their household members who are being considered for emergency placement of a relative child per MCA 41-3-304 MCA 41-3-304 Hyperlink

- The NCPPC allows for these name-based checks, based on the exigent circumstances related to placement of a child in a home.
    - If placement is made, all household members must complete fingerprinting within seventy-two hours of placing a child under an approved PCX check.
    - All individuals who undergo a PCX check or the fingerprinting process are required to sign a Non-criminal Justice Applicants Rights form, as well as a release of information. The forms notify them of the reason they are being fingerprinted and their rights as they relate to the background check process. The notice includes steps to be taken if they believe their history is incorrect or inaccurate.

CFSD purchased eleven live scan machines and five card scan machines to assist in the access and timeliness of the fingerprint background checks process. The machines are in all the major population areas (regional hubs) and some additional larger communities. Card scans are in all regions to facilitate the timely process of ink printed cards (staff send them to the hub office to be run through card scan). This process cuts down on response times by the DOJ/Federal Bureau of Investigation (FBI). Results of all prints are reviewed by RFS staff and assessed based on the standards set in ARM 37.51.216 ARM 37.51.216 Hyperlink and a determination is made as to the eligibility of the individual or household to apply for licensure. A dissemination letter is created stating that the individual is either eligible or ineligible to apply for foster care licensing.

CFSD caseworkers request PCX checks through local law enforcement and then review the information to determine whether the individuals in the household meet the minimal standard to be considered for placement. The ARM 37.51.216 defines standards under which an individual or their household members are eligible for emergency placement. All CFSD field staff who review PCX results or access them for the staff who do, must complete DOJ training on reading a rap sheet. The DOJ is provided with names of all newly hired staff to ensure all staff have the appropriate training. The staff who review actual fingerprint results (RFS staff and some administrative staff) must complete reading a rap sheet training in addition to Privacy and Security training annually, presented by the DOJ. Participation and completion are tracked by the DOJ. All CFSD staff complete additional computer security training annually, as required for all state employees. All field staff have a guide listing the standards set in ARM 37.51.216 to assist in making an appropriate determination of the PCX results.

- It should be noted, if an emergency placement is denied because of a name-based background check of a resident and the resident contests the denial, the resident may, within fifteen calendar days of the denial, submit to CFSD or authorized Tribe, a complete set of fingerprints with written permission allowing the department or authorized Tribe to submit the fingerprints to the state repository for processing of the state and federal background check.

Upon completion of the check, documentation is completed and placed in the file or shared with the authorized Child Placing Agency (CPA). Documentation includes:

- CFSD Dissemination Letter – *An approved letter template by Montana DOJ for fingerprint results.*
- CFSD CPS Dissemination Letter for Montana CPS checks
- States Outside of Montana CPS History Results
- MVD Record Results

As stated previously in Item 28 and 33, the OIG oversees the licensing of all youth placement facilities and require staff background checks per ARM 37.97.140 ARM 37.97.140 Hyperlink.

Quality Assurance Review – Licensing Oversight

All licensed homes (kinship, foster, adoptive) have a compliance checklist associated with the licensing standards which is used for both CFSD licensed homes as well as those licensed through the CPAs. Both RFS and their supervisor verify that all required documentation is in the file before approval, including the required background checks.

If there are questions regarding the information contained in a criminal background check, RFS will refer to their RFSS for assistance. If the RFSS still has questions, they will reach out to the LBC. If there continue to be questions, the LBC will then reach out to the OLA for assistance in interpreting the results. In circumstances where there are questions about results or additional assistance is needed to determine eligibility to be a placement, or apply to be licensed, the person whose history is involved is notified of the issue and provided with updates as they are achieved or received.

CFSD ensures all RFSs are trained under the DOJ to fingerprint individuals, both via ink prints and on the live scan machines. This allows families to be fingerprinted, even when there is not a live scan machine that is not accessible due to their location. RFSs then send those cards to CFSD offices who have access to a live scan machine for more timely processing. In the majority of the CFSD offices, many administrative staff, caseworkers and SSTs are also trained to print via ink and/or live scan, to allow for more timely response to kinship licensing and applications specific to the background check process.

CFSD has created a process to review substantiated CPS history and determine if there are options for an exception to be granted for providers to allow placement or to pursue licensure.

- CFSD RFSs are trained through the DOJ to read/review criminal history. This allows them to not only assess the applicant or household member for eligibility for placement or licensing, but also to provide context to the individual's history to assess their history's impact on their ability to provide appropriate care. It also allows caseworkers (including licensing workers) to assist families in assessing the impact placement of a child could have on them, considering their history that they will need to prepare or plan for.
- The exception process has been reviewed and refined to ensure that all levels of CFSD (caseworkers and RFS) engage in the assessment of history and the individual and family. The process requires individuals to provide a written request to be considered for an exception based on the mitigation of the circumstances/conditions that led to the removal of their children or substantiation of abuse or neglect. The process requires approval by RAs, the LBC, and the Division Administrator.
    - If there is an issue with either criminal, Montana Child Protective Services, or MVD history that is considered a basis for denial (or revocation), CFSD has developed a process to ensure that applicants or currently licensed resource parents can address the information and request reconsideration based on additional information they provide.
    - Any negative action proposal is drafted and sent to the OLA to ensure that the basis for denial meets the Administrative Rules for the action. If the OLA supports the plan to pursue denial or revocation, the applicant is notified in writing of the basis for the proposed negative action and are sent a certified letter with the information and the proposed action.
    - The applicant or resource parent is given a specific timeline for response. If they respond, the information is then reviewed by the RFSS, LBC and the OLA.
        - If the decision is made to rescind the proposal, the applicant or resource parent is notified and either the placement is maintained, the license remains in good standing, or the application continues to be processed.
        - If the decision is not to rescind the proposal, the individual is notified again in writing and the proposed action then is completed (denial or revocation).
            - The individual then can request a fair hearing. Should the fair hearing request be denied, the individual can pursue district court action.

CFSD has implemented a process that all licensed homes undergo a review by an RFS, which includes updating their criminal and MVD history after the first year, and at each subsequent renewal. Any information obtained is reviewed to determine if it is a barrier to continue to placement or licensing.

In addition to background checks, CFSD completes the following home safety assessments:

- Fire Safety – CFSD assess each home for safety of the child being placed, specific to fire safety. CFSD has requirements for smoke alarms, carbon monoxide detectors and fire extinguishers. Kinship families who take emergency placements can request assistance in assuring they have the appropriate fire safety equipment. CFSD provides those fire safety items without charge to kinship families who are unable to purchase them on their own. Non-relative caregiver applicants are required to meet the same standards prior to a license being issued.
- Water Safety - For licensing purposes, CFSD also assesses water used for consumption when the home uses well water or other non- city/community water systems. CFSD has a process in place to allow relative caregivers to submit water testing kits to the Montana Environmental Lab for testing. CFSD also works with the state lab to assist families in responding to negative cultures that do not meet licensing standards.
- Environmental Safety - CFSD assesses families to ensure the overall household environment is clean, well maintained and free from other environmental hazards, conditions or scenarios that could pose a risk to children placed in the home. CFSD works to identify barriers to placement or licensing and assist the family in efforts to mitigate the barriers. CFSD caseworkers regularly assess home safety and conditions as part of their regular visitation with children in placement.

- Safe Sleep - CFSD assesses foster homes taking placements of infants for safe sleep standards. Families who take placements of infants are required to meet and maintain safe sleep standards. Those standards are reviewed at the time of license or placement, at 6-month check-ins by the RFSS (for licensed homes), and by CFSD caseworkers at home visits (for both kinship and non-kinship) for children in placement.

For ongoing unlicensed kinship placements and licensed homes, when a report of child abuse and/or neglect is received at CI specific to a placement/provider or one of their household members, the CIS notifies the assigned caseworker and the RFS, if applicable. Those reports are investigated and assessed to determine if the placement, or license when applicable, can be maintained.

Item 34 Performance Appraisal

CFSD has rated *'Systemic Factor Item 34'* as a **Strength**.

The efficiency of live scan and card scan electronic submission systems continue to result in a turnaround time for results in sometimes less than a day. This has resulted in quicker approvals for provisional licensing for kinship, and more timely processing for licensing youth foster homes.

CFSD RFS staff can access MVD results through an electronic system without going through third parties. The child protective service background check exception process recognizes that individuals can change and that while history is important, it is not defining for a lifetime. Training the staff receive from the DOJ to review and interpret results for both PCX and fingerprinting has improved the process of CFSD staff assessing safety of the home by both RFS staff and caseworkers on an ongoing basis.

The negative action process gives individuals the opportunity to challenge negative licensing action and to be made fully aware of the concerns of the Division.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the foster and adoptive aren't licensing, recruitment, and retention system ensures that state complies with federal requirements for criminal background clearances as a related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placement children.

Item 35 Diligent Recruitment of Foster and Adoptive Homes

APSR Question: ***How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?***

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 35' was rated as an Area Needing Improvement, as Montana was not in substantial conformity. Information from the SWA and the stakeholder interviews showed that there was no process in place to capture data on foster and adoptive recruitment and retention efforts across the state. The SWA and stakeholder interviews further indicated the state could not determine what was working well and there was a need to focus more attention on using relevant data and information to inform diligent foster and adoptive parent recruitment strategies statewide. Stakeholders reported mixed efforts to recruit Native American foster and adoptive parents and a need for more goal-directed collaboration with the Tribes to increase the number of Native American foster family and adoptive homes.

Throughout CFSR Round 3 PIP-Monitored period, the Licensing and Adoption/Guardianship Unit was a good example of how CFSD incorporates the principles of a Learning Organization and CQI process to support PIP goals, strategies and key activities as follows:

During SFY25 the CFSD Licensing Bureau Chief and the regional RFSS continued to use a variety of feedback mechanisms to support and coach the licensing field workers, RFS, including but not limited to the following:

- RFS and RFSS continue to interact regularly with the UM-WTCs to evaluate training, and overall increase engagement and communication with placement providers (pending-licensed and licensed) in order to support them more effectively.

- As discussed in Item 29, RFS and RFSS continue to interact and engage in the FFPSA Montana Kinship Navigator Program (MTKNP) and evaluation efforts; additionally, MTKNP continues to support RFS and caseworkers in increasing engagement to specifically identify support for kinship families.
- RFS have continued the process put in place during the CFSR Round 3 PIP of meeting and assessing the licensed foster care providers (aka resource families) on a six-month period to discuss specific licensing requirements and to identify individual needs of families and children placed in their home, as well as their overall experience as a foster care provider for CFSD.
    - The LBC continues to use the collected information to provide support and coaching during regular staffing with the RFSS weekly and RFS monthly. These regular staffing discussions include a focus on the case level to improve support to individual families, as well as at the macro level for possible ways to address policy/procedure issues and systemic challenges.
- RFS and RFSS regionally have continued to have ongoing contact with support groups through Child Bridge, MKNP, Missoula Alliance Church, and other community support groups. These meetings mainly focus on identifying needs for recruitment and individualized families. Additionally, RFS and RFSS are embedded in regional meetings, including but not limited to: Permanency Plan Team Meetings, Leadership Meetings, Family Engagement Meetings (when applicable), etc. RFS and RFSS model communication and effective engagement in these settings specific to licensing requirements and support.
- RFS and RFSS regionally have continued to utilize the previously developed tracking system for licensing to determine the length of time to licensing, reasons for denial of license, licensing renewal dates, and reason for licenses not being renewed. The spreadsheet is updated weekly, allowing for data to be real-time in nature, which assists in addressing challenges quickly that are identified.

  This tracking system helps identify locations with lower applications as well as foster parents' reasons for not renewing their license. The spreadsheet allows RFSS to track information on all families who have applied and become licensed by CFSD. The spreadsheet data fields include: RFS Name, Provider Number, Resource Family Name, Town Name (of Resource Family), Application Date, License Expiration Date, License Type, and Approval Status. RFSS's supplement this spreadsheet with an MPATH report that draws from licensing information in CAPS. The MPATH report shows timelines to licensure, closures and expirations of resource families and reasons why closures or expirations have occurred.

  This report is sortable by: Region, License Type and Closure Reason. This data is used by the LBC and RFSS in consultation with RAs to address systemic issues identified within regions and with the M-Team to address systemic issues identified statewide.

  This tracking sheet has continued to assist RFSS with oversight of the RFS responsible for the licensing of kinship and non-kinship families. RFSS have expressed the spreadsheet has been useful to have more in-depth discussions with RFS to identify strengths and challenges and explore the reason 'why' to determine effective solutions. Additionally, it has been proven to assist with effective caseload distribution as staff transition to new roles until the RFS role is filled.

While no quantitative analysis of the strategies listed above have been developed, qualitative analysis is part of the ongoing process of reviewing the information from the above sources, discussing this information with LB unit, UM-CCFWD, Training Supervisor to support ways in how the information can be used to inform and improve policies, procedures, and practices. One concrete example is modifications made, based on feedback, to the way adoption packets are made available to resource families and at what stage of that process to improve time to permanency.

CFSD currently is continuing to pursue development of a robust web application portal and how this integrates with the ongoing efforts to move from CAPS and MFSIS to the new CCWIS system. In the interim CFSD is confident that most of the interface needs with prospective and current resource families can be met through the limited portal on the CFSD website CFSD Becoming a Foster Parent in MT Hyperlink which continues to be updated and enhanced to include updated training links for families and updated inquiry information.

CFSD believes the foster and adoptive parent licensing, recruitment, and retention system is functioning well in efforts to ensure diligent recruitment of potential foster and adoptive families and appropriate placements for foster care youth, reflecting both a racial and ethnic diversity across the state for whom homes are sought. CFSD's recruitment and retention efforts have focused on recruiting across all areas of the state. Each year Licensing Bureau has prepared a recruitment plan to not only act as a guide, but also for targeted recruitment of foster or adoptive families. CFSD licensing staff are engaged daily in the process of child placement and are aware of the needs for homes in their specific regions, specifically rural areas.

CFSD continues to experience data limitations, including the system's ability to extract data in a way that is meaningful, and outcome based. In addition, geographically, CFSD can describe where providers live and other basic demographics, but the data management systems do not have the mechanism to visually display the information without a great deal of manual effort.

CFSD Collaboration with External Community Providers Engaging in Recruitment Efforts

During SFY25, CFSD LB unit hired a PPS, whose primary role is to engage with the community programs who provide recruitment activities (as listed below) and support the field in identifying the best match for a specific child and to ensure successful placement. The PPS is currently developing, or enhancing, procedures focused on recruitment for targeted youth, as well as transition and placement of those youth. The initial focus of this position is to focus on youth who do not have an identified permanency option. One of the key aspects of the PPS role is to meet regularly with field staff and recruitment program staff to identify the best matches with programs and to ensure appropriate follow-through occurs when placements are made.

Through a CQI process, the PPS will be collecting data regarding targeted recruitment efforts and their outcomes by tracking the outcomes of referrals and placement. This process will assist CFSD in identifying the efficacy of programs and success of the various placements informing future recruitment and placement activities. Due to this being a new initiative by CFSD, there is no current data to share regarding the effectiveness of the recruitment programs.

Child Bridge

Child Bridge is a faith-based statewide program focused on the recruitment and retention of resource families through supporting ongoing training and peer support groups. More can be found on this program on their website: Child Bridge Website Hyperlink.

According to Child Bridge's annual reports during 2024 (they share data on a yearly basis) the following occurred:

- Recruited thirty-seven families.
- Recorded 1,769 instances of adults and children served at Child Bridge monthly Foster/Adoptive Group Education Groups.
- Enhanced their program by now offering in-person and virtual services to all fifty-six counties in Montana.

During SFY25, CFSD continued to collaborate with Child Bridge in which they have a long-standing relationship. Child Bridge continues to take referrals of one to two children at a time and makes targeted recruitment efforts from within the families currently involved with their programs. Previously, the program did a photo gallery presentation in churches, recruiting families outside the current foster care system but learned that the needs of the children were not best served by families with no involvement in the current foster care system. The program is increasing their staffing levels and will begin recruiting families for specific children this spring. Many of Child Bridge's recruiters are former resource parents, which helps in their overall recruitment and support of resource families.

Child Bridge also leads the 'Finding a Way Home' program, which began several years ago but took a hiatus during 2024 to regroup and refocus their intentions.

A Waiting Child

A Waiting Child is a statewide television-based recruitment effort presented by a local television station. In years past, children were interviewed in person and featured on a monthly segment during the news. This program has also undergone a transformation. They will no longer be interviewing children in person for their stories but will feature up to two children a month using photos and their stories, as provided by their caseworker. The change was based on the challenge of arranging interviews in such a vast state and matching television staff's availability with children and families' schedules. The expectation is that this will allow more children to be featured, and the program expects to air the recruitment effort monthly.

Wendy's Wonderful Kids (WWK)

Recruitment for permanency for children in foster care also happens with collaboration with WWK. CFSD has a MOU with two entities in Montana who house the WWK recruiters (Yellowstone Boys and Girls Ranch and St. John's Lutheran). CFSD collaborates with WWK through referrals to them for recruiting opportunities, retention efforts (supporting current providers), and in annual adoption celebrations across the state which is an annual recruitment event.

WWKs recruiters are focused on identifying permanency options for children ages ten through eighteen who do not currently have an identified permanency plan. Recruiters use an evidence-based, child-focused recruitment model to find the right family for every child in their care. A rigorous, five-year national evaluation revealed that children referred to the program are up to three times more likely to be adopted.

Toll-Free Licensing Hotline

CFSD has a toll-free line individuals can call to request information on licensing or to request a licensing inquiry packet. The calls are then referred to the RFS responsible for managing those inquiries.

Any inquiries made are routed to the appropriate RFSS or designated staff (based on location and type of inquiry) who then assigns it to the appropriate RFS. The RFS makes telephone and email contact with interested individuals within seventy-two hours of their inquiry. The RFS gathers information about the inquiring family, shares information regarding licensing requirements, training requirements, and the overall process. The inquiring family is also referred to the self-assessment tool to assist them in their journey. Families complete the tool in their own time and the results are not tracked by CFSD. If the individual or family would like to start the licensing process, they are provided with an inquiry packet.

Additional inquiries are received by individual caseworkers via personal email, direct office calls, drop-ins etc., which are not included in these numbers.

Data regarding the intersection of inquiry to application is not currently available in the Montana data system. Additionally, Montana does not have the capacity to track the data detailing what deterred people from moving forward in the process or that failed to respond to efforts to engage them in the process from the time of inquiry.

CFSD Internal Recruitment Efforts

Over the past five years, there has been a decrease in the number of children in care in Montana, and in conjunction there has been a decrease in the number of licensed families, especially families willing and able to parent children ages ten through eighteen, those with special needs, or those with behavioral challenges. During 2024, CFSD licensed 1159 families.

The number of licensed shelter facilities and group homes in Montana that had the capacity to care for children ages twelve through eighteen, including those with behavioral issues or who struggled in a family-like setting, decreased as well. During 2024 CFSD licensed 23 Shelter Facilities.

In addition to the decrease in shelter care and group homes, the number of CPA, who licensed and supported therapeutic foster care providers, also lowered. Currently there are two CPAs. CPA program managers have cited difficulty in recruiting families to provide therapeutic level care and difficulty staffing support positions. CPA staff also noted an increase in the number of families wanting to only adopt, or only care for, younger children. During 2024 CPAs licensed 25 Therapeutic Foster Homes Providers, which was over a 50% decrease from the year before.

The decrease in higher levels of care or congregate care, including therapeutic foster care, meant that children that might otherwise be placed in shelter or congregate care or therapeutic care were now placed in regular youth foster homes and with fewer services available. Often the families that were available were homes with little or no foster care experience, and this led to outcomes resulting in resource families leaving foster care or being unwilling to take placement of older children in their homes after only one placement, due to the high needs of the youth despite CFSD efforts to support the child and family.

During SFY25, CFSD Licensing Bureau developed a work plan to help offset the decreasing shelter, therapeutic foster care, and CPAs. This included RFSs engaging in recruitment activities across the state. This was compromised of multiple activities with their urban Tribal programs to provide families with a realistic understanding of foster care and the type of children needing permanency. For example, out of the seventy-two children currently without an identified permanency option the average age is twelve, and historically families wanting to adopt are interested in children ages birth through five. Each regional RFS unit targeted three activities regarding recruitment from a list compiled by the LBC.

CFSD has continued to utilize flyers and other materials with QR codes to share during daily interaction opportunities in communities (stakeholder meetings, public events etc.). The QR code allows families to scan and review the CFSD website on their phone, computer or tablet at their preferred time.

Additionally, efforts were made to collaborate specifically with Urban Indian Health Centers or programs. While the efforts resulted in increased positive working relationships with Tribal programs, it didn't necessarily increase the number of Native American families applying to foster. CFSD also requested the assistance of the Office of America Indian Health through the Director's Office to coordinate scheduling a meeting to assist in developing greater collaborative efforts with each of the Tribes on recruitment of Native American families. When Tribes have struggled to recruit families on their reservations, they have reached out to CFSD licensing staff for assistance and ideas. While CFSD RFS units have a strong relationship with Tribal social services staff and there have been active collaborative efforts in the past, the collaborative efforts were impacted by Covid and is taking some time to rebuild. CFSD will continue to report on these efforts in future APSRs.

Placement with Kinship Placements

During SFY25, Montana continued to be ranked among the top states for placement with kinship care. While placement with kinship increased CFSD's capacity to meet children's placement needs, it also impacted recruitment of families. When the knowledge that a child placed in a non-relative home could be moved to be placed with kinship, despite the appropriate care and service provided by a regular youth foster home, it can be challenging for non-relative homes to understand. Additionally, kinship families usually take only placement of a single relative child/sibling group, which can be a barrier for placing siblings together. Though licensing a kinship home for one child/placement is not as labor intensive as licensing a regular youth foster home that could take multiple children over a span of years, it still requires time and support of the family by CFSD RFSs.

CFSD has continued to work to engage with kinship within seventy-two hours of placement notice. Staff have targeted information they provide to kinship families, including MTKNP, SNAP and TANF programs, training opportunities and other resources. CFSD recognized that water testing and fire safety equipment were barriers to licensure because of the costs especially for kinship families. CFSD provides fire extinguishers, smoke alarms carbon monoxide detectors and water testing to families when purchasing them is a barrier for the family. This effort to support kinship at the most basic level is also a recruitment tool. Kinship families who feel supported and valued are likely to maintain placement and at times consider transitioning to regular foster care when their kinship placement ends.

Connected Voices for Montana Kids

Connected Voices for Montana Children primary goal of CVMC is to provide feedback to agency leadership regarding training, resources, supports, and other topics related to the child welfare system in Montana, as identified by CVMC and/or CFSD. Representation consists of foster, kinship, biological, birth parents and youth with lived experience, and CFSD's LBC attends as the Division's liaison. Having a foster parent advisory board has been a small but important recruitment tool for CFSD. Foster parents who feel they are heard or have a place to express themselves is important in retaining families. More about CVMC is outlined in Section 1: Collaboration of this APSR.

CFSD Retention Efforts

CFSD has focused continual retention efforts on families on an ongoing basis. It should be noted that CFSD completes 6-month checks, once a family becomes licensed. The visits are designed to support current families and is targeted at a recruitment activity that was also designed to fill some of the gap created by the loss of service providers. These checks also help to identify challenges and attempt to locate services in a timelier manner (before disruption or licensing violations occurred), in other words, a retention effort as well. Well-supported and engaged families are one of the best forms of recruitment for CFSD. Also, children who have fewer moves/disruptions are more likely to achieve permanency. Children who have successfully reunified and or been adopted are also a key recruitment tool. All these things are also reasons why families will retain their license, even in the face of difficult challenges.

CFSD training opportunities continue to focus on enhancing foster parents' skills and abilities. Families continue to be offered training (as described in the previous section) based on results from surveys and staff input. Families feeling supported and heard are also keys to minimizing disruptions and staying licensed, even in the face of challenges.

As previously discussed in past APSRs, CFSD continues to incorporate clothing and transportation allowances (that were previously required to be requested by foster parents for each child) into the daily foster care rate. The move increased the daily rate and made funding readily accessible to families for clothing and transportation, rather than relying on the process that involved several layers of approval.

CFSD continues to offer respite reimbursement at the rate of $20.00 an hour to assist with maintaining placement and keeping families licensed and children from disrupting. Some of the challenge is that families are responsible for finding their own respite provider and that is often difficult. Additionally, the children whose behavior would lead to an increased need for respite often have the fewest respite resources available.

Provider and Adoptive Parent Training – Surveys/Evaluations/Assessments

2025 KCS Annual Training and Needs Survey

As discussed previously in Item 28, in March of 2025, CFSD collaborated with UM-CCFWD to survey resource parents to gain greater understanding of the ongoing training.

- The 109 participants who had previously indicated they were a licensed foster care provider were asked, ***"Are you actively providing foster care to a youth?"*** Seventeen participants did not respond. The following table reflects the responses.

Table 109: Active Foster Care Inquiry (N=92)

Are you actively providing foster care to a youth?	Respondents Count / Percentage
Yes	77 / 84%
No	15 / 16%
Grand Total	**92 / 100%**

- The 109 participants who had previously indicated they were a licensed foster care provider were asked, ***"Has your interaction with your assigned Resource Family Specialist supported your role as a resource parent (foster care parent)?"*** Fifteen participants did not respond. The following table reflects the responses.

Table 110: Interaction with Licensing Staff (N=94)

Has your interaction with your assigned RFS supported your role as a resource parent?	Respondents Count / Percentage
Yes	79 / 84%
No	15 / 16%
Grand Total	**94 / 100%**

- The 109 participants who had previously indicated they were a licensed foster care provider were asked, ***"Do you have doubts about continuing as a resource parent (foster care parent)?"*** Seventeen participants did not respond. The following table reflects the responses.

Table 111: Doubts of Continuing as a Resource Parent (N=92)

Do you have doubts about continuing as a resource parent?	Respondents Count / Percentage
Yes – *Reasons provided were categorized as: Negative experiences with CFSD staff, burnout, lack of time, personal life issues, lack of placements in their home, and overall length of cases.*	37 / 40%
No	55 / 60%
Grand Total	**92 / 100%**

Item 35 Performance Appraisal

CFSD has rated *'Systemic Factor Item 35'* as a **Strength**.

CFSD sees strengths in recruitment and retention of resource parents and adoptive families. CFSD's large number of kinship providers speaks to the efforts to maintain children's connection to culture and community.

CFSD assessed the following strengths for this item:

- Creation of the Foster Care Licensing Bureau to manage all aspects of the foster care licensing programs, staff and policies. This centralized and defined element has resulted in more efficiencies in the program and better communication at all levels of the agency.
- Calendar of training and recruitment efforts scheduled annually to ensure consistent messaging and statewide efforts to identify potential placement options, as well as timely licensure and access to training and resources.
- Connected Voices for Montana Kids offered ongoing feedback, and support to the Licensing Bureau. The meetings allow for supportive conversations and meaningful feedback to ensure the voices of these stakeholders are heard and their concerns considered on an ongoing basis, whether to maintain the status of programs or systems, or in the development of change.
- WWK, Child Bridge, and A Waiting Child are ongoing efforts for child specific adoption recruitment, while targeted for specific children, they are a constant reminder in the media of the need for resource families.
- Hiring of the child specific recruitment PPS to support efforts to identify permanency options for children.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the foster and adoptive aren't licensing, recruitment, and retention system ensures the diligent recruitment of potential foster and adoptive families who reflect ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed occurring statewide.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

APSR Question: ***How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?***

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 36' was rated as an Area Needing Improvement, as Montana was not in substantial conformity. Information from the SWA and the stakeholder interviews showed that the state was not routinely completing home study requests received from other states in a timely manner. The lack of adequate staffing was identified as a key barrier to ensuring home studies were routinely completed timely. Many stakeholders reported that the state was effective in utilizing cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. However, there was no statewide data to measure the state's performance in this area.

CFSD's Licensing Bureau oversees the ICPC unit. ICPC staff conduct a high volume of communication via phone calls and emails to ensure and expedite placement of children in and out of the state of Montana. Additionally, the ICPC staff request virtual meetings with other states regularly to troubleshoot barriers and delays in the ICPC process.

The RFS staff in the Licensing Bureau are responsible for most of the incoming home studies for ICPC. As a result, there is regular communication between the ICPC unit and the RFSs in the field. The CFSD kinship assessment, use of non-agency providers to assist with the completion of kinship studies, and timely access to criminal background checks through the live scan and card scan machines have dramatically decreased timelines for completion of home studies for other states.

The dual role of LBC and ICPC administrator also benefits the field staff looking to place children with relatives in other states because of the relationships in place with other licensing program managers and staff across the country and a clear understanding of licensing rules and processes in other states, as well as Montana. Data regarding ICPC requests and timelines from NEICE report for the period between February 2024 and December 2024 indicates that CFSD has processed 612 requests for interstate placement, both in and outside Montana. Delays in ICPC approvals are often the same reasons that foster home licensing is delayed; record check requests from other states, and families not actively engaging in the process.

The ICPC staff work closely with the IV-E Program Bureau to achieve permanency including guardianship and adoption, as well as staff from the Children's Mental Health Bureau to facilitate communication and understanding of the ICPC process and to address barriers and challenges to placement. The ICPC staff provide technical support to any staff and Tribal entities requesting assistance, both at the initiation of the ICPC and for ongoing cases.

CFSD trained field staff in the fall of 2024, facilitated by CFSD's ICPC Deputy Compact Administrator on the use of ICPC requests and the process for initiating them to ensure clear understanding of the ICPC process and expectations and the process regarding providers, both in and out of the state of Montana.

For purposes of CQI, CFSD will be providing similar training on the basics of ICPC to the Montana Office of Public Defenders, who represent birth parents and children in dependency and neglect cases to create a greater understanding of the ICPC process and the impact on their clients/cases.

Item 36 Performance Appraisal

CFSD has rated *'Systemic Factor Item 36'* as a **Strength**.

CFSD sees strengths in recruitment and retention of resource parents and adoptive families. CFSD's large number of kinship providers speaks to the efforts to maintain children's connections to culture and community.

CFSD assessed the following strengths for this item:

- The greatest strengths to the ICPC process are CFSD being a part of the NEICE system and the ICPC unit being a part of the Licensing Bureau. This allows better tracking, documentation and communication between states and within the Bureau, and program ICPC staff are still becoming familiar with the NEICE system and its capabilities. The ease at which a case can be entered into the system and responses and updates monitored, is light years from the email, fax and United State Postal Services method of communication.
- The other identified strengths related to this item are CFSD's kinship licensing assessment and the use of non-agency providers to assist in writing studies, along with CFSD's use of live scan and card scan machines for background checks. Montana ICPC staff communicate regularly with the RFSs in the field. The LBC regularly reviews the NEICE system for the status of ICPC requests and reviews those cases that are nearing safe and timely deadlines with the RFSS to assist in identifying and mitigating barriers to completion of studies or timely responses to ICPCs.
- Additionally, the LBC and the ICPC staff review overdue requests that are in the hands of other states and identify steps to communicate with other state ICPC and field staff to address delays.
- Qualitative feedback supports and reinforces strengths of the interstate compact process. ICPC spreadsheets, the NEICE system and verbal interactions with the ICPC staff indicate that overall, the ICPC process is a positive experience. CFSD's RFS staff are very conscientious in knowing the importance of timely completion of those studies in the context of permanency for children.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the foster and adoptive aren't licensing, recruitment, and retention system ensures the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

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

CFSD submitted their CFSP SFY25-29 in June of 2024 that outlined the states vision, and the overarching goals have not changed. The following are a review and update of the goals, objectives and interventions.

Goal 1: Engage families to effectively assess/manage safety concerns and prevent removals when possible.

Goal 1 Objective 1: Improve statewide timeliness of investigations of accepted reports, from initiation of the report-to-report closure.

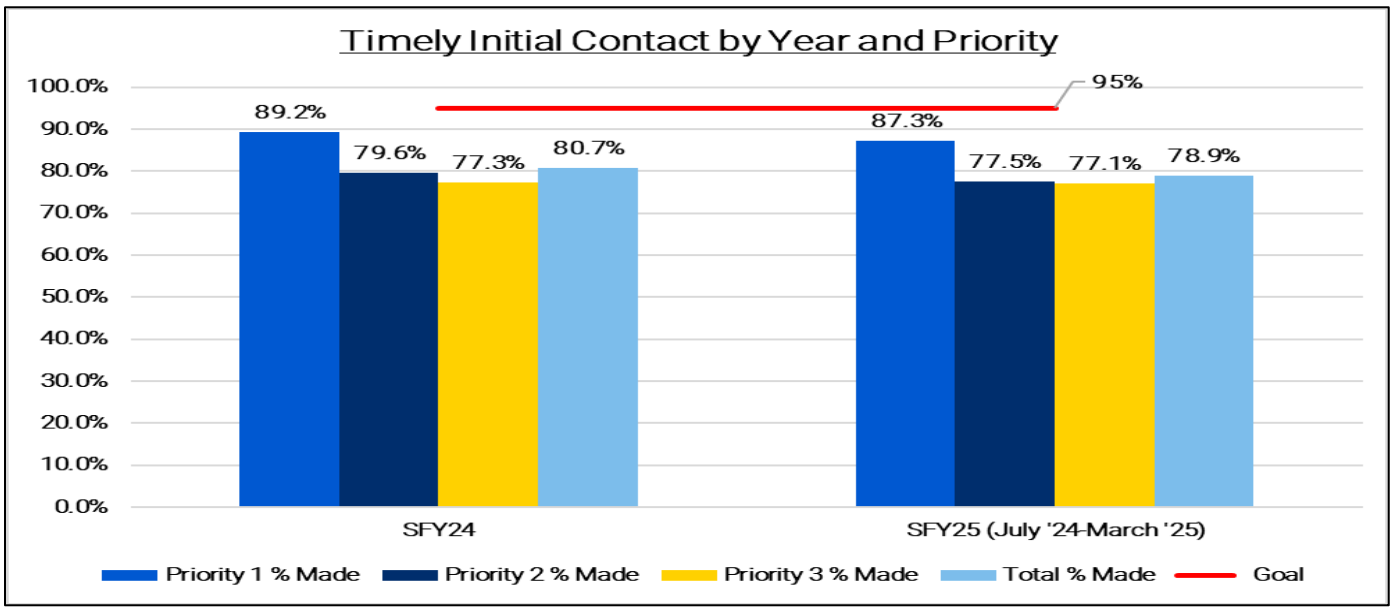
Measure 1: Timely Initial Contact on Reports, broke down by priority.

- **Target**: 95% statewide by end of FFY29 (September 30, 2029). This measure will be considered met when the statewide numbers achieve 95% for total intakes, regardless of achievement for individual priorities.
- **Progress:** As outlined previously in Item 1, during SFY25, CFSD continued to use the Fidelity Review Tool and created reports to reflect timely initiation of investigations through pivot tables in order to support leadership with their coaching and mentoring process to assist caseworkers in prioritizing workload to ensure investigations are initiated within timeframes and children are seen face-to-face.

  Through the process of creating and implementing the reports, CFSD has determined that the report information is inconsistent due to multiple issues impacting how the data is entered and pulled, as reflected below:
  - There are some synchronization issues between MFSIS (where the information is entered) and CAPS (from where the information is pulled) that will delay the information being transferred to CAPS.
  - Staff often do not enter the initial contact date that this data is based on until they close the investigation, which may be two months after contact is due.

  This is a work in progress as indicated from the chart below comparing SFY24 and SFY25, where since introducing the Fidelity Review Tool CFSD's percentage of timely initial contact has decreased though not significantly.

Chart 40: Timely Initial Contact by Year and Priority



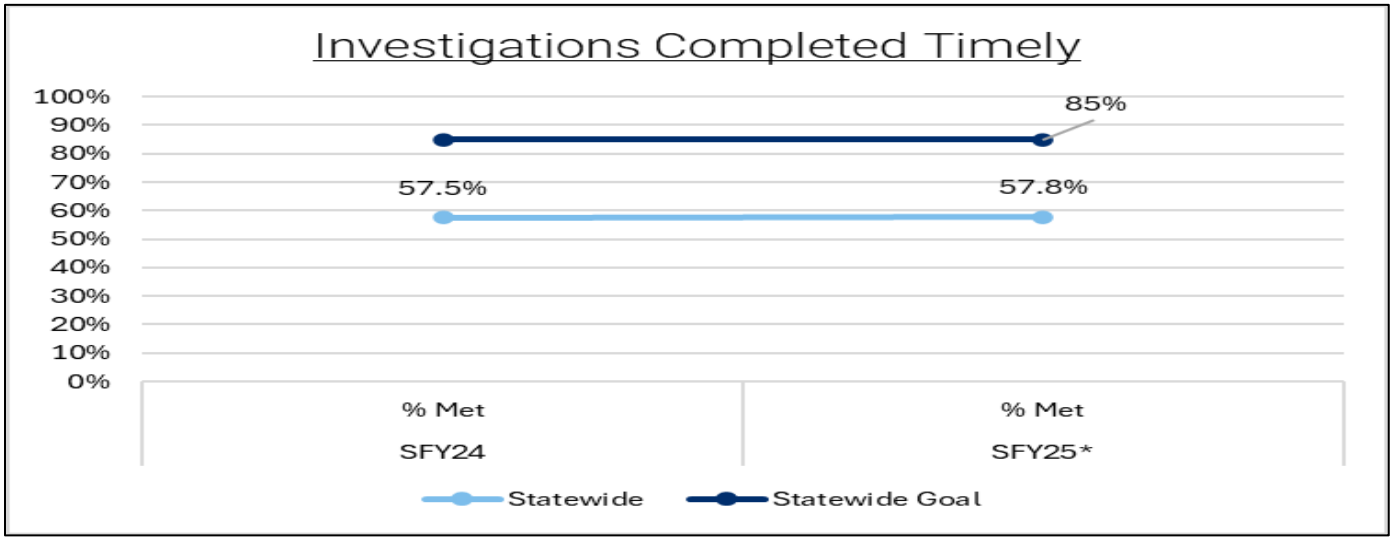
Measure 2: Timely Completion of Investigations.

- **Target:** 85% statewide by end of SFY29. This measure will be considered met if the statewide numbers achieve 85%.
- **Progress:** As outlined previously in Item 1, during SFY25, CFSD continued to use the Fidelity Review Tool and created reports to reflect timely initiation of investigations through pivot tables in order to support leadership with their coaching and mentoring process to assist caseworkers in prioritizing workload to ensure investigations are initiated within timeframes and children are seen face-to-face.

  Through the process of creating and implementing the reports, CFSD has determined that the report information is inconsistent due to multiple issues impacting how the data is entered and pulled, as reflected below:
  - There are some synchronization issues between MFSIS (where the information is entered) and CAPS (from where the information is pulled) that will delay the information being transferred to CAPS.
  - Staff often do not enter the initial contact date that this data is based on until they close the investigation, which may be two months after contact is due.

  This is a work in progress as indicated from the chart below comparing SFY24 and SFY25, where since introducing the Fidelity Review Tool CFSD's percentage of timely initial contact has remained the same.

Chart 41: Investigations Completed Timely



Goal 1 Objective 2: Utilize FSTs at the onset of cases to identify initial services to promote more timely engagement of services, prevent removals, and facilitate earlier return of children to parents when possible.

Measure 1: Compare case outcomes when utilizing Family Support Teams.

CFSD currently has limited ability to compare the use of FSTs in all cases, as they can't be entered in the electronic case record. During SFY25, CFSD will add the ability to document occurrence of FST into the electronic case record in an exportable manner.

- SFY25 establish code in electronic case record.
- SFY25 train staff on its use of the electronic case record code.
- SFY25 begin collecting data on the use of FSTs in comparison to all cases.
- SFY26 establish baseline and set future target goals.

- **Target:** Target will be set in SFY26.
- **Progress:** During SFY25, CSFD created a code to be entered under the child's CAPS ID. In October of 2024, FST facilitators were trained on the use of the code and the importance of accurate data entry into the electronic case records. As of November 1, 2024, all FST data entry was being recorded in CFSD's CAPS system. CFSD will pull data after nine months of FST data entry into CAPS in order to analytically review information and set the baseline, identify trends and barriers, set target and establish goals for the remaining CFSP SFY25-29.

Goal 1 Objective 3: Engage families in reassessment of safety on an ongoing basis through both formal and informal assessments.

Measure 1: CFSD will increase the frequency of monthly visits with children in foster care.

Historically, CFSD has had no expectations of entry of these visits by Tribes into CAPS and collaboration on data entry in CAPS has been limited to those aspects required for IV-E contract. Tribally managed cases make up approximately 19% of the yearly required visits, and in FFY24, only about 18% of visits were entered. CFSD will seek to collaborate with the Tribes on use of the case management system for entry of home visits. However, due to the historical practice, CFSD will have a goal for state managed foster cases in Montana.

- SFY25 new worker training will be enhanced to include more focus on
  - The quality of visits with parents, children, and foster parents.
  - Appropriately using Conditions for Return (CFR) to determine when and how to transition from an out-of-home placement to a THV and in-home safety plan.
- SFY25: The above enhanced training will be made available to current staff through Advanced Practice trainings.
  - **Target for all cases:** 86% by end of FFY28. This target is based on improving state managed cases to 95%.
  - **Target for state managed foster care cases:** 95% by end of FFY28. The target for all cases may be adjusted in future years based off collaboration with Tribal partners and their feedback.
  - **Progress:** Initial and Ongoing Training were expanded to support caseworkers in understanding the visitation requirements. As indicated in the charts below, visitation frequency since the CFSR Round 3 PIP ending has remained around 79%.

Chart 42: Percentage of Monthly Visits with Children in Care

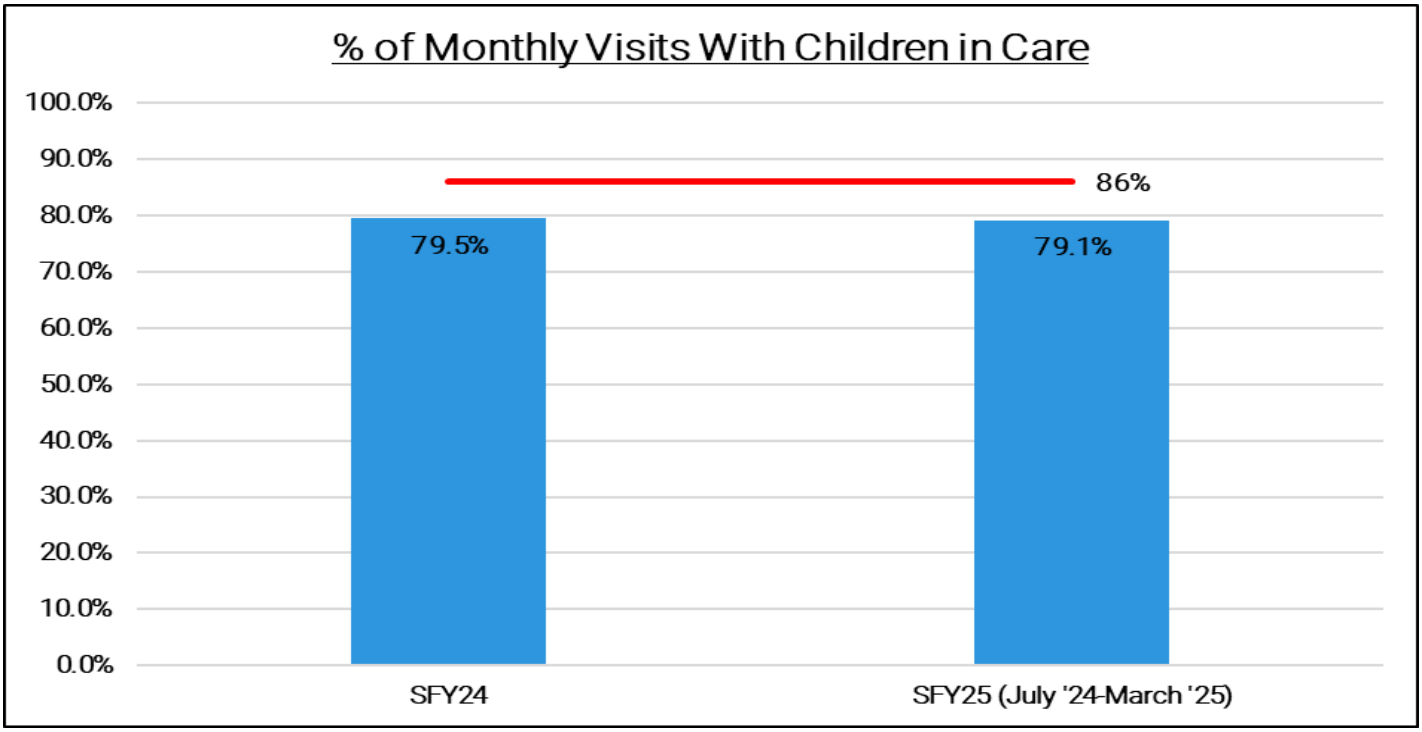
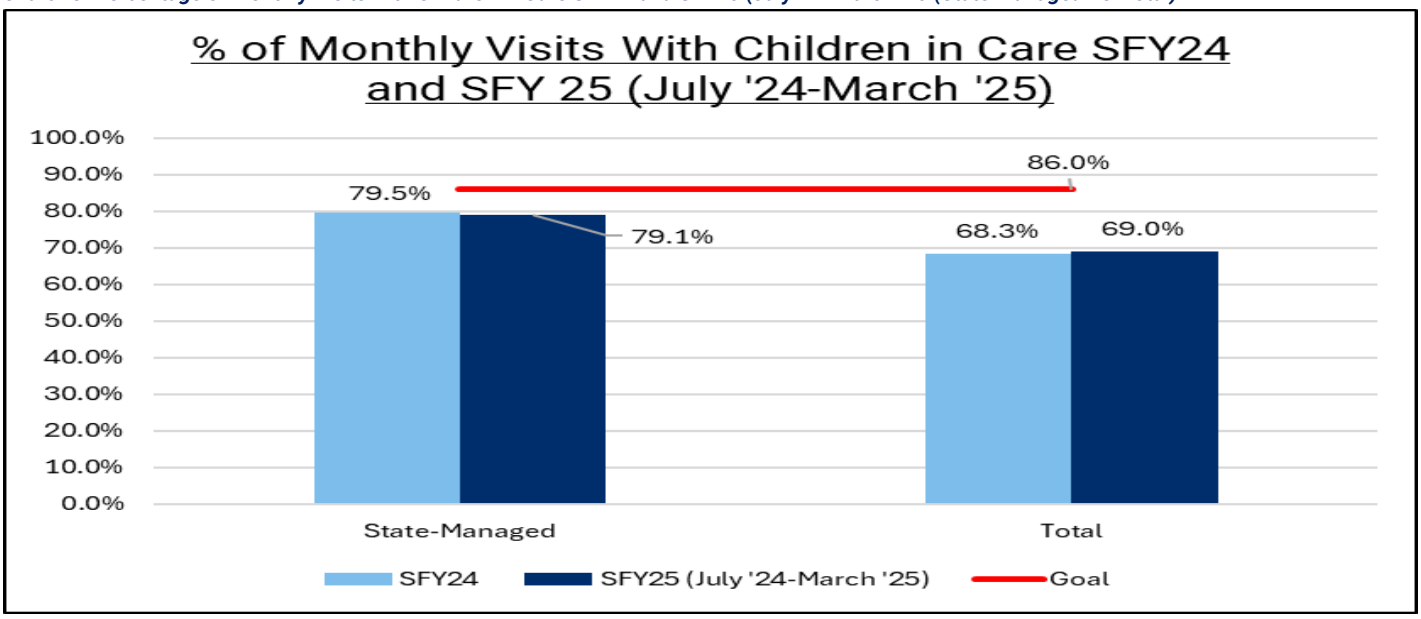


Chart 43: Percentage of Monthly Visits with Children in Care SFY24 and SFY25 (July '24-March '25 (State Managed Vs. Total)



Measure 2: CFSD will create a mechanism for evaluating the frequency of visits with parents on open cases.

Due to the limitations of the current system, there will be some limitations within this data. Those limitations include the inability to exclude a parent from inclusion of this data, based on them being deceased, unable to be located, or inability to identify them. Due to this, CFSD will set targets at a lower level than preferred, due to the realization that parents that can't be visited for legitimate reasons will be included.

- SFY25 CFSD will develop a report mechanism for evaluating frequency of visits with parents on open cases.
- SFY26 CFSD will establish a baseline, identify barriers, and set a target.

- **Target:** Target will be set in SFY26.
- **Progress**: CFSD created and implemented the report mechanism in April of 2025. Parents who are unable to be identified or deceased default to "no visit." However, the report does appropriately eliminate parents whose rights are terminated from the applicability in the report. Visits are only counted if they are entered under the child's CAPS ID. There are barriers currently that CFSD is working through with data entry being consistent across the state. CFSD will pull data after nine months of frequency of visits data entry into CAPS in order to analytically review information, set the baseline, identify trends and barriers, set target and establish goals for the remaining CFSP SFY25-29

Measure 3: CFSD will create a Family Case Plan (FCP) to support formal ongoing assessment of risk and safety.

The FCP will be used at a minimum of 60 days within case opening, every 6 months thereafter, and at case closure.

- SFY25 CFSD will finish their development of the FCP (previously names the Family Progress Assessment in past APSR and CFSP SFY25-29).
- SFY25 CFSD will train staff on the FCP.
- SFY25 CFSD will fully implement the FCP.
- SFY25 CFSD will begin collecting data on the frequency of the FCP being completed with the required timeframes of case opening and every six months thereafter.
- SFY26 CFSD will establish a baseline, identify barriers, and set a target.

- **Target:** Target will be set in SFY26.
- **Progress:** During SFY25 CFSD finalized the development of the FCP, in September of 2024 CFSD trained staff on the utilization of the FCP and it's requirements, and in October of 2024 CFSD fully implemented the FCP in all active cases. CFSD will pull data after nine months of frequency of FCPs being completed to analyze whether FCPs are being completed, and within the required timeframes of case opening, every six months thereafter, and

upon closure. FCPs are evaluated through data entry into CAPS. CFSD will pull data after nine months in order to analytically review information, set the baseline, identify trends and barriers, set target and establish goals for the remaining CFSP SFY25-29.

Goal 1 Objective 4: Identify and address barriers to increasing in-home cases.

Measure 1: Identify and address barriers to increasing in-home cases.

CFSD's SFY20-24 CFSP included an objective to increase in-home cases by 5% year over year. CFSD saw a roughly 40% increase over the entire 5-year span, but the increase in cases stagnated after the first two years. CFSD is limited on its use of In-home cases in multiple ways: 1) legally, a child cannot be placed outside of their home, even in an informal living arrangement agreed to by parents, for more than 30 days before the child must either be returned, or CFSD must seek a court order with placement responsibility; and, 2) due to the way CAPS functions, if a child is in an informal living arrangement for a short time, it is still entered as a removal/placement in CAPS and reflects as an out-of-home case.

  - SFY25: CFSD will identify barriers to utilizing In-Home cases at a higher rate.
  - SFY26: CFSD will develop a plan to address the barriers to increase use of In-Home cases and identify baseline reporting.
  - SFY27: CFSD will identify targets and implement the plan to address barriers.
  - SFY28 – SFY29: CFSD will measure the change in implementation by evaluating the rate of use of In-Home cases.
- **Target:** Target will be set in SFY27.
- **Progress:** Due to preparation of the CFSR Round 4, CFSD needs to revise the time period of this goal and will both identify barriers to utilizing In-Home cases and identify baseline reporting during SFY26.

Goal 2: Improve Timelines to Permanency and Reduce the rate of re-entries to foster care.

In addition to the measures included in these goal objectives, CFSD will expect to see improvement in Items 5 and 6 of the OSRI, as detailed in Section 2. CFSD expects to utilize the CFSR Round 4 Federal Case Reviews as the baseline for the following objectives.

Goal 2 Objective 1:Enhance Concurrent Planning through Internal processes and Engagement with Stakeholders.

Historically, CFSD has focused on a primary goal of reunification without always identifying plans to support concurrent goals. This was seen through the Case Review Process utilized for PIP-Monitored Case Reviews (2020 – 2023) for Round 3 CFSR and PIP processes. Qualitative information through both internal discussions and those with stakeholders are also indicative of competing priorities across professionals involved in Child Welfare. There have been some steps taken towards improving concurrent planning, and thereby timelines to permanency. However, there are also some barriers existing to this, such as inconsistency across courts in valuing a parent's right to parent versus permanency for children, regardless of how long it takes to address reasons for out-of-home placement. Some work has begun to address concurrent planning. It is CFSD's intent to continue this work over the next five years. In addition to work with stakeholders, CFSD will continue to focus inward on processes that CFSD has more control over. Historically, CFSD's new worker training has primarily focused on the Investigation phase of a case, with minimal time spent on how to effectively engage families throughout ongoing cases, to include permanency planning and moving cases towards permanency goals other than reunification. As noted in Goal 1 above, CFSD will implement use of the FCP, which will include focuses on services and progress towards permanency. With the use of the FCP helping to guide case planning through thorough assessments of needs and protective capacities with inclusion of culturally relevant services and supports, CFSD expects to see a reduction in re-entries to foster care. PPTs will also continue to be utilized to begin planning for alternate permanency if reunification does not occur from the beginning of a case.

Measure 1: CFSD will engage with stakeholders to identify external barriers and address them.

  - SFY25: CFSD will work with external partners through surveys and focus groups to identify barriers outside of CFSD's control which contribute to lengthy foster care stays, and for what children (location, demographic, etc.) that these apply. At a minimum, this will include a survey of judges and attorneys to

solicit information, discussion with MCIP and SAC.
    - SFY26: CFSD, in conjunction with stakeholders, will develop a plan to address the SFY25 identified barriers. More specific stakeholder involvement in planning will be determined based on the barriers identified.
        - SFY27: CFSD will identify targets and implement the plan to address barriers.
    - SFY28 – SFY29: Measurement and follow-up with stakeholders.
- **Target:** Target will be set in SFY27.
- **Progress:** During SFY25 CFSD continued to share and collect information at the SACs regarding permanency outcomes and barriers. Through preparation of the CFSR Round 4 SWA, CFSD surveyed internal staff as well as external stakeholder judicial parties (judges, public defenders, county attorneys, CASA/GAL, and ICWA court members). The survey allowed for open ended answers to questions specific to external barriers, and CFSD categorized these answers as reflected in CFSD SWA submitted to ACF-CB in June of 2024.

  Additionally, in SFY25 MCIP has continued their work in evaluating the court programs (PCH, ICWA Court, Family Court, etc.) through two developments: 1. Survey to judges when they are assigned any DN case to complete regarding their involvement and oversight of the specific family; and 2. Survey to participants in these court types they are evaluating by providing each family a QR code at the end of each of their hearings to complete. This data is being analyzed and will be shared with CFSD.

  During SFY26, CFSD CQI team will be reviewing the quantitative collected feedback from the SWA survey and from the MCIP surveys and complete an analytical review. This information will then be shared with stakeholders through SAC (and RAC) to develop a plan for stakeholders to align and partner with CFSD in addressing the external barriers identified.

Measure 2: CFSD will continue the use of PPT meetings, as detailed in CFSD's procedures throughout the life of the case for all kids in out-of-home care.

This is currently difficult to measure, as all PPTs are tracked outside of CAPS.

- SFY25: CFSD will identify a way to measure the rate of occurrence and frequency of PPTs for children in out-of-home care.
- SFY26: CFSD will establish a baseline, identify targets and implement the plan to address barriers.
- SFY27 - SFY29: Measurement.

- **Target:** Target will be set in SFY26.
- **Progress:** During SFY25 the PPT code was added into the CAPS system, and training was provided to the Permanency Specialist who facilitated the PPT meetings. PPTs will now be evaluated through data entry into CAPS. During SFY26, CFSD will pull data after nine months of implementation in order to analytically review information, set the baseline, identify trends and barriers, set target and establish goals for the remaining CFSP SFY25-29.

Measure 3: CFSD will continue the process of RFSS reviewing all kids in care for 12 months or more, to ensure concurrent planning is occurring and help identify permanency options for youth who do not have them.

- **Target:** This will result in CFSD maintaining the same or better rate than National Performance of Permanency achieved within 12 months for those children out-of-home for 12-23 months and greater than 24 months. RSP will be used.
- **Progress:** As indicated in the two charts below from the ACF-CB March Data Profile provided to CFSD, CFSD is staying above the National Performance Rate for Permanency in 12 months (12-23 months) at 45.6% and continues to fall below the National Performance Rate for Permanency in 12 months (24+ months) at 33.1%. CFSD will utilize the CFSR Round 4 Federal Onsite Review to help determine if innovations to practice applied during and since the end of the CFSR Round 3 PIP are showing better outcomes for family cases now that those implementations have been in place for close to two years.

Chart 44: Permanency in 12 Months (12-23 Months)

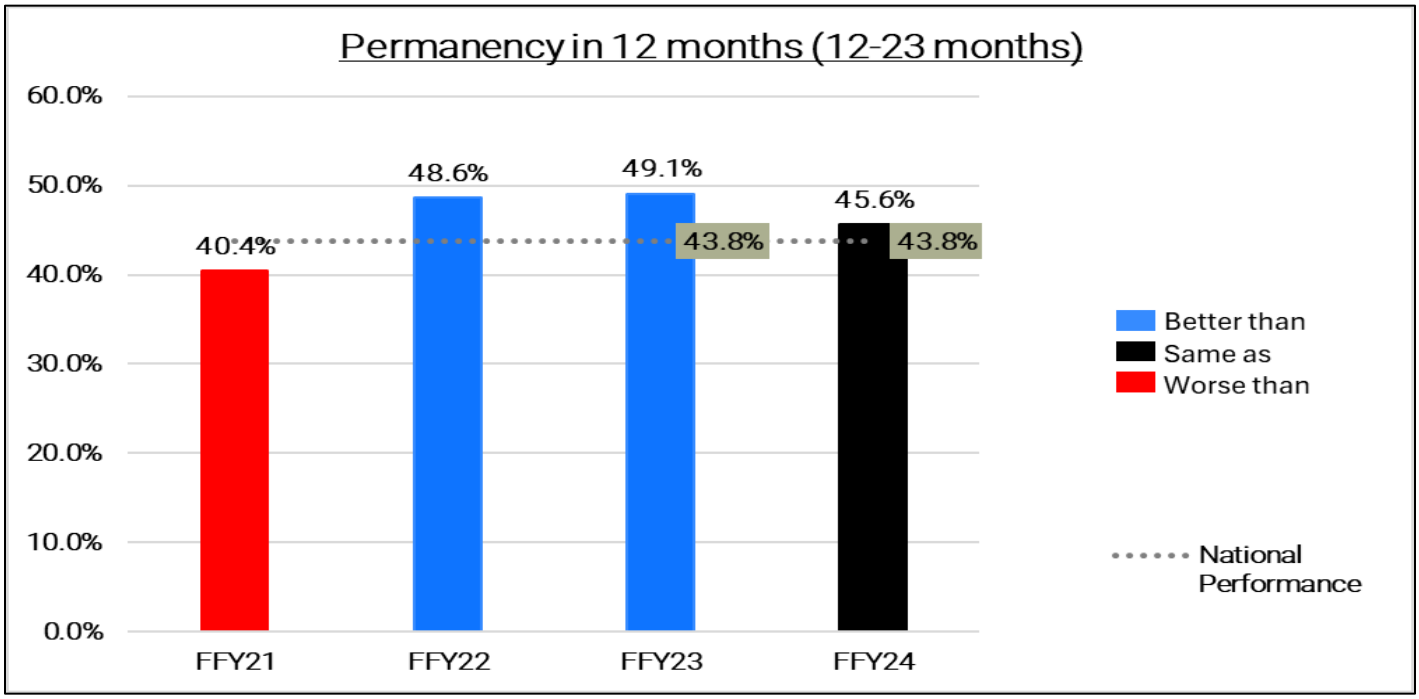
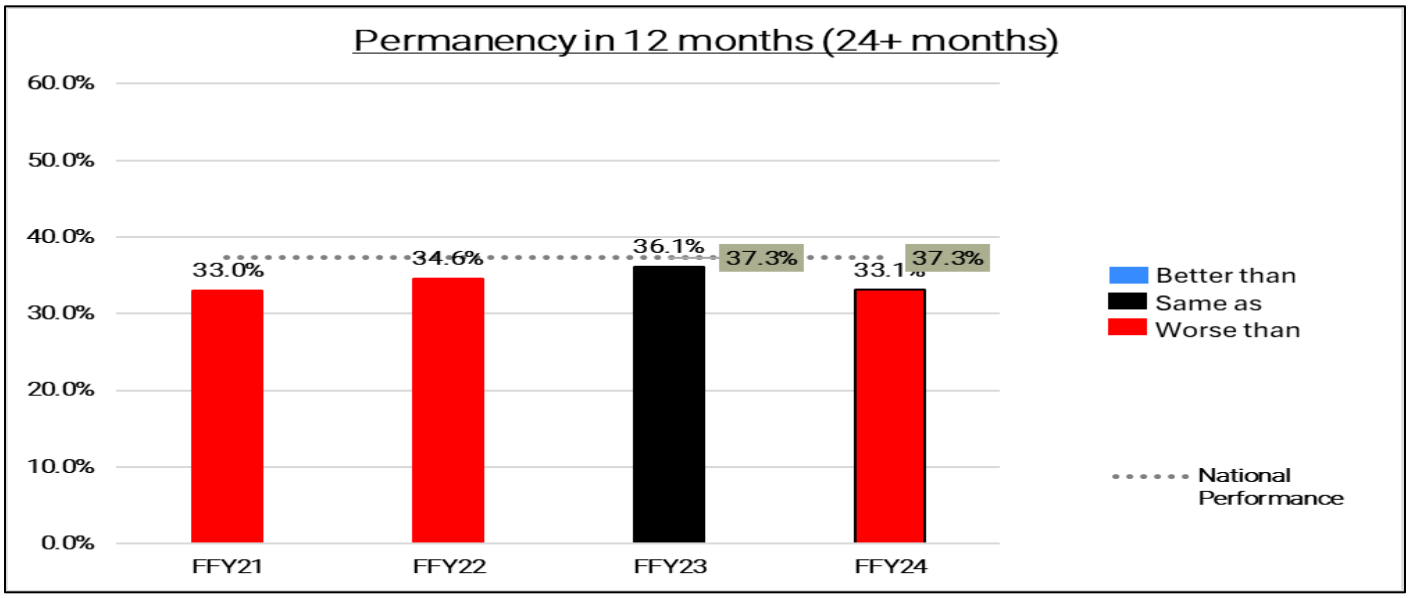


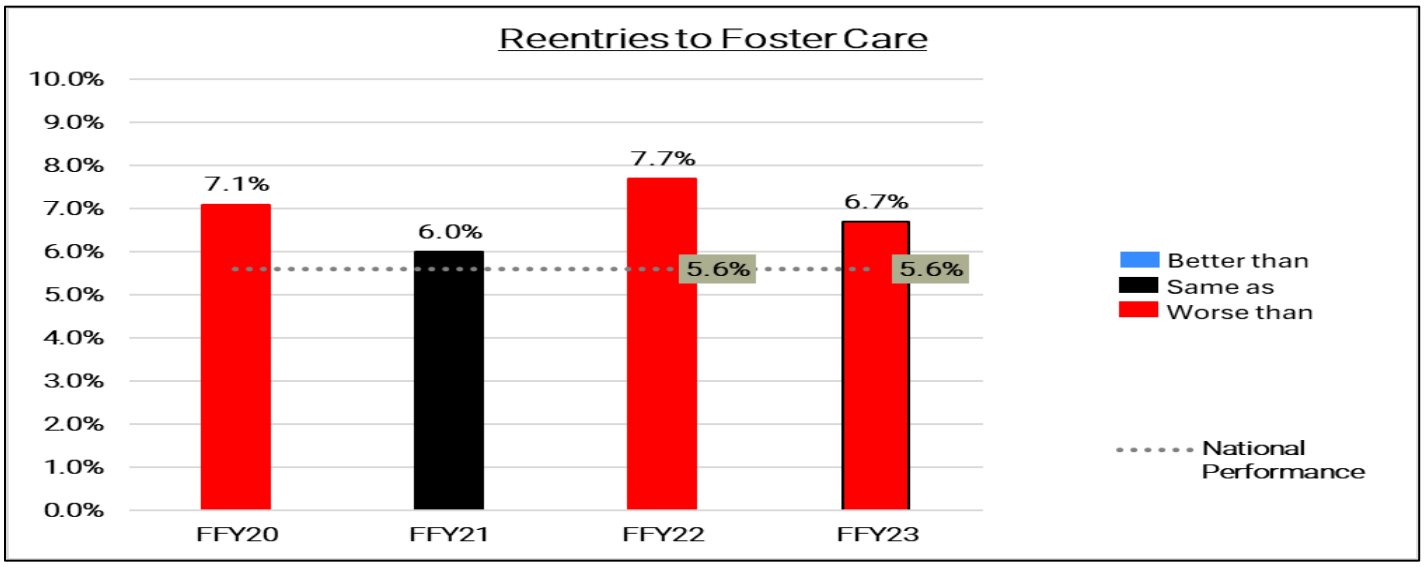
Chart 45: Permanency in 12 Months (24+ Months)



Measure 4: CFSD will reduce the re-entry rate to foster care to be same as or better than national performance.

- **Progress:** CFSD is utilizing the ACF-CB March Data Profile to determine overall progress of reducing re-entry rate of foster care. As indicated in the charts below, during SFY25 CFSD did decrease the reentries to foster care in FFY23 (the most current data) by 1%. CFSD still remains above the National Performance Rate at 6.7% CFSD will utilize the CFSR Round 4 Federal Onsite Review to help determine if innovations to practice applied during and since the end of the CFSR Round 3 PIP are showing better outcomes for family cases now that those implementations have been in place for close to two years.

Chart 46: Reentries to Foster Care



Goal 2 Objective 2: CFSD will facilitate timely permanency by filing TPR at 15/22 months when exceptions to filing TPR do not exist.

Measure 1: CFSD will begin to collect quantitative data on the timeliness of TPR filings, frequency of exceptions existing, and frequency of not filing due to reasons related to attorneys and judges.

As of the end of SFY24, CFSD does not have a consistent way to track when TPR filings are due, whether they occurred, or whether exceptions to this filing exist. Information from stakeholders and internal staff suggests that TPRs are often not filed timely for a variety of reasons, including not knowing when it's supposed to be, attorneys being unwilling to, and some judges informing the department that they will not support it. Goal 3, Objective 1, Measure 1 will address issues related to things outside of CFSD's control.

- SFY25: Identify necessary codes to be added to CAPS, train staff in use and expectation of appropriate documentation.
- SFY26: Identify baseline data and set targets. This information will be analyzed with targets set and identification of further information and work to be done, consistent with Goal 3, Objective 1, Measure 1.
- SFY27 – SFY29: Measurement.

- **Target:** Target will be set in SFY26.
- **Progress:** During SFY25 CFSD identified the necessary codes needed to be utilized in CAPS, and determined there were no additional codes necessary to be added at this time. CFSD developed a report to pull data to support the field regarding TPRs in two areas: 1. What cases currently have TPRs that were filed in accordance with federal requirements, and which ones were not filed but there was a documented exception to filing the TPR; and 2. Cases in which TPR federal time requirements are going to be applicable in the near future and staff need to be either filing a TPR or documenting an exception to filing into CAPS. Due to preparation of the CFSR Round 4, CFSD needs to revise the time period of this goal and will train applicable staff regarding the utilization of the developed report, as well as identify baseline data and set targets during SFY26.

Goal 3: Enhance CQI in Practice through improved data quality, training, and a robust CQI Plan.

Goal 3 Objective 1: Improve CFSD's availability of data and data quality.

Measure 1: CFSD will develop a new CCWIS system.

  - SFY25: Identify requirements for new system in conjunction with Tribal partners, internal users, and bi-directional data exchange entities, and vendor selection of CCWIS through RFP.
  - SFY26 – SFY28: System Design, Development, and Implementation.
- **Progress:** As discussed in Item 19, CFSD did identify the requirements for the new system in conjunction with Tribal partners, internal users, and bi-directional data exchange entities. CFSD selected a vender through the states RFP procurement process. This CCWIS project kickoff is expected to occur during July of 2025.

Measure 2: CFSD will provide training to staff on the importance of data entry and how to correctly enter it.

This will result in the ability to use some data sooner and more consistently than currently able, and result in an overall decrease in total AFCARS errors on a year over year basis.

  - SFY25: Enhance new worker training to include the importance of data entry, as well as how to enter data that is often missing.
  - SFY28 – SFY29: Develop and provide training to staff on use of data entry in the new CCWIS system.
  - Continuous until new system implementation: Enhance training resources for all staff regarding data entry and provide support as needed in correcting data entry errors.
- **Progress:** During SFY25 CFSD added in a data entry component to the initial new worker training. Additionally, CFSD is pulling AFCAR error reports on a monthly basis and distributing them to each region in order to address data entry issues in a timely manner and identify patterns as well as training gaps.

Measure 3: Utilize Data Verification Tool with use of the OSRI to evaluate accuracy of data entered and information available, consistent with systemic factors 19 and 20.

This is a new tool that will be implemented with the use of the OSRI.

  - SFY25 CFSD will utilize the Data Verification Tool during case reviews. This tool will be completed by reviewers at the end of each review they complete.
  - SFY26: CFSD will establish a baseline and set targets.
  - SFY27-29: Measurement.
- **Target:** Target will be set in SFY26.
- **Progress:** Due to preparation of the CFSR Round 4, CFSD needs to revise the time period of this goal, as well as add in a key activity as follows:
  - SFY26: CFSD will train reviewers on the use of the Data Verification Tool.
  - SFY27: CFSD will establish a baseline and set targets.
  - SFY28-29: Measurement.

Goal 3 Objective 2: Expand CQI practice throughout CFSD.

Measure 1: CFSD will update their CQI Plan, train CQI plan and structure, and continue to improve effectiveness and efficiencies through CQI Plan, Study, Do, Act process.

  - SFY25: Update CFSD's CQI plan to be consistent with current and desired practice. This will include the CQI functional components outlined in ACYF-CB-IM-12-07.
  - SFY26: Update new worker training to include the state's CQI plan and structure and how it applies to them. Create and provide the same training to existing staff.
  - Continuous: Review and update plan as needed, ensuring it remains current. Identify practices within the state that are not getting desired results and evaluate methodologies to improve effectiveness and efficiencies.
- **Progress:** During SFY25, CFSD updated their CQI plan. Please refer to Systemic Factor 25 in Section 2 for how this is currently functioning.

Implementation and Program Supports

The goals set forth above, are explicitly internal goals in which CFSD's CQI and BA units are largely providing technical assistance in development of reports and data analytics to best support program bureau staff, licensing staff, management, and field staff, while working towards achieving the goals and objectives.

This is largely discussed in Item 19 and Item 25, as well as activities carried out since the submission of the current CFSP is shared in the *Progress* section of each measurement listed in the section above. Currently there are no goals that are specific to a county; however, once baselines are established, and patterns and barriers have been identified, there may be goals that are set to specifically improve outcomes around a CFSP goal specific to a county/region. At that time, CFSD will report on those technical assistance components being provided to support that county/region specifically.

SECTION 4. QUALITY ASSURANCE SYSTEM

Foundational Administrative Structure

Please refer to previous Section 2: Item 25, which outlines most of the information requested to be provided in this section of the APSR.

CFSD operates a child welfare system that works twenty-four hours a day, 365 days a year, from thirty-two different offices across Montana, to fulfill its mission of "Keeping Children Safe and Families Strong" while providing state and federally mandated protective services to children who are abused, neglected, or abandoned. CFSD's responsibilities include receiving and investigating reports of child abuse and neglect, working to prevent domestic violence, helping families to remain together or reunify, and finding placements in foster, kinship, guardianship, or adoptive homes.

Despite the often traumatic and difficult work, CFSD has committed and skilled staff who continue to do this truly life-changing work every day to protect Montana's children from abuse and neglect. CFSD is made up of approximately 500 staff overseen by the Division Administrator. CFSD's Central Office encompasses seven bureaus responsible for various programming efforts to support field services. The designated leadership and staff within each of these bureaus collaborate with one another and engage with various internal and external partners. Centralized Intake (CI) manages all incoming calls of alleged child abuse and neglect, taking information provided by the reporter and asking in-depth questions to allow for categorization and prioritization of reports. These Central Office Bureaus include:

- IV-E Program Bureau
- Fiscal Bureau
- Licensing Bureau
- Training, Recruitment and Retention Bureau
- CQI Bureau
- Technology Bureau
- Centralized Intake Bureau (Child Abuse and Neglect Hotline)

In addition to these Central Office Bureaus, the statewide child welfare field service staff are divided between six regions

throughout the state, covering fifty-six counties. A copy of CFSD Region Map can be located at this website: MT CFSD Region Map. The regional office staff are made up of an RA, Child Welfare Manager (CWM), Child Protection Specialist Supervisors (CPSS), Safety Resource Specialists (SRS), Child Protection Specialists (CPS), a Resource Family Specialist Supervisor (RFSS), Resource Family Specialists (RFS), Social Service Technicians (SST), Permanency Planning Specialist (PPS), Family Engagement Meeting (FEM) Coordinators, Administrative Supervisor, and Administrative Assistants. CFSD's Central Office organizational chart can be located at this website: CFSD Organizational Chart.

CQI Bureau

CFSD continues to develop a formalized CQI process and has effectuated policy and procedure toward using information from all areas of CFSD in a structured "Plan, Do, Study, Act" process as early shared in Section 2: Item 25.

CFSD currently has five full-time staff positions devoted to CQI, and they are directly supervised by CFSD Deputy Division Administrator who is also responsible for involvement in many other programs and processes. The CQI Bureau staff are all fairly new to their positions within the last two years, with two of the staff joining the team within the last six months. Even though the staff are new to their roles, they have had prior experience within the agency with a cumulative of 97 years of experience with CFSD in various roles: Child Protection Specialist, Trainers, University of Montana Workforce Consultant, Child Advocacy Center Lead, Family Engagement Coordinator, Permanency Planning Specialist, Resource Family Specialist, Family Support Team Facilitator, CWPSS Program Manager, Program Bureau Supervisor, Policy Lead, etc.

CFSD has continued to build a stronger and more robust CQI program, recognizing that CQI is not a static process. CFSD continues to develop a formalized CQI process moving towards using information from all areas of CFSD in a structured "Plan, Do, Study and Act" process.

CFSD developed their CQI plan with the assistance of the CSCWCBC; however, this work was halted in September of 2024. CFSD's CQI Bureau continue to work to expand upon their CQI plan, as they learn how best to implement CQI across the state. CFSD's CQI policy outlines the philosophy of CQI as a catalyst for change. CFSD continues to strive to be a true learning organization that embraces change to improve outcomes for children and families while improving workplace satisfaction and worker retention.

CFSD takes a CQI approach to inform quality assurance and improvement efforts throughout the division with the intent of making on-going real-time modifications to practice and policy as indicated through analysis of data and stakeholder feedback. CFSD has embraced the use of CQI system and supported the ongoing efforts of the CQI unit in developing a robust feedback loop to ensure everyone involved with child welfare has a voice in the development and implementation of a quality program.

The CQI Bureau has provided an overview of CQI training to CFSD's Management Team. The CQI unit will continue to look for ways to ensure continuous learning and refreshers occur on the CQI processes to promote consistent use of CQI methods.

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

Data and Technology Bureau

CFSD's Data and Technology Bureau (DTB) [aka as Business Analyst (BA)] Bureau currently has five positions (three full-time and two half-time) supervised by the DTB/BA Bureau Chief, who is directly overseeing the current development of CFSD's CCWIS Case Management System. One of the BA Bureau members also is the primary manager of the MPATH data system.

As previously shared throughout this APSR, CFSD CQI Bureau collaborates with CFSD's DTB/BA Bureau on various activities listed throughout this report. While the CQI unit and Data and Technology Bureau are separate now, both have been expanded and work collaboratively to support both availability and quality of data, which in turn supports quality improvement. The cooperative work done between the two bureaus is largely specific as it relates to data and improvement projects.

Safety Committee

Is a group that meets monthly to review the SAMS Safety Model and improve practice, procedures, and forms to better support staff in implementing and applying the SAMS Safety Model while in the field engaging families. As mentioned in Section 2: Items 1-3, Safety Committee updated the Protection Plans and developed both the Fidelity Review Tool and the Family Case Plan.

Child Welfare Managers

CFSD employs nine CWMs that are responsible for ensuring safety, permanency, and well-being outcomes are monitored and achieved in all foster care cases. CWMs also supervise FEM facilitators, FST facilitators, SRS, and PPS positions to guide case practices designed to improve safety, permanency, and wellbeing outcomes. Each region has at least one CWM assigned, and in regions II,III, and IV there are two CWMs assigned. For regions II and III, one CWM oversees things related to ongoing casework, and one CWM oversees things related to investigations and when cases first open. In region IV, the two CWMs are more regionally allocated, to be consistent with the same division among RAs.

Policy and Procedure

CFSD continues to revise and develop policy and procedure as necessary. This processes continue to be refined as CFSD learns and grows through implementing more CQI plans. Revisions specific to CQI will continue to be informed by knowledge garnered via ongoing experience facilitating and developing/disseminating data via case reviews, the development/implementation of Montana's PIP, legislation, and looking forward to CFSR Round 4.

Quality Data Collection

Please refer to previous Section 2: Item 19, which outlines most of the information requested to be provided in this section of the APSR.

The administrative data throughout this APSR report is taken from CFSD's electronic case management system of record, Child Adult Protective System (CAPS), and imported into Montana's Program for Automating and Transforming Healthcare (MPATH) where Oracle (formerly Cerner) maintains some standard reports that CFSD is able to access at any time. A few users also have access to utilize an Ad Hoc reporting method to build some reports as needed. Additionally, all data that is exported from CAPS and imported to the Data Warehouse is available to a handful of users to access through Structured Query Language (SQL) to build additional custom reports as needed. This is access that was acquired within the past year. To date, no more than five CFSD staff have access to this, with only one that can create data pulls and reports as needed. The others can perform minimal modifications and re-run existing saved reports as needed with updated parameters.

Available data continues to be reviewed and analyzed in or to support achievement of goals and identify areas of concern. In support of quality data collection efforts, CFSD's CQI unit has gathered data throughout this APSR report from multiple sources, including Management Information Systems, case reviews, focus groups and surveys of targeted stakeholders, and analysis of program assessments including legislative audits, accreditation readiness assessments, and comprehensive workforce studies, as reflected below:

- CFSD administrative data and electronic case records systems are built up of the following:
    - **Comprehensive Child Welfare Information System (CCWIS)** – Currently being built.

- **Statewide Automated Child Welfare Information System (SACWIS),** which includes the following platforms:
    - Montana Family Safety Information System (MFSIS) – Contains information related to reports and investigations
    - Child Adult Protective System (CAPS) - Contains all data related to ongoing cases.
    - Montana's Program for Automating and Transforming Healthcare (MPATH)

  As discussed further in Section 2: Item 25 of this report, CFSD's MFSIS data syncs to CAPS, however, there are some synchronization issues that are known, monitored, and continue to be focused on fixing. CFSD continues to identify critical areas of synchronization issues that impact federal reporting to ensure accuracy. For routine internal reports that are run and utilized a minimum of monthly, and partner agency data requests, CFSD extracts data from MFSIS directly to inform progress and improvement.

  MPATH, which houses CFSD's administrative data, contains fifty-eight pre-built reports. MPATH contains an Ad Hoc data model that allows those with access to build custom reports from predefined data points. Some of these mimic Statewide Data Indicators (SWDI), which allow CFSD to utilize real-time tracking on changes in trends and break them further using more filters. Most reports can be broken down by a period, assigned worker, supervisor, region, county, jurisdiction of responsibility (State or Tribe), and demographics of the child. CFSD's Business Analyst (BA) unit and CQI unit work with external partner Oracle, who administers MPATH, to ensure any data quality issues are identified and fixed, enhance the functionality of the existing reports, and create new reports as needed. This has been useful in creating reports to monitor youth placement in group homes, Chafee referrals, and collaboration with the Office of Public Instruction (OPI) focusing on foster care youth and school enrollment needs. While only a few have access to build the reports, access to view, and access to those reports can be provided to any user who has a need for them. Those who do access these receive training in accessing, running and utilizing them. MPATH also has a query function that enables select users to build custom reports from all data that is extracted from CAPS utilizing SQL. This availability is new within the past year and has opened new opportunities to utilize data in ways it has never been available, due to the limitations of the pre-built reports.
- **CFSR Round 4 Data Profile:** Report provided by the ACF-CB in March 2025 highlighting CFSD's performance in various outcome measures using state submitted Adoption and Foster Care Analysis and Reporting (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) data. Results used to inform narrative throughout the assessment.
- **CFSD's Federal Reports:** Various reports and plans were used to inform narrative information throughout the assessment including:
    - Child and Family Services Plan
    - Past Annual Progress and Services Report
    - Families First Prevention Services Act (FFPSA) IV-E Prevention Plan
    - Foster Care Diligent Recruitment and Retention Plan
    - Training Plan
    - CFSR Round 4 Statewide Assessment
- **CFSD Procedures:** Various procedures are listed throughout this report CFSD Procedures Hyperlink.
- **Administrative Rules of Montana (ARM):** The Montana Secretary of State's Administrative Rules Services publishes the administrative rules promulgated by state agencies MT MCA Website Hyperlink.
- **Montana Code Annotated:** After a legislative bill is signed by the governor, or passed by the Legislature over the governor's veto, it is incorporated into the Montana Code Annotated(MCA) MT MCA Website Hyperlink.
- **Intergovernmental Title IV-E Agreements Between the Tribes and the State of Montana:** Sets the terms, definitions and conditions by which the parties intend to perform their respective duties and responsibilities in providing Title IV-E payments to all Title IV-E eligible Tribal children.
- **Information System Assessment:** Comprehensive evaluation of CFSD's technology, processes, and resources, aiming to identify strengths, weaknesses, and areas for improvement to align Information Technology with business goals.
- **Fidelity Reviews:** Ongoing comprehensive tool focused on the investigation phase of a case.

- **Ongoing Regional Case Reviews and CQI Quality Assurance (QA) Reviews:** Case reviews are conducted using the federal On Site Review Instrument tool on the CFSR Online Monitoring System (OMS) and a stratified random sample of cases. Though limited, due to CFSD preparing for CFSR Round 4, SFY25 data is reviewed for assessment purposes when applicable.
- **SFY25 Legislation Report:** Report shared with legislation regarding an overview of CFSD and their processes.
- **Internal Data Collection through Excel Sheets:** The spreadsheets are specifically identified throughout the APSR they apply to data provided.
- **Meetings Facilitated by CFSD:** Various meeting agendas, schedules, and minutes have been used to inform narrative information throughout this APSR. The meetings include, but are not limited to:
  - State Advisory Council
  - Regional Advisory Council
  - Management Team (M-Team)
  - Moving the Dial – MCIP
  - CFSD Contractor Monthly Meetings
  - Parent Advisory Board – CVMC
  - Youth Advisory Board - QIC-EY project

- CFSD continues to utilize surveys that were developed during SFY25 to collect applicable quantitative data as follows:
  - **CFSD's CFSR Round 4 Statewide Assessment Internal and External Survey:** An online survey of questions developed for systemic factors sent out to key stakeholders with the roles of: Parent, Youth, Foster Care Alumni, Foster/, Adoptive, Providers, Parent, Caregiver, Tribal Agency Child Welfare Staff and Management, Legal Partner, Community Partners, CFSD staff (field and leadership levels). The number of questions answered by stakeholders varied by their role. The survey recipients total, and participation total is as follows: The survey was sent to approximately:
    - Recipients: The survey was sent to approximately 1150 recipients:
      - 650 External Stakeholders: This included youth, bio-parents, CFSD contractors, court personnel, and Tribal representatives. Stakeholders were encouraged to distribute the survey to other applicable staff, councils, and community stakeholders.
      - 500 CFSD Staff: This included leadership, field, and support staff positions.
    - Participants: The survey was responded to by 367 participants:
      - External Stakeholders: Below tables reflect regional and participant role percentages. (N=219)

Table 112: External Stakeholder by Region

External Survey Responses by Region	Count / Percentage
Region 1	31 / 14%
Region 2	37 / 17%
Region 3	32 / 15%
Region 4 - Boz/Butte	28 / 13%
Region 4 - Helena	25 / 11%
Region 5	48 / 22%
Region 6	18 / 8%
Grand Total	**219 / 100 %**

Table 113: External Stakeholders by Role

External Participants by Role	Count / Percentage
Adopted/Guardianship Parent	13 / 6%
Attorney for CFSD	3 / 1%
Attorney for Child	3 / 1%
Attorney for Parent	9 / 4%
CASA / GAL	26 / 12%
Chafee Contracted Provider	13 / 6%
Community Provider/Stakeholder	56 / 26%
Court	8 / 4%
CWPSS Contracted Provider	23 / 11%
Family Member	2 / 1%
Foster Care Review Committee Board Member	9 / 4%
Foster Parent	3 / 1%
Home Visiting/Community Provider/Stakeholder	22 / 10%
Judge	7 / 3%
Parent	13 / 6%
Tribal Judge	1 / 0.0%
Tribal Member (Board, Council, etc.)	4 / 2%
Tribal Social Services Representative	2 / 1%
Youth	2 / 1%
Grand Total	**219/ 100%**

Table 114: External Stakeholders with Tribal Affiliation or are a Tribal Member (N=19)

External Tribal Affiliation/Member	Count / Percentage
Assiniboine	1 / 5%
Blackfeet	2 / 11%
Cherokee, Texas Kick a Poo	1 / 5%
Chippewa	1 / 5%
Crow	1 / 5%
Fort Belknap Indian Community-Gros Venture/Assiniboine	1 / 5%
Kootenai	1 / 5%
Little Shell Chippewa	2 / 11%
Northern Cheyenne	1 / 5%
Salish	5 / 27%
Sioux	2 / 11%
Wyandotte	1 / 5%
Grand Total	**19 / 100%**

Table 115: Internal Staff by Region (N=147)

Internal CFSD Staff by Region	Count / Percentage
Region 1	23 / 16%
Region 2	28 / 19%
Region 3	28 / 19%
Region 4 - Boz/Butte	16 / 11%
Region 4 - Helena	9 / 6%
Region 5	21 / 14%
Region 6	22 / 15%
Grand Total	**147 / 100%**

Table 116: Internal Staff by Staff Type (N=147)

Internal CFSD Staff Type	Count / Percentage
Admin Support Assistant	6 / 4%
Admin Support Supervisor	1 / 1%
Central Office / Program Staff	15 / 10%
Child Welfare Manager	3 / 2%
Child Protection Specialist	56 /38%
Child Protection Specialist Supervisors	18 / 12%
Meeting Coordinators - (Family Engagement Meetings (FEM), Family Support Team (FST), Planned Permanency Team (PPT), etc.)	5 / 3%
Regional Administrator (RA)	2 / 1%
Resource Family Specialist (RFS)	18 / 12%
Resource Family Specialist Supervisors (RFSS)	4 / 3%
Safety Resource Specialist (SRS)	4 / 3%
Social Service Technicians (SST)	15 / 10%
Grand Total	**147 / 100%**

  - **2025 Training Bureau Initial and Ongoing Child-Facing Training Surveys**: This survey is applicable to Section 2: Item 26 and Item 27 in partnership with University of Montana Center for Children, Families and Workforce Development (UM-CCFWD) in collaboration with CFSD.
  - **2025 Training Bureau Initial and Ongoing Child-Facing Supervisor Training Surveys:** This survey is applicable to Item 26 and Item 27 in partnership with UM-CCFWD in collaboration with CFSD.
- CFSD continues to utilize focus groups that were held during SFY25 to collect applicable quantitative data as follows:
  - **Child Welfare Prevention and Support Service (CWPSS) Contractors:** SFY25 focus group utilized to assess Section 2: Item 29 and 30.
  - **CFSD M-Team:** SFY25 focus group utilized to assess Section 2: Item 25.
  - **Tribal Stakeholder Meetings:** SFY25 focus groups focused on Section 2: Items 4-6.
  - **SAC**: SFY25 focus groups focused on Section 2: Items 4-6, 29, 30.
  - **RAC:** SFY25 focus groups focused on Section 2: Items 4-6, 29, 30.
- CFSD has partnered with various external partners develop evaluations in collaboration with CFSD regarding resources, training, Title IV-B and Title IV-E initiatives, including but not limited to:
  - **UM-CCFWD:** Training and Provider Evaluations
    - 2025 CFSD's Montana Child Abuse and Neglect Orientation Training (MCAN) Survey and Evaluation
    - Resource Family Training and Resource Needs Survey and Evaluation
  - **Montana State University (MSU):** Families First Prevention Services Act:
    - Montana Prevention Plan Evaluation
    - Montana Kinship Navigator Evaluation
  - **QIC-EY Youth Engagement Project Evaluation**
  - **Child Advocacy Centers:** Annual Evaluation
  - **Office of Public Instruction (OPI):** Evaluation of Foster Youths Access to Education
  - **National, State, or Federal Data Reports:**
    - **National Youth in Transition Database** (NYTD)
    - **United States Census Bureau**
    - **Children's Bureau CFSR Data Profile**, including the following:
      - Adoption and Foster Care Analysis and Reporting System (AFCARS)
      - National Child Abuse and Neglect Daya System (NCANDS)
      - Risk Adjustment and Risk Standardized Performances (RSP)
      - Children's Bureau National and State Supplemental Data
    - **National Electronic Interstate Compact Enterprise** (NEICE)

During SFY25, CFSD has continued their *Data Quality* work in preparation for the new CCWIS system. This work has helped remediate shortcomings of data points that are integral to reporting and CQI efforts.

- Additional BAs have been hired to increase capacity within the team to work on this and prepare for the new CCWIS solution. CFSD has also procured external services with BerryDunn for Business Process Redesign to support high-quality, accelerated Discovery, Design, and Implementation for the new CCWIS solution redesign. This work has included Process and Journey Mapping, Inventories, and Process Gap Analysis.
- The contractor for CAPS, Peraton, runs AFCARS; NCANDS, and NYTD exception reports throughout the year, which outline missing or illogical data. These reports are provided to relevant staff to review and resolve errors.
    - Specific to AFCARS, this has resulted in an overall reduction in errors in the past year, and it is CFSD's belief that a continuation of this effort will help reduce errors further, both by the correction process, but also by staff realizing that things need to be entered on a more proactive basis that have not historically and consistently been entered. CFSD has had timely and compliant submissions of AFCARS since it transitioned in 2020. CFSD continues to work with federal partners on any data quality questions or measures. This includes review of coding for AFCARS if/when questions arise regarding specific records, instances in which no records are reported for a specific element or dropped records. Minor code changes have been implemented to improve submissions, though there have been no issues identified which impact overall compliance. Though CFSD has a higher error rate for the transaction dates of removals and exits from care (1.9% for 24B submission on removals, and 4.6% for 24B submission on exits), both remain above the 90% threshold.
- The contractor for MPATH is Oracle. Data is extracted from CAPS weekly, resulting in updates to their overall database and all pre-built reports. CFSD continues to collaborate with Oracle to identify, fix, and optimize any issues within the reports. There remain some issues due to synchronization of data between MFSIS and CAPS. This has been a high priority to fix. In the meantime, a workaround has been developed to pull the information needed for some administrative reports directly from MFSIS while the issues are resolved. This primarily involves reports specific to reports made to the hotline and investigations. A primary focus on this lies with those reports and data points that are most useful within CFSD, and which contain data that other entities request. The move to MPATH also allows for ad hoc reporting, and a few individuals within the agency can create one time or repeat reports to fulfill specific needs not already captured in existing reports.
    - Within SFY25, additional access was obtained to the raw data MPATH receives through a SQL tool. While only a few people within the state have access to this tool, it does allow for compilation of other data not available through existing reports or ad hoc reports. This has been valuable for compiling data on things CFSD has historically had no data on. Additionally, this has been useful for identifying data points that may need cleaned up – such as adoption and/or guardianship placements that have not been end-dated, despite there no longer being a subsidy or other assistance, including for those youth who are beyond the age of eighteen.

CAPS contains the status, demographic characteristics, location, and permanency goals of every child who is or has been in CFSD's foster care system. Upon CFSD's review of the quantitative and qualitative data available and shared throughout this item above, CFSD believes that the statewide functioning of the statewide information system meets the basic requirements and can readily identify, for all children in foster care, or who have been in foster care within the immediately preceding 12-month period the:

- Status (whether the child is in foster care or no longer in foster care).
- Demographic characteristics (date of birth, sex, race, ethnicity, disability, medically diagnosed condition requiring special care).
- Placement location (child's physical location); and,
- Goals for placement (i.e., permanency goal[s] reunification, adoption, guardianship, another planned permanent living arrangement, or not yet established).

CFSD's new CCWIS system will have more interfacing data exchange that is compliant and will capture the requirements of this item's assessment. The completion of a new CCWIS system will allow for increased real-time data collection as well. While the course of constructing and implementing this new system is in initial stages, the system is expected to enhance the quality and timeliness of data entry/retrieval and will be tied closely to CFSD's case review process.

Case Record Review Data and Process

Please refer to previous Section 2: Item 25, which outlines most of the information requested to be provided in this section of the APSR.

Montana's primary method of case review has been through utilization of the OSRI. Montana began using this tool regularly following the Round 3 Federal Review conducted in 2017.

During the PIP-Monitored reviews CFSR Round 3, CFSD was able to identify areas of the review process that did not work well, and course correct. Throughout the 3 years of Baseline and PIP-Monitored reviews, a variety of staff were trained and participated in the review process. By the CQI team regularly assessing the process, CFSD was able to make necessary changes to include a more regular pool of reviewers, more in-depth initial training for reviewers, regular ongoing training for reviewers, and training and manuals to expand the quality of information included in rating summaries. The CFSD M-Team found it most useful for supervisors and training staff to be well versed in the OSRI, as it provides a good foundation for best practice, and they are the positions that drive day-to-day practice change within the state. However, this was not a sustainable review plan due to reviewers' capacity, and CFSD elected to temporarily stop reviews at the end of Round 3 PIP-Monitored reviews to further develop a new ongoing review plan and training and provide that training prior to re-implementing reviews utilizing the Round 4 OSRI.

Currently the case review plan focuses on exposing and training all supervisors within CFSD. In 2024, supervisory staff (CWMs, CPSSs, RFSSs, and CI Supervisors) were split into six different groups in which they underwent training on the OSRI tool. The groups moved seamlessly from other leadership trainings into the Case Review Training. The groups were staggered with different start dates over a four-month period. The first group began training in March of 2024. These groups conducted monthly sessions for each group covering different aspects of the case review process and how they pertain to everyday work within the field. A total of fifty-four CPSS completed the mock case in the OSRI by the end of August 2024.There have been staff that have completed the training that have since left CFSD and new supervisory staff being hired to fill their positions. These new supervisory staff have formed new cohorts that have already begun this same training. It is now a training that is built in for new supervisors to attend within their first year of being hired into their supervisory role. As staff transition, new cohorts are formed to facilitate this training process.

In September 2024, CFSD's internal case reviews started with the end goal that each region completes a review most months throughout the year through June of 2025, except for December in which no reviews occurred. There are consistently two regions each month that receive a 'pass' and do not complete a case review. From September 2024 to January 2025, QA was completed by the CQI unit on each case reviewed, and feedback was provided to the reviewers; however, initially this process was used as ongoing training to create a learning experience for the reviewers and they were not expected to make corrections in the OSRI tool. As of January 2025, CFSD is conducting reviews more similarly to what is described in the available CFSR Round 4 Instruments, Tools, and Guides. QA is now utilized as intended. Reviewers are now expected to go through two rounds of QA and resolve any issues brought to their review through QA. Currently reviewers do review cases from their own regions, however in an effort to avoid conflicts of interest reviewers must not have touched the case in any capacity that they are to review. This is done during the case setup process which involves vetting cases pulled against who was assigned the case and the potential reviewers. As well as corresponding with reviewers to ensure they have no conflicts with identified cases. This process has created significant "buy-in" across the state and has aided in building a case review culture across all regions. Cases are assigned through random sampling, and all case participants are interviewed. CFSD developed a comprehensive guide to be used by reviewers that incorporates various resources released by ACF-CB and provides both clarifications and expectations for the reviews. These include the published Frequently Asked Questions (FAQ), and CFSD will continue to update the guide as ACF-CB provides future clarification and guidance. The guide is intended to be a living guide that is updated frequently and serves as a method of continually informing all reviewers of new information obtained or learned through review processes. This current case review plan supports approximately forty reviews being completed within an SFY.

CFSD is taking a thoughtful approach with slower steps towards achieving an ongoing case review process to ensure sustainability and sufficient training. Through this process the CQI Team is identifying 'Case Review Champions' within the supervisory groups to help in building out a sustainable review process before beginning PIP-Monitored reviews following Round 4 CFSR. Ultimately, by the time PIP-Monitored reviews occur for Round 4, CFSD would like to have shorter review periods to support an overall greater number of review periods. This helps ensure more opportunities to show improvements, and more frequent full reports to management with progress.

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

As discussed previously in Section 2: Item 1 and 2, in addition to case reviews utilizing the OSRI, Montana has worked through development of a Fidelity Review Tool that focuses on the investigation phase of a case. Though this tool was developed and implemented in limited capacity in SFY23, it has been used more frequently since then. Safety Committee led the development and implementation of this tool. It is now utilized by both Safety Committee and regional staff. CFSD is working through gathering enough responses for a sufficient baseline.

Analysis and Dissemination of Quality Data

Please refer to previous Section 2: Item 25, which outlines most of the information requested to be provided in this section of the APSR.

Internally, CFSD provides several data reports each month, as well as yearly data updates for same outcomes. These are prepared by both the DTB/BA and the CQI Bureau.

Both the CQI and BA Bureaus present data surrounding agency outcome workloads to RAs and M-Team, with some of these reports being then shared with supervisors and workers. Internally, CFSD utilizes several data reports, prepared by the CQI and BA unit, each month, as well as yearly data updates for same outcomes. All RA's have received training on how to utilize the pivot tables, with the expectation that they then train staff within their region who need to know. The CQI and BA unit have provided additional technical assistance to CWM's and supervisors assigned by the RAs in their regions to help inform program development and increase efficiencies.

During SFY25 CFSD utilized the following monthly reporting which allowed for assessing trends through cumulative data as well as a breakdown to specific case level. Much of this is done through use of pivot tables, as they allow for easy view of the entire state or breakdown by region, county, supervisor, worker, and/or case type. Not only does the monthly view of data help promote improvement and identification of problem areas, but it also ensures the data is being looked at frequently, which allows for concerns within the data to be identified (for instance, cases being attributed to the wrong county). Since the creation of these reports, CFSD has seen improved outcomes in both measures, as RAs and regional leadership teams have been able to look at trending and use the data provided to identify barriers and shortcomings and develop plans to address those. On a monthly basis, more often if noted, the following reports are completed and provided to M-Team, which then are shared with regional supervisors as a tool for improving case management.

- Investigations Past Due Report: This is a point in time list of investigations that are past the due date and is provided every two weeks, and in addition to that, a monthly report is created providing the total number of investigations completed/not completed timely so that trends can also be seen, rather than a point in time look.
- Caseload Assignment: This caseload report indicates the number of investigations/kids assigned per worker as both fully staffed, and by positions occupied during the month.

- Caseworker Monthly Visits with Youth: This is a pivot table report detailing the number and percentage of required caseworker monthly visits that occurred with youth in foster care during the prior month. This report allows management to identify trends, and to make this as broad as desired, or specific enough to encompass only one supervisory unit or worker.
- Timely Investigations: This is a pivot table report detailing the number and percentage of investigations completed on time in the previous month.
- Number of Reports by County: This is number of reports requiring an investigation received by the county.
- Fidelity Reviews: This is a copy of all completed fidelity reviews in the previous month.

The following reports are provided to central office program staff monthly, unless otherwise specified:

- Adoption Disruptions: This is a report reflecting the disrupted adoptions/guardianships that occur monthly.
- Youth 14+ Credit Checks: This is a quarterly report reflecting all youth in care who are required to have a credit report pulled and reviewed with them during the same period. The pull is based on each youth's birthday and ensures that the credit report process is done yearly. The report is provided to caseworkers, enabling them to know and track what youth are due for review.
- Foster Care Youth Turning 18: The BA unit initiated a monthly report process to assist Guardianship and Adoption Program Managers with Medicaid termination processes. The monthly pulled report reflects all adopted and guardianship kids turning 18 in the following month. Appropriate information from this report is shared consistently with the Medicaid Unit. This proactive effort has greatly reduced the frequency of questions between programs staff and the Medicaid unit about closures.
- MCFCIP Eligible Youth Referral: The BA unit implemented a monthly report that is pulled to reflect all MCFCIP eligible youth in care. This report is arranged by region and shared with both MCFCIP providers and caseworkers. This practice has eliminated the need for paper referrals from caseworkers to MCFCIP providers, which frequently caused service delays, and provides MCFCIP with the most up to date contact information for MCFCIP eligible youth. This has reshaped the referral process for MCFCIP, and more eligible youth are being connected timelier.

Most recently CFSD utilized data pulled by the BA unit to establish baseline performance, analyze causes of issues/patterns delaying efforts, and thereby identify plans for improvement:

- Caseworker Visits with Parents: These are two separate reports, one reflecting data specific to caseworker visits with mothers, and another specific to caseworker visits with fathers. These reports are in keeping with goals set forth in CFSD's SFY25-29 CFSP. This allows a cumulative view of the documentation of these visits. Though there are limitations to the data based on the current case management system, those are accounted for in assessing the data. This cumulative view will allow CFSD to take a deeper look at the engagement of parents in children's case plans as well as the documentation of such.
- Periodic Review Report (Foster Care Review Committee and Permanency Hearings): These reports are generated monthly to reflect when periodic reviews are either coming due or are overdue. Additionally, a report is generated cumulatively every six months to reflect current status.
- Timely filing of TPR: This report is generated monthly to reflect the current status of the TPRs or Exceptions to TPRs, and whether they were entered into the SACWIS system. The data reflects whether the information entered was completed timely.
- Adoption/Guardianship Subsidized End Date Report: Historically, on occasion the Guardianship and Adoption Program Managers have become aware of a child whose subsidy had ended prior to the child's eighteenth birthday. With the goal of proactively addressing data input errors, the BA unit began pulling reports that document kids whose subsidy is set to close on a date other than their eighteenth birthday. This report has allowed program managers to investigate the legitimacy of the dates entered and proactively make necessary corrections versus hearing from a parent that their subsidy was unexpectantly terminated.
- Guardianship Tracker: Due to constraints of the current case management system, a tracking sheet was utilized for years to track processes of guardianship. This included the time it takes from a referral from caseworker to complete a guardianship to the time it is ordered/completed. However, the way the spreadsheet was initially created, and data was entered, resulted in all data from it needing to be 'hand-counted'. In Spring of 2025, CFSD's BA unit worked with the Guardianship Program Manager to re-format the tracking sheet, and the process of entering data, to reduce the likelihood of human error, improved reporting capabilities, and reduced the amount of time required to access and report on data from this tracking. The new process ensures the following:
    - Remove the need for any hand-counts
    - Automatically calculate timelines that are tracked to reduce human error

- Utilize drop downs for fields in which they apply, again to reduce human error
- Create automatic cumulative reporting of identified criteria wanting tracked (such as timelines to completion)

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

In addition, the CQI and BA unit are reviewing AFCAR errors monthly and provide the regional errors report to the regional Admin Support Supervisors (or others assigned by the supervisor) to address the errors in a timely manner. This process has helped identify training needs for staff when entering case information into the CFSD case record system.

CFSD also provides data to Tribes and Courts upon request and additionally provides access to data in understandable reports to community stakeholders (upon request) across the state via CFSDDataRequest@mt.gov. This mailbox is maintained by a combination of the CQI and BA unit staff to ensure someone can respond to inquiries timely. Aside from Courts and Tribes, a partial list of these stakeholders includes CASA, Wendy's Wonderful Kids, Child Advocacy Centers, and Montana's Foster Care Health Program. This process ensures accurate information is disseminated in a format that is understandable and meets the needs of stakeholders.

CFSD worked with the MCIP to ensure data used by MCIP, the Drug Court Pilot, and the CASA programs are consistent with agency data and that these entities are working collectively toward the same end goal.

Also, through the Grants and Contracts Program Managers with Central Office, CFSD is enhancing involvement of contracted service providers in a process that will include identification/provision of data outcome measurements and participation in discussion of data analysis and conclusions. Providers submit logs monthly, indicating what model interventions are being utilized by the county. These logs are reviewed to track evidence-based model interventions. Next steps will be to compare the model interventions being utilized to the number of children in care, number of children on THVs, and the number of children reunified and dismissed. This data will then be shared with providers and CFSD staff to use to improve outcomes for children and families.

In addition to sharing the forementioned data with stakeholders per their request, the agency has moved towards sharing case review data, and analysis of same, with SAC and RAC to help engage them in discussion surrounding the data, what it means, and identifying action steps and changes that can be made to enhance overall performance of Montana's Child Welfare System. Along with this, Montana has shared data from the Data Profile and Supplemental Context Data as well.

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

Montana is in the process of consolidating all DPHHS data systems such that agencies under the DPHHS umbrella would have access to system wide data pertaining to shared clients.

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

Please refer to previous Section 1: Collaboration and Section 2: Item 25 which outlines most of the information requested to be provided in this section of the APSR.

CFSD has continued to share trends, comparisons and findings derived from data to help guide collaborative efforts with internal and external stakeholders. These efforts are exemplified by CFSD's work with MCIP to ensure data used by MCIP judicial programs (PHC and ICWA Court), and the CASA programs are consistent with agency data and that these entities are working collectively toward the same end goal.

The CQI unit participates in supporting the Regional Advisory Council and the State Advisory Council with the goal of introducing stakeholders to the CFSR process, how stakeholders can be involved in the process, and how stakeholders can be involved in the resulting PIP. Moreover, during these meetings, stakeholders shared their thoughts and concerns pertaining to the division's work and interaction with stakeholders, and this feedback is being used to develop surveys and topical platforms for focus groups moving forward. Stakeholders have partnered with CFSD to further develop effective communication and collaboration between the parties. CFSD currently shares trends, comparisons, and findings derived from data to help guide collaborative efforts with internal and external stakeholders (including RAC, SAC, Legislative Committees, and service providers). This included briefings on reports from case review data to regional staff and stakeholders, statewide data on case review results, administrative data, and SWDI to decision-makers within CFSD, statewide stakeholders, and legislative committees. Feedback provided to them, and resulting discussions and feedback from them, has resulted in several changes to existing practices, both internally and through collaborative efforts with partnering agencies. Some examples of this include providing training on concurrent planning and goal setting, a different approach to Chafee referrals with MCFCIP providers, restructuring the way information is pulled and followed up on for credit reports for youth over fourteen to be more efficient, providing data in a more reader friendly format, and a current look at processes for ensuring medical coverage is handled appropriately for youth in care and in subsidized adoptions or guardianships.

CFSD's current CQI team is small and is responsible for carrying out case reviews, overseeing the creation, implementation, and update of the APSRs and CFSP, policy and procedure revisions and maintenance, CFSR components (i.e. SWA and federal led case review plan), and many other tasks as assigned. Each team member is also assigned one or more specific regions of the state to be a primary contact in relation to CQI processes and some technical assistance. Each of the CQI Specialists have some tasks they are primarily responsible for (some of which directly relate to CQI, and some that do not, but are necessary). Due to this and the small nature of the team, it is imperative that CFSD builds out a CQI structure that permeates every level of the agency and does not rely solely on the CQI team to employ this. Not only does this help create and maintain a culture of CQI, but it ensures that CQI processes and practices do not fade away as staff changes within the CQI team occur.

As CFSD continues to build out the CQI plan and process, CFSD plans to incorporate quarterly CQI meetings in which both regional and statewide data are shared relating to CFSD's goals. The data shared will demonstrate recent trends, status, and what the goals are. This will provide a forum to identify what practices are in place that are working, where different areas may be struggling, barriers to improvement, and plans to address those barriers and change methods as needed.

SECTION 5: UPDATE ON THE SERVICES DESCRIPTION

Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B subpart 1)

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

Services for Children Adopted from Other Countries

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

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

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

There were no reports of any child who was adopted from another country who has received services from CFSD in SFY25. For SFY25 there were no other post adoption supports requested or provided for families or children adopted from other countries.

Post Permanency Services will continue to be made available to families who have adopted from other countries.

Services for Children Under the Age of Five

During SFY25 CFSD continued partnering with the following services to directly impact children under the age of five. These services included:

- **The Meadowlark Project:** Information about this program is outlined in detail in the following sections:
    - Section 2 – Item 29: Service Array and Resource Development – Category 2
    - Section 2 – Item 32: Coordination of CFSP Services with other Federal Programs
    - Section 5 – Updates on Service Descriptions – Population at Greatest Risk of Maltreatment
    - Section 7 – Capta State Plan – Plans of Safe Care – Exposed Infants
- **SafeCare Augmented**: Information about this program is outlined in detail in the following sections:
    - Section 2 – Item 29: Service Array and Resource Development – Category 2
    - Section 2 – Item 31: State Engagement and Consultation – Other External Stakeholders
    - Section 5 - Updates on Service Descriptions – Marylee Allen Promoting Safe and Stable Families.
- **Foster Child Health Program** Information about this program is outlined in detail in the following sections:
    - Section 2 – Item 17: Well-Being Outcome 3
    - Section 2 – Item 32: Coordination of CFSP Services with other Federal Programs
- **Montana's Title IV-E FFPSA State Plan:** Information about this program is outlined in detail in the following sections:
    - Section 2 – Item 29: Service Array and Resource Development – Category 2 and 3
    - Section 2 – Item 32: Coordination of CFSP Services with other Federal Programs

CFSD continues to encourage field staff and court staff to closely examine the feasibility of subsidized guardianships for children under five years of age, are placed with kin and the parents have long-term substance use disorders effecting the development of the children and negatively impacting the immediate ability to safely parent. This is particularly true in ICWA cases as virtually all Tribes in Montana prefer the use of guardianship to the TPR whenever possible. This decision to establish guardianship of very young children must be made case-by-case and should not be used to expedite permanency when TPR and adoption is in the children's best interest.

Part C Early Intervention Program

CFSD continues to look for ways to strengthen collaboration with the ECFSD Montana Milestones Part C Early Intervention Program to better coordinate referrals from CFSD to local Part C providers to ensure screening for developmental delays. As reported in prior APSR, CFSD's Program Planning Unit Supervisor has been charged with reestablishing communication and working relationships with the state level staff overseeing the Part C Program. These staff are meeting routinely and discussing how to provide better access to the entitlement. Anecdotally, the improved communication is resulting in improved access for children to the entitlement. The partnership at the state level is important as both CFSD and Part C providers continue to struggle with staff turnover at the local level. More can be found regarding this program at: https://dphhs.mt.gov/ecfsd/childcare/montanamilestones/index.

Family Support Services Advisory Council (FSSAC)

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

Montana Children's Trust Fund Board of Directors

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

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

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

Early Childhood and Family Support Division (ECFSD)

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

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

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

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

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

CFSD aligns with ECFSD overarching goals and continues to partner in multiple ways outlined *Section 2: Item 31: State Engagement and Consultation* in order to support families and caregivers with children under the age of 5 who also experience at least one of the following:

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

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

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

Montana's PIP incorporated numerous strategies that were not specifically targeting children under the age of five years old, however, collective strategies positively impacted service delivery and improved outcomes for children under age five. The PIP implemented strategies that were continued during SFY25 were:

- Engaging families and community providers at the forefront of a case by facilitating FSTs in which detail information is shared in:
    - Section 2 – Item 2: Services to families to protect children from removal or re-entry into foster care.
    - Section 2 – Item 20: Written Case Plan
    - Section 2 – Item 29: Service Array and Development – Category 1
    - Section 2 – Item 30: Individualized Services
- Engaging families through FEMs held at different times throughout a case to identify the child(ren)s needs.
- Engaging families in Concurrent Planning at PPT meetings which is discussed in multiple sections of this APSR.
- Gaining Feedback on community services and internal practices at State and RACs in which detail information is shared in *Section 1: Collaboration.*
- Improving supports and services to foster/kinship/pre-adoptive placements in which detail information is shared throughout *Section 2: G. Foster and Adoptive Parenting Licensing, Recruitment and Retention.*
- Improved coaching and mentoring skills for supervisors to provide improved staffing to CPS staff in which detail information is shared throughout *Section 2: D. Staff and Provider Training.*
- Improved ongoing assessment from TPR to adoption in which detail information is shared in *Section 5: Monthly Caseworker Visit Formula Grants and Standards for Caseworkers.*

Additionally, CFSD's Social Service Technicians (SST) are continued to be utilized internally when necessary to supervise family time/visitation when a child has been removed from their parent. CFSD continues to train their SSTs in Marty Beyer's Visit Coaching model to support family time/visitation. SSTs using this model provides CFSD with a consistent model for family time/visitation.

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

CFSD's work with Collaborative Safety, LLC to develop and implement a systemic model to review critical incidents (i.e., children's fatalities and near fatalities because of abuse and/or neglect) has continued over the past year. Procedures are in place that allow for better information on issues internal and external to the agency that play a role in critical incidents.

The systemic review process is not specific to cases involving children five years of age and younger but historically children in this age range are more likely than older children to be victims of abuse or neglect, that results in a fatality or near fatality. System improvements, identified through use of this model, could lead to changes that better protect this vulnerable population of children. More information on this program can be found in the next *Section 5: Efforts to Track and Prevent Child Maltreatment Deaths.*

Efforts to Track and Prevent Child Maltreatment Deaths

Since 2021, CFSD has been under contract with Collaborative Safety, LLC, to develop and implement a collaborative safety model.

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

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

When a fatality or near fatality occurs, the CSO and SPORT initiate the process by conducting an initial file review to determine if the full Systemic Review Process is warranted. Due to the labor-intensive nature of the Systemic Review Process, not all fatality or near fatal events can be reviewed. If the CSO and SPORT determine the case will move forward with the Systemic Review Process, the CSO invites at least one of the staff members involved in the case to participate in a Human Factors Debriefing (HFD), which is an interview grounded in safety science principles. After the HFD, a Systems Mapping Team is developed that is comprised of CFSD staff from across the state. The Systems Mapping Team meets and assists in identifying the influences and impacts on casework, internal and external, that may have contributed to the fatality or near fatality event. The CSO and SPORT then develop a narrative from the Systems Mapping Team and score the case using a Scoring Analysis Tool (SAT) developed by Collaborative Safety, LLC. The mapping team narrative, scoring summary, and any recommendations are delivered by the CSO and SPORT to the CFSD Management Team, who then review the information and may make recommendations to the DPHHS Director’s Office.

In the SFY25-29 CFSP and prior APSR, the state described the role of the Child Abuse & Neglect Review Commission (CANRC). The statutory authority establishing the CANRC expired September 30, 2021, and the Commission has since ceased operation. Montana continues to meet the public disclosure requirement of CAPTA through collaboration with the Montana Department of Justice, Office of the Child and Family Ombudsman (OCFO) and the ECFSD to ensure the collection of accurate data and subsequent reporting on child fatalities and near fatalities resulting from abuse or neglect.

ECFSD houses the State FICMMR (Fetal, Infant, Child and Maternal Mortality Review and Injury Prevention) Coordinator. Montana has 31 county mortality review teams, due to the rural nature of the state, the active 31 mortality review teams support a neighboring 23 counties in support of the 54 Montana counties and seven American Indian Reservations. The mortality review teams are comprised of a multi-disciplinary group of system related professionals tasked to generate best practice and evidence-based prevention initiatives based on their review of county deaths involving youth under 18 years of age with the overarching intent of reducing preventable deaths. FICMMR teams, in coordination with Vital Statistics, identify all recorded deaths across the state. The teams mortality review findings are collected through use of a standardized data reporting form and recorded in a web-based National Fatality Review Case Reporting System (NFR-CRS). Data generated through the county based FICMMR teams is further reviewed by the statewide MT Maternal Mortality Review and Prevention Program.

The FICMMR teams are currently in the process of reviewing 2024 fatalities with a deadline of November 1, 2025. Data and prevention initiatives derived from the FICMMR are reported out to the county based FICMMR teams including DPHHS representatives, county based health department representatives, law enforcement, medical providers, and further published on government supported web pages.

The OCFO produces an annual report per the independent investigation of circumstances surrounding child fatalities related to critical incidents associated with interventions or interactions with CFSD within a 12-month period, per Montana Code 41-3-1211 MCA 41-3-1211 Hyperlink. CFSD is specifically required per MCA 41-3-209 MCA 41-3-209 Hyperlink to notify the OCFO of all applicable critical incidents to prompt the OCFO's neutral and comprehensive fatality review process. Based on the conducted reviews, the OCFO generates recommendations to DPHHS and CFSD in promotion of system wide improvements. Annual reporting includes a summary of OCFO activities, findings, and recommendations, between January and December of each calendar year. The OCFO has been reporting annually on child fatalities in MT since 2016. Annual reports are provided to DPHHS leadership and published publicly on the DOJ, OCFO web page DOJ OCFO Website Hyperlink.

CFSD and system partners recognize that child abuse and neglect is a community issue and the collaboration amidst multiple agencies is imperative to the study, development, and implementation of informed systemic improvements. CFSD will continue to embrace FICMMR and OCFO critical incident case reviews and prevention initiatives in commitment to child protection in Montana and across the child welfare system.

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

As reported in preceding CFSPs and APSRs, CFSD continues to attempt to address the fatality rate through programs, such as The Meadowlark Project, implementation of the critical incident review protocols, and the institution of enhanced staffing for all reports involving children under the age of two years that are sent to the field from CI. However, all these individual efforts have not been developed into a comprehensive statewide plan to prevent maltreatment fatalities. DPHHS recognizes the need to develop a comprehensive plan and efforts to do so will be provided in future APSR.

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

During SFY25 the services provided in the four areas under the Mary Lee Allen Promoting Safe and Stable Families Program (Title IV-B, subpart 2) were:

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

Family Preservation, Family Support and Family Reunification

Family preservation, support, and reunification services are provided through CFSD's Child Welfare Prevention and Support Service (CWPSS) contractors. There have been no changes in SFY25 to the way CFSD reported utilizing this funding in the SFY25-29 CFSP.

These services were made available to parents and resource families (non-family and kinship foster care providers) and focus on in-home services and a strength-based approach to building on a family's focused goals and abilities designed to ensure the safety of children.

The CWPSS contractors are required to have the ability to provide at least one of the following service categories of Title IV-B subpart 2: family support, preservation, and family reunification. The actual services provided are dependent upon CPS, or other assigned CFSD staff, using family engagement tools to assess the families' individualized needs. Additionally, CWPSS contractors collaborate with families to develop plans to address their families individualized service goals. The level of intensity and the length of time each family is provided by these services change greatly between prevention, preservation, crisis intervention, family support, and reunification; and there are no limits on how many times a child and family can receive services.

The CWPSS contractors' robust service array of family support, family preservation, and reunification services include the following, but are not limited to:

- Child and Family Assessment
- Family Engagement and Support Meetings
- Home visiting
- Community Support Resources
- Parenting skill building (appropriate discipline, role modeling, age-appropriate expectations, bonding)
- Educational classes (GED, occupational, parenting)
- Organizational skills (budgeting, housekeeping, shopping, meal preparation)
- Family behavior skills (anger management, communication, role modeling)
- Mental health therapy for individuals and families and other mental health services
- Preventive health services
- Resource linkage for community-based services, housing, job services, basic needs, substance abuse, mental health support, legal services, etc.
- Transportation for access to services or activities referred to by CFSD
- Accessing and providing hard services
- Mentoring for birth parents and children
- Inpatient, residential or outpatient substance abuse treatment services
- Assistance to address domestic violence
- Services and activities designed to facilitate access to and visitation of children by parents and siblings
- Family Time "Visitation" incorporating multiple evidenced based models and practices
- Travel assistance for children and potential guardianship/adoption placement for distant kinship placement when closer kinship placement is not available
- Services designed to provide temporary childcare and therapeutic services for families including crisis nurseries; and,
- Well-supported, supported, promising, and general practice models as appropriate (i.e., evidence-based, trauma-focused, or evidence-informed practices, models, and programs)

The CWPSS contractors are encouraged to be trained and certified in at least one of the models listed below, and most contractors are trained and certified in three or more model interventions. The large majority of the CWPSS contractors also offer Family Based Services in addition to the model interventions listed below:

- SafeCare Augmented SafeCare Model Hyperlink
- Trauma-Focused Cognitive Behavior Therapy (TF-CBT) TFCBT Model Hyperlink
- Parent-Child Interaction Therapy (PCIT) PCIT Model Hyperlink
- Motivational Interviewing (MI) MI Model Hyperlink
- Child Parent Psychotherapy Psycho-therapy Model Hyperlink
- Common Sense Parenting Common Sense Parenting Model Hyperlink
- Functional Family Therapy FFT Model Hyperlink
- Nurturing Parenting 0-5 NP 0-5 Model Hyperlink
- Nurturing Parenting, 5-12 NP 5-11 Model Hyperlink
- Nurturing Parenting Models using Supered Visitation Network SVN Model Hyperlink
- 1-2-3 Magic 1-2-3 Magic Model Hyperlink
- Circle of Security COS Model Hyperlink
- All Babies Cry ABC Model Hyperlink
- Parenting a Second Time Around PASTA Model Hyperlink
- Attachment, Regulation and Competency ARC Model Hyperlink
- Love and Logic Love and Logic Model Hyperlink
- Exchange Parent Aide EPA Model Hyperlink
- Various Parenting Classes using the models listed above.
- Family Time "Visitation" utilizing the models listed above.
- Visit Coaching (Marty Beyer Model) Visit Coaching Model Hyperlink
- Therapeutic Supervised Visitation Therapeutic Supervised Model Hyperlink
- Couples Therapy – Various Models
- Co-Parenting – Various Models

- Screenings:
    - Adverse Childhood Experience ACE Model Hyperlink
    - Ages and Stages Questionnaire ASQ Model Hyperlink
    - Protective Capacity

Montana's allocation of Title IV-B subpart 2 funds for the FY 2025 is $596,828. CFSD continues a matching ratio of general funds to federal funds above the required 25% federal match rate to provide for a continuum of services. CFSD allocates equitable amounts of its Title IV-B subpart 2 funding and required division match to family support, family preservation, family reunification, and adoption promotion and support services to help relate to a variety of needs. CFSD continues to ensure that final expenditures in each service category reach a minimum of 20% of the total Title IV-B subpart 2 allocation and required division match. The Division continues to combine its report on the family support and family preservation services, and report separately on the family reunification and adoption promotion and support services. At the same time, CFSD continues to analyze the services provided with these funds to ensure that the allocation of the funds maximize the benefits that can be derived from this funding.

Geographical accessibility continues to be a factor in providing and sustaining effective services in Montana. Montana has very large geographic area with relatively small populations throughout the state. There is an adequate array as described above, and CFSD expanded their contractors as discussed in past CFSP SFY20-24 APSRs, and CFSP SFY25-29 submission in order to assist families in accessing services where there are limitations to services, especially in more rural jurisdictions of the state. Forty-nine of the fifty-six counties had services available to them through the CWPSS contracts, as well as other community supports/services through collaborative agencies outlined in Section 2: Item 29, 30, and 31. In counties where there are limited providers contracted, CFSD works with the local community resources to establish contracts, or with contracted providers in other counties to provide the services, if the need arises. In these counties with limited contracted providers, CFSD may occasionally provide a limited number of trauma-informed evidence-based programs referenced above; however, these types of services provided by CFSD staff are rarely paid from Title IV-B subpart 2 funds.

During SFY25, as required on a bi-annual basis, CWPSS Contractors provided their updates to their service delivery, certificates of training, and shared how they are meeting fidelity requirements of the model interventions offered in their approved contract service array. The CWPSS Program Manager reviewed the contractor updates and provided CFSD staff with a bi- annual desk catalog showing contractors, service arrays and geographical locations that services are being provided. The CWPSS Program Manager also provided to CFSD staff updates on any changes that were made to contracts that affected the service array offered in their areas. The CWPSS Program Manager, as needed, provided information and training to all six regions around model interventions that are accessible to families in their region specifically, and tips on how to refer for the services based off a family's needs.

The following six charts reflect the region served, and the available services provided in the region.

Chart 47: CWPSS Contracted Services Array Region I

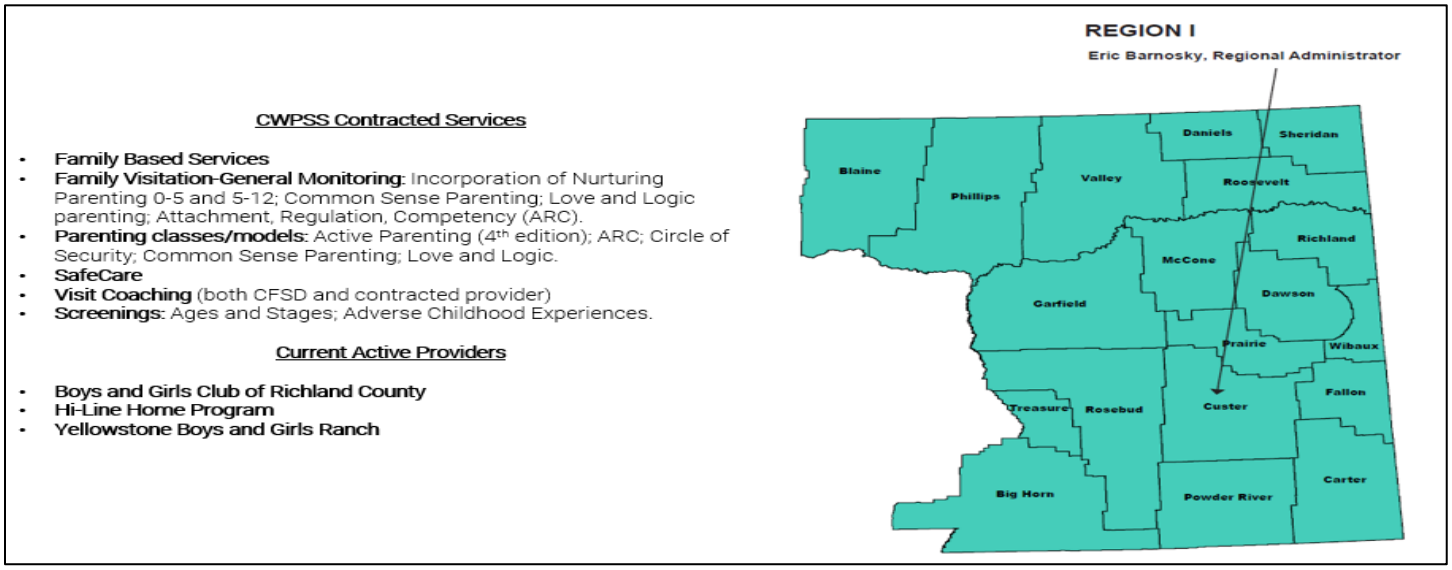


Chart 48: CWPSS Contracted Services Array Region II

CWPSS Contracted Services

- Family Based Services
- Family Visitation-General Monitoring: Incorporating models- ARC, Common Sense Parenting.
- Exchange Parent Aide
- Nurse Family Partnership
- Parents As Teachers
- Parenting Classes: *Nurturing Parenting 0-5 and 5-12; Circle of Security; Common Sense Parenting*
- SafeCare
- Visit Coaching
- Therapeutic Visitation
- Screenings: *Ages and Stages; Healthy Families Parenting Inventory; Protective Factor Survey; Adverse Childhood Experiences.*

Current Active Providers

- Cascade County Health Department
- Family Reunification Solutions
- Many Rivers Whole Health
- MisFits Counseling
- RE Family Services
- Yellowstone Boys and Girls Ranch

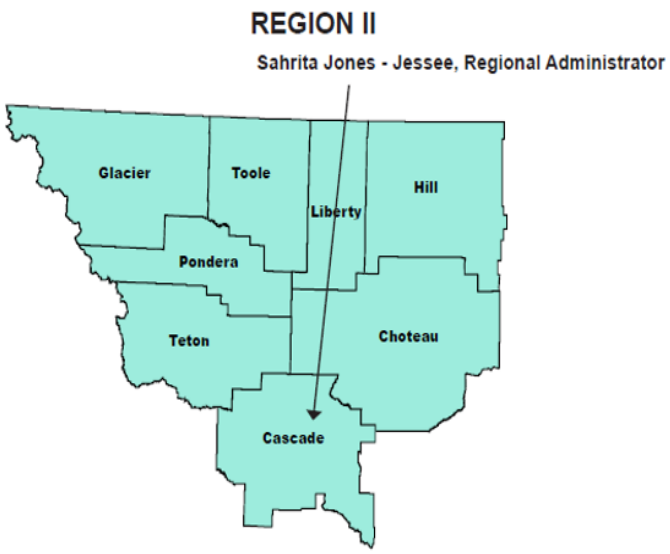


Chart 49: CWPSS Contracted Services Array Region III

CWPSS Contracted Services

- Co-Parenting education: 24/7 Dad; Understanding Dad
- Family Based Services – One provider integrating Trauma Yoga Therapy
- Family Visitation-General Monitoring: Incorporating models- 1-2-3 Magic; ARC; Circle of Security; Common Sense Parenting; Love and Logic; Nurturing Parenting 0-5 and 5-12.
- Exchange Parent Aide
- Nurse Family Partnership
- Parents As Teachers
- Parenting Classes: 1-2-3 Magic; 24/7 Dad; All Babies Cry; ARC; Common Sense Parenting; Love and Logic; Nurturing Parenting 0-5 and 5-12; Parenting a Second Time Around (PASTA); Understanding Dad.
- SafeCare
- Screenings: Ages and Stages; Protective Factor Survey; Adverse Childhood Experiences
- Supervised Visitation Network
- Visit Coaching
- Therapeutic Visitation
- Screenings: Ages and Stages; Healthy Families Parenting Inventory; Protective Factor Survey; Adverse Childhood Experiences.

Current Active Providers

- A Guiding Light Family Center
- Beautiful Directions
- Empowering Connections
- Family Tree Nurturing Center
- RE Family Services
- Yellowstone Boy and Girls Ranch
- Bear Family Ties
- Divine Growth
- Family Support Network
- Growing Together
- Village

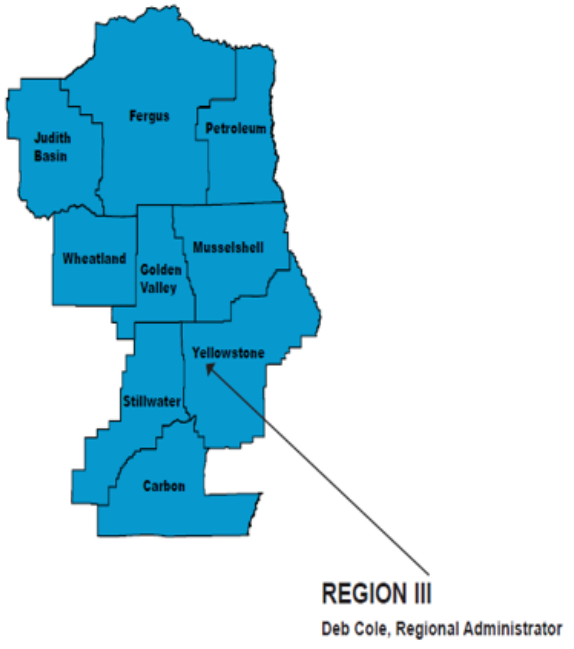


Chart 50: CWPSS Contracted Services Array Region IV

CWPSS Contracted Services

- Attachment and Bio-Behavioral Catch-up
- Family Based Services
- Family Visitation-General Monitoring: Incorporating models- 1-2-3 Magic; ARC; Circle of Security; Common Sense Parenting; Nurturing Parenting 0-5 and 5-12;
- Exchange Parent Aide
- Nurse Family Partnership
- Parents As Teachers
- Parenting Classes: 24/7 Dad; ARC; Circle of Security; Common Sense Parenting; Conscious Parenting; Conscience Discipline; Nurturing Parenting 0-5 and 5-12; Parenting through Separation
- SafeCare
- Parents as Teachers
- Visit Coaching
- Therapeutic Visitation
- Screenings: Ages and Stages; Healthy Families Parenting Inventory; Protective Factor Survey; Adverse Childhood Experiences.

Currently Active Providers

- Anaconda Family Resource Center
- Butte 4C's
- Dan Fox Youth Homes
- Florence Crittenton
- Gallatin Valley County Health Department
- Hearts and Homes Help Center
- Lewis and Clark County Health Department
- RE Family Services
- Resilience Visitation
- Yellowstone Boys and Girls Ranch

REGION IV

Laura McCullough, RA for L&C County and Centralized Intake Bureau Chief
Jennifer Hoerauf, Regional Administrator

Chart 51: CWPSS Contracted Services Array Region V

CWPSS Contracted Services

- Co-Parenting education
- Family Based Services
- Family Visitation-General Monitoring: Incorporating models- ARC, Circle of Security; Common Sense Parenting; Love and Logic
- Exchange Parent Aide
- Parenting Classes: Circle of Security; Children in Between; Common Sense Parenting; Nurturing Parenting 0-5 and 5-12; Stress and Anger Management.
- SafeCare
- Visit Coaching
- Therapeutic Visitation
- Screenings: Ages and Stages; Protective Factor Survey; Adverse Childhood Experiences.

Currently Active Providers

- Anaconda Family Resource Center
- Dan Fox Youth Homes
- Evolution Services
- Missoula County Health Department
- Olive Branch Counseling
- Parenting Place
- Yellowstone Boys and Girls Ranch
- Youth Connections

REGION V

Kate Larcom, Regional Administrator

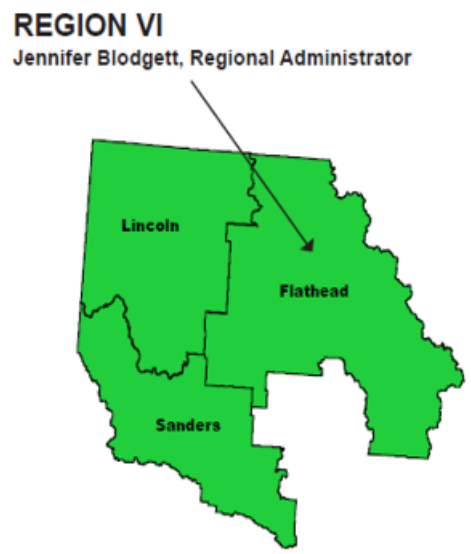
Chart 52: CWPSS Contracted Services Array Region VI

CWPSS Contracted Services

- Co-Parenting education
- Family Based Services
- **Family Visitation-General Monitoring:** Incorporating models- ARC, Common Sense Parenting.
- Exchange Parent Aide
- Parents As Teachers
- **Parenting Classes:** 1-2-3 Magic; Active Parenting 4th Edition; ARC; Circle of Security; Common Sense Parenting; Nurturing Parenting 0-5 and 5-12;
- SafeCare
- Supervised Visitation Network
- Visit Coaching
- Therapeutic Visitation
- **Screenings:** Ages and Stages; Adverse Childhood Experiences.

Currently Active Providers

- Cedar Creek
- Yellowstone Boys and Girls Ranch
- Youth Connections



Service Decision-Making Process for Family Support Services

Every region works with their CWPSS contractors to coordinate and refer services. The CWPSS open enrollment contracts play a critical role in allowing staff to select the most appropriate service to address the needs of the family and ensure the services being provided are linked to the court-ordered treatment plan and address the issues that will allow for children to be safely returned to their homes as quickly as possible. It also allows for CFSD staff to more easily identify services that may be provided to avoid removal, whether the department is legally involved with the family, or the services are voluntary. In addition, it continues to play a key role in decision-making processes for Family Support Services by allowing for a wider array of providers and more flexible avenues for providing services, evidence-based or evidence-informed services. All CWPSS contractors are aligned as community-based programs.

CWPSS contractors, as needed but often on a monthly basis, have in-person discussions between CFSD regional leadership and the liaison for the community partners. This helps to outline detailed services and expectations between CFSD and the community-based provider, as well as understand and mitigate limitations before they impact families.

One of the goals of CFSD is to increase discussion, transparency, and collaboration between community-based providers, other community services, and CFSD regional leadership. The CWPSS Program Manager physically visits each CFSD regional office and meets with the community-based providers, along with CFSD regional leadership, to discuss regional needs, community needs, and limitations and barriers to meeting the needs so that options can be discussed and brought forth at all levels to increase support for both regional CFSD leadership and community-based service needs.

CFSD works with numerous community agencies and providers to engage families and increase preventative services. Collaborative efforts are aimed at working with families referred to CFSD to identify and mitigate threats to safety prior to the family having to enter the child welfare system. One of the ways CFSD utilizes Family Support Services is through the FST meeting model intervention, which is an early intervention that connects families to community resources. The robust and flexible services offered during the FST meeting is focused on the family as a whole; CFSD, CWPSS contractors, and other external community partners help the family identify their goals and assess the family's needs to determine which short and/or long-term intervention is most appropriate and individualized to the family's needs.

CQI

The following efforts will be primarily completed by the CFSD's System Innovation and Integration Unit CWPSS Program Manager within the Program Bureau, and CFSD's CQI and BA unit will support as necessary to help focus on the CWPSS contractors aligning with the overarching CFSP goals set forth in the Plan for Enacting the State's Vision. Additional program-focused goals may be set forth by the completion of CFSD's round four case review period, and future approved PIPs. The CWPSS Program Manager will focus on work with CWPSS contractors regarding:

- Goal #1: Engage with families to effectively assess and manage safety concerns and prevent removals when possible.
    - Objective 2: Utilize FST meetings at the onset of cases. When offered in the county they serve, CWPSS contractors are encouraged to participate in FST meetings to help identify initial services and promote more timely engagement to either prevent removal or facilitate earlier return of children to parents when possible.
    - Objective 4: Identify and address barriers to increasing in-home cases.

CFSD will continue to take a CQI approach to supporting both CSFD staff in understanding how to utilize and refer to the CWPSS contractors, as well as focusing on contract monitoring. Data related to the services provided will continue to be gathered and monitored between visits with CWPSS contractors. In addition to this quality assurance monitoring, the CWPPS Program Manager will monitor new CWPSS contracts and support regions implementing the FSTs to ensure contractors are made aware of how to be part of their communities' team.

CFSD is focused on evaluating data from CWPSS contractors to determine service gaps, service accessibility, and lapses in services provided to families to mitigate and address any potential service disruption. CWPSS contractors submit a billing log monthly, indicating what model intervention was utilized for a family that CFSD has referred to them for services, and for how long the service was provided. CFSD is also looking to evaluate the outcomes of the various programs within the contracts, to understand the effectiveness that the programs have on children and families. This data will be used to determine what programs should be expanded or focused on within the state. Data from contracted providers will also be utilized to pilot test other evidence-based programs to be adopted into the rate matrix that are not currently listed. CFSD expects that these programs will have a high likelihood of positive outcomes for families prior to being fully adopted into the matrix.

CWPSS contractors are required to facilitate and report on safety factors, measured goals, defined expected outcomes, and family involvement in case planning. Contract compliance procedures and protocols apply to family support, family preservation, and family reunification services.

CWPSS Program Manager will continue to support both internal and external partners through monthly support calls, and the development of feedback loops between providers, CFSD field regional offices, and program staff to ensure quality services and improved outcomes for children and families.

The CWPSS Program Manager will assess and provide on a case-by-case basis, site visits with CWPSS contractors to review randomly selected files, ensure adherence to contractual and statutory requirements, and discuss contract questions. In addition, the program manager will continue meeting with the CWPSS contractors on a virtual platform on a regular basis to create a platform to have robust discussions around services delivery, guidelines and questions, contractual updates, and peer-share around service delivery across the state with a focus on celebrating success stories with families served.

The CWPSS contracts are due to be renewed in 2026. Though the rate matrix implemented in 2019 (discussed in greater detail in past APSRs, CFSP SFY25-29, and the SFY25 Statewide Assessment) increased flexibility and competition among providers and has resulted in improved services and outcomes for children and families, and CFSD has been successful in maintaining services for children and families, CFSD continues to look for ways to increase the use of trauma-informed evidence-based or evidence-informed services purchased with this funding. CWPSS contractors are encouraged to be trained and certified in trauma- informed evidence-based or evidence-informed services to support not only prevention, but also THV. CFSD intends to ensure that each provider contracting with CFSD is culturally responsive and able to provide linguistically accessible services to families referred for services.

One of the main focuses of CFSD is to increase linguistically accessible services to families regardless of their geographic location, thus requiring providers to make sure that they can provide a culturally welcoming environment, as well as have access to linguistic services to provide support and services to families that were previously underserved.

CWPSS Data Elements

CWPSS contract data is limited; however, the CWPSS contractors submit a monthly billing log to the CWPSS Program Manager. The billing logs indicate which model of intervention was utilized to support the family. The submitted logs have created an opportunity for CFSD to provide an approximate hand count number of children and families served through the state fiscal year. However, though the CWPSS contractors are instructed to reflect each child in the family billed on each month at least once on their monthly log, there are times that CWPSS contractors will bill all the services provided to a family to only one child repeatedly throughout the month to streamline the billing process, as it is very time consuming to enter each child associated with each service provided to the family on the billing log.

The following table reflects the reported children and families' numbers from SFY25 through May 31, 2025.

Table 117: Reported Child and Families Receiving Family Support/Preservation or Reunification Services

State Fiscal Year	Family Count Receiving Family Support and Family Preservation Services	Family Count Receiving Reunification Services
SFY25	950 (approximately 1,200 children)	800 (approximately 1,000 children)

External Collaboration Efforts

During SFY25, CFSD CWPSS Program Manager continued to collaborate with Early Childhood and Family Support Service Division (ECFSD) both in efforts to implement and sustain SafeCare Augmentation model in Montana through in-state trainers and coaches. CFSD and ECFSD hold biannual SafeCare Home Visitor Engagement meetings as well as quarterly SafeCare Coaching meetings with both CFSD and ECFSD. The meetings are designed to increase engagement and address issues and concerns on a statewide level regarding the continued support of SafeCare Home Visitors and the SafeCare Coaches.

During SFY25, CFSD hosted their annual Prevent Child Abuse and Neglect (PCAN) conference in which CWPSS contractors are invited and encouraged to attend. PCAN is designed to inspire child welfare employees, partners and stakeholders surrounding the Montana child welfare system in working together to help youth and families have a strong and empowering support community around them even as Child and Family Services ends their legal involvement. The conference focuses on providing educational and inspirational opportunities for those who work in and around child welfare and the prevention of child abuse and neglect, offering coaching, skill building, resource sharing, training opportunities with national recognized speakers and trainers, and networking.

Adoption Promotion and Support Services

The **Post-Permanency Support Specialist (PPSS)** oversees the Adoption Promotion and Support Services. The PPSS responsibilities include, but are not limited to, completing record searches, intakes, agreements and requests for renegotiations for post-permanency assistance. The PPSS duties consist of offering ongoing consultation with post-permanency families regarding services and interventions for their child, and being accessible to any family who has adopted a child from or has a guardianship through:

- The Montana foster care system.
- A private agency, including international adoptions.
- Adoptive family who finalized adoption in another state and currently resides in Montana.
- Adoptive family who finalized in Montana and have since moved to another state.
- Any individual who was adopted in Montana or is a birth parent.

CFSD has utilized Promotion and Support funds to further assist the number of families receiving support for respite and other therapeutic services that assist the families in placement stabilization efforts and increase more gatherings and/or support groups for adoptive families. Assistance offered post permanency continues to expand as more and more peer-to-peer networks and groups are established and strengthened through collaboration, training, and funding. The potential number of families served increases monthly. An increase in funding has also occurred for families participating in therapy and alternate, non-Medicaid covered interventions and treatments such as Neurofeedback, Neuropsychological Evaluations, and Respite.

The PPSS continues to provide support to a diverse range of families both in the state of Montana and across the country. PSSS has also collaborated with families and stakeholders to address the list below of identified needs:

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

To meet the increased need for care coordination CFSD worked closely with Children's Mental Health Bureau and a newly developed position "Complex Case Coordinator" was developed within DPHHS to successfully assist families with access to mental health services and stabilization in the home. Complex Case Coordinators support CFSD cases involving complex issues, often involving multiple children and families, and require specialized expertise. They help ensure the safety of children and support parents and families in finding solutions. Below are additional detailed supports provided by the Complex Case Coordinator:

- Specialized Expertise: Complex Case Coordinators handle cases requiring specialized skills and knowledge beyond the typical work of a child protection specialist.
- Multiple Children and Families: These coordinators often work with cases involving several children and families, requiring a broader perspective and understanding of the interconnectedness of the cases.
- Safety Focus: The primary goal is to ensure the safety and well-being of children, addressing the complex issues that may contribute to the situation.
- Family Support: They work with parents and families to help them overcome challenges and find solutions that promote the children's safety and well-being.
- Mandatory Reporting: They are responsible for investigating reports of suspected child abuse or neglect, and they are legally authorized to talk with children about these concerns without parental consent.

In May of 2024, a second PPSS was hired to help build capacity to meet the increased needs of adoptive and guardianship families in Montana and to develop a more robust range of services. In 2025, a third PPSS position will be hired to support the increased need.

During the spring of 2025, CFSD developed the following documents to support this program:

- Post-Permanency Support Service Procedure - At the time the APSR was finalized, but had not been uploaded to the agency's website, and staff have not yet been trained.
- Post-Permanency Support Services Documentation Form – This captures both the initial intake, and the ongoing efforts of the PPSS assigned to support the post-permanency family.
- Post-Permanency Support Services Agreement – This agreement establishes the service and cost in which CFSD agrees to support the family with.
- Post-Permanency Support Service Financial Billing and Tracking Practice Manual - Supporting the financial the oversight of program funding and financial agreements.

CFSD's PPSS utilize an intake and assessment form when an eligible family has been referred to their program to assess the family's current situation and determine the level of service the family needs (coordination of care, linking community resources, or payment agreements for support services). This assessment is available to families statewide by the PPSS for eligible families referred to them.

During SFY25, CFSD served the following number of families through the PPSS program:

- 135 families completed intakes and received resource and referral support.
- 167 individual youth benefited from the resource and referral support.
- 47 Post Permanency Program Agreements were approved to financially assist with non-Medicaid paid services.
- 12 PPP Agreements were approved to pay for room and board in residential settings.
- 7 youth were supported with PPP agreements to assist with therapy for maladaptive sexual behavior.

The changes that have been made in recent years to expedite adoption processes, streamline assistance processes, and track spending and outcomes will continue to be assessed. As additional opportunities to be more efficient and effective are identified, they will be explored and implemented. CFSD's approach is and will continue to be grounded in continual learning and continuous improvement.

In the rural areas, there is a need for more foster homes, mental health services, substance abuse treatment services, domestic violence services, affordable housing, and public transportation. Additional barriers include waitlists, and the distance families must travel to access services. In past stakeholder interviews, there have been reports that adopted children have had to enter care to receive needed services because post-adoptive services are lacking in some areas of the state. Therefore the PPSS supported the following components during SFY25, and will continue to expand the efforts during SFy26:

- **Permanency Transition Outreach:** The PPSS will contact families within 60 days and again at a year following finalization of adoptions or guardianships. These check ins will include assessment of needs, information about the finalization process, and resource and referral services.
- **Community and Family Outreach**: The PPSS will be building capacity to have regular and ongoing outreach to guardianship and adoption families about educational opportunities, community-based services, and support groups through newsletters and public announcements.
- **Improved Training**: The PPSS are working in conjunction with the Resource Family Specialists to improve the Creating a Lifelong Family training required by adopted families, to include information about how to build support and resiliency post-permanency.
- **Care Coordination:** Care Coordinating services will be available to any guardianship and adoption families who are experiencing mental health crisis or other circumstances that can lead to a disruption in permanency. The PPSS will conduct formal intakes, needs assessments, and create treatment plans to follow families until resolution.
- **Adoption/Guardianship Dissolutions**: The PPSS will be conducting ongoing assessments and data collections on what demographics and specific scenarios are leading to breakdowns in permanency. The PPSS will be working closely with management to provide support for these families and recommendations for program improvements to reduce numbers in the future.

Population at Greatest Risk of Maltreatment

The population, identified in Montana's SFY25-29 CFSP as being at greatest risk of maltreatment, is children ages zero through five.

Children ages 0-5 have historically represented the largest group of children in out- of-home placements. Since FFY05, children ages 0-5 years have made up more than 50% of the state's foster care population. Children in this age group continue to represent the largest age group entering care, though this has decreased slightly over the past five years. For example in SFY19 the children entering foster care aged 0-5 was 55%, in SFY24 it was 51.6%, and in this current SFY25 (July '24 – July 25') it is 50.1% of children entering care in SFY19 were aged 0-5. A particularly vulnerable subset of this group are infants under age one.

As reported in other places in this APSR and preceding CFSP, Montana continues to attempt to address the fatality rate through programs such as The Meadowlark Project, implementation of the critical incident review protocols, and the institution of enhanced staffing for all reports involving children under the age of two years that are sent to the field from CI.

Montana continues to use an enhanced staffing process for all reports involving children ages five years and younger. The procedure is unchanged from what was reported in the 2020-2024 CFSP. In brief, the process involves all CPS and CPSS managing investigations as well as the region's CWM. The enhanced staffing reviews any resulting injuries to the child and compares those to the parents' account of how the injuries took place, any medical information available on the injuries and the appropriateness of any in-home or out-of-home safety plans put into place. Based on this information, services appropriate for the family are identified. The enhanced staffing assists less experienced workers and supervisors in becoming more skilled in identifying potential safety issues, evaluating the use of in-home safety plans better, identifying needed services better, and exposing these high-risk cases to a greater array of expertise and experience. While not specifically addressed in the state's approved PIP, this procedure is reflective of CFSD's desire to enhance the skillset of workers through improved coaching and mentoring. The training provided to supervisors that was part of the PIP makes this process more effective and improves safety outcomes for children.

DPHHS continues to invest in evidence-based in-home service models that target the safety of very young children. There are thirteen model interventions currently offered through the CFSD CWPSS contracts which are described in detail *in Section 5: Update on Service Description - MaryLee Allen Promoting Safe and Stable Families (Title IV-B subpart 2)*. The services available under these agreements can be provided to families whether the children are living with their parents or in or out-of-home care. The services can also be provided to kin, whether they are providing care to children informally or as a foster care placement.

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

Kinship Navigator Funding

More information about this program is outlined in detail in Section 2 – Item 29: Service Array and Resource Development – Category 2.

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

CFSD contracts with MSU's Extension Family & Consumer Sciences Program (MSU-E) to meet the goals of the program. There are two primary reasons CFSD chose to reach out to MSU-E to collaborate on this project:

1. MSU-E's well established and readily recognized program "Grandparents Raising Grandkids" program. This program was in existence well before the MKNP project. As a result, MSU-E had:
    a. Recognized presence across the state.
    b. Connections with a wide variety of community providers and a good deal of knowledge of benefits in many communities across the state.
    c. Existing website with resources, outreach materials and information on support groups
    d. Immediate access to eligibility and enrollment information for federal, state, and local benefits and services.
    e. Ability to provide training to assist relative caregivers in obtaining benefits and services.
2. CFSD's desire that the day-to-day operations of the KNP not to be affiliated with the state's child protection agency.

MSU-E is an active member in a multi-state project to develop an evidence-based model for providing MKNP services. The multi-state collaborative began collecting data in February 2022. The multi-state effort will allow more data to be collected in a shorter amount of time with the goal of expediting ACF-CB Title IV-E Prevention Services Clearinghouse approval to access Title IV-E funds to financially support the use of the model. It is Montana's intent to participate in the Title IV-E KNP when the multi-state project is approved to access Title IV-E funds by the Title IV-E Prevention Clearinghouse.

MKNP will continue to assist all kinship families caring for family members, including those families caring for children who are not part of an active case or investigation by CFSD. Montana will continue to use the same definition of kin as is used in the state's Title IV-E subsidized guardianship program. This definition includes caregivers related to the children by blood or marriage but also includes fictive kin, which is defined as: "a person to whom the child, child's parents and family ascribe a family relationship and with whom the child has had a significant emotional tie that existed prior to the agency's involvement with the child or family". The expanded definition of kin also includes godparents and members of the child or family's Tribe when there is documentation of Tribal membership or affiliation.

The program will continue to have two primary goals:

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

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

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

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

During SFY25 CFSD continued to utilize this funding to assist workers with travel expenditures related to monthly visitation of children in out of state congregate care settings.

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

The vulnerability of the child and the protective capacities of the foster care provider must be assessed and documented. Frequent contact further allows the child the opportunity to express concerns, fears, problems with the placement, or other issues. Contacts more frequent than every month are dependent upon the CPS's assessment of the child's vulnerability and needs, the protective capacities of the provider, and whether other professionals have routine contact with the child.

Table 118: Monthly Caseworker Visits

Federal Visitation Measures	FFY23 Federal Count / Percentages	FFY24 Federal Count / Percentages
The total number of unique children in care for at least one full month in the FFY	3,447	3,089
The total number of visit months for children who were in foster care during the FFY	28,241	24,784
The total number of visit months in which at least one child visit occurred face-to-face	20,300	19,562
The total number of visit months in which at least one child visit was in the home	17,545	14,595
The percentage of child visits	72%	79%
The percentage of visits that occurred in the residence of the child	86%	75%

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

Adoption and Legal Guardianship Incentive Payments

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

Adoption Savings and Expenditures

The total unexpended balance on the FFY23 ACF-CB -496, Part 4 is $1,027,986.00, and on the FFY24 ACF-CB -496 Part 4 is $1,134,844.00. It is estimated that Montana will spend FFY23 savings during FFY24, and FFY24 savings during FFY25.

Montana has not experienced any challenges in accessing or spending the funds. The funding was spent on increased expenditures in the CWPSS contracts. The development of a rate matrix and open enrollment contracts for these services has led to a significant increase in service providers and services being billed against the contracts.

Montana is not required to complete an Adoption Savings Methodology form because the methodology for calculating Adoption Savings and Expenditures has not changed.

Families First Prevention Services Act Transition Grants

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

CFSD's sole use of this grant funding has been to offset the room and board cost of Title IV-E eligible children under state and tribal jurisdiction, not allowable for Title IV-E reimbursement as of October 1, 2021. These grant funds offset stay and travel program costs for Title IV-E eligible children placed in a congregate care facility (e.g., group homes, therapeutic group homes or shelter care facilities). The grant funds are used when the congregate care placement start date is October 1, 2021, or later and placement in the facility is no longer than fourteen days. Grant funds offset room and board cost incurred on placement day fifteen and beyond.

As discussed in other sections of this ASPR, the statewide implementation of the therapeutic group home (i.e., QRTP) requirements allowing the Title IV-E funds to be used beyond the initial fourteen days of placement is gradual. Barriers to full implementation include the availability of resources to make the necessary changes in electronic case management system; integrating Therapeutic Group Home procedures into practice across all CFSD offices and integrating the Therapeutic Group Home requirements into the daily practice of many non-agency partners who play a role in process (e.g., courts, county attorneys, tribal social services, tribal courts, Targeted Case Managers, etc.).

Montana plans to transition room and board costs incurred on placement day fifteen and beyond to the state General Funds for children in the care of the state and to tribal funds for children in the care of tribal social services.

During SFY25, CFSD shared the state's IV-E Prevention Plan with the state's seven reservations with Title IV-E contracts. The A new process was developed allowing the seven reservations with Title IV-E contracts to bill for the first fourteen days of a youth's placement in a congregate care facility. These payments are no longer issued through CFSD's CAPS directly to the provider. The Tribes pay the provider the room and board for the youth's placement and afterwards invoice CFSD for the Title IV-E allowable reimbursement. Tribes have been provided the needed documents to submit the invoices and training on how to complete the process. This invoicing process for congregate care facilities has been included as an attachment to the Tribal Title IV-E agreements that will be effective July 1, 2024.

CFSD did not use FFPSA funding during SFY25 to pay for services listed on Prevention Plans with families. CFSD chose home visiting and mental health models that were Well-Supported to be in their FFPSA Montana Approved Prevention Plan. These models are currently funded through other grants, MIECHV funding, and private funding. This has been a barrier in braiding funding for Montana as FFPSA funding is Payer of Last Resort, and all the models already have a funding stream to pay for the services.

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

CFSD's current electronic case record system was designed to allow Title IV-E funds to be used, based on a child's Title IV-E eligibility for allowable foster care, adoption, and guardianship services. Title IV-E Prevention Services has a different eligibility criterion requiring significant changes to the electronic case management system. CFSD continues to collaborate with the Internal Technology Bureau as well as the non-agency vendor responsible for making changes to CFSD's electronic case record system. CFSD future planning is to capture FFPSA requirements within the new CCWIS system being developed in the next CFSP period.

Family First Transition Act Funding Certainty Grants

Montana is not an applicable state.

Chafee and Education and Training Vouchers (ETV)

During SFY25 CFSD continued to serve eligible youth as allowed in the John H. Chafee Foster Care Independence Grant Program requirements within the Montana Chafee Foster Care Independence Program (MCFCIP). The MCFCIP is administered, supervised, and overseen by CFSD's MCFCIP Program Manager.

Specifically, the populations eligible to be served are youth:

- Between the ages of fourteen to twenty-one who are currently in foster care (including youth on a Trial Home Visit since 2024).
- Who aged out of foster care.
- Who achieved adoption or guardianship after the age of sixteen and have not yet reached age twenty-one.

Even though a youth aged eighteen to twenty-one may receive MCFCIP services, in these cases CFSD does not extend title IV-E foster care assistance to youth aged eighteen to twenty-one unless there is a rare circumstance in which an individual has a special consideration needed to support them in finalizing their high school education. In these cases, the individual must be willing and able to enter into an individualized agreement with CFSD. CFSD will not be extending the MCFCIP services to age twenty-three.

The continued focus of MCFCIP is meeting each youth where they are, to provide resources, support, connections, and services based on their immediate and ongoing needs. MCFCIP focus has shifted its attention to services that will assist the youth with long-term, successful independence. MCFCIP and CFSD continue to be proactive when connecting with other states regarding youth who are eighteen to twenty-one and moving from state-to-state. CFSD has built relationships with states to make sure youth are not losing services for long periods of time so that their transition can be as smooth as possible.

CFSD determines eligibility for benefits and services in a variety of ways. The MCFCIP Program utilizes the eligibility referral process by pulling from CFSD's case management system, CAPS, a list of eligible youth in the Montana foster care system ages fourteen and up to distribute to local providers on a consistent monthly basis. This notification and list serve as CFSD's referral to the local provider. If a youth is outside of the Montana foster care system and is otherwise MCFCIP eligible, the MCFCIP Program Manager has a standardized process for determining eligibility for benefits and services in collaboration with other states.

CFSD works collaboratively with local MCFCIP contractors to ensure effective programming and service delivery. The MCFCIP Program Manager oversight includes the following, but is not limited to:

- Monthly virtual meetings with MCFCIP contractors for ongoing technical assistance, education, and training regarding MCFCIP requirements and services, as well as NYTD survey and reporting.
- Monthly Provider Billing Review - This review ensures that purchases are well documented, appropriate, and allowable.
- Monthly Comprehensive MCFCIP Contract Reports - These reports cover a variety of factors, including increasing youth engagement, service provision and availability, and compliance with federal and state regulations. (These were quarterly reviews that were changed to monthly in SFY25).
- Annual visits at the CFSD office and one local MCFCIP provider office on a rotation.
- Annual Business Process Meetings - In the fall of each year MCFCIP contractors meet with CFSD to review program requirements, NYTD data, and work on the MCFCIP program plan for the upcoming state fiscal year ensuring comprehensive and appropriate service delivery and availability are efficient statewide. One of these meetings is held at the CFSD office each year while the other meeting is held at a MCFCIP contractors office.
- Ongoing CFSD Procedure Documents Review and Updates – To ensure state and federal processes are included.
- Ongoing Medicaid Coverage Review – To ensure youth aging out of foster care receive the eligible Medicaid.
- Ongoing CFSD MCFCIP Website Maintenance: CFSD MCFCIP Website Hyperlink
- Ongoing Service Organization and Reporting System (SOARS) Data Site – Data tracking system that MCFCIP contractors can enter all services and associated documentation into one system. CFSD hopes to streamline the SOARS system into the new CCWIS system being developed.
- Monthly Eligibility List Review and Reporting

MCFCIP includes the following service array, as provided to ACF-CB in CFSD's CFSP SFY2025-29:

- Transitional Living Plans – For each Chafee enrolled youth within sixty days of the MCFCIP contractors first contact and updated every six months.
- Transitional services such as assistance obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training, and opportunities to practice daily living skills, substance abuse prevention and preventative health activities.
- Youth Bill of Rights
- Credit Reports

- Provide financial, housing, counseling, employment, education, and other appropriate support to complement the youth's efforts to achieve self-sufficiency.
- Mentorship Program - Strengthening service delivery and service array will be a major focus for the MCFCIP in coordination with stakeholders. Over the next five years, the MCFCIP will expand the pilot mentor program to develop more flexible, innovative, and targeted mentoring, education, and housing services. Long-term permanent relationships with mentors allowing opportunities to engage in developmentally appropriate activities, Positive Youth Development (PYD) and experiential learning that reflects what their peers in intact youth families experience.
- Level All - is an online platform that offers comprehensive content to foster youth covering areas such as success in high school, college and college alternative paths, life skills, financial literacy, career exposures and planning, apprenticeships, community college pathways, and leadership development.
- FYI Housing Vouchers - Stable housing leads to a safer and more stable environment for fostering youth that already face more challenges.
- Education and Training Vouchers (ETV)
- Reach Higher Montana (RHM) – Increasing educational outcomes for youth currently attending high school and to prepare them to achieve post-secondary educational goals is another forward focus. RHM provides targeted, local services in the schools to eligible youth focusing on classes and abilities needed to graduate timely, apply for and attend the post-secondary program of their choice, and plans to secure funding towards these pursuits. Montana's ETV program will continue to comply with the conditions specified in subsection 477(i) of the Act. CFSD awarded a new contract to RHM to administer ETV funds and collaborate to ensure the ETV program runs efficiently. RHM is the public benefit partnership between Student Assistance Foundation and the Montana Higher Education Student Assistance Corporation. RHM is a 501(c)3 organization which helps students strategically pursue educational opportunities. RHM is uniquely qualified to administer ETV funding and programs. Reach Higher Montana Hyperlink
- Social Security or Supplemental Security Income Benefits – Assists in navigating the processes and understanding the Social Security benefits to which an eligible youth is entitled to receive.
- Action Inc. is an MCFCIP provider and the lead organization for the Youth Homeless Demonstration Program (YHDP). MCFCIP works closely with Action Inc. on their coordinated community approach to preventing and ending youth homelessness.
- Montana's Governor developed a goal to increase the number of foster care students who are enrolled in Vocational Rehab's Pre-Employment Transition Services Program (Pre-ETS) by 50%, by June 30, 2024. CFSD surpassed this goal and continues to collaborate with Vocational Rehabilitation.
- Referrals to WIOA Youth and Adult programs administered by both state and non-state providers provide employment skills and paid internships and apprenticeships.
- Referrals to Job Corps – A program for youth who are a suitable fit for their services.
- Referrals to Dawson Promise – A program at Dawson Community College in Glendive Montana is a program aimed at helping youth who are aging out of the foster care system, unaccompanied, or homeless, to obtain a two-year education without debt. Through Dawson Promise, students are provided with opportunities that may have previously seemed out of reach. More about this program can be found at: Dawson Promise Hyperlink.

MCFCIP services are individualized and based off a youth's current needs and situation. While service availability in the communities across the state varies, the way MCFCIP services are provided does not largely change. In more rural areas, often MCFCIP local providers need to travel great distances to engage youth in community services which may not be available in their area. Being able to meet virtually is something that allows all youth to be engaged to the MCFCIP. CFSD has designated MCFCIP service areas, broken up into five regions and covering all counties in the state. These regions ensure statewide coverage, that all political subdivisions in the state are served, and that youth in both rural and urban areas are served. The regions are as follows.:

- Region I: Phillips, Valley, Daniels, Sheridan, Roosevelt, Richland, McCone, Garfield, Dawson, Prairie, Wibaux, Fallon, Custer, Powder River, Carter Counties, and eligible youth on the Fort Peck Reservation.
- Region II: Glacier, Toole, Liberty, Hill, Blaine, Chouteau, Pondera, Teton, Cascade, Judith Basin, Fergus, Petroleum Counties and the Fort Belknap, Rocky Boy, and Blackfeet Reservations.
- Region III: Wheatland, Golden Valley, Musselshell, Yellowstone, Stillwater, Sweet Grass, Carbon, Big Horn, Crow, Rosebud, Treasure Counties, and Northern Cheyenne.
- Region IV: Lewis & Clark, Powell, Granite, Deer Lodge, Silver Bow, Beaverhead, Madison, Gallatin, Park, Jefferson, Broadwater, Meagher Counties.

- Region V: Lincoln, Flathead, Sanders, Lake, Mineral, Missoula, Ravalli Counties

CFSD and MCFCIP contractors continue to work very closely with Montana's Tribes to provide Chafee services to eligible youth residing on or off Montana's reservations. The MCFCIP Program Manager collaborates with CFSD's IV-E Program Manager and Program Bureau Chief to administer training and technical assistance to the Tribes or when answering questions from Tribal Social Services staff. These discussions include:

- Goals of the Chafee program.
- Services offered by each provider and contact information.
- Ways to determine eligible youth and eligibility criteria.
- Federal reporting requirements.
- Improving outcomes for young adults in foster care; and,
- Referral process.
- Service Delivery – MCFCIP contractors discussions with you and the service intervention most frequently happen over the phone or virtually to ensure timely service delivery. CFSD continues to partner with Tribes to become more aware of the best way to serve Tribal Chafee eligible youth.

The above meetings are provided at a minimum annually, and more frequently on an 'as needed' basis. Currently, six of Montana's Tribes have requested that the Chafee eligible youth residing on their reservations receive transition services from CFSD's local contracted service providers, as described above. The state's agreements with the service providers have been written to accommodate each Tribe's requests. Tribes can opt out of this arrangement at any time and negotiate to receive a prorated portion of the State's Chafee allocation (based on the State's foster care population) to provide Chafee on their individual reservations. Tribal youth served by the State's contracted service providers have access to the same services as Chafee eligible youth residing off-reservation. Currently, Tribes are not expressing concerns with the Chafee program or service provision. Also, there has been no mention of barriers to Tribal youth accessing services.

In addition, CFSD successfully negotiated, in good faith, an agreement with the Confederated Salish and Kootenai Tribes (CSKT) to administer and supervise the MCFCIP to eligible Tribal children residing on the reservation and to receive an appropriate portion of the state's allotment for the administration and supervision of such agreement. CSKT is the only Tribe requesting funding from Montana's Chafee allocation to provide transition services on their reservation. CSKT has developed their own program to best meet the needs of transitioning youth on their reservation so CSKT's services may look somewhat different than those provided by the state's contracted service providers.

Though administrative data is limited, CFSD has actively worked with the MCFCIP contractors' providers towards compliance with federal requirements (expectations regarding data collection, service delivery, NYTD requirements, and youth engagement). Per NYTD reporting, CFSD serves upwards of 400 unduplicated Chafee eligible youth each year. NYTD reporting shows differences in services for youth of varying ages and stages of achieving independence. Eligible youth currently in foster care, as opposed to having exited the foster care system, often receive different types and intensity of services because they have an additional support system as they move towards independence. Specifically, housing, employment, and budgeting services are not provided as frequently to youth currently in the foster care system. There is a vast increase in these types of services, as young people become more independent. The NYTD data collected has been provided to ACF for FFY20-24, and can be reviewed on the ACF websites listed below:

- MT NYDT Chafee Data FFY20-FFY24 Hyperlink
- National NYTD Chafee Data FFY20-FFY24 Hyperlink

CFSD collected the following data reflecting the number of youth referred to at least one service during FFY24.

Table 119: Youth Receiving At Least One Chafee Service

FFY	Number of Youths that Received at Least 1 Chafee Service
FFY24	495

Education and Training Vouchers

MCFCIP continues to partner with RHM through a contract to distribute the ETVs and to improve educational outcomes for Chafee eligible youth. RHM is an organization that helps students identify, secure, and succeed in post-secondary

education, career paths, and life. They help both foster and non-foster youth complete their financial aid requirements including the Free Application for Federal Student Aid (FAFSA) and identify scholarship opportunities. RHM has staff that visits each high school around Montana to engage youth early regarding the possibility of attending post-secondary education. Additional information specific to the ETV program is detailed further in Section 2: Item 32: Coordination of CFSP Services with other Federal Programs – Reach Higher Montana.

Table 120: Annual Reporting of Education and Training Vouchers Awarded

School Year (July 1- June 30)	Total ETV's Awarded	New ETV's Awarded
2022-2023	45	19
2023-2024	52	25
2024-2025	47	24

Collaboration

As discussed further in Item 16 in this APSR, CFSD has partnered with OPI since 2021 to ensure that Montana's foster care students have educational stability. Every month a CFSD CQI specialist meets with the Foster Care Point of Contact for the Department of School Innovation and Improvement to review the foster care students that are enrolled in the public-school systems and discuss the data regarding the foster care students that are not enrolled in public school or have dropped out or transferred out of state. More recently, MCFCIP providers and the MCFCIP-Program Manager were included in the partnership as an additional collaboration to identify youth who need additional engagement and support.

Additionally CFSD and MCFCIP providers participate twice a year in the OPI – Community of Practice Conference. In addition, the OPI staff submits an article to CFSD for their quarterly newsletter to help spread awareness and information to CFSD staff on new opportunities for foster care students, or upcoming events focused on supporting foster care students.

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

SECTION 6: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

The SFY25 APSR final report will be distributed to the Tribal Social Services Directors of Blackfeet Nation, Chippewa Cree Tribe (CCT), CSKT, Fort Belknap Assiniboine and Gros Ventre Tribes, Fort Peck Assiniboine and Sioux Tribes, Crow Nation, Northern Cheyenne Tribe and the Chair of the Little Shell Tribe of Chippewa Indians (Little Shell Tribe) for review and feedback prior to submission to ACF-CB. Once CFSD receives confirmation from ACF-CB that Montana's SFY25 APSR has been approved, Tribes will be provided with the link to the website where the approved plan is located.

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

Since the last CFSP/APSR, CSFD update the new seven year Title IV-E agreements for seven Montana Tribes have been fully executed and CFSD is currently working on getting the new seven year contract with Salish Kootenai College (SKC) executed. The contract with SKC provides Title IV-E stipends to student earning their BSW from the college. CFSD also maintains Non-IV-E agreements with six of the seven Montana Tribes and is currently in renewal process for these seven year agreements. The Program Bureau Chief continues to be actively involved with Tribal pass-through agreements.

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

The Northern Cheyenne and Fort Belknap Tribes' licensing standards do not provide for assessing or approving families for guardianship or adoption. When requested by these Tribes, CFSD Licensing Program Bureau Chief coordinates, with local CFSD licensing staff, to assess and approve Tribal families wanting to establish subsidized guardianships or adoptions. The children in these foster homes are typically kin to the foster family. CFSD assess and approves the families according to the state's licensing standards. If the Tribal families do not meet the state licensing standards, they are not approved. CFSD has suggested to Fort Belknap and Northern Cheyenne that they adopt changes to their licensing standards to assess and approve Tribal families for guardianship and adoption. The current system creates delays in permanency for Tribal children and it can also create workload issues for the local CFSD licensing staff assessing the Tribal families.

As mentioned above the Title IV-E agreements have been fully executed and are in effect until June 30, 2031. In November 2024, CFSD along with Peraton developed an electronic Time Sample system. This system allows Tribal staff whose positions are in the Title IV-E agreements and are required to submit monthly time samples to do so easily, efficiently, and then submit electronically, ensuring that time sample data is entered in real time, eliminating the need for paper time samples to be faxed or emailed to CFSD. The Time Sample instructions is one of the attachments included in the Title IV-E agreements, therefore, CFSD updated the instructions and is currently working on getting an amendment in place so that the updated time sample process is correctly reflected in the Title IV-E agreements.

Also as mentioned above, CFSD is currently working on renewing the Non-IV-E Tribal agreements with six of the Montana Tribes, Fort Peck does not have a Non-IV-E Tribal agreement with CFSD. Virtual meetings were scheduled with each of the six tribes for review of the proposed agreement and attachment. Virtual meeting invites were sent to Tribal Social Services Directors, staff, and any Tribal Attorneys that wished to take part in the discussion. All but two Tribes were able to attend the virtual meeting so the Program Manager provided a synopsis of what would have been discussed during the virtual meeting to the Tribal Social Services Directors, staff, and Tribal Attorneys. Below is the schedule of the virtual meetings.

- CSKT – Tuesday, March 25, 2025.
- Fort Belknap – Thursday, April 10, 2025
- Crow – Tuesday, April 15, 2025
- Blackfeet – Wednesday, April 16, 2025
- Chippewa Cree – Thursday, April 17, 2025
- Northern Cheyenne – Monday, April 21, 2025

ICWA compliance is of utmost importance to CFSD. The agency goal is to improve all aspects of ICWA compliance and effectively engage Tribes and Tribal families in case management planning and decisions throughout the lifetime of the case. The bulk of the work done with Tribes around ICWA compliance happens between CFSD local offices, County Attorney staff and Tribal ICWA staff as decisions are made on individual cases. Yellowstone (Billings) and Missoula (Missoula) Counties have developed ICWA Courts to help ensure compliance to the Act. MCIP provides QEW Training several times throughout the year. The training is provided by Yellowstone County Attorney staff who represent CFSD in the Yellowstone County ICWA Court. The training locations vary and are held in or near Tribal communities.

Once individuals receive this training, they are added to a list of potential QEW maintained on the CFSD website. Individuals are not QEW by taking the training, only courts can determine someone is a QEW. The training is designed to prepare Tribal members who will testify in state courts information on the state court process and their role as a QEW. CFSD staff are participants in the MCIP ICWA Communities of Practice (CoP). A CoP is a designated network of people who share information and knowledge either face-to-face or virtually. Each community is held together by a common purpose, which usually focuses on sharing experiences and insights related to a topic or discipline. The focus of the Montana CoP is ICWA. Virtual meetings of the CoP are held throughout the year. The Montana 2023 Legislative Session passed a Montana ICWA bill reflecting federal ICWA requirements. The law had a "sunset" date of June 30, 2025. The 2025 Legislative Session renewed the "sunset" date, and the law is now permanent in statute.

The state's ICWA Program Manager position was filled in January 2025. This position takes the lead in working with Tribal ICWA staff and social services directors on systemic issues related to ICWA compliance. This position is overseen by the American Indian Health Director in the DPHHS Director's Office.

The ability for Tribes to access Title IV-E funds directly from the federal government was mentioned in all the Title IV-E Task Order renewal meetings referenced earlier in this section. As reported in prior CFSP/APSR, CSKT and CCT have approved Title IV-E Plans. The barrier most often mentioned by these Tribes in accessing Title IV-E directly is the resources needed, and costs incurred to take over the administrative responsibilities of operating a Title IV-E program. CCT indicates there is no immediate interest in accessing Title IV-E funds directly. CSKT has stated there is some continued interest in a long-range goal of accessing Title IV-E directly. Since CSKT's Title IV-E Plan was approved by ACF-CB, CSKT has invited CFSD to take part in several very preliminary, informal conversations on potential impacts should they choose to go IV-E direct. CFSD will continue to follow CCT's and CSKT's lead on this matter by participating in any planning activities or contract discussion at the invitation of the Tribes. Since the submission of last year's APSR Fort Belknap indicted there were some very preliminary questions being asked internally within the Tribes on the possibility of accessing Title IV-E directly.

None of Montana's other Tribal governments have expressed any interest in exploring the possibility of accessing Title IV-E funds directly from ACF-CB. Should this change, CFSD will refer the interested Tribe(s) to the ACF-CB Region 8 program staff. CFSD staff will gladly participate in any of the processes as invited and directed by the Tribes, however, CFSD has no oversight of Tribal programs.

CSKT continue to have an agreement that provides the Tribes with a portion of the state's Chafee Program Grant. This allows CSKT to operate its own transition to adulthood program. Additional information on this contract and a description of how CFSD coordinates Chafee services with CSKT are provided in *Section 5: John H. Chafee Programs and ETV*.

SECTION 7: CAPTA STATE PLAN REQUIREMENTS AND UPDATES

Substantive Changes to State Law or Regulations

The 2021 State Legislative Session did not act on the statute governing the state's CANRC and as a result the statutory authority establishing the commission ended on September 30, 2021. Montana intends to meet the public disclosure requirement of CAPTA by continuing to make public a biennial report providing required information on child fatalities and near fatalities. DPHHS, specifically CFSD and ECFSD, will collaborate to ensure the collection of accurate data on child fatalities and near fatalities resulting from abuse or neglect. ECFSD houses the State FICMMR Coordinator. CFSD will be responsible to write the biennial report ensuring the CAPTA provisions for public disclosure are met. The report will be reviewed internally by leadership within both divisions, as well as DPHHS leadership, prior to its release to the public. The most recent biennial report provided information on fatalities and near fatalities resulting from abuse or neglect that occurred between July 1, 2022, through June 30, 2023 (i.e. SFY22 and SFY23). The next biennial report will address fatalities and near fatalities because of abuse or neglect that occurred from July 1, 2024, through June 30, 2025 (i.e. SFY24 and SFY25). The report will be released no later than December 31, 2025.

Following the CANRC sunset in September of 2021, the intended work of the commission has continued via the hiring of a new CSO, who is currently implementing Collaborative Safety Science across CFSD, as it relates to critical incidents (including child fatalities and near-fatalities). This work involves many of the principals that were established by the CANRC and includes a robust and comprehensive team of stakeholders (including providers, Tribal members, professionals involved in child welfare, etc.) and CFSD staff that review cases and publish fatality and near-fatality reports by December 31st of even- numbered years.

Significant Changes from Previous CAPTA Plan

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

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

- Improve the Use of Multidisciplinary Teams and Inter-agency, intra-agency, interstate, and intrastate protocols to enhance investigations, and improve legal preparation and representation including:
    - Procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and
    - Provisions for the appointment of an individual appointed to represent a child in judicial proceedings.
- Case Management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families (Sec.106 (3)).
- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols (Sec.106 (4)).
- Developing, strengthening, and facilitating training including:
    - Training regarding research-based strategies, including the use of differential response, to promote collaboration with the families (Sec.106(5)).
    - Training in early childhood, child, and adolescent development.
    - Training the legal duties of such individuals, and
    - Personal safety training for case workers.
- Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.
- Developing and facilitating training protocols for individuals mandated to report child abuse or neglect.
- Developing and delivering information to improve public education relating to the role and responsibility of the child protection system and the nature of basis for reporting suspected incidents of child abuse and neglect.
- Developing and enhancing capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.
- Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system and agencies carrying out private community-based programs:
    - To provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and,
    - To address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and development evaluation for children who are the subject of substantiated child maltreatment reports.
- Developing and implementing procedures for collaborating among child protective services, domestic violence, and other agencies in:
    - Investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and
    - The provision of services that assist children exposed to domestic violence, and that support the caregiving role of the non-abusing parent.

Montana's Citizen Review Panel – State Fiscal Year 2024

The SAC acts as Montana's Citizen Review Panel (CRP), as required by Section 106 © of CAPTA, as amended. Presently, the SAC is composed of twenty volunteer members who represent a broad spectrum of the communities in which they live and, among other things, have expertise in the prevention and treatment of child abuse and neglect. Members include representatives from the state legislature, the legal community, local government, public health, education, individuals with lived experience, mental health, hospital services, prevention services, CASA/GAL, tribal social services representatives, and citizens- at-large. The Administrator of the CFSD appoints members. The councils meet quarterly, with both in-person and virtual options being available.

CFSD is organized into six regions. Each region has a local Regional Advisory Council that represents a diverse constituency. The local councils meet a minimum of twice per year, or more frequently, to advise and make recommendations to the regions and to the SAC regarding CFSDs' policy, procedures, need for services, gaps in services, the role of local community-based organizations, and a variety of issues or programming for CFSD.

SFY25 Approved SAC Minutes

See Appendix D Attached.

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

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

Name/Title	**Supervisory Training and Development**
Program # Addressed	#1, #2, #3, #4, #5, #6, #7, #8, #11, #12, #13, and #14
Projected Grant Award	Spent SFY24: $9,000 / Projected SFY25: $20,000.00
Description	Continued professional/managerial training is provided to all supervisory staff. The primary focus of this is CFSP goals, Title IV-B and IV-E, Legislative Audits, Legislative Changes, Federal and State Regulations, Polices and Procedures, Leadership Labs, etc. Other activities can include providing opportunities for leadership training for CFSD's supervisors, including CFSD's Management Team.

Name/Title	**Non-Supervisor Training and Development**
Program # Addressed	#1, #2, #3, #4, #6, #7, #8, #11, #12, #13, and #14
Projected Grant Award	Spent SFY24: $0 / Projected SFY25: $125,000.00
Description	Continued Professional Development for all non-managerial and non-supervisory staff to be trained on ongoing Policy and Procedure updates, Legislative changes, CFSP Goals, Federal and State Regulations, and Title IV-B and IV-E processes.

Name/Title	**Print Materials**
Program # Addressed	#1, #2, #3, #6, #10, and #14
Projected Grant Award	Spent SFY24: $0 / Projected SFY25: $10,000.00
Description	Grant funds are used for the printing of selected statutes of the Montana Code Annotated related to child protections matters. The statute reference is printed after every state legislative session in odd numbered years and is provided to CFSD staff. Others receiving copies upon request may include, but are not limited to attorneys, Tribes, CASA, domestic violence programs and other stakeholders. Additionally this finding supports printing materials related to Legislative mandates from the most recent Legislative Session.

Name/Title	Citizen Review Meetings
Program # Addressed	#1, #2, #3, #6,
Projected Grant Award	Spent SFY24: $5,000.00 / Projected SFY25: $18,000.00
Description	Funds allocated fund travel, lodging, and per diem costs for the Citizen Review Panel (CRP) during their regularly scheduled meetings. The CRP will continue to meet on a quarterly basis and make recommendations acting as Montana's permanent CRP with continued input from CSFD's Management Team. Additionally, Montana has engaged in collaborative work with the Capacity Building Center for States to help strengthen the State's partnership with a number of boards, including the State Advisory Council, which also serves as the States Citizen Review Panel. With this collaboration, it is anticipated that there will be additional in-person meetings as the State navigates this critical work.

Name/Title	University of Montana Supervisor Training/Leadership Academy
Program # Addressed	#6, #12, #14
Projected Grant Award	Spent SFY24: $101,000.00 / Projected SFY25: $102,000.00
Description	Funds allocated for an ongoing contract with the University of Montana, who provides intensive training to all supervisors across CFSD in the form of a Leadership Academy for new supervisors; as well as ongoing training and professional development for supervisors based on individual and staff-type needs that are identified through an annual needs assessment.

Name/Title	Montana Prevent Child Abuse and Neglect Conference (CAN)
Program # Addressed	#1, #2, #3, #4, #6, #7, #8, #11, #12, #13, and #14
Projected Grant Award	Spent SFY24: $32,000.00 / Projected SFY25: $41,000.00
Description	Each spring CFSD plans, organizes, and hosts the PCAN Conference in honor of Child Abuse and Neglect Prevention Month. The grant helps to support the Conference which attracts approximately 500 participants and nationally recognized speakers. The Conference brings together key staff from the child welfare field, foster and adoptive parents, Tribal social services, community stakeholders, and home visiting service providers. Other professionals are invited who represent the related disciplines of education, health care, law enforcement, the judiciary system, substance abuse, domestic violence, and mental health. Researchers, parents, advocates, and volunteers are also invited to attend. The annual conference has steadily grown in attendance from approximately 50 participants in 1998 to approximately 600 participants in 2024. The PCAN Conference is a collaborative project that encompassed a wide variety of professionals including: CFSD, CASA, the Court Assessment Program, the Montana Supreme Court Administrator's Office, the Department of Justice, Montana Children's Trust Fund, Permanency Planning, OPI, Public Health Departments, the Montana Coalition Against Domestic and Sexual Violence (MCADSV),and Montana Child Sexual Abuse Assault Response Teams (MCSART) and Healthy Mothers Healthy Babies-Montana, among others. The 2024 PCAN Conference was able to continue this year, in a hybrid format, on April 9-11, 2024, to help ensure the opportunity for Child Welfare staff and stakeholders to participate in the conference. All three days of the conference had sessions that were held in person, with targeted sessions also offered virtually: primarily for the legal and law enforcement partners across Montana. The conference offered nationally recognized speakers from around the country to present information that spans practice improvement, legal issues, child sexual abuse and exploitation issues, court practices, and personal and professional development. In addition, the Conference also offers excellent opportunities for participants to: Promote working relationships. Exchange information and ideas. Network with providers from around the state. Improve investigative, administrative, and judicial handling of cases of child abuse and neglect,

	particularly child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities. Improve investigative, administrative, and judicial handling of cases involving a potential combination of jurisdictions, such as interagency, interstate, Federal-State, and State-Tribal, in a manner which reduces the additional trauma to the child victim and the victim's family and which also ensures procedural fairness to the accused; and, Provide opportunities for participants to explore innovative approaches and techniques which improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases, particularly child sexual abuse and exploitation cases, including the enhancement of performance of court-appointed attorneys and GALS, and which also ensure procedural fairness to the accused. Registration fees were waived for several registrant-types. Waiving fees, in part, contributed to an additional 150+ staff and stakeholders to attend the conference, which was a significant increase over prior years, where the average number of participants was approximately 400. Per the Governor's Energy Policy: Handouts and resources for the conference were offered via the virtual platform and made available for 90 days following the live conference, to conserve resources as no hard copy/paper handouts were used or made available.

Name/Title	**Tribal/Cultural Awareness Support Programming**
Program # Addressed	#2, #3, #7, #10, #11, #12, #13, and #14
Projected Grant Award	$30,000.00
Description	To offset expenses associated with Tribal and other Cultural Awareness Support Programming and Materials for both Tribal and state social services professionals. This includes efforts by the new American Indian Health Director and staff who are housed in the DPHHS Director's Office.

Grant Plan and Projected Expenses for SFY25 Overview	
Supervisory Training and Development	$20,000.00
Non-Supervisor Training and Development	$125,000.00
Print Materials	$10,000.00
Citizen Review Meetings/SAC	$18,000.00
University of Montana Supervisor Training/Leadership Academy	$102,000.00
Montana PCAN Conference	$41,000.00
Tribal/Cultural Awareness Support Programming and Materials	$30,000.00
Estimated Indirect Costs	$14,000.00
TOTAL	**$346,000.00**

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

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

As reported in previous APSR, CFSD continues to provide services to substance-exposed newborns based on the individual needs of the child. Substance-exposed newborns coming into the child protection system are evaluated by medical staff and the course of their care and treatment are guided by those recommendations. The CPS is responsible for developing a plan that ensures the recommendations of the medical staff are carried out, to monitor the plan moving forward and to follow-up as necessary to ensure the safety of the child. Also, these children would be referred to the local Developmental Disability Part C Program for screening for developmental disabilities.

If the developmental assessment indicates that the child requires services for a developmental disability or requires further assessment, the CPS is responsible to make referrals to the appropriate services to the local developmental disability provider and ensure that the child receives the services as available. In cases where there has been a determination that efforts to reunify are appropriate the plan developed by the CPS must include providing support and services to the birth mother and father to facilitate successful return of the child to the parents' care.

Montana statute requires medical professionals who know or have reasonable cause to suspect, because of information they receive in their professional or official capacity, that a child is abused or neglected by anyone regardless of whether the person suspected of causing the abuse or neglect is a parent or other person responsible for the child's welfare, they shall report the matter promptly to the DPHHS. This would include the reporting of any substance-exposed or newborns or newborns who are demonstrating withdrawal symptoms due to prenatal substance exposure, including alcohol. Montana statute does not distinguish between exposure to drugs that are legally or illegally obtained. The criterion for reporting is the impact on the safety of the child.

A substance-exposed newborn would be categorized as "Physical Neglect" in Montana. If the newborn was exposed to a "dangerous drug" (as defined in Schedules I through IV in Title 50, chapter 32, part 2) because of drug manufacturing or distribution the substance-exposed newborns would be categorized as "Exposure to Drug Manufacture/Distribution". In Montana, exposing a newborn to a dangerous drug (as defined in Schedules 1 through IV in Title 50, chapter 32, part 2) is considered "Physical Neglect" by a caregiver. Further if the caregiver was manufacturing or distributing dangerous drugs, it would also be considered "Exposure to Drug Manufacture/Distribution" by a caregiver.

American Rescue Plan Act Funding

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

Ongoing Communication between Children's Bureau and States

State Liaison Officer (SLO)
Brandi Loch, Deputy Division Administrator
DPHHS-Child and Family Services Division
111 N. Last Chance Gulch/ PO Box 8005
Helena, MT 59604
BrandiLoch@mt.gov
406-799-1823

CAPTA Annual State Data Report Items

Information on the Child Protective Service Workforce

- All CFSD staff except administrative support and Fiscal Bureau staff are required to complete new worker in-service training as soon as possible. All new CFSD staff are required to complete HIPAA training within 30 days of being hired.
- All CFSD Supervisors, CPS, CI Specialists (CIS), RFS, SST and other specified employees are required to engage in hands-on CAPS/MFSIS training, provided by internal staff familiar with operating the systems, throughout their onboarding process.
- All field and CI Supervisors will complete the onboarding Training Manual with all new CPS, CIS, SST and RFS.
- All CI, field and program staff are required to participate in all policy trainings.

- All CPS are required to complete Forensic Interviewing Training within 18 months after being hired unless a RA excuses them from this training. All Regional CPS, RFS, and Supervisors are required to complete KCS within 24 months after being hired.
- All CPS, RFS and Supervisors are required to complete annual blood-borne pathogen training.

Child and Family Services Policy Manual: Reference Information Background Checks for Employees of CFSD: CFSD Employee; Child Protective Services Check, Background Check to include Out-Of- State Checks; Criminal Background Check (CBC); and a Driving Record Check (DMV).

A name-based records check using the Criminal Justice Information Network (CJIN) performed by the Montana Department of Justice or a companion agency in another state. CBC results are generally available within 24 hours. National background checks are conducted by the Federal Bureau of Investigations Results may take 10 to 14 business days. Fingerprint-based criminal records checks are completed on newly hired CPS and SST workers. Fingerprint-based checks are also utilized for newly hired CPS supervisors who are hired from outside the agency.

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

Child protection, adult protective services, CBCs and DRCs are required for all new hires. The records will be reviewed to determine whether the applicant has been convicted of any criminal acts that are directly related to the responsibilities of the prospective position, or if the applicant has any involvement with the Child Welfare system, which would be relevant to the position.

A CBC and DRC are required for all Montana Public Employees Association qualifying position transfers (i.e., CI, CPS and FEM coordinators). Internal transfers/promotions within CFSD will be required to complete the CBC, child protection and DRC. A clear statement notifying the applicant of the requirement for a background check will appear on the position announcement. The CFSD applicant selected for the position will receive a contingency letter indicating the job offer is contingent upon the results of the background check. The offer of employment will be rescinded if the applicant does not pass the background check.

Relevant felony history, or substantiation of child abuse or neglect will be reviewed, and the applicant will be given an opportunity to challenge the accuracy of the report and contact information to get the report corrected. All background checks will be reviewed in accordance with Equal Opportunity Employer (EEO) guidelines (e.g., reviewing the nature and severity of the crime, relation of the crime to the prospective job, and time elapsed since the crime occurred). As a rule, any applicant who has a relevant felony criminal history or who has a substantiation of child abuse or neglect will be disqualified. Selected applicants refusing to complete a background check will not be advanced in the selection process.

Child Facing Employee Certification

Information specific to these requirements as of SFY25 are shared in:

- Section 2: D Staff and Provider Training – Item 26 and 27
- Targeted Plan: CFSD Training Plan

Supervisory Training

Information specific to these requirements as of SFY25 are shared in:

- Section 2: D Staff and Provider Training – Item 27
- Targeted Plan: CFSD Training Plan

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

- Must have a BSW, human services or psychology, or directly related degree.
- Must have two years of social services work experience, or directly related work experience, working with children and families in difficult and sometimes volatile situations.
- Other combinations of directly related education and experience may be considered on a case-by-case basis.
- Child protection work experience and professional certification preferred.
- Experience working with Tribal government entities and/or other organizations of native peoples is highly preferred.

CPS perform professional social work in providing protective services to children who are being abused, exploited, or neglected. Their position investigates referrals, develops treatment plans, coordinates work with other programs, and research other available services. These cases are likely to involve legal action, thus there would be time spent working with law enforcement, county attorneys and the courts. CPS must have knowledge of the principles and practices of social work; human growth and development; patterns of behavior; state and federal laws relating to child welfare; and community resources. Skill in establishing community relations and public relations; evaluating the success or failure of plans for intervention; communicating effectively; and working well with employees, other agencies, and the public. CPS must have the ability to diagnose severe problems in social functioning; develop and implement plans with individuals experiencing severe problems in social functioning such as physical abuse cases, mental illness, and sexual abuse; identify clients' needs not being met through existing community investigations of abuse, neglect, and exploitation; and to communicate verbally and in writing with individuals from diverse socioeconomic and cultural backgrounds. Demonstrated ability in treatment intervention and testifying effectively in court is needed. CPS must have a valid driver's license and access to a vehicle. CPS are sometimes on call twenty-four hours a day to provide services in emergencies. CPS regular shifts include nights and weekends.

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

- BSW, human services or psychology, or directly related degree.
- Four years of child protection work experience or other directly related work experience working with children and families in difficult and sometimes volatile situations.
- Supervisory work experience preferred.
- Other combinations of directly related education and experience may be considered on a case-by-case basis; however, a bachelor's degree is required.
- Experience working with Tribal government entities and/or other organizations of native peoples is highly preferred.

Centralized Intake Minimum Qualification, Education, Training, and Experience Requirements

- Minimum Qualifications (Education and Experience):
- BSW, psychology, or related human services field.
- One year of human services experience working with children and families.
- Other combinations of directly related education and experience may be considered on a case-by-case basis; however, a bachelor's degree is required.
- A six-month completed internship with Child Protective Services will be accepted in lieu of the one year required experience.

Training Assignment Requirements

- Training assignments are not typically used when hiring new staff. Training assignments are for no less than three (3) months and up to twelve (12) months. During the training assignment, the newly hired worker may receive a wage that is less than newly hired staff meeting the minimum requirements. Job performance is observed and discussed between the employee and supervisor on a regular basis during the agreement. The employee will attend and satisfactorily complete the following training:
    - Meet weekly in person with the CPS supervisor to assess progress, discuss questions, and receive training direction.
    - Complete CAPS training and demonstrate an understanding of CAPS screens and ACTD documentation.
    - Attend, actively participate in and complete MCAN.
    - Complete all On-Boarding requirements for new CPS employees, as set forth in the CPS On- Boarding Manual.
    - Internship with Child Protective Services will be counted equivalent to one year of direct experience. To receive credit for the internship, the applicant must have a letter of recommendation from the CFSD supervisor.

Training Manual

Information specific to these requirements as of SFY25 are shared in:

- Section 2: D Staff and Provider Training – Item 26 and 27
- Targeted Plan: CFSD Training Plan

Policy Training

All CI, field and program staff are required to participate in all Policy Training. CFSD will ensure staff is informed before new laws and policies become effective and to provide refresher training on selected topics such as the ICWA and Non-discrimination training.

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

Resource Family Specialist (RFS) Training

Information specific to these requirements as of SFY25 are shared in:

- Section 2: D Staff and Provider Training – Item 27
- Targeted Plan: CFSD Training Plan

Forensic Interview Training

Basic and Advanced Forensic Interview Training is provided in collaboration with the Department of Justice (DOJ) and CFSD. The presenters are national speakers based in San Diego. Both agencies share training opportunities with child protection staff and law enforcement officers. The collaborative training occurs at least three times each year.

Information specific to these requirements as of SFY25 are shared in:

- Section 2: D Staff and Provider Training – Item 27
- Targeted Plan: CFSD Training Plan

Ethics Training

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

Information specific to these requirements as of SFY25 are shared in:

- Section 2: D Staff and Provider Training – Item 27
- Targeted Plan: CFSD Training Plan

Demographic information of the Child Protective Services Personnel

Table 121: CPS and CI Staff Years of Service Count and Percentage

Child Protection Specialist and CI Staff Years of Service	Count	Percentage
< 1	75	28.85%
1 to < 3	88	33.85%
15 to < 25	10	3.85%
25+	4	1.54%
3 to < 5	41	15.77%
5 to < 9	31	11.92%
9 to < 15	11	4.23%
Grand Total	**260**	**100.00%**

Table 122: CPS and CI Staff Education Requirements and Percentage

Child Protection Specialist and CI Staff Education	Count	Percentage
Associate Degree	1	0.38%
Bachelors Level Degree	211	81.15%
Doctorate (Professional)	1	0.38%
HS Graduate or Equivalent	5	1.92%
Masters Level Degree	35	13.46%
Not Indicated	7	2.69%
Grand Total	**260**	**100.00%**

Table 123: CPS and CI Staff Gender Count and Percentage

Child Protection Specialist and CI Staff Gender	Count	Percentage
Female	209	80.38%
Male	51	19.62%
Grand Total	**260**	**100.00%**

Table 124: Supervisors/Managers Years of Service Count and Percentage

Supervisors and/or Managers Years of Services	Count	Percentage
< 1	1	1.52%
3 to < 5	4	6.06%
5 to < 9	25	37.88%
9 to < 15	18	27.27%
15 to < 25	11	16.67%
25+	7	10.61%
Grand Total	**66**	**100.00%**

Table 125: Supervisors/Managers Education Requirements

Supervisors and/or Managers Education	Count	Percentage
Bachelors Level Degree	45	68.18%
Masters Level Degree	10	15.15%
Not Indicated	7	10.61%
Some Graduate School	4	6.06%
Grand Total	**66**	**100.00%**

Table 126: Supervisors/Managers Gender Count and Percentage

Supervisors and/or Managers Gender	Count	Percentage
Female	57	86.36%
Male	9	13.64%
Grand Total	**66**	**100.00%**

Juvenile Justice Transfers

There were no children transferred from CFSD into the custody of the State Juvenile Justice system in SFY25. Children in CFSD's custody are generally not transferred to the custody of the State Juvenile Justice System. If a child who is in the custody of the CSFD commits a status offense, that youth usually remain in CFSD's custody, and services are provided to remedy the behavior that brought the youth to the attention of Juvenile Justice Court.

If this same youth is adjudicated a delinquent youth, CFSD and Juvenile Probation frequently share responsibility for the youth, with the youth remaining in CFSD's custody while supervision is provided by the Juvenile Probation Officer. In rare instances, when a youth has committed a crime involving violence or the use of weapons, a transfer may occur, but the youth is most likely committed to the Department of Corrections. This data is obtained from the SACWIS system.

Education and Training Vouchers

Information specific to this is shared in Section 5: Update to Service Description - Chafee and ETV.

Table 127: ETV Awarded per School Year

School Year (July 1- June 30)	Total ETV's Awarded	New ETV's Awarded
2022-2023	45	19
2023-2024	52	25
2024-2025	47	24

Inter-Country Adoptions

There are no SFY25 reports of children, who were adopted from other countries, entering state custody because of a disruption of the adoptive placement or the dissolution of an adoption. CFSD continues to be available to assist families who have adopted children internationally as needs arise.

Monthly Caseworker Visit Data

This information is provided in Section 5: Monthly Caseworker Visit Formula and Standards for Caseworker Visits.

SECTION 8: UPDATES TO TARGET PLANS WITHIN 2025-2029 CFSP

The following plans have been updated as indicated below.

Training Plan

During the process of the CFSR Round 4 SWA, CFSD submitted Item 26 for preliminary feedback from ACF-CB, this feedback and further analytical comprehensive review from CFSD CQI staff of not only Item 26, but Items 27, led CFSD to update this plan in order to reflect the most up to date process as described in the SWA. A lot of the changes were basic formatting changes, so that the information was laid out in a more concise manner in order to be utilized as an ongoing plan. The sections of this plan that were updated are:

- Formatting change to reflect the General Information **after** the Table of Contents and Acronym List instead of before.
- Page 5 – **III. Recruitment**
  - Formatting updates to lay out the information more concise.
- Page 7 – **VI. Information on the Child Protective Service Workforce**
  - Formatting updated to lay out this section at the top of the training section, instead of further down as previously listed. It was also expanded upon as a high level overview of the requirements of training and hours for various staff of CFSD.
- Page 8 – **VII. Child Facing Certification**
  - Formatting updated to reflect the requirements of this process, as well as outline the components of the initial training and expectations for CPS initial training process and hours associated with.
  - This entire section was updated to reflect the current process, curriculum, manuals, coaching/mentoring/shadowing, Skill Enhancement Trainings (SETs), and overall requirements for initial case assignment.
- Page 15 – **VIII. Required Ongoing Staff Training**
  - This section was added in to the Training Plan, as the previous one only had the initial training information and a few one-off additional required trainings. This section also includes the annual training requirements for child-facing staff to maintain their MT-CPS Certification.
- Page 17 – **Ethics Training Defined**
  - This was expanded on to provide the principles and the codes adhered to by CFSD. A shorter description was listed in the previous plan on page 8.
- Page 17 – **Forensic Interview Training Defined**
  - This was expanded on to provide the agenda topics and share more of the process CFSD adheres to regarding this training. A shorter description was listed in the previous plan on page 8.
- Page 18 **– IX. Resource Family Specialist Training**
  - This was just reformatted to be its own separate section and is the same information that was listed on page 8 of the previous Training Plan submitted to ACF-CB.
- Page 18 – **X. Supervisory Training**
  - This was expanded upon to reflect the requirements of the initial process for child-facing supervisor training, curriculum utilized, and overall expectations and hours associated with. CFSD has recently expanded the supervisory training, and this had not been outlined as to reflect all the innovations that had been put in place to support supervisors in their initial training. A shorter description was listed in the previous plan on page 8.
- Page 20 – **XI. Ongoing Supervisory Training**
  - This section was added in to the Training Plan, as the previous one only had a short description of expectations regarding supervisory training on page 8. This outlines all ongoing training required and available to child-facing supervisors.
- Page 21 – **XII. CFSD Internal Process for Tracking, Monitoring and Evaluating Training**
  - This section was added in to the Training Plan, as the previous one did not reflect CFSDs process for tracking and evaluating training.

- Page 26 – **XIII. CFSD At a Glance Training Overview**
    - This section was added in to the Training Plan, as a sample of trainings, how often they are offered throughout the year, and the associated hours applicable to the training.
- Page 27 – **XIV. Training Tables Including Allocated Funding and Functions**
    - Formatting updated to reflect the most current practice regarding trainings, attendees, associated hours, and funding. This process included an analytic review from CFSDs Financial Bureau Chief and CQI staff.
        - In the previous plan the amount was not estimated for Initial Training (bottom of page 9); however, that was overlooked and not meant to be listed as $0. CFSD added in both a SFY25-29 Projected Cost row to the table, and a SFY25 Projected Cost. These tables will be updated in the future to reflect what the actual cost was for the previous year start in the SFY26 APSR. Additionally, the cost allocation methodology was updated to reflect the specifics of how the Title IV-E funding is utilized.
        - In the previous plan the amount listed for Ongoing In-Service Training (page 11) reflected the estimated amount for one year, instead of for the entire SFY25-29 period. This was updated to reflect the SFY25-29 Projected Cost. CFSD also added in the Annual Projected Cost, which was actually significantly lower than what had been previously estimated. Additionally, the cost allocation methodology was updated to reflect the specifics of how the Title IV-E funding is utilized, as well as a reference to the CAPTA State Plan.
        - In the previous plan the estimated cost table for the Foster and Adoptive Parent Training had the wrong title listed on it, as "Conference." This was updated to reflect the applicable title. Additionally the projected cost was changed to be less than what was previously estimated. CFSD added in both a SFY25-29 Projected Cost row to the table, and a SFY25 Projected Cost. These tables will be updated in the future to reflect what the actual cost was for the previous year start in the SFY26 APSR. Additionally, the cost allocation methodology was updated to reflect the specifics of how the Title IV-E funding is utilized.
        - In the previous plan the estimated cost table for Conferences had the wrong title listed on it, as "Foster and Adoptive Parent Training." This was updated to reflect the applicable title. Additionally the projected cost was changed to be slightly more than what was previously estimated using the previous year PCAN conference cost, which has been the first In-Person (non-hybrid conference) in the past several years. CFSD added in both a SFY25-29 Projected Cost row to the table, and a SFY25 Projected Cost. These tables will be updated in the future to reflect what the actual cost was for the previous year start in the SFY26 APSR. Additionally, the cost allocation methodology was updated to reflect the specifics of how the Title IV-E funding is utilized.
        - The Long-Term Training For Persons Employed by or Preparing for Employment cost table was updated, and the SFY25-29 Projected Cost was changed to be less than what was previously estimated. CFSD added in both a SFY25-29 Projected Cost row to the table, and a SFY25 Projected Cost. These tables will be updated in the future to reflect what the actual cost was for the previous year start in the SFY26 APSR. Additionally, the cost allocation methodology was updated to reflect the specifics of how the Title IV-E funding is utilized.
        - The Training Materials cost table was updated, and the SFY25-29 Projected Cost was changed to be more than what was previously estimated. The reason for this increase was that CFSD use to utilize the CJA Grant to cover some of these cost, and the CJA Grant is no longer being received by CFSD. CFSD added in both a SFY25-29 Projected Cost row to the table, and a SFY25 Projected Cost. These tables will be updated in the future to reflect what the actual cost was for the previous year start in the SFY26 APSR. Additionally, the cost allocation methodology was updated referencing the CAPTA State Plan.
    - Page 35 – **XV. Projected Future Curriculum Changes**
        - This section was added in to reflect preliminary recommendations for training curriculum updates that will be further evaluated as the Quality Improvement Center Authentic Engagement of Youth in Permanency Planning (QIC-EY) dissolves at the end of 2026.

Foster and Adoptive Parent Diligent Recruitment Plan

During the process of the CFSR Round 4 SWA, CFSD submitted Item 28 for preliminary feedback from ACF-CB, this feedback and further analytical comprehensive review from CFSR CQI staff of not only Item 28, but Items 33-36, led CFSD to update this plan in order to reflect the most up to date process as described in the SWA. A lot of the changes were basic formatting changes, so that the information was laid out in a more concise manner in order to be utilized as an ongoing plan. Additionally, sections specific to supporting youth with different sexual identities and races were removed per instruction by ACF-CB Program Instructions. The sections of this plan that were updated are:

- Formatting change to reflect the General Information **after** the Table of Contents and Acronym List instead of before.
- Page 3 – **III. Training For Resource Family Specialist (RFS)**
    - This section was moved to the top of this plan as a high level overview of what training requirements CFSD adheres to for Resource Family Specialist as currently listed in the Training Plan. A shorter description was listed in the previous plan on page 8.
- Page 4 – **IV. Recruitment of Kinship Providers**
    - Formatting was updated to reflect what was previously outlined in the past plan on page 3 regarding Kinship Caregivers.
- Page 5 – **V. Recruitment and Retention of Licensed Providers**
    - Formatting was updated to reflect what was previously outlined in the past plan on page 4 regarding all Resource Families. Additionally, this section was expanded on to align with what was reported on in the CFSR Round 4 SWA Items 35.
- Page 8 – **VI. Provider Training**
    - This section was expanded upon from what was listed on page 7 of the previous plan, to align with what was reported on in the CFSR Round 4 SWA Item 28. This section now includes requirements, hours of training, and curriculum for initial training and ongoing training.
- Page 11 – **VII. Child Placing Agency Training Requirements (Initial and Ongoing)**
    - This section was added to align with what was reported on in the CFSR Round 4 SWA Item 28. This section now includes requirements, hours of training, and curriculum for initial training and ongoing training.
- Page 12 – **VIII. Youth Congregate Care Facility Training Requirements**
    - This section was added to align with what was reported on in the CFSR Round 4 SWA Item 28. This section now includes requirements, hours of training, and curriculum for initial training and ongoing training.

Health Care Oversight and Coordination Plan

The only section of this plan that was updated was on page six, in which the Mountain Pacific Innovating Better Health Evaluation section was updated from the FY2022 evaluation to the CY2024 evaluation. This now reflects more recent information and evaluation of the program.

Disaster Plan

The sections of this plan that were updated are:

- Page 3 – The exported data was pulled, compared and updated as of **April 25, 2025.**
- Page 4 – **BCP Key Contacts: External Not Part of State Government Table**
    - Michael Gallegos information was changed to Holly Nichols
- Page 8 – **CFSD Team Role Table**
    - Member Cena Giess-Martons information was replaced with Duane Cordiners.
- Page 12 – **CFSD Team Role Table**
    - Member Debra Cole was removed.
- Page 15 – **CFSD Team Role Table**
    - Frances Williams was added.

SECTION 9: FINANCIAL INFORMATION

The following has been updated and are attached.

- CFS 101, Part I
- CFS 101, Part II
- CFS, 101, Part III

Appendix A – Acronym List

A

Accenture Case Insight Solution (ACIS)
Addiction Recovery Team (ART)
Addictive and Mental Health Disorders Division (AMHDD)
Administration for Children and Families Children Bureau (ACF-CB)
Administrative Rules of Montana (ARMS)
Adoption and Foster Care Analysis and Reporting System (AFCARS)
Advanced Practice Training (APT)
Americans with Disabilities Act (ADA)
Annual Progress and Service Report (APSR)
Ansell Casey Life Skills Assessment (ACLSA)
Area Needing Improvement (ANI)

B

Behavioral Health Alliance of Montana (BHAM)
Behavioral Health and Development Disabilities
Business Analyst Unit (BA)

C

Center for States Child Welfare Capacity Building Collaborative (CSCWCBC)
Centralized Intake (CI)
Chief Safety Officer and Community Liaison (CSO)
Child Abuse & Neglect Review Commission (CANRC)
Child Abuse Prevention and Treatment Act (CAPTA)
Child Adult Protective System (CAPS)
Child Adolescent Service Intensity Instrument (CASII)
Child and Family Services Division (CFSD)
Child and Family Service Plan (CFSP)
Child and Family Services Review (CFSR)
Child Placing Agency (CPA)
Child Protection Specialist (CPS)
Child Protection Specialist Supervisors (CPSS)
Child Support Services Division (CSSD)
Child Welfare Managers (CWM)
Child Welfare Prevention and Support Services (CWPSS)
Children's Advocacy Centers (CAC)
Children's Alliance of Montana (CAM)
Children's Justice Act (CJA)
Children's Mental Health Bureau (CMHB)
Children's Special Health Services (CSHS)
Chippewa Cree Tribe (CCT)
Citizen Review Panel (CRP)
Commodity Supplemental Food Program (CSFP)
Community Based Child Abuse Prevention (CBCAP)
Community Response Program (CRP)
Comprehensive Child Welfare Information System (CCWIS)
Conditions for Return (CFR)
Confederated Salish and Kootenai Tribes (CSKT)
Connected Voices for Montana's Children (CVMC)
Continuous Quality Improvement (CQI)
Court Appointed Special Advocates (CASA)
Creating Lifelong Families (CLF)

D

Department of Commerce Montana Housing Program (MHP)
Department of Justice (DOJ)
Department of Motor Vehicles (DMV)
Department of Public Health and Human Services (DPHHS)
Dependent and Neglect Cases (DN)
Developmental Disability Program Bureau (DDPB)

E

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
Early Childhood and Family Support Division (ECFSD)
Education and Training Vouchers (ETV)
Emergency Protective Services Hearing (EPS)

F

Families First Prevention Services Act (FFPSA)
Family Based Services (FBS)
Family Case Plan (FCP)
Family Engagement Meeting (FEM)
Family Functioning Assessment (FFA)
Family Medical Leave Act (FMLA)
Family Support Services Advisory Council (FSSAC)
Family Support Team (FST)
Federal Fiscal Year (FFY)
Field Lead Training Specialist (FLTS)
Former Foster Care Medicaid (FFCM)
Foster Care Review Committee (FCRC)
Foster Youth to Independence (FYI)
Free Application for Federal Student Aid (FAFSA)

G

Guardian Ad Litem (GAL)

H

Healthy Families America (HFA)
Healthy Montana Families (HMF)
Healthy Mothers Healthy Babies (HMHB)
Human and Community Services Division (HCSD)
Human Factors Debriefing (HFD)
Human Resources (HR)
Human Resource Development Councils (HRDC)

I

In-Home Cases (IH)
Individualized Education Plan (IEP)
Indian Child Welfare Act (ICWA)
ICWA Family Recovery Court (ICWA-FRC)
Infant Early Childhood Mental Health Consultant (IECMHC)

Information and Technology Division (ITSD)
Interstate Compact on Placement of Children (ICPC)

K

Keeping Children Safe (KCS)

L

Learning Management System (LMS)
Licensing Bureau Chief (LBC)
Leaders in Organizational Change (LOC)
Low Income Home Energy Assistance Program (LIHEAP)

M

Management Team (M-Team)
Maternal Infant and Early Childhood Home Visiting (MIECHV)
MCIP ICWA Communities of Practice (CoP)
Memorandum of Understanding (MOU)
Montana Board of Crime Control (MBCC)
Montana Career Information System (MCIS)
Montana Chafee Foster Care Independence Program (MCFCIP)
Montana Chapter of the American Academy of Pediatrics (MTAPP)
Montana Child Abuse and Neglect Orientation Training (MCAN)
Montana Children's Trust Fund (MTCTF)
Montana Code Annotated (MCA)
Montana Continuum of Care (COC)
Montana Court Improvement Program (MCIP)
Montana Family Safety Information System (MFSIS)
Montana Kinship Navigator Program (MKNP)
Montana's Prevent Child Abuse and Neglect Conference (PCAN)
Montana's Program for Automating and Transforming Healthcare (MPATH)
Montana State University (MSU)
Montana State University – Billings (MSU-B)
MSU Extension Family & Consumer Sciences Program (MSU-E)
Motivational Interviewing (MI)
Multi-Disciplinary Teams (MDT)

N

National Child Abuse and neglect Data System (NCANDS)
National Crime Prevention and Privacy Compact (NCPPC)
National Electronic Interstate Compact Enterprise (NEICE)
National Training and Development Curriculum (NTDC)
National Youth in Transition Database (NYTD)

O

Office of Child and Family Ombudsman (OCFO)
Office of Inspector General (OIG)
Office of Legal Assistance (OLA)
Office of Public Assistance (TANF)
Office of Public Instruction (OPI)
Office of the Commissioner of Higher Education (OCHE)
Office of Victims of Crime (OVC)
Online Monitoring System (OMS)
On Site Review Instrument (OSRI)
Out-of-Home Cases (OOH)

P

Performance Improvement Plan (PIP)
Permanency Planning Program Manager (PPPM)
Permanency Planning Specialist (PPS)
Permanency Planning Team (PPT)
Permanent Planned Living Arrangements (PPLA)
Positive Youth Development (PYD)
Post Permanency Support Specialist (PPSS)
Pre-Employment Transition Services Program (Pre-ETS)
Pre-Hearing Conferences (PHC)
Priority One (P1)
Priority Two (P2)
Priority Three (P3)
Priority Four (P4)

Priority Five (P5)
Psychiatric Residential Treatment Facilities (PRTF)
Public Housing Authority (PHA)

Q

Qualified Expert Witness (QEW)
Qualified Individual (QI)
Quality Assurance (QA)
Quality Improvement Center (QIC)
Quality Improvement Center Engagement of Youth Project (QIC-EY)

R

Random Moment Time Study (RMTS)
Reach Higher Montana (RHM)
Recruitment, and Training (RRT)
Regional Administrator (RA)
Regional Advisory Councils (RAC)
Request for Proposal (RFP)
Request of Information (ROI)
Resource Family Specialists (RFS)
RFS Supervisors (RFSS)
Risk Standardized Performance (RSP)

S

Safety and Management System (SAMS)
Safety Plan Determination (SPD)
Salish Kootenai College (SKC)
Service Organization and Reporting System (SOARS)
Sexual and Violent Offender Registry (SVOR)
Social Security Administration (SSA)
State Advisory Council (SAC)
State Fiscal Year (SFY)
Statewide Assessment (SWA)
Statewide Data Indicators (SWDI)
Skill Enhancement Training (SET)
Structured Query Language (SQL)
Substance Use Disorder (SUD)
Supplemental Nutrition Assistance Program (SNAP)
Systemic Processes and Operations Review Team (SPORT)

T

Targeted Case Manager (TCM)
Team of Lived Expertise (TLE)
Temporary Assistance for Needy Families (TANF)
Temporary Legal Custody (TLC)
Termination of Parental Rights (TPR)
Therapeutic Foster Family (TFF)
Therapeutic Group Home (TGH)
Training Development Specialist (TDS)
Training Development Specialist Supervisor (TDSS)
Transitional Living Plan (TLP)
Trial Home Visits (THV)
Trauma Informed Practices Training (TIPs)

U

U.S. Department of Housing and Urban Development (HUD)
University of Montana (UM)
University of Montana Center for Children Families and Workforce Development (UM-CCFWD)
University of Montana Workforce Consultants (UM-WTCs)

V

Vocational Rehabilitation and Blind Services (VRBS)

W

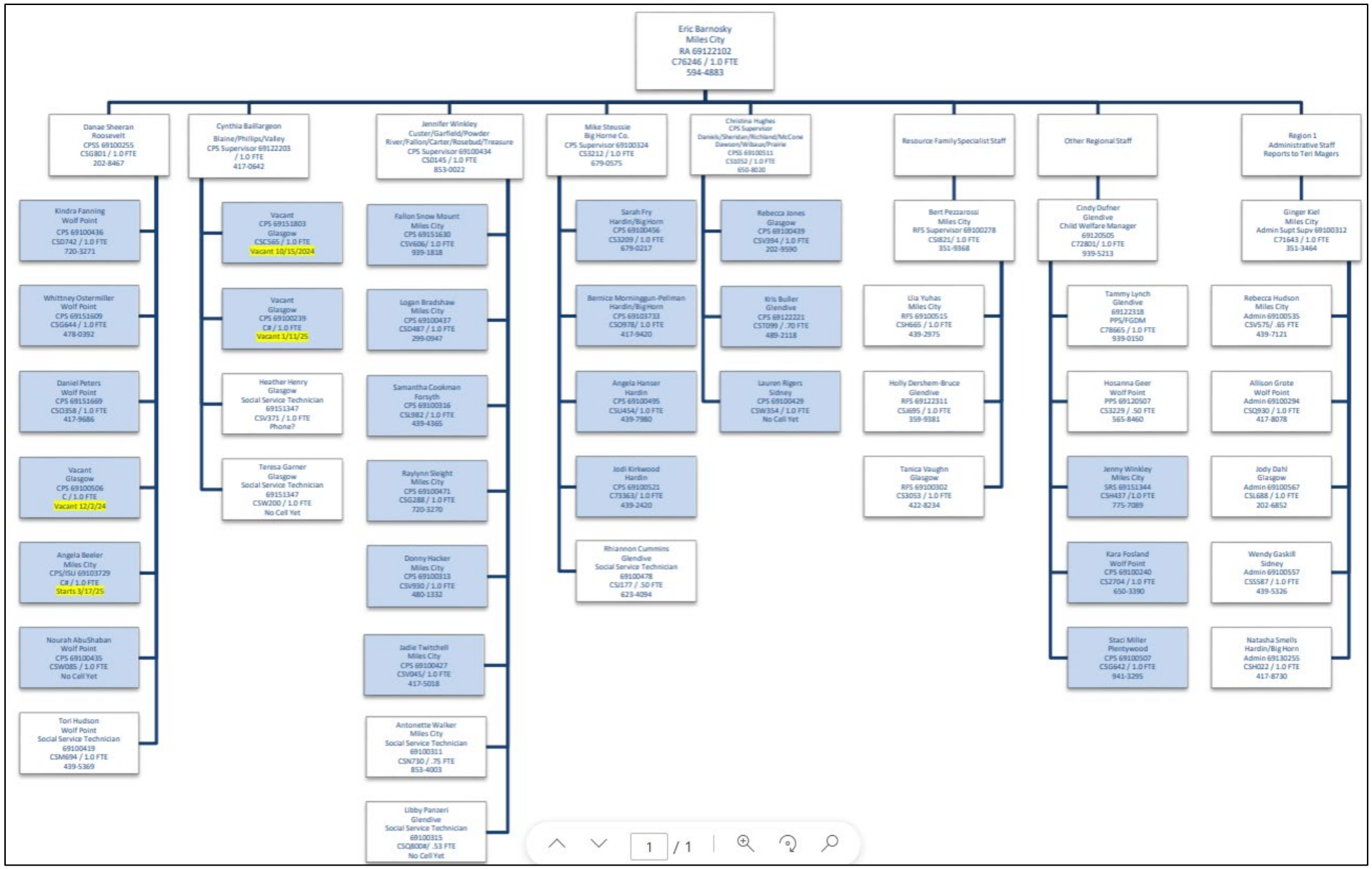
Wendy's Wonderful Kids (WWK)
Women, Infant and Children (WIC)
Workforce Investment and Opportunities Act (WIOA)

Y

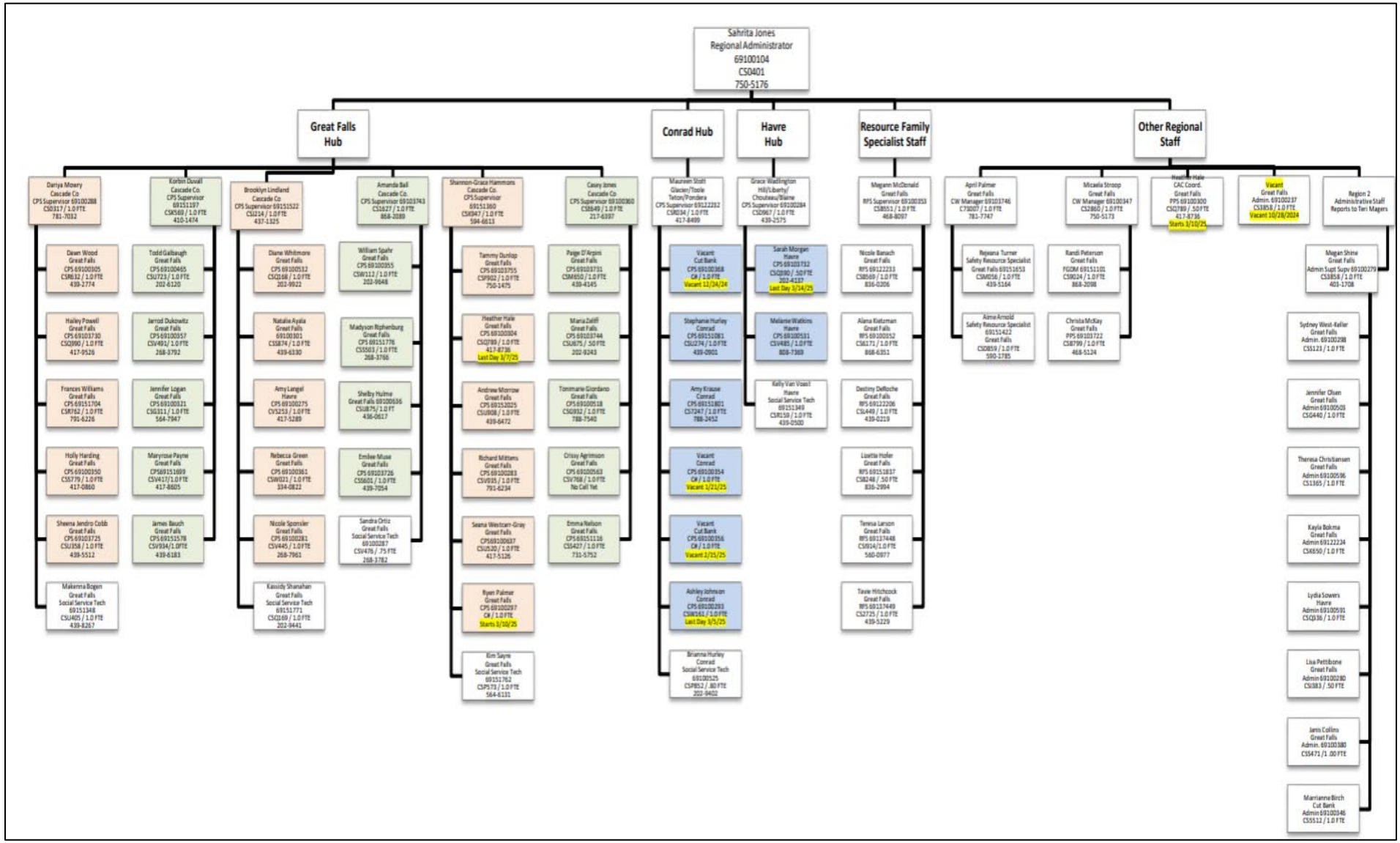
Yellowstone Boys and Girls Ranch (YBGR)
Youth Advisory Board (YAB)
Youth Dynamics Incorporated (YDI)
Youth Engagement Coordinator (YEC)
Youth Homelessness Demonstration Program (YHDP)

Appendix B – CFSD Organizational Charts

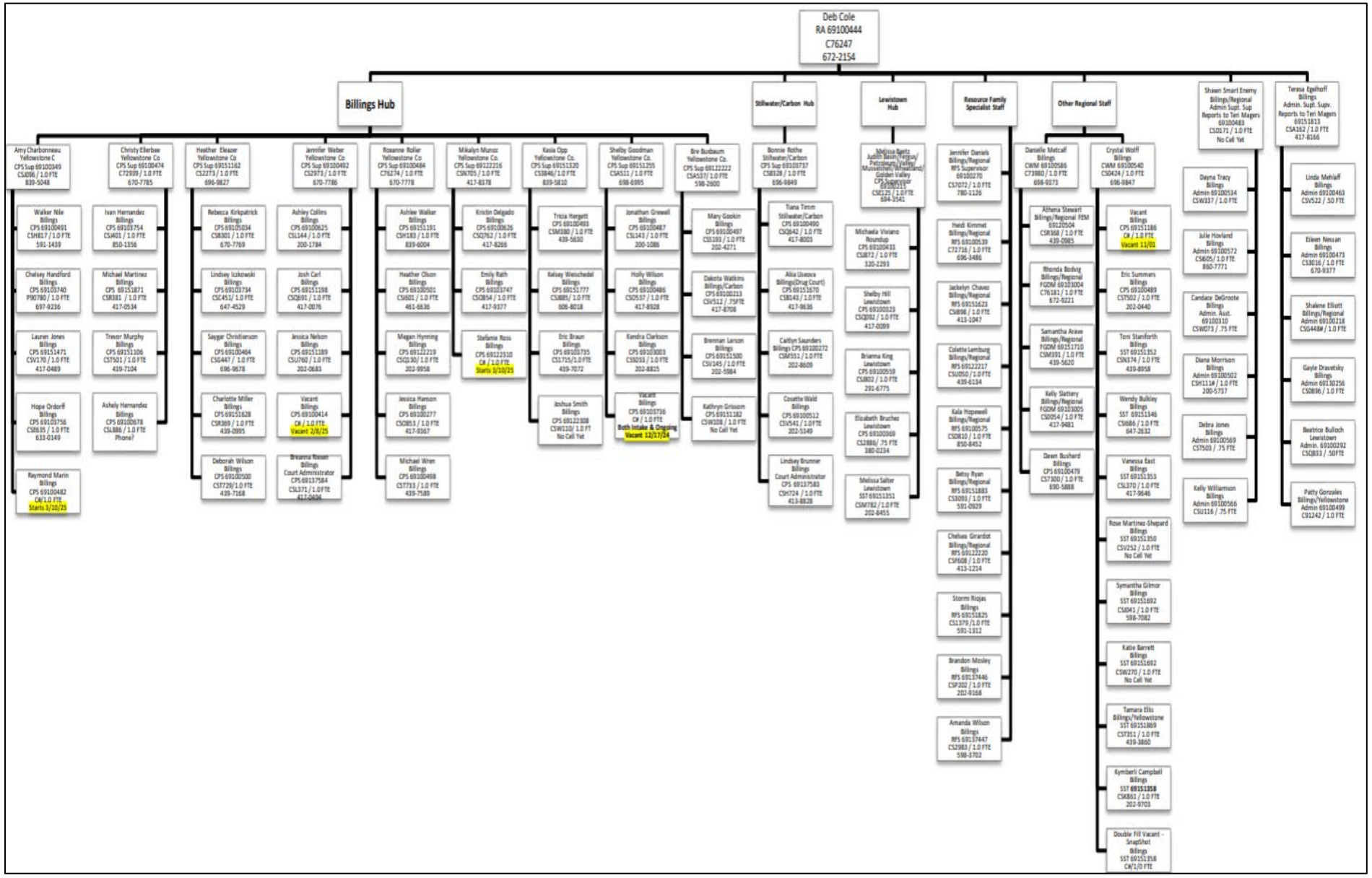
Region 1 Organizational Chart



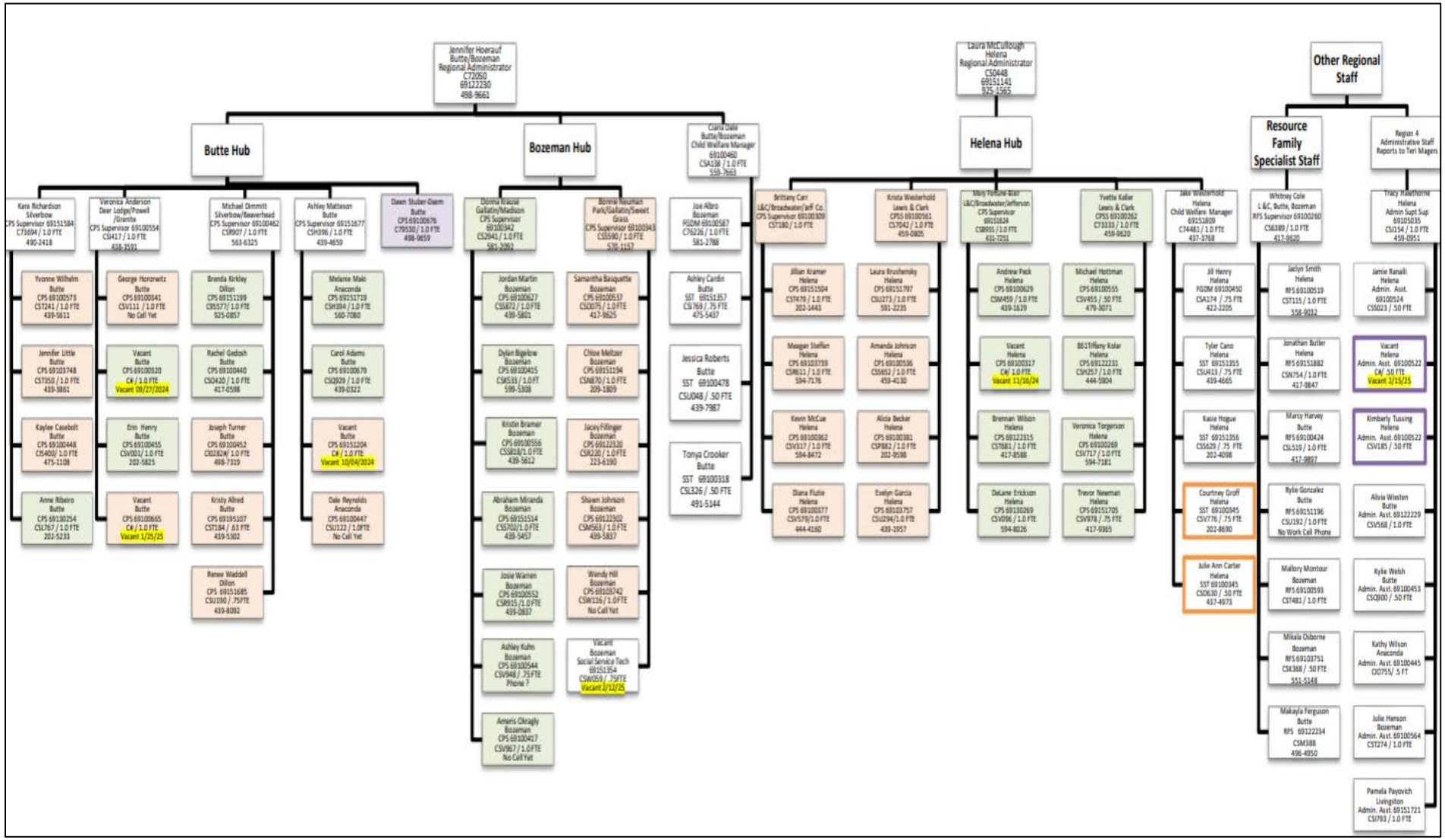
Region 2 Organizational Chart



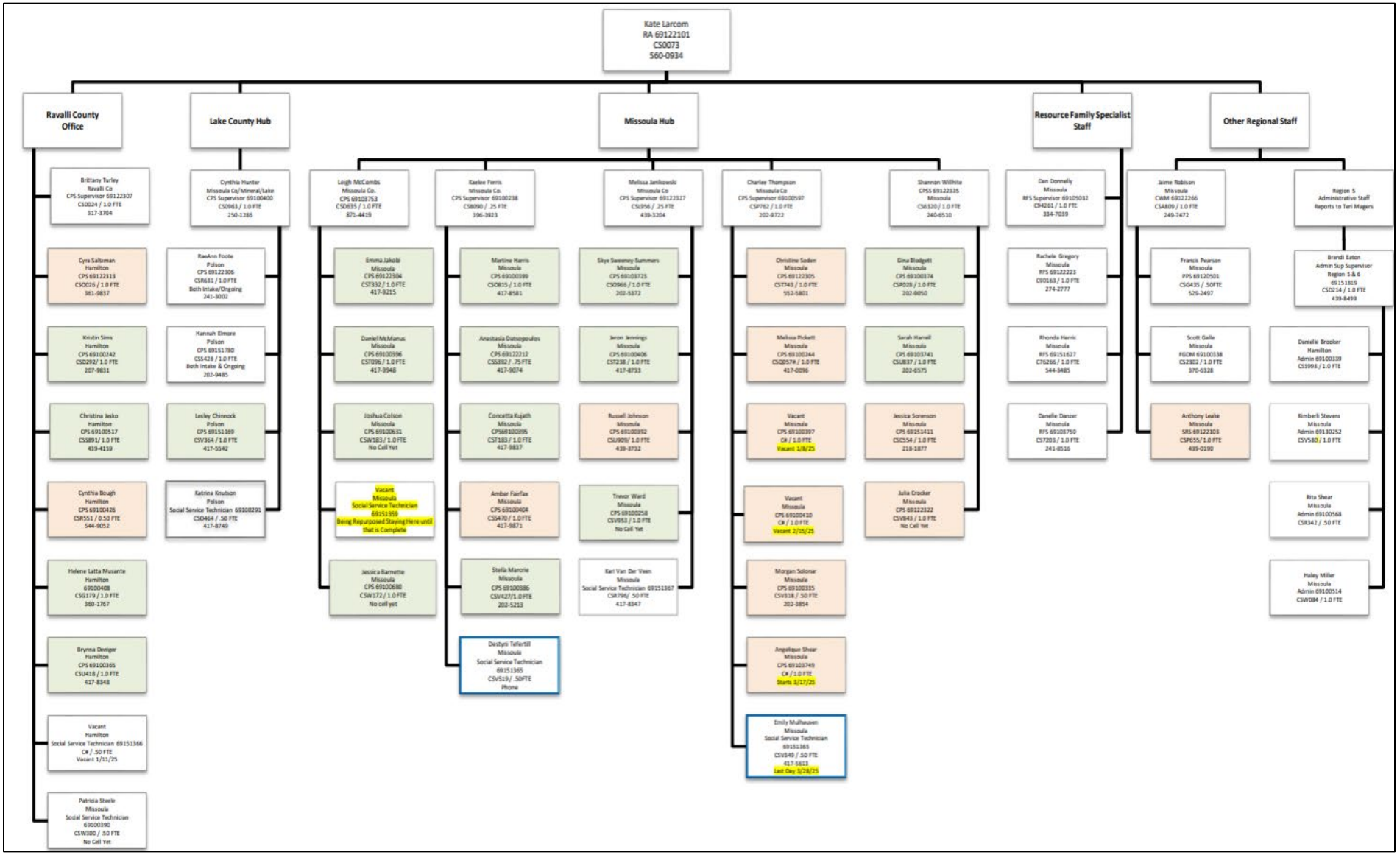
Region 3 Organizational Chart



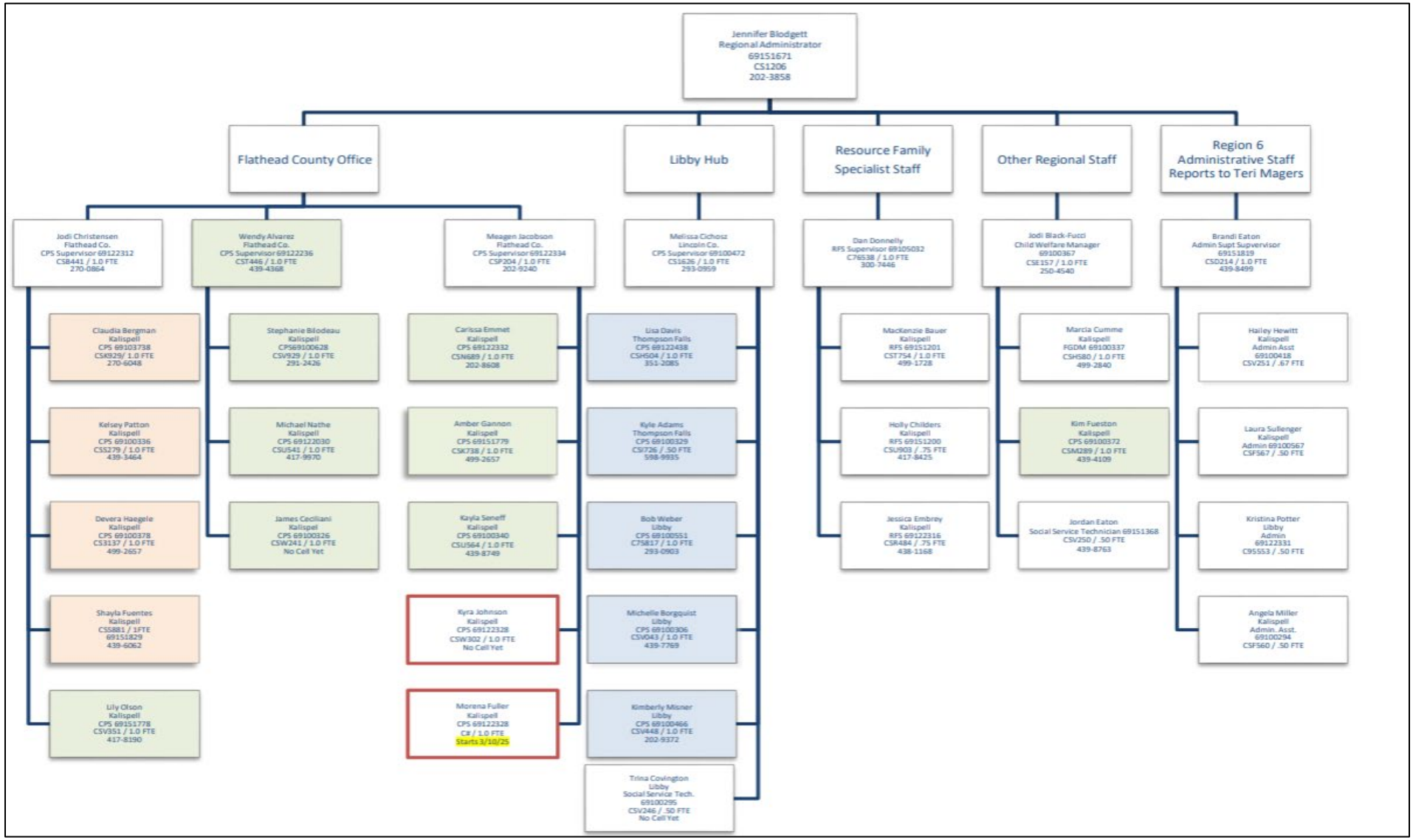
Region 4 Organizational Chart



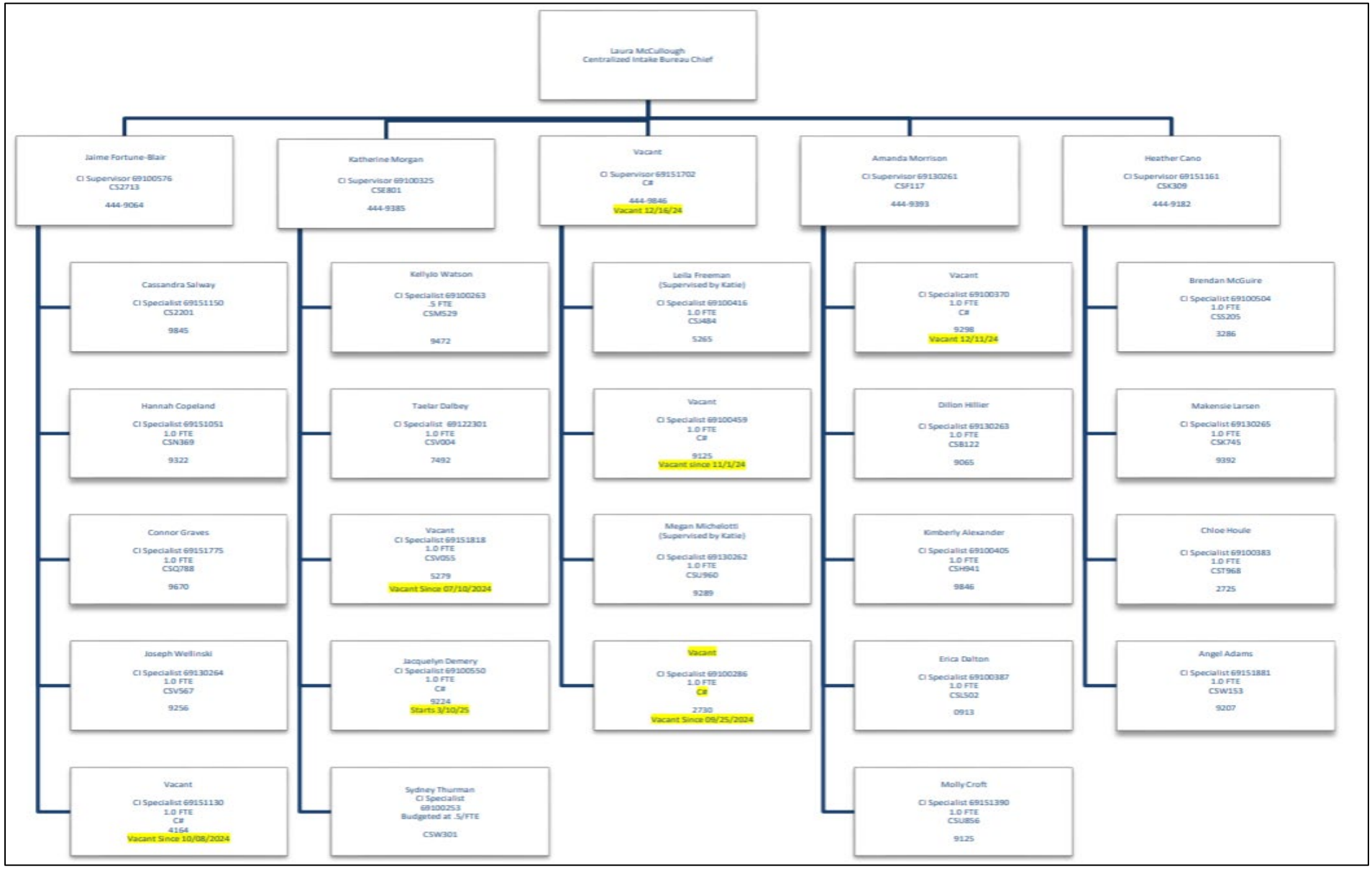
Region 5 Organizational Chart



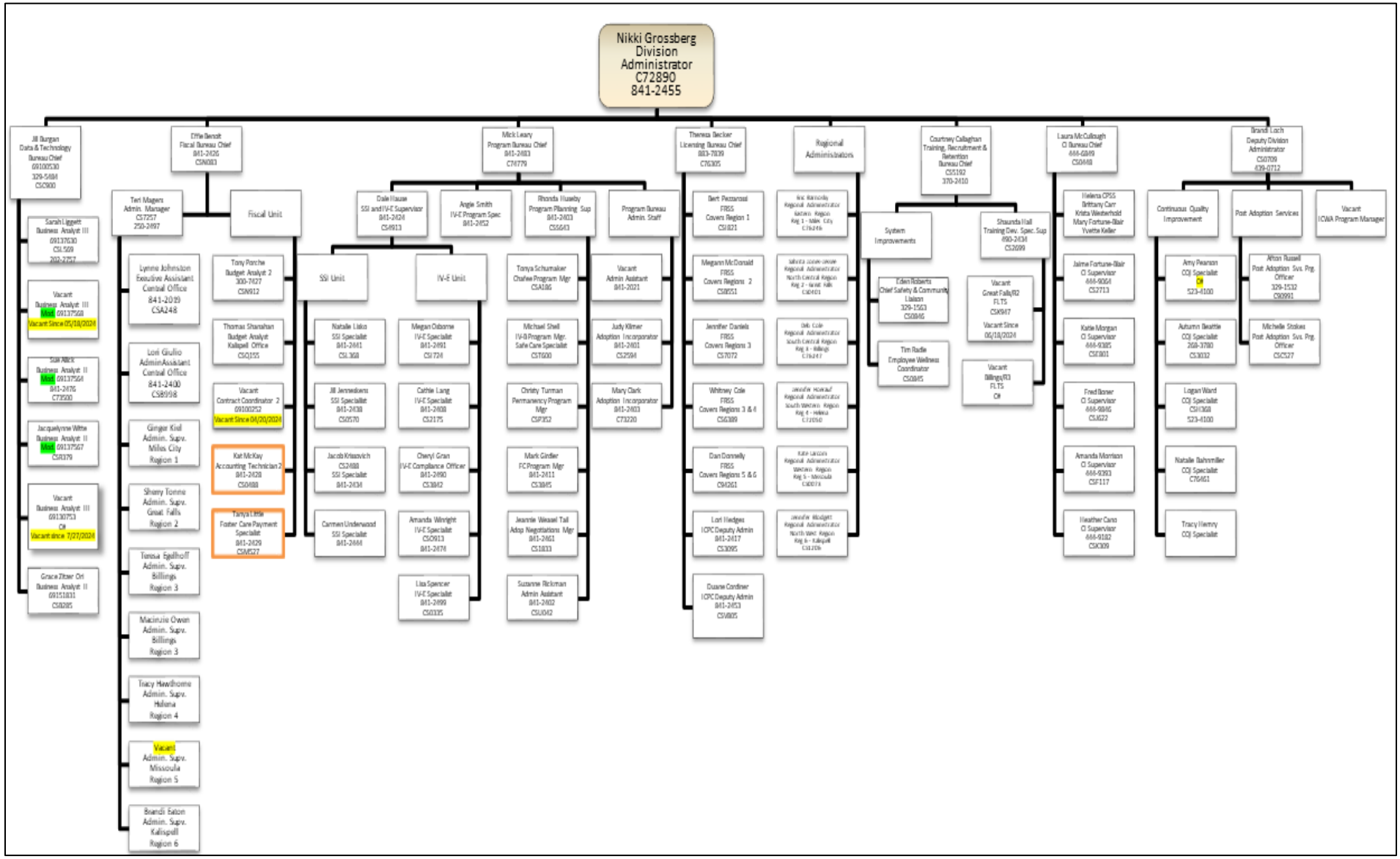
Region 6 Organizational Chart



Centralized Intake Organizational Chart



Central Office Organizational Chart



Appendix C – Montana Data Profile February 2025

Montana

Child and Family Services Review (CFSR 4) Data Profile
AFCARS and NCANDS submissions as of 12-17-24

February 2025

Risk-Standardized Performance Visualization

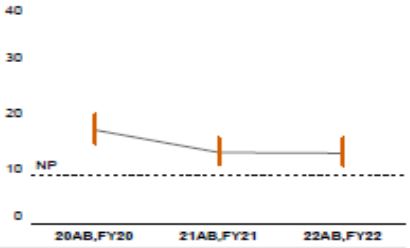
Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. The vertical bars in the line graph represent the lower RSP and upper RSP of the 95% RSP (confidence) interval, and national performance (NP) is the dotted black line.

Safety Outcomes

Maltreatment in Care (victimizations/100,000 days in care)

9.07 NP	12.98 RSP

Lower value is desired

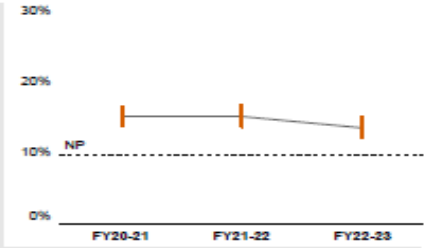


Measured as the rate of abuse or neglect per days in foster care in a 12-month period that children experienced while under the state's placement and care responsibility

Recurrence of Maltreatment

9.7% NP	13.6% RSP

Lower value is desired



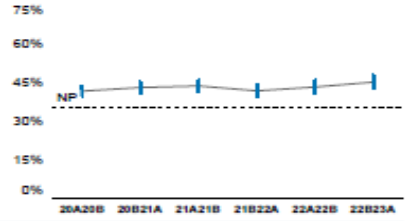
Measured as the percent of children who were the subject of a substantiated or indicated report of maltreatment in a 12-month period and who experienced subsequent maltreatment within 12 months of the initial victimization

Permanency Outcomes

Permanency in 12 Months (entries)

35.2% NP	45.4% RSP

Higher value is desired

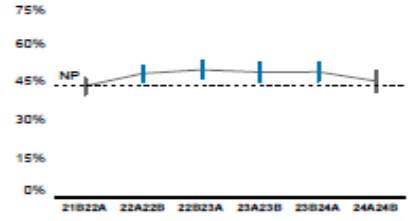


Among children who entered foster care in a 12-month period, the percent who exited foster care to reunification, adoption, guardianship, or living with a relative within 12 months of their entry

Permanency in 12 Months (12-23 mos)

43.8% NP	45.6% RSP

Higher value is desired

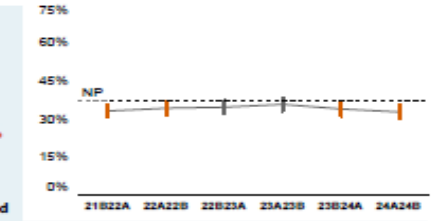


Among children in foster care at the start of the 12-month period who had been in care for 12 to 23 months, the percent who exited to permanency in the subsequent 12 months

Permanency in 12 Months (24+ mos)

37.3% NP	33.1% RSP

Higher value is desired

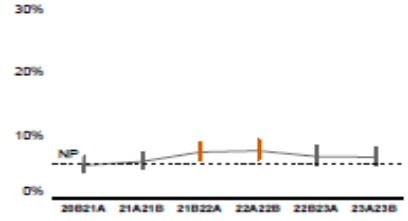


Among children in foster care at the start of the 12-month period who had been in care 24 months or more, the percent who exited to permanency in the subsequent 12 months

Reentry to Foster Care

5.6% NP	6.7% RSP

Lower value is desired



Among children who discharged to permanency (excluding adoption) in a 12-month period, the percent who reentered care within 12 months of exit

Placement Stability (moves/1,000 days in care)

4.48 NP	4.65 RSP

Lower value is desired

Among children who entered care in a 12-month period, the number of placement moves per day they experienced during that year

Performance Key

- State's performance (using RSP interval) is statistically better than national performance.
- State's performance (using RSP interval) is statistically no different than national performance.
- State's performance (using RSP interval) is statistically worse than national performance.
- DQ: Performance was not calculated due to exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator. See footnotes for more information.
- DQ*: Performance was not calculated due to data quality issues beyond the DQ checks.

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Montana

Child and Family Services Review (CFSR 4) Data Profile
AFCARS and NCANDS submissions as of 12-17-24

February 2025

Risk-Standardized Performance

Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

	National Performance		20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B	23B24A	24A24B
Permanency in 12 months (entries)	35.2% ▲	RSP	41.9%	43.3%	43.9%	42.0%	43.5%	45.4%			
		RSP interval	39.9%-43.9%[1]	41.2%-45.4%[1]	41.7%-46.1%[1]	39.7%-44.3%[1]	41.0%-46.0%[1]	42.9%-48.0%[1]			
		Data used	20A-22A	20B-22B	21A-23A	21B-23B	22A-24A	22B-24B			
Permanency in 12 months (12-23 mos)	43.8% ▲	RSP				43.7%	48.6%	50.0%	49.1%	49.2%	45.6%
		RSP interval				40.5%-46.8%[2]	45.4%-51.7%[1]	46.6%-53.5%[1]	45.6%-52.6%[1]	45.6%-52.7%[1]	41.8%-49.5%[2]
		Data used				21B-22A	22A-22B	22B-23A	23A-23B	23B-24A	24A-24B
Permanency in 12 months (24+ mos)	37.3% ▲	RSP				33.5%	34.6%	35.0%	36.1%	34.3%	33.1%
		RSP interval				31.1%-36.0%[3]	32.0%-37.1%[3]	32.5%-37.6%[2]	33.5%-38.8%[2]	31.5%-37.1%[3]	30.3%-36.1%[3]
		Data used				21B-22A	22A-22B	22B-23A	23A-23B	23B-24A	24A-24B
Reentry to foster care	5.6% ▼	RSP		5.4%	6.0%	7.5%	7.7%	6.8%	6.7%		
		RSP interval		4.4%-6.7%[2]	4.9%-7.4%[2]	6.2%-9.0%[3]	6.4%-9.4%[3]	5.5%-8.3%[2]	5.4%-8.2%[2]		
		Data used		20B-22A	21A-22B	21B-23A	22A-23B	22B-24A	23A-24B		
Placement stability (moves/1,000 days in care)	4.48 ▼	RSP				3.80	3.95	3.91	4.16	4.12	4.65
		RSP interval				3.56-4.06[1]	3.69-4.24[1]	3.64-4.2[1]	3.87-4.46[1]	3.82-4.45[1]	4.34-4.98[2]
		Data used				21B-22A	22A-22B	22B-23A	23A-23B	23B-24A	24A-24B

			20AB,FY20	21AB,FY21	22AB,FY22	FY20-21	FY21-22	FY22-23
Maltreatment in care (victimizations/100,000 days in care)	9.07 ▼	RSP	17.18	13.11	12.98			
		RSP interval	14.76-19.99[3]	10.95-15.7[3]	10.71-15.74[3]			
		Data used	20A-20B, FY20-21	21A-21B, FY21-22	22A-22B, FY22-23			
Recurrence of maltreatment	9.7% ▼	RSP				15.2%	15.2%	13.6%
		RSP interval				13.9%-16.6%[3]	13.8%-16.8%[3]	12.2%-15.2%[3]
		Data used				FY20-21	FY21-22	FY22-23

Performance Key

[1] State's performance (using RSP interval) is statistically better than national performance.

[2] State's performance (using RSP interval) is statistically no different than national performance.

[3] State's performance (using RSP interval) is statistically worse than national performance.

DQ Performance was not calculated due to exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator. See footnotes for more information.

DQ* Performance was not calculated due to data quality issues beyond the DQ checks.

▲ For this indicator, a higher RSP value is desirable. ▼ For this indicator, a lower RSP value is desirable.

Observed Performance

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator.

		20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B	23B24A	24A24B
Permanency in 12 months (entries)	Denominator	1,898	1,710	1,609	1,513	1,310	1,272			
	Numerator	902	829	778	689	605	613			
	Observed performance	47.5%	48.5%	48.4%	45.5%	46.2%	48.2%			
Permanency in 12 months (12-23 mos)	Denominator				834	851	698	685	655	565
	Numerator				379	433	366	352	337	267
	Observed performance				45.4%	50.9%	52.4%	51.4%	51.5%	47.3%
Permanency in 12 months (24+ mos)	Denominator				1,064	1,015	1,031	950	844	788
	Numerator				398	390	401	383	319	285
	Observed performance				37.4%	38.4%	38.9%	40.3%	37.8%	36.2%
Reentry to foster care	Denominator		1,568	1,508	1,399	1,283	1,231	1,229		
	Numerator		77	83	98	93	78	76		
	Observed performance		4.9%	5.5%	7.0%	7.2%	6.3%	6.2%		
Placement stability (moves/1,000 days in care)	Denominator				240,306	201,382	191,492	182,523	163,368	176,885
	Numerator				891	784	733	755	657	796
	Observed performance				3.71	3.89	3.83	4.14	4.02	4.50

		20AB,FY20	21AB,FY21	22AB,FY22	FY20-21	FY21-22	FY22-23
Maltreatment in care (victimizations/100,000 days in care)	Denominator	1,278,223	1,183,362	1,039,959			
	Numerator	166	117	102			
	Observed performance	12.99	9.89	9.81			
Recurrence of maltreatment	Denominator				3,648	3,047	2,698
	Numerator				425	355	279
	Observed performance				11.7%	11.7%	10.3%

DQ = Performance was not calculated due to the state exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator, or missing AFCARS and/or NCANDS submission(s). Exceeding a limit on a DQ check for an AFCARS and/or NCANDS submission(s) will result in performance not being calculated on the associated indicator(s) that require the affected submission(s) to calculate performance. A DQ flag will likely affect multiple measurement periods. See the data quality table for details.

DQ* = Performance was not calculated due to data quality issues beyond the DQ checks.

Denominator: For Placement stability and Maltreatment in care = number of days in care. For all other indicators = number of children.

Numerator: For Placement stability = number of moves. For Maltreatment in care = number of victimizations. For all other indicators = number of children.

Percentage or rate: For Placement stability = moves per 1,000 days in care. For Maltreatment in care = victimizations per 100,000 days in care. For all other indicators = percentage of children experiencing the outcome.

Montana

Child and Family Services Review (CFSR 4) Data Profile
AFCARS and NCANDS submissions as of 12-17-24

February 2025

Data Quality

Calculating performance on statewide data indicators relies upon states submitting high-quality data. Data quality checks are performed prior to calculating state performance. The values below represent performance on the data quality checks. If a value for a data period needed to calculate performance on an indicator is orange or "DQ", then state performance on that indicator is not calculated. See the Data Dictionary for a complete description of each check and what the values represent.

AFCARS Data Quality Checks

	Limit	MFC	Perm	PS	20A	20B	21A	21B	22A	22B	23A	23B	24A	24B
AFCARS IDs don't match from one period to next	> 40%	•	•	•	23.1%	22.0%	22.3%	21.9%	22.5%	29.0%	22.6%	27.5%	23.2%	
Date of birth after date of entry	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	> 5%	•	•	•	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dropped records	> 10%	•	•	•	0.0%	0.0%	0.1%	0.0%	0.0%	2.1%	0.5%	2.0%	1.6%	
Enters and exits care the same day	> 5%	•	•	•	0.2%	0.3%	0.0%	0.1%	0.4%	0.4%	0.0%	0.0%	0.0%	0.0%
Exit date is prior to removal date	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of birth	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	> 10%		•		3.9%	2.8%	2.2%	2.2%	1.8%	1.6%	0.0%	0.0%	0.0%	0.0%
Missing number of placement settings	> 5%			•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%
Percentage of children on 1st removal	> 95%	•	•	•	75.6%	73.9%	74.4%	74.3%	72.8%	71.9%	72.6%	72.1%	71.0%	71.0%

NCANDS Data Quality Checks

	Limit	MFC	RM	20-21	21-22	22-23	2020	2021	2022	2023
Child IDs for victims match across years	< 1%		•	8.8%	9.9%	9.6%				
Child IDs for victims match across years, but dates of birth/ age and sex do not	> 5%		•	0.0%	0.3%	0.0%				
Missing age for victims	> 5%	•	•				0.9%	0.5%	0.1%	0.4%
Some victims should have AFCARS IDs in child file	< 1%	•					100.0%	100.0%	100.0%	100.0%
Some victims with AFCARS IDs should match IDs in AFCARS files	> 0	•					Y	Y	Y	Y

MFC = Maltreatment in foster care, PS = Placement stability, RM = Recurrence of maltreatment, Perm = Permanency indicators (Permanency in 12 months for children entering care, in care 12-23 months, in care 24 months or more, and Reentry to care in 12 months)

Performance Key

☐ A blank cell indicates there were no data quality checks assessed for that data period because it relies on a subsequent period of data that is not yet available.

■ Indicates that data quality check results exceed the data quality limit.

DQ Indicates the data quality check was not performed due to data quality issues, or missing AFCARS and/or NCANDS submission(s). For example, there were underlying data quality issues with the AFCARS or NCANDS data set such as AFCARS IDs not being included or a DQ limit exceeded on a related data quality check. "DQ" is displayed on the RSP and Observed Performance pages when performance could not be calculated due to data quality issues.

Appendix D – State Advisory Council Meeting Notes for SFY25

The following attached PDF pages reflect the SFY25 SAC Meeting Notes

State Advisory Council Meeting
July 19, 2024, at Delta Colonial – Hybrid (In-person and TEAMS)

Attendance:

- Members Present: Chair Rochelle Beley, Holstad, Steve Coop, Jill Burgan, Christy Hendricks, Ashley Mattson, Dave Gerrard, Kacie Gaub, Julie Burk, Dana Toole, April Barnings, Natalie Bahnmiller, Carrie Krepps, Foreman, Lona Gregor-Martin, Justine Guthrie, Ben Davis (Center for States)
- New Members: Arielle Cowser, Shanelle LaVallie, and Stacie Eckenstein
- CFSD Representatives Present: Brandi Loch, Meghan Bailey, Julie Fleck, Mick Leary, Sarah Liggett, Lynne Johnston, Sahrita Jones-Jessee, Jessica Hanson, Kate Larcom, Laura McCullough, Autumn Beattie
- Guests: Center for States - Colleen Caron, Stephanie Iron Shooter, Joy Jones, Mary Wolf, Mike Burk

Meeting Objectives:
Approve and provide a warm welcome to new members
Approve SAC Team Charter
Orient participants to data regarding disproportional outcomes for American Indian/Alaska Native Children
Present overview of Child and Family Services Plan (CFSP) and engage members in discussions to obtain feedback and to advance SAC engagement in planning to a higher level

9:00-9:15am Formal Opening of SAC Meeting Welcome
Icebreaker – Participant Introductions
Chair Rochelle opened the meeting at 9:12am. The April 19 minutes were approved and seconded by Megan Bailey. Everyone introduced themselves.

9:15-9:20am Environmental Scan Follow-up Welcoming of New Members (vote needed)
Shanelle LaVallie, Stacie Miller, Arielle Cowser. Jessica Hanson, Nancy Govea, Ashley Matteson, Justine Guthrie, MacKenzie Forbis. Motion to approve new members by Ben Davis. New members unanimously approved.
Brandi gave an overview of the meeting objectives and the voting of the charter agreement that outlines .

9:20-9:35am SAC Team Charter (vote needed) The Team Vision is:
Montana's Child Welfare State Advisory Council (SAC) is viewed as an integral partner in the State's efforts to improve the lives of children and families involved in all aspects of the child welfare system.

The Team Mission is: The SAC will provide a space for professionals from across the child welfare system and those with lived experience to improve engagement across systems, identify system strengths, challenges and gaps through the use of quantitative and qualitative data and recommend solutions to the CFSD and other entities that affect outcomes for children and families.

The Team Charge is: Create a SAC structure that lets others know how decisions are made, makes sure communication and feedback loops are established and used, and provides a clear agenda for the work.

- Serve as the CAPTA Citizen Review Panel.
- Explore and identify opportunities for CFSD and other systems involved in child welfare to improve timeliness of permanency for children and youth in foster care.
- Collaborate with CFSD Regional Advisory Councils to impact child welfare outcomes at the regional levels.
- Include in membership the voices of those with lived experience, tribal communities, and other key partners.
- Inform CFSD Leadership, Court Leadership, the Montana Legislature and the Governor on issues that will help improve the lives of those living in foster care.
- Establish data collection and analysis opportunities to use to guide decision-making.
- Create opportunities for input from partners (i.e., surveys), simple data collection tools.

Motion to approve the charter by Christy Hendricks and seconded by Ben Davis. No opposition. Charter Agreement was approved.

9:35-10:15am Data Presentation: Disproportionate Outcomes in Child Welfare for Montana's American Indian/Native Alaskan Children and Families

10:15-10:30am Child and Family Services Plan (CFSP) Overview
The CFSP Plan that outlines certain requirements that the state has to take care of over the next five years is called the Five-Year Plan. The issues for the Plan were submitted to the Federal government by June 30, 2024. Each year, the state submits an annual progress report to the feds which includes a stakeholder engagement.
The Vision for CFSD is to keep children safe and families strong The five-year plan has 3 goals:

- Goal 1 is to Engage with families to effectively assess and manage safety concerns and prevent removals when possible. Discussion among attendees on goal 1, what it means and what is beneficial for the tribes.
- Goal 2 is Utilize family support teams (FST) at the onset of cases to identify initial services to promote more timely engagement of services, prevent removals and facilitate earlier return of children to parents when possible. Goal 2 is to also improve timelines to permanency and reduce the rate of re-entries into Foster Care.
- Goal 3 is to enhance continuous improvement quality Improvement (CQI) in practice through improved data Quality, Training and a robust CQI plan.

Mick mentioned that this is 5-year plan and very intensive. The feds will review and approve our goals and progress. There was discussion among attendees about the goals and what they mean to different members of SAC.

Colleen Caron and Shannell LaVallie briefly discussed interactions among tribes. Sarah Liggett discussed data on the disproportionate outcomes in Child Welfare:

- Child population by race FFY23
- Child removals by race FFY23
- Children in care by race at end of FFY23
- Maltreatment per 100,000 days in care. Montana's Program for Automating and Transforming Healthcare (MPATH) Data SFY24
- Permanency in 12 months – 12-23 months – MPATH Data SFY 24
- Permanency in 12 months – 24+ months – MPATH Data SFY24
- Re-entry rates – MPATH Data SFY24
- Placement Stability – MPATH Data SFY24
- Timelines to Permanency by race – MPATH Data SFY24

There was also discussion among attendees on the data presented by Sarah Liggett and among attendees on lived experiences.

10:30am – 10:45am Break

10:45am-Noon Table Talk: Focused Discussions on CFSP

- Identify a facilitator, recorder and reporter
- Guiding Questions – thinking about the Child & Family Service Plan Goals:
- What resonates for you?
- What is missing that you thought would or should be there?
- What are the opportunities seen for improved engagement?
- How do you see yourself and/or your agency or affiliated group supporting the accomplishment of these goals and objectives?

12:00-12:30pm Lunch

12:30-12:50pm Opportunities to Support CFSP Implementation. Connecting to Child and Family Services Review (CFSR).
Attendees will break out into three groups to identify the table talk results. Each group reported one item from their list

on what resonated them:

- Group 1 - Collaborate more effectively with each person. Brandi reported that Florence Crittendon invited the State to do a tour of their facility, so we can learn what their programs do.
- Group 2 – Upfront preventive work and the importance of permanency is a huge focus of this group.
- Group 3 – Providers need to have a knowledge program. Getting that information to the right group. Ongoing education.

Brandi will review each group's list and report back to SAC during October 18, 2024 meeting.

Brandi summarized the meeting and what was discussed.

- Upcoming is Survey Questions, Focus Groups and In-Group Providers.
- Child & Family Review is August 5-9.
- Is SAC going to provide information with the Legislature on Child and Family services? Brandi will get with Nikki on what will be done and have her share with this group. Brandi will send out emails and prepare for the next meeting.

12:50-1:00pm Next Steps/Formal SAC Closing

No public comment.
Next meeting is scheduled for October 18, 2024, as hybrid (In-person and TEAMS)
State Advisory Council adjourned at 1:05pm

State Advisory Council Meeting
October 18, 2024 – In-Person Delta Colonial Hotel

Members Present: Brandi Loch, Miranda Maxson, Faith Belcourt, Shanell LaVallie, Alyssa VanCampen, Renie Saunders, Gabrelle Wheeler, Christy Hendricks, Kaci Gaub-Bruno, Emma Bowar, Steven Coop, Nikki Grossberg, Carrie Krepps, Logan Ward, Ashley Matteson, Laura McCullough, Mick Leary, Jill Burgan, Sahrita Jones-Jessee, Amy Pearson, Tracy Hemry, Emily Lamson, Julie Burk, Jessica McGoir-Hanson, MacKenzie Forbis, Lona Gregor-Martin, Dana Toole
Guests: Tom Korst

9:00-9:15am Formal Opening of SAC Meeting – Megan Beley, Chair - Welcome Icebreaker – Participant Introductions
The icebreaker was to go to Menti.com to enter information and introduce themselves.

9:15-9:25am Partnering with individuals (Mike Burke and Mary Wolf)
Megan Bailey began the meeting at 9:10am giving a brief discussion on her background experience with the Legislature. Megan has started a new Voter Voice program.

9:25-9:30am Approve July 19, 2024 Meeting Minutes
Follow-up from July Table Talk
The minutes of July 19, 2024 were approved by Christy Hendricks and seconded by Dana Toole.

9:30-10:00am SAC Member Spotlight:
Megan Bailey, Doctor of Behavioral Health, LCSW, LMFT, LMSW, LAC 406 Integrated Health

Brandi Loch mentioned that the Legislature with be starting in January, 2025. There will be a CFSD review process that is called the Child and Family Services Reviews (CFSRs) in 2025 so everyone's voice can be heard. The CFSR review is with the Children's Bureau and is a part of DPHHS . It is designed to provide oversight of the states' compliance with the requirements in Titles IV-B and IV-E. States are assessed for substantial conformity with federal requirements.

9:45-10:15am Review the upcoming Child and Family Services Review (CFSR) – Timeline Montana's Child Welfare System Vision
CFSR Plan
Safety - children are first and foremost and are safety maintained and protected from abuse and neglect and children are safely maintained, Permanency Children have permanency and stability and continuity and Well-Being (Enhanced capacity, receive appropriate service to meet education needs and children receive adequate services to meet their physical and mental health needs.

Brandi reviewed the CFSR graph and timeline with members.

Brandi had everyone take the online survey on Menti.com to select any roles that would be needed to fill in the gaps for input.

10.30-10:45am Resource Connection:
Connected Voices for Montana's Children by Jeff Ort
Connected Voices is joining with foster care, kinship, adoptive, birth parents and youth who have lived expertise from across the state, with agency leadership and state legislators to improve outcomes within the child welfare system in Montana. Connected Voices began during the pandemic in 2020 and meet every month to get input from the community. Their website is Voices4mt.com What has been done so far?
Anything that is a policy or procedure in order to get feedback from the community and different regions.
Provide a platform to share to get feedback.

10:30am – 11:200am CFSR Step #1: Statewide Assessment (SWA) Overview Presentation

What is SAC's Role in the SWA?
SAC's role in the SWA is to focus on what is due in June 2025. There was discussion what it means and what we need to focus on.

The statewide assessment is initiated when the CB transmits the CFSR data profile to the state.
The data provides states with performance info on child outcomes related to safety and permanency.
In addition, states use their own qualitative and administrative data long with relevant data from agency partners and stakeholders to examine and report on performance in the domains of safety, permanency and well-being. Brandi reviewed the Measures Crosswalk.

CFSR Outcomes, Statewide Data Indicators and Case Review Items:
There are 18 outcomes with 17 items and 7 Systemic Factors with 20 items
Brandi asked everyone to list other items that may apply to each person and asked how systemic factors apply to you as an individual or through your work/agency/group through Menti.com
Mick Leary discussed what the tribal nations are struggling with. Shannelle LaValley and Bonnie Bear Don't Walk discussed what some of their issues are. "Kids need their culture in order to expand". Megan Beley made comments on what the tribal nations should do to help them. Nikki Grossberg said there 2 positions that are open – ICWA Program Manager under Stephanie who will be tribal.

There was discussion among the attendees on their ideas about what should be addressed.

11:20am-12noon Small Group Breakout Session:
The small group breakout will focus on 3 of the 17 Systemic Factors – How does yourself individually/your agency/your project support the Systemic Factors: Systemic Factor 5 Item 29 array of services –
What types of services affect those needs
Does your agency do work that aligns with any of the Systemic Factors?
Does your agency collect data that could inform them?
Do you know of other agencies/groups that have alignment with them?

Item #29 - What services affect those that affect home environment
State parent assessment factors
Family-based services
Keeping the family in a clean environment
Case management for the family
Chemical or substance abuse treatment in order to get the family back on track
Having services that show the family how to keep child clean rather than just telling them
Listen to recording for more ideas

Item 30 -how well is the service array are those functioning? How well is the service arrand resource development system functioning statewide to ensure that the services in Item 29 can be individualized.
Treatment Plan and how to work together
Megan Beley – what is available and what are the gaps. What does case management mean now? Funding is unavailable, how can we get this back?

Item 31 – How well is he agency responsive to the community system functioning statewide to ensure hat in implementing he provisions of the CFSP and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care agencies and includes the major concerns of these representatives in he goals, objectives and annual updates of the CPSF?

12:00-12:30pm Lunch provided

1:00pm Gallery Walk / Small Group Share Out
The small groups will go over the three line items. Choose a transcriber and someone who will report out.

What work do you do that aligns with the System Factors?
Do you collect data that could inform the Systemic factors: If yes, what?
Do you know of other agencies/groups that have alignment with the Systemic factors that are not at the table If so, who?

The groups reported back with their ideas. Brandi collected all the hand-written sheets and will get them organized. She will present them at the next SAC meeting in January for everyone to review.

1:00-1:30pm How SAC Members Can Support the CFSR
Attend Prep Sessions to Prepare for Stakeholder Interviews
Participate in Stakeholder Interviews
Train and Participate in the Onsite CFSR Review August 4-8, 2025
Share Data and Connections that support Montana's Child Welfare System
Other

Brandi asked everyone to review the CFSR Fact Sheet, list 1-2 items of interest, list 1-2 items that you will need more information about, list what other parts of the CFSR you would like to participate in and also share with your group and then report back to Brandi. Brandi asked if there was anyone who would like to learn anything more.

1:30-1:50pm Mentimeter Survey on Support & Participation
Brandi asked everyone to enter their response on the Mentimeter on how they are you feeling about CFSR and their role.

1:50-2:20pm Legislative Session Discussion with Nikki Grossberg, CFSD Division Administrator Updates and Q&A Session
Members can donate 40 hours during the week of Aug 4-8 for CFSR on ways to improve CFSR Interviews during week of Aug 4-8, 2025
If anyone has questions or concerns regarding the Federal site review, contact Brandi Loch.

2:20-2:30pm Next Steps/Public Comment/Formal SAC Closing – Megan Beley, Chair

- Nikki discussed HB37 that was vetoed by governor. Some portions of the bill have resurfaced. SB 496 did not get approval by the committee. How can we be more supportive? Nikki will send out email to keep everyone informed of new CFSD bills that need approval or opposing.
- Brandi will send out survey on:
    - Focus Groups
    - SAC
    - Prep for onsite Stakeholder interviews
- No public comment.
- Next meeting is scheduled as a hybrid meeting for January 15, 2025. Florence Crittendon will be in attendance.
- State Advisory Council adjourned at 1:40pm by Megan Beley

Date: January 17, 2025,
Meeting: State Advisory Council (Delta Hotel in Helena, MT - *Hybrid Option on TEAMS)

Attendees: Sign-In Sheet (attached)

Facilitator: Brandi Loch, Deputy Division Administrator
Minute Taker: Autumn Beattie, CQI Specialist
TEAMs Monitor: Amy Pearson

TIME	TOPIC and MINUTES
8:30 am – 9:00 am	Light Breakfast and Networking
9:00 am – 9:15 am	Formal Opening of SAC Meeting – Rochelle Beley, Chair Welcome - Icebreaker – Participant Introductions Not enough members for a Quorum at the beginning of meeting. No voting will occur during meeting. If anything needs voting on, then an email will be sent out to all SAC members to vote, if necessary.
9:15 am -9:25 am	Approve October Meeting Minutes Motion to Approve Minutes o Approved by Kristi Hendricks o Second by Arielle Cowser MentiMeter – SWA Items 29-31 Follow-up from October Child and Family Services Review (CFSR) Table Talks
9:25 am -10:15 am	SAC Member Spotlight: Christy Hendricks, Program's Manager *Reach Higher Montana* See attached PowerPoint
10:15 am – 10:30 am	Break
10:30 am – 11:00 am	Re-cap of the upcoming Child and Family Services Review (CFSR) – Timeline (Brandi Loch) Montana's Child Welfare System Vision See attached PowerPoint
11:00 am – 12:00 pm	Small Group Breakout Session: Preparing for CFSR Round 4 Stakeholder Interviews and Regional Participation - Common Acronyms - Fact Sheets - Regional Engagement Share Out CFSR Step #1: Statewide Assessment (SWA) Overview Presentation Q&A CFSR Step #2: Stakeholder Interviews and Case Review Process - SAC's Role in the CFSR See attached PowerPoint CASA - Gaps: o Mental Health is not available for youth, or very minimal in multiple locations of the state. o Attorneys for youth are not available, or minimal. o Resources: Services Online (Don't have the computer, or don't understand how to use the platform). o Transportation is a huge barrier for families, and they can't get to their services, even when they are available in their community. (Bitterroot doesn't have public transportation_

	o Housing is a huge barrier for families, and when families don't have their basic needs met it is difficult for them to attend their appointments. o Realistic Treatment Plans that are creative to ensure that the services that are available (12 Step Programs, Church Programs, etc.) can suffice and support the families in areas where they are readily available. Individualized to the parents, and the services that are available in the community. Parents with Lived Experience - Ombudsmen - o Services for families are not individualized, and that becomes a gap for the families, because though the service may be available in their community, they don't have buy in to access them. They struggle to understand why they need to attend the service, or how it benefits themselves. o Confusion on Conditions For Return vs. Treatment Plans. Provider: - Carrie (Florence Crittenton) o Overview of services (Group Treatment Care for Mom ages 12-21, and their children. Sometimes this might mean we are providing two children in the foster care system. Then Residential Treatment for SUD, where a child is accompanying their mom while in treatment. Then SafeCare/HV/Parenting Support, etc. o Not able to serve all the families referred. ▯ Capacity for Residential (Recovery Home) ▯ Accessing services for (Youth Home Program) due to funding stream since the Youth Home Program is not Medicaid Reimbursable. • CFSD partnered with Florence Crittenton to try to create paths to ensure families cost are covered, but overall if we do a really good job and work to 'prevent' removal and wrap families around the family, then there is no funding available. • Limitations come up on timeframes of case because service provider is being referred later in the case, and there is a rush to get the family reunified. Then the reunification occurs (THV during a residential program– 6 months), then the case is dismissed, and then there is no funding to support the family, and families are exiting the recovery program. • Or the family members age out of the program availability. It can feel very rushed to ensure that a child is placed with the parent and safe, but then the case is dismissed. - Rochelle o Catalyst For Change is a program that might be able to help support families within 20 counties in MT that can help connect families with providers. - Megan o There are multiple links/providers she is aware of or part of where Evals can be completed within 72 hours to ensure that the families are being seen. Ethically providers are supposed to have their documentation completed within 72 hours of their evaluation. This is something that maybe this group could explore more to create a resource guide. o RBHI will come to every school district to do assessments. They have a grant to cover cost. o Recovery Home Model to support families to allow for Recovery Homes to draw down Public Housing. Attorney - Emily (Kalispell and Missoula) o Mental Health is a gap, sometimes waiting for weeks to just do the evaluation, then there is a waiting list to get with a provider, and then there is turnover in the providers, and families are having to engage over and over. o Parenting Classes could help support this gap, because then there is something being offered to the families while they are waiting on MH services. - Shannon o Biggest gap is visitation (provider closed suddenly in the community, and this has left the community trying to navigate this so that multiple visitations a week can occur - especially for newborns and young). o Play Therapy is also a big gap in the Missoula area. CPSS - Services in Anaconda are a lot more limited. - Services in Butte, it is taking weeks to get results back from evaluations/assessments. - Housing (3-4 year wait list for the public housing list) o Action Inc has funding, but they have limitations, and they have capacity issues as well. - A lot of teenagers in Butte with SUD concerns.

	Tribal - Housing – Even when Tribes have access to grant funding to support families; however, they are limiting it to only 'specific member tribal members.' Such in GF there is going to be housing for Little Shell, but that is only for Little Shell Members. - Vouchers to cover cost for Housing does not meet the amount of rent, etc. which then is leading to tribal members unable to remain in the communities and being forced to return to the reservations. Parent w/Lived Experience (Foster) Disability Awareness for youth and the services available to them is also a gap.
12:00 pm – 1:00 pm	Networking Lunch - Provided
1:00 pm – 1:45 pm	2025 Legislative Session Updates - Nikki Grossberg, CFSD Division Administrator House Bill 77 – Removed TIA from Statute and add 90 days to EPS. There was a lot of preliminary work through legislative interim committees that the department has been taking part in. Title 50 – Regarding providing protections for women who are pregnant, using SUD, that CFSD cannot remove based off of just a positive drug screening for the mother, or child at the time of birth. Providers are still required to make the call to CI. In practice, CI and CPS are already doing this to ensure this is occuring. There was a lot of preliminary work through legislative interim committees that the department has been taking part in. SB18 (came from HB37): Not considered as Psychological/Physical Abuse - Child Obesity, Financial Reasons, Drug use. SB17: Pre Hearing Conference – EPS at 5 working days, Pre-hearing at 5 days. The change was to change the language for both Pre Hearing and EPS to 5 working days. Changed Show cause to occur withing 21 working days. SB73: Pre Hearing Conference – A must regardless of parents attendance. Requirement to inform the PHC facilitator within 24 hours of filing. SB50: Warrant required prior to removal unless it is Sexual Abuse/Physical Abuse. Session will be Monday at 3pm. SB156: Changes all of the level of ponderance of evidence to clear and convincing. SB151: Creates a unit for children representation at the Office of Public Defenders office. Last legislation the bill mandated all children in foster care have an attorney represent them. This would create oversight of Public Defenders and how they are presenting the children they are assigned. Would create some more efficiency for children. SB147: ICWA – Last session they put ICWA in statute. Would like to increase the law in MT. SB137: Remove clergymen in the mandated reporter statute. Would give them an exemption. Upcoming (LC): - Changing "impending" to "immediate" for impact of abuse and the welfare of the child.

	Budget Committee: - CFSD was selected for a full audit budget review. Starting at $0 and then justify our expense. Upcoming Legislation Dates: Nikki will communicate them out to the SAC.
1:45 pm – 1:55 pm	How SAC Members Can Support the CFSR - Attending Prep Sessions to Prepare for Stakeholder Interviews - Participating in Stakeholder Interviews - Train and Participate in the Onsite CFSR Review August 4-8, 2025 - Share Data and Connections that support Montana's Child Welfare System Other Brandi will set up TEAMS channel for SAC for sharing and ongoing collaboration opportunities. - All agreed.
1:55 pm – 2:05 pm	Tribal Partner Engagement in SAC and CFSR Continued Conversation on Expanding Engagement with Tribal Partners See attached PowerPoint Megan: Marcy Mcrea-Matt who heads CSKT social services, is very interested in participating and her department just landed an incredible prevention grant. - Trainings available National Indian Child Welfare. - Parenting Classes that are culturally appropriate and recognized by the department. Heidi: Attempting to create a resource guide and develop communication guidance and tools to be shared out. Carrie: Stephanie provided an IHS presentation at the capital this last summer, and it was impactful. Could present to the SAC group surrounding this? Brandon: Learn the culture and the language. The stories are how we taught our children to know who they are, taught them about ceremony, land, etc. Encourage for everyone to learn language. Ask – Do the kids have an Indian name, do they relate to that name?
2:05 pm – 2:10 pm	Next Steps/Public Comment/Formal SAC Closing – Rochelle Beley, Chair Public Comment Opportunity - No public comment
SAC PowerPoint Link	https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:26ea1dfd-b083-4e30-8cac-6bccac45c339

Date: Friday, January 17, 2025

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Jill Burgan	CFSD	406-329-5484	jillburgen@gmt
Shanell Lavallie	GFPS	406-781-0885	justshanell1998
Gabrielle Wheeler	QIC-EY	406 531 5192	gabrielleruheel gmail.

STATE ADVISORY COUNCIL MEETING
SIGN IN SHEET

Date: Friday, January 17, 2025 Speed

Name	Program/Area	Phone	Email: (Please
Laura McCullough	Helena	444-2030	Lmccu
Carrie Krepps	Florence Crit.	413-7040	carrieke
Dana Toole	DOJ/DCI	4-1525	dtoole

Staples™

Megan Bailey Children's mental health bureau
Emily Carlson attorney
Julie Fleck substance use provider
Mackenzie Forbis ~~CPS~~ Early childhood supports
Jessica McFarren CPS
Crystal Clifford provider behavioral health
Shannon Hathaway attorney
Heidi DeRoche ~~Other~~ Tribal

Child and Family Services State Advisory Council Meeting January 17, 2025

MONTANA DPHHS

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Welcome and Meeting Opening – Rochelle

<u>Housekeeping and Group Norms:</u>

- Welcome to members on TEAMS
  - TEAMS Facilitator – Amy
  - Raise Hand Feature
- Use the microphone when speaking to the group
- Lunch Provided
- Take care of your needs
- Actively Participate

Resource Idea!

Introductions

- Give your name
  and role(s) on State Advisory Council
  OR *observation role*
- What Decade/Era do you wish you grew up in?

Mentimeter

Join at menti.com

OR Scan →

Use Code: 5934 2979

Approve the October 2024 Meeting Minutes- Rochelle

- **Approval Motion and Second**
- **Follow-up from October Table Talk**
  - CFSR Systemic Factors

    Item 29 & 30 will be asked in stakeholder interviews
    - ***MENTIMETER***

Follow-up from October Table Talk
Systemic Factors

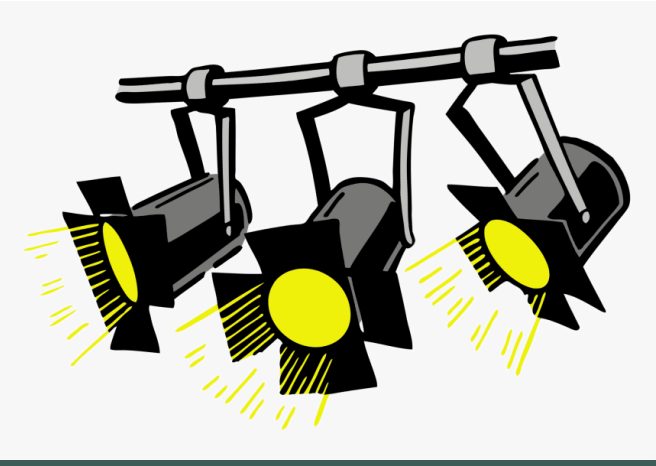
Item 29: Array of Services

- How well is the service array and resource development system functioning to ensure that the following array of services is **accessible** in all political jurisdictions covered by the Child and Family Services Plan (CFSP)?
- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Item 30: Individualizing Services

- How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be **individualized** to meet the unique needs of children and families served by the agency?

SAC Member Spotlight



Christy Hendricks, Programs Manager

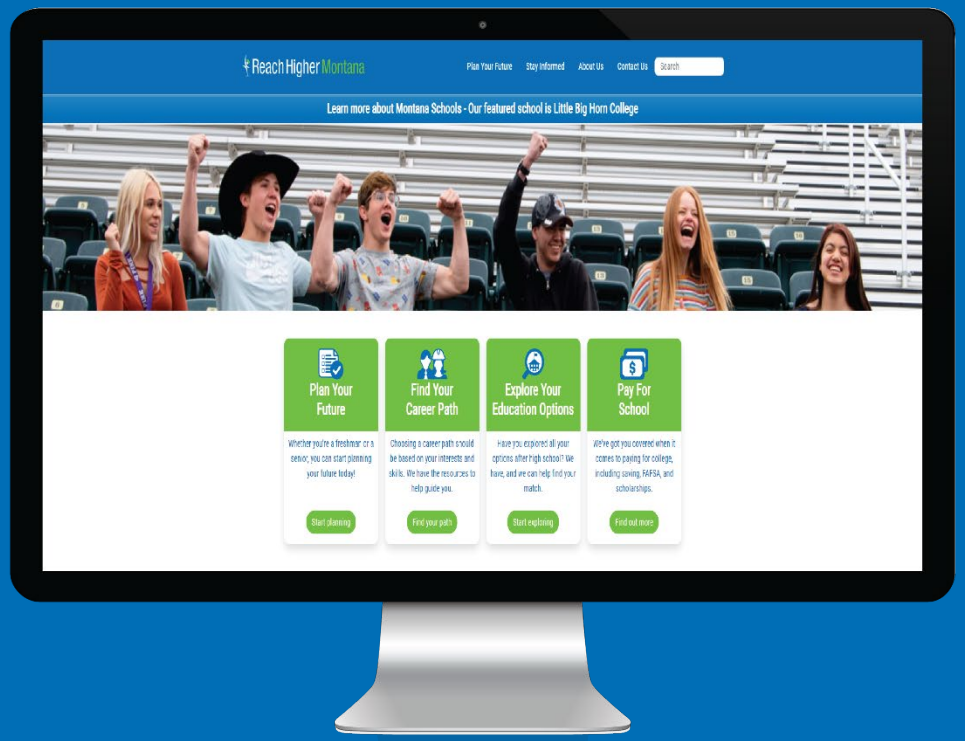
Reach Higher Montana

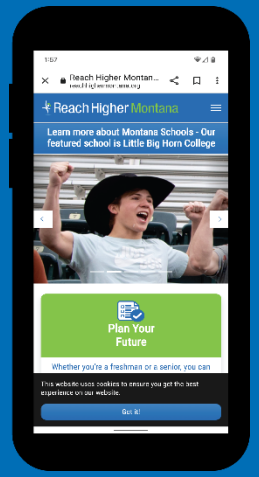
MONTANA DPHHS
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Be the Champion: Together We Can Help Our Youth Reach Higher

Reach Higher Montana

ReachHigherMontana.org





Helping Students Strategically Pursue Educational Opportunities

Reach Higher Montana

ReachHigherMontana.org

Our Role

- Committed to improving the success of foster youth and homeless youth in post Secondary educational and vocational training programs
- Pre and post support for college bound foster care youth
- Distribute ETV funds to eligible youth
- Outreach
- Career Training

Reach Higher Montana

ReachHigherMontana.org

Partners

Montana Foster Care Independence Program

DPHHS

OPI

Other entities around the state

Chafee Services

- Life skills instruction
- Educational/Vocational Assistance
- Transitional living plans
- Life skills assessments
- Mentors
- Education and training Vouchers through RHM

Reach Higher Montana

ReachHigherMontana.org

Education and Training Vouchers

ETVs

Delivery of ETV funds

Development of comprehensive follow-up system

Promote use of ETVs and other financial aid
ETV Check Ins

ETV Eligible Foster Youth

Ward of the State

Youth aging out of care – exiting licensed foster care at age 18

Adopted after 16th birthday

Guardianship established after age 16

Until age 26 – 5 years maximum non-consecutive

Attend an accredited post-secondary education progra

Satisfactory Academic Progress (2.0 GPA or better)

Complete a FAFSA and provide award letter

Reach Higher Montana

ReachHigherMontana.org

Foster Club All-Star Program

FosterClub

18-24 years old

Sponsored by DPHHS and RHM

1 per year

Leadership Development Opportunity

Application open until Monday, February 17, 2025

2025 Foster Club All-Star Application

Reach Higher Montana

ReachHigherMontana.org

Foster Club All-Star Program

2024 All-Star
Waverlee Shoulderblade

2024 Most Outstanding Young Leader - Jasmine Shoemaker

RHM Summit for Youth in Foster Care

June 16-18

Montana Tech in Butte

College campus

Three Days, Two Nights

Life skills

College prep

Lots of fun!

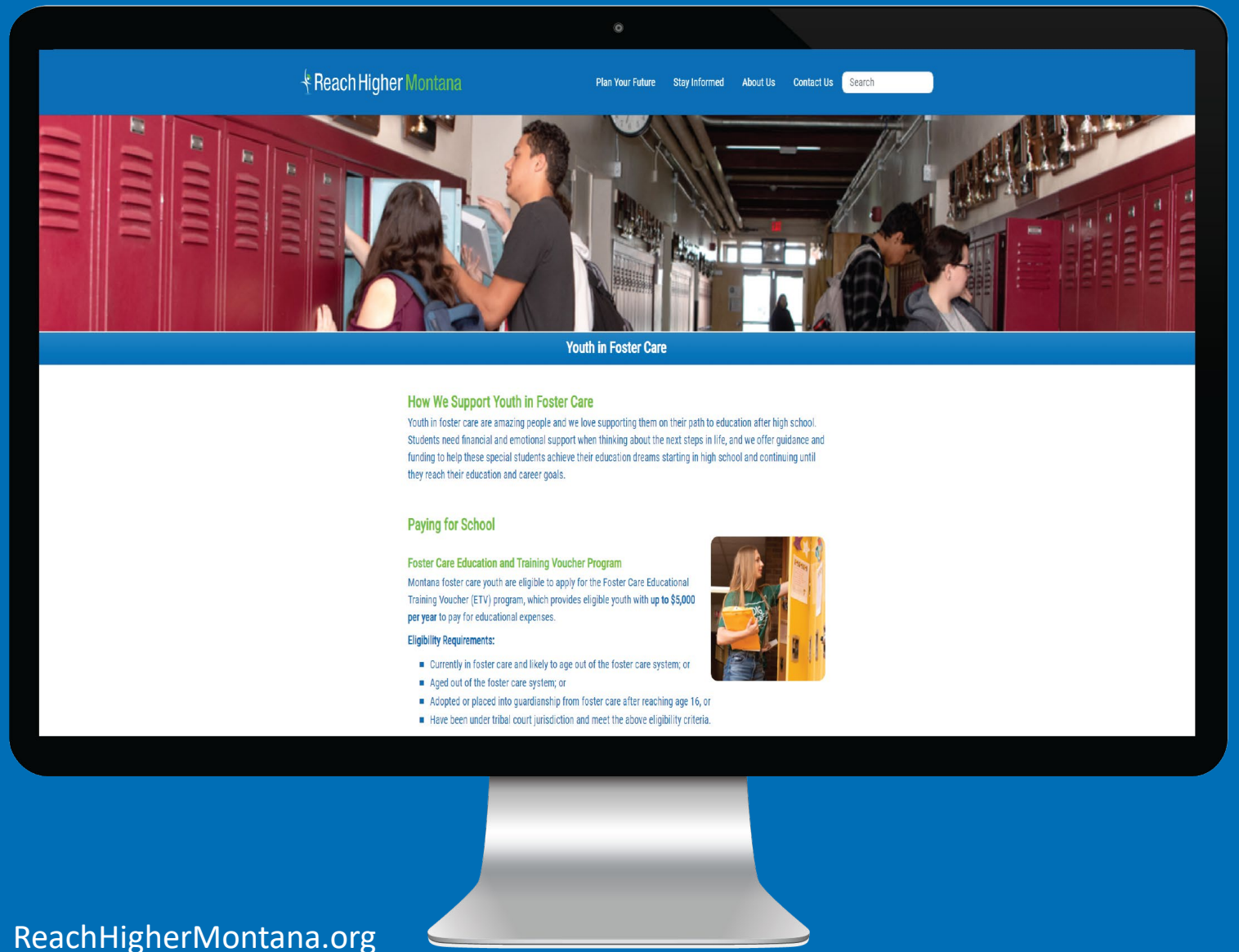
Reach Higher Montana

ReachHigherMontana.org

Reach Higher Montana - Scholarships

Reach Higher Montana

ReachHigherMontana.org



Reach Higher Montana

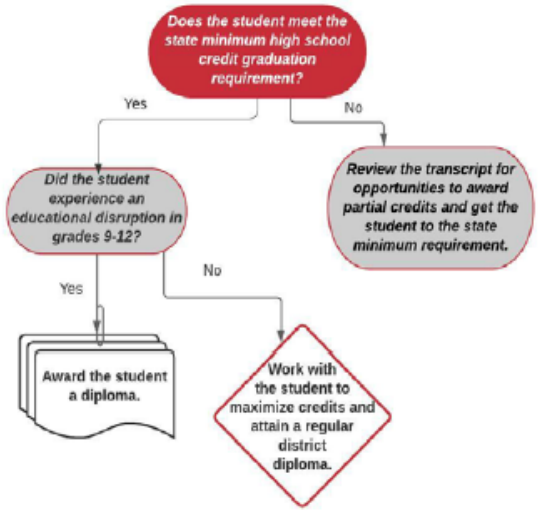
ReachHigherMontana.org

SB18 and HB482

- AN ACT ALLOWING CERTAIN HIGH SCHOOL STUDENTS WHO MEET THE STATE MINIMUM GRADUATION CREDIT REQUIREMENT TO RECEIVE A DIPLOMA FROM A DISTRICT THAT HAS A HIGHER CREDIT REQUIREMENT; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE.

- AN ACT ESTABLISHING THE MONTANA FOSTER YOUTH HIGHER EDUCATION ASSISTANCE PROGRAM; AND PROVIDING A TERMINATION DATE.

Review all current seniors to determine those who do not have enough credits to graduate from the district.



Please remember along the way:

- **Strive for equity (equity vs. equality)**
- **Fair is not always equal/same**
- **Sometimes it is easier to ask for forgiveness than permission – do what is right by students and for students**
- **We are here to serve all students – the ones with barriers need our service the most**

SB 18: The Law

"AN ACT ALLOWING CERTAIN HIGH SCHOOL STUDENTS WHO MEET THE STATE MINIMUM GRADUATION CREDIT REQUIREMENT TO RECEIVE A DIPLOMA FROM A DISTRICT THAT HAS A HIGHER CREDIT REQUIREMENT; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE. "

Applies to state graduation requirements

- For students who meet the state minimum high school credit requirement for graduation, as set forth in Chapter 55 by the Montana Board of Public Education, but will not meet the local requirement
- The district must award the student a diploma.

http://www.mtrules.org/gateway/ruleno.as_p?RN=10.55.905

Educational Disruptions:

Educational disruptions include:

- Homelessness
- Child Welfare System Involvement
- Juvenile Justice System Involvement
- Medical or Mental Health Crisis
- Another event approved by the Board of Trustees

These educational disruptions must have occurred some time during grades nine through twelve.

Why award partial credit to students with educational disruptions?

Students face numerous barriers, often these are beyond their control, to successfully complete school in a timely manner.

- **Frequent school transfers**
- **Moves during semester - credit has not yet been awarded**
- **Loss of attendance**
- **Changes in curriculum/grad requirements from school to school**
- **Lack of support/advocacy**
- **Loss of educational records**
- **Anxiety associated with uncertainty/instability**
- **Potential health (physical and mental) concerns**
- **Increased risk of failure/dropping out**
- **Etc.**

Dawson Promise

https://dawson.edu/outreach/dawson-promise.html

Thank You!

Steven Coop

Student Services Director
(406) 880-1145
scoop@reachhighermontana.org

Christy Hendricks

Programs Manager
(406) 403-6653
chendricks@reachhighermontana.org

Reach Higher Montana

ReachHigherMontana.org

Follow us:

Child and Family Services Review (CFSR) Timeline

The Children's Bureau, part of the Department of Health and Human Services, administers the review process known as the Child and Family Services Reviews (CFSRs)

- The review process is designed to provide oversight of states' compliance with the requirements in titles IV-B and IV-E of the Social Security Act

- States are assessed for substantial conformity with federal requirements for child welfare services

Child and Family Services Review (CFSR)

The CFSR process enables the Children's Bureau to:

1. Ensure Montana's conformity with federal child welfare requirements

2. Determine what is happening to children and families receiving child welfare services;

3. Assist states in enhancing their capacity to help children and families achieve positive outcomes related to **safety, permanency**, and **well-being**

Child and Family Services Review (CFSR)

Safety

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

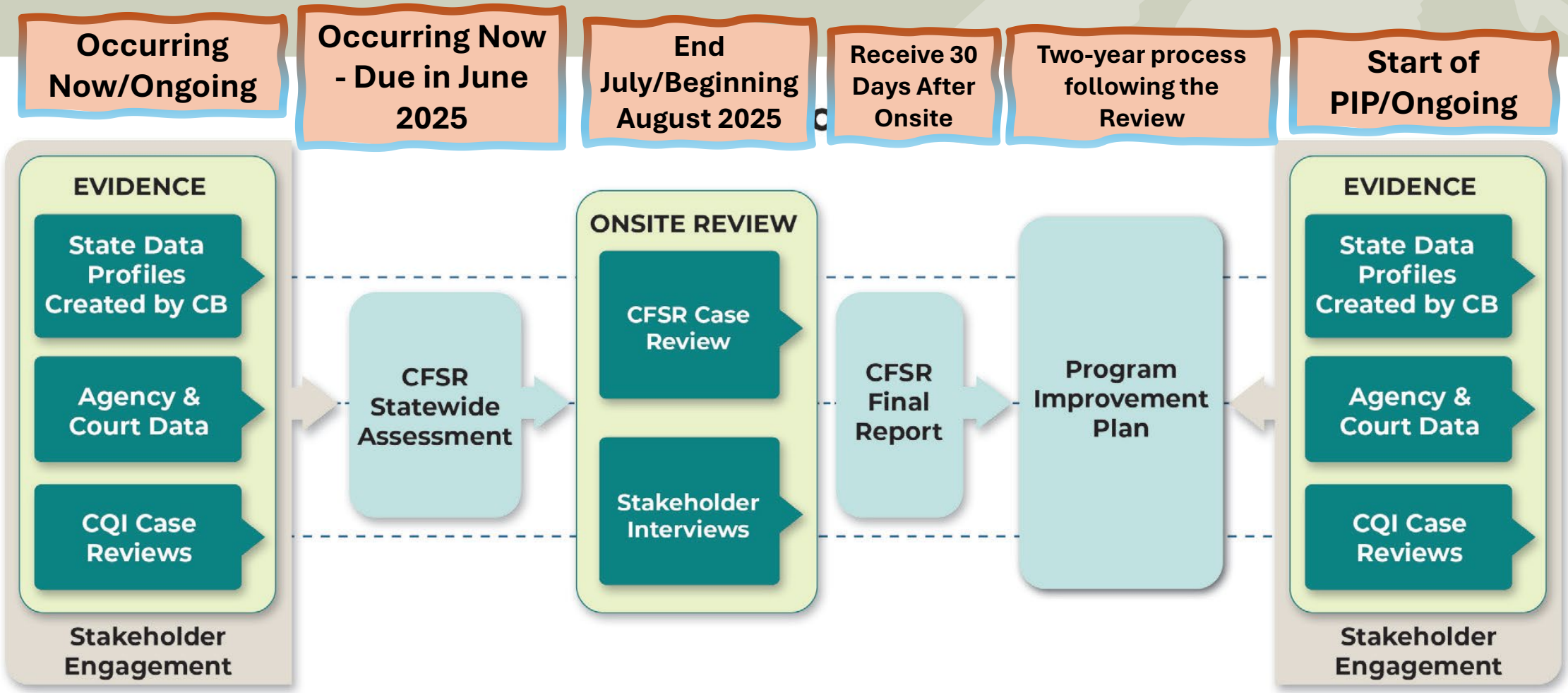
Permanency

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.

Well-Being

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

Child and Family Services Review (CFSR)



Montana's Child Welfare System Vision

Major Service and Contracted Providers

Child welfare agency director, county directors, and program managers

Representatives of Kinship Navigator Programs

Law Enforcement Representatives

Youth and parents served by the agency

Relative caregivers and foster and adoptive parents

Court Improvement Program

Tribal leaders and Tribal child welfare staff

Supervisors and Case Workers from the child welfare agency

Keeping Children Safe and Families Strong

Judges

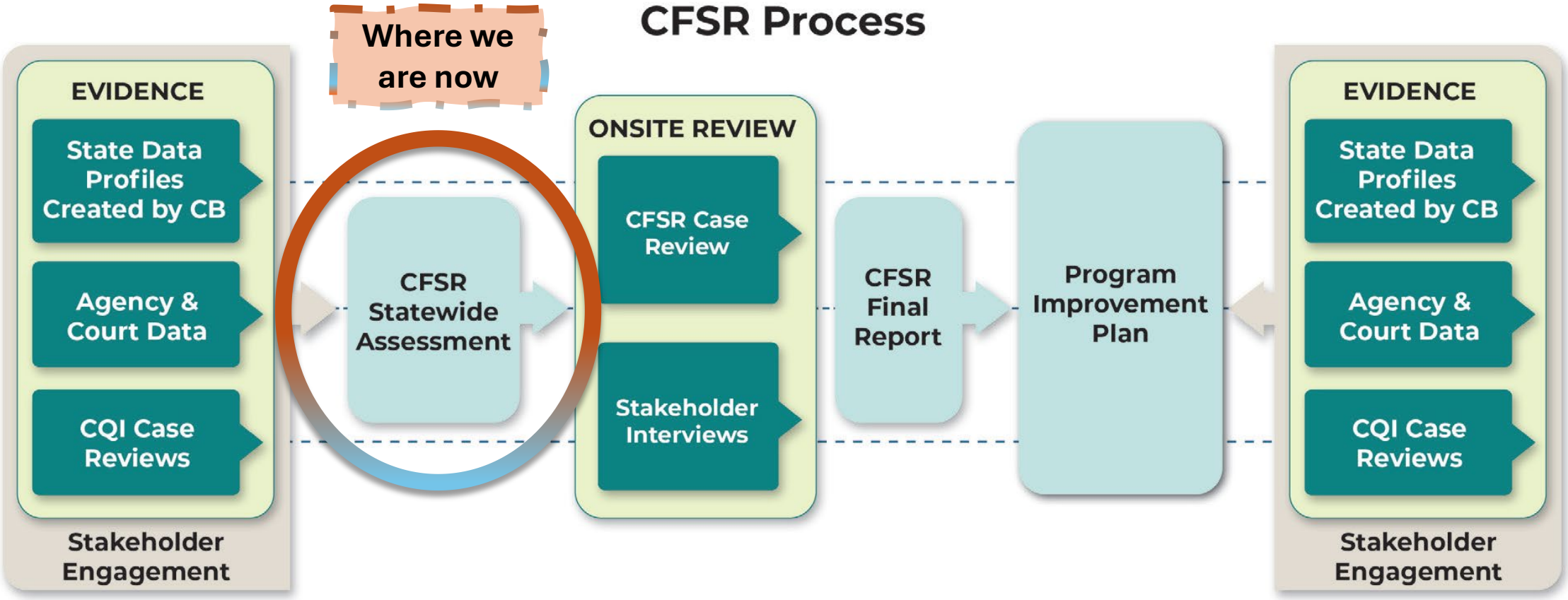
Attorneys for the agency and for parents

Guardians as litem and attorneys for children

Break

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

CFSR Step #1: Statewide Assessment (SWA)



Statewide Assessment (SWA)

- The statewide assessment is initiated when the Children's Bureau transmits the CFSR data profile to the state.
- The data profile provides states with performance information on child outcomes related to safety and permanency.
- In addition to the CFSR data profile, states use their own qualitative and administrative data along with relevant data from agency partners and stakeholders to examine and report on performance in the domains of safety, permanency, and well-being and the routine statewide functioning of systemic factors.

Statewide Assessment (SWA)

Resource Idea: CFSR Measures Crosswalk

- The CFSR process examines state performance on **seven outcomes** for children and families. Safety → Permanency → Well-being Outcomes
  - **Items 1-18** (Case Reviews, Data)

- The CFSR process also examines state performance on **seven systemic factors** that affect outcomes.
  - **Items 19-36** (Stakeholder Feedback, Data)

CFSR Step #2: Stakeholder Interviews & Case Reviews

- Stakeholder Interviews and Case Reviews will take place August 4-8, 2025
  - Billings, Great Falls and Missoula

- Case Review Process
  - Who has been a part of case reviews?
  - Who has been a part of stakeholder interviews -2017 or prior?
  - Share with the group

Breakout Session

Preparing for CFSR Round 4 Stakeholder Interviews and Regional Participation

Common Acronyms

Fact Sheets

- Regional Engagement – Regional Advisory Councils, Committees, Engaging with Broader Child Welfare System

Breakout Session

1. CQI Specialist will be assigned to each group
   - Amy with TEAMS participants

2. You will be participating from your lens as a(n):
   - Individual with lived experience in the child welfare system (youth or now adults who have lived experience, parents who have lived experience)
   - Caregiver - Foster/Adoptive/Resource Parent
   - Case Worker/Supervisor/RA
   - Provider/Support Services
   - Attorney
   - Non-Attorney (CASA/GAL)
   - Judge

   ** Answer questions from any of your lens's to have rich conversation*

Breakout Session

1. Thinking about Item 29: Service Array – *Actual Example*
(Yourself individually/your agency/your project)

Statewide Assessment Question: How well is the service array and resource development system functioning to ensure that the following array of services is available and accessible in all political jurisdictions covered by the Child and Family Services Plan?

- Services that assess the strengths and needs of children and families and determine other service needs.
- Services that address the needs of families in addition to individual children in order to create a safe home environment.
- Services that enable children to remain safely with their parents when reasonable.
- Services that help children in foster and adoptive placements achieve permanency.

Breakout Session

- Questions Children's Bureau is looking to answer to address **Item 29*: Service Array***
  - How many children and their families during a selected period were assessed to need each type of service?
  - Of these children and families, how many received that type of service within a specified period of time?
  - **Are there gaps in availability or accessibility that prevent families from receiving services they need?**

Please indicate your level of agreement with the following statements, based on your experiences during the past 3 years (if individual with lived experience, consider during your involvement with the foster care system)

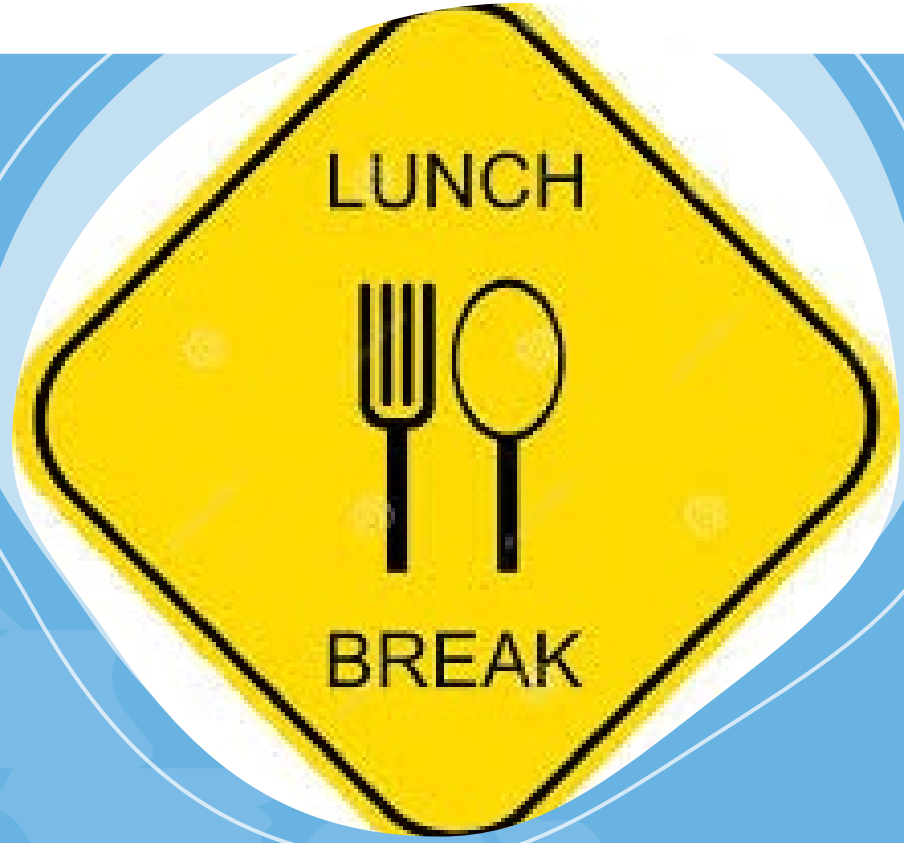
Breakout Session

- CQI Specialist will document your responses
- Use active listening skills to listen how others respond
- Think about how you might answer the questions from your various lenses\

Share Out:

- CQI will summarize to the group
- Be ready to share how you felt during the process
  - What does this one Item (area) within the CFSR say about what you know about services in your communities?

Lunch



Legislative Session Discussion

Nikki Grossberg, CFSD Division Administrator

- Updates/Needs

Opportunities to Support CFSP Implementation – Connecting to Child & Family Services Review (CFSR)

- Surveys & Focus Groups – Be watching during this next month
- SAC
- Prep for Onsite Stakeholder Interviews
- Onsite - August 4-8, 2025

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Tribal Partner Engagement in SAC and CFSR

- **Collaboration between Tribes and States** is essential to meet the needs of American Indian/Alaska Native (AI/AN) children and families. Tribes are **sovereign nations** and have unique and complicated relationships with State governments, often characterized by mistrust
- To **build partnerships** with **Tribes**, State child welfare agencies should take a **culturally responsive and trauma-informed approach** to acknowledge and address the intergenerational trauma and inequities that persist today. Most Tribes operate some form of child protective services, and many have their own laws, courts, and child welfare programs.

By respecting Tribes as equal partners with unique cultures and expertise, States can build trust, create equitable systems, and improve family outcomes for ALL Children

Tribal Partner Engagement in SAC and CFSR

- **Since our last SAC Meeting:**
  - **DPHHS has hired an American Indian Child and Family Specialist – Kathy Deserly**
    - **Supervised by Stephanie Iron Shooter, American Indian Health Director**
    - **Heidi DeRoche, Programs and Ops Officer**
  - **We have two Tribal Social Service Directors who will be observing upcoming SAC meetings**
  - **We have a variety of providers and individuals with lived experience that bring the perspective of AI/NA children and families**
  - **MENTIMETER**

Next Steps:

- SAC Member Spotlight for April - Florence Crittenton
- Next Meeting: April 18th, Hybrid
- Public Comment
- Formal SAC Closing-Rochelle

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

	Date:	*April 18, 2025*
	Meeting	*State Advisory Council*
	Location	Delta Hotel in Helena MT *Hybrid Option - TEAMS

Facilitator: Brandi Loch, Deputy Division Administrator
Minute Taker: Autumn Beattie, CQI Specialist
TEAMs Monitor: Amy Pearson, CQI Specialist / Logan Ward, CQI Specialist
Attendees: Sign-In Sheet (attached)

TIME, AGENDA TOPIC and APPLICABLE MINUTES
8:30 am – 9:00 am - Light Breakfast and Networking
9:00 am – 9:15 am - Formal Opening of SAC Meeting – Rochelle Beley, Chair
Slides 1-4 Attached PowerPoint Welcome - Icebreaker – Participant Introductions (Name, role, and what is the best piece of advice you have ever gotten at work?) New SAC members introduction – Justine Guthrie and Marsia Britton Bostwick, Foster Care Point of Contact at OPI
9:15 am -9:25 am - Approve January Meeting Minutes – Rochelle Beley, Chair
Slide 5 Attached PowerPoint - Motion to Approve Minutes from January 2025 SAC ○ Motion by Dana Toole ○ Second by Julie Berk ○ All in Favor (12 voting members) ○ APPROVED Twelve (12) voting members at today's SAC meeting to have a Quorum.
9:25 am -9:45 am – 2025 Legislative Session Updates – Nikki Grossberg, CFSD Division Administrator
Overall the legisliative session was positive for child welfare work in MT. The biggest piece of legislation for practice changes is that there will no longer be 'Founded' as a maltreatment determination. CFSD will just have Substantiated, Non-Substantiated, or Not Founded. SB147: MT passed a bill to support ICWA in MT statute. SB50: The legislative bill about the warrant being needed to remove child was tabled. Post-Permanency Support Services received another FTE to help with adoption/guardianship stabilization. House Bill 77 – Bill was passed to remov TIA from Statute, and add 90 days to EPS. Group Discussion: - Megan Bailey ○ Doula to be a medicaid paid service. (Doula's can work with the family from the time of conception to the child's first birthday. ○ Family Peer Support – Would be a positive professional type of support to wrap around high risk family systems.
SAC Member Updates
Review of SAC purpose and Team Charter (Team Vision, Mission, and Charge)
9:45 am – 10:15 am - Re-cap of the upcoming Child and Family Services Review (CFSR) • **Timeline** • **Montana's Child Welfare System Vision**

Slide 8 – 13 Attached PowerPoint

Youtube video shared: Line of One Hyperlink

-Megan Bailey: Just want to encourage the SAC members and communities that the data will be available that CFSD is putting together for their assessment, and so the data and information will be available to the public sectors, and they can use that to then write grants, etc. No reason to reinvent the wheel.

10:15 am 15 am – 10:30 am - Break

10:30 am – 10:45 am – CAC Overview (Dana Toole – DOJ)

Provided handout (electronic version can be found here:
CAC website: https://childrensalliancemt.org/

- Dana – Collaboration with CFSD has been really great to work with. CFSD has put a lot of resources within the last several years in the CAC center.

10:30 am – 11:00 am – CFSR Overview

- CFSR Step #1: Statewide Assessment (SWA) Overview Presentation and Preliminary Data Sharing
- CFSR Step #2: Case Review Process & Stakeholder Interviews Overview
- CFSR Step #3: Program Improvement Plan (PIP)

Slide 15 – 19 Attached PowerPoint

Disparity Data Presented (Race):

- Brandon – Is the indigenous children that are used in the data presented today only federal specific requirements or how are they identified.
  - Jill (CFSD) – They are self-identified (family identified). They are not required to be an enrolled member to be included in this data.

CFSR Process:

- Kaci Gaub – With the recent changes in the federal government, would that impact the CFSR occuring?
  - Brandi – We have inquired upon this with our Federal partners, and we do not believe there will be delays or halts in the process.

11:00 am – 12:00 pm - Statewide Assessment Focus Group: Tribal Collaboration in Child Welfare

- Supporting indigenous children and their families across Montana

Slide 20 – 25 Attached PowerPoint

Group Feedback:

- Megan – It is important to undesrtand that this is a pratice, and it isn't as simple as just taking a "Culutrally Humility" training. It is ongoing work.
- Rebecca – Discussed Yellowstone ICWA Court and being part of the team. The ICWA court Judge in Yellowstone and the Judge in Big Horn have made efforts to learn and understand the ICWA culture of the Crow Tribe.
- Shannon Hathway, Attorney - Missoula ICWA Court is up and going. There is disussion of having ICWA court in Great Falls as well.

SWA Focus Group (Slide 23):

Q: How does the State or Providers interact with the Tribes in Montana in Child Welfare Cases involving American Indian children and families? (*Examples: ICWA, Court, Cultural Resources***).**

Responses:

- Carrie (Florencecrittenton): As a provider we work with all the Tribes in place in the residential program. We often intercept with Tribal clients in the youth maternity home. Work with State and Tribal CPS. They come to our program for a variety of reasons. It can be hard to understand the placing agency, but

we have had really good luck working with the all the Tribes. The Tribes are comfortable placing chidlren with us, as they align with our goal to keep the children connected to their home/culture and to return them to their home. Very honored to work in that capacity with Tribal families.

- Megan (Provider/Tribal Member): As a member of a Tribe, I was working in an area of another Tribe, and I just started calling Tribal programs connected to the Tribe of the child services were being provided to and "just ask." Such as Urban Indian Health Centers, you can just call and say "I don't know what I am doing, or don't know what the resources are, etc." and they are willing to help. Encourage others to just reach out to the resources MT has.
- Rebecca (Crow Tribe Social Services Rep): Kiddo placed in another state who had high need medical concerns. The foster family there wanted to adopt, and Rebecca went in front of legislation to support the process. She went to visit with the family in their home, and since then the family has reached out to the Tribe, and culutural resources. The foster family requested the Crow Tribe come back to visit. The child was given a Crow Name. Then the next Rebecca visited the family, they had the child's Crow Name on the wall and cultural items on the wall they had received from the University. People can reach out (such as the foster families) to learn more about the culture of the child, and preserve it. In other cases, she helps translate the legal language to the families in the court system that speak Crow and don't understand the legal langauge. It is a way for Rebecca to advocate for the families and help them understand the legal process. Enrolled Crow member children who are adopted/guardian also receive per capata that is provided to the foster/adoptive parents. A lot of them will leave it in a trust fund for the children for when they are 18. If the children are adopted out and don't connect with their culture they return as an adult and don't know their identity, and their biological/Tribal family doesn't know them. It is important for the child welfare system to support the children in learning about their culture. Children should have the opportunity to connect with their culture while in the foster care system.
- Shannon (CPS): In terms of ICWA court we invite parties involved in treatment team meetings, etc. We work to make sure we are offering culturally appropriate activities and services in Yellowstone. Work to collaborate to ensure the families get what they need in their community.
- April (MTCASA) - Service expansion into the Fort Peck area, and have done outreach to the Blackfeet Nation. Wanting to have CASA be available and serve in the ICWA courts.
- Dana (DOJ) – Working directly to provide training and technical support to develop a CAC in Fort Belknap. Are working with multiple Tribes throughout MT to share resources to support them with MDT and CACs in the Tribal communities.
- Tribal Member – Children need to get involved with their Tribal communities, and learn about their culture.
- Shannel (Youth Lived Experience) – Relates to the stories shared about being away from the culture in the Foster Care system, and carry shame that a huge part of who she was (her Tribe and culture) didn't come into her life until she was an adult. She particpated in the National ICWA conference and was a positive experience, and she encourages others to connect with NICWA. All native people have a strong native spirit in them, and it can just take certain platforms or situations that create the opportunities for the spirit to come forward and help people identify who they are to their core.
    - Megan Bailey – Seconds that NICWA is an amazing organization. Maybe NICWA could speak at a SAC or CAN.

Q.How do the Tribes in Montana interact with the State in Child Welfare Cases involving American Indian children and families?

Responses:

- Rebecca (Crow ICWA Rep) – ICWA court in Yellowstone Overview. The children are usually removed in Yellowstone and the parents have a drug or criminal charge, and the parent has to compelte an application to take part in the ICWA Court Team. The parents have to do a lot to work their plan, and report back weekly to the court team (counselors, law, ICWA, community providers). The parents have to submit to a UA prior to their court hearing. The parents attend classes and substance use disorder treatment. Usually half way through the process if the parent is doing well, the children are usually returned. When children are

removed their per capta is put on hold, and if the parent does well and is moving towards reunification she will unfreeze their per capta to support reunifciation efforts. If a parent is enrolled in the ICWA court and doesn't show up or doesn't follow through with their treatment plan then they are arrested. Before a parent can re-engage in the program the team meets and discuss the sitaution, and assess the plan for the parent. Then the parent has to go in front of the Judge and team to further discuss re-engagement of the program. The program takes about two years for a parent to start to finish.

-Carrie (Florencecritten) – When parents have that much support in ICWA court (or other types like family court, etc.) it can be really hard for them when they do graduate from the program because the parent(s) report that they are sad that the program is over. As a community we need to continue to make sure we are supporting these families above and beyond these court programs to make sure they feel supported going forward.

Q.What have been some successful Government to Government (Tribal to State) collaborations that have positively impacted outcomes for children and families?

1. **What made the collaboration successful?**
2. **What areas around collaboration could improve?**

Responses:

-Autumn (CQI): Shared about Visit Coach and having a Blackfeet Tribal member participate in developing a presentation at CAN Conference to support Tribal Connections and Culture within Visitation. Was a positive collaboration.

- Kaci (Ombudsmen): Young mom had a baby, and with the tribal collaboration between the State and Tribe, the mom and baby were able to remain together and was a positive outcome.

- Steve (Reach Higher MT): Would love to see more collaboration with Tribes to ensure that the youth that are in care are taking advantage of the Education Training Voucheres (ETV). This is an area that Reach Higher MT could improve upon.

Q. Who else from the Tribes should be around the table?

1. **Tribal Leaders**
2. **Tribal Social Services**
3. **Urban Indian Organizations**
4. **Head Start/Child Care**

Responses:

- Dana (DOJ): Medical providers (private and public sectors) / Domestic Violence Advocates
- Julie (CIP): Qualified Expert Wintnesses
- Rochelle (Provider): Visitation places need more respect around culture practices within visitation.
- Brandi: How largely are commmunities tapping into the "Family Spirit" program, and how could those programs be expanded.
- Megan (Provider): Tribal Colleges (other than Little Shell all of our Tribes have colleges), Indian Education for all community reps with public school systems, our Tribes culture committees (most Tribes have these), pow wow organizers know everyone, and Rocky Mountain Tribal Leadership Council. Again, just pick up the phone and reach out.
- Brandon (Tribal Member) – Not a lot of cultural pathways around Great Falls and can feel invisible at times. In Great Falls we are competing with core curriculum, so it is at the state/schools decision to have the Indian programs at school. The programs use to give the children 45 minutes in these programs, but now only 15 minutes. The spaces are there for children to learn, but it is up to the parents (foster/adoptive, etc.) need to be aware of these programs and encourage them to participate. Knowing history about each space we are in in relation to Tribes land and coming together to collaborate and make headway even through difficult conversations.
- Shannel (Lived Experience) – The curriculum side of culture awareness can be the most frustrating. The way the Native people are presented in the curriculum is not taking into perspective of multiple Tribal Nations and the various culture within their communities. It is important to pull in people (who are

aware and genuinely know) from the different Tribal communities to help educate about the various Nations.

Brandi – It is a federal mandated and we are required to respond on "Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?"

12:00 pm – 1:00 pm - Networking Lunch - Provided

1:00 pm – 1:30 pm – Current Efforts from Across Montana

- Working to address the indigenous disparities in child welfare.

Slide 27 Attached PowerPoint - DPHHS - Office of American Indian Health Organization / Presenters: Heidi DeRouche and Kathy Deserly

OIH is reviewing systems within State agencies that impact Tribes (communities, families and children), and learning about how the agencies goals align with the Tribal needs/practices. Looking at the larger state agencies system to identify areas of improvement, and then creating a plan/recommendations with the state agencies and the Tribes to collaborate to improve statewide practices.
The OIH is currently working on:

- Focus area around Tribal relations, and adapting them to specific areas in the states work.
- Advance Tribal relations between the state departments and Tribes. Learning ways to coordinate and support the states contractors and stakeholders.
- Policy/Procedure review/revision to align state and federal requirements are relatable and relevant to the Tribal government, communities, and families/children.
- Engaging Tribal members/groups through this work to empower cultural competencies statewide.
- Tribal consultation efforts (principles and practices) – working with Harvard that outlines how to consult with Tribes.
- Techinical Assistance to Urban Tribal Organization
- Complex Case Reviews: Is a process that is specific engagement with Child and Family Services to asses and triage cases that need additional support within CFSD system.
- Supporting Tribal Social Services and communites to understand the process of CFSR, and the importance of their voices being heard through collaboration.

Work specifically around Child Welfare and how to improve outcomes. Historically the disparity number of kids in care that are native american remains the same as today. Looking at processes to learn how to improve practices to support Safety, Well-Being and Permanency; and, respecting Tribal and State differences while finding ways to alighn and collaborate.

1:30 pm – 2:45 pm - The Gathering of Strong Hearted Warriors Presentation

- Brandon Fish, Lucy Real Bird, Hanna Has Eagle, Mike LaFountain, Vanessa Braverock, William Gladstone, Lance Four Star
- Group Guided Discussion

See attached PowerPoint

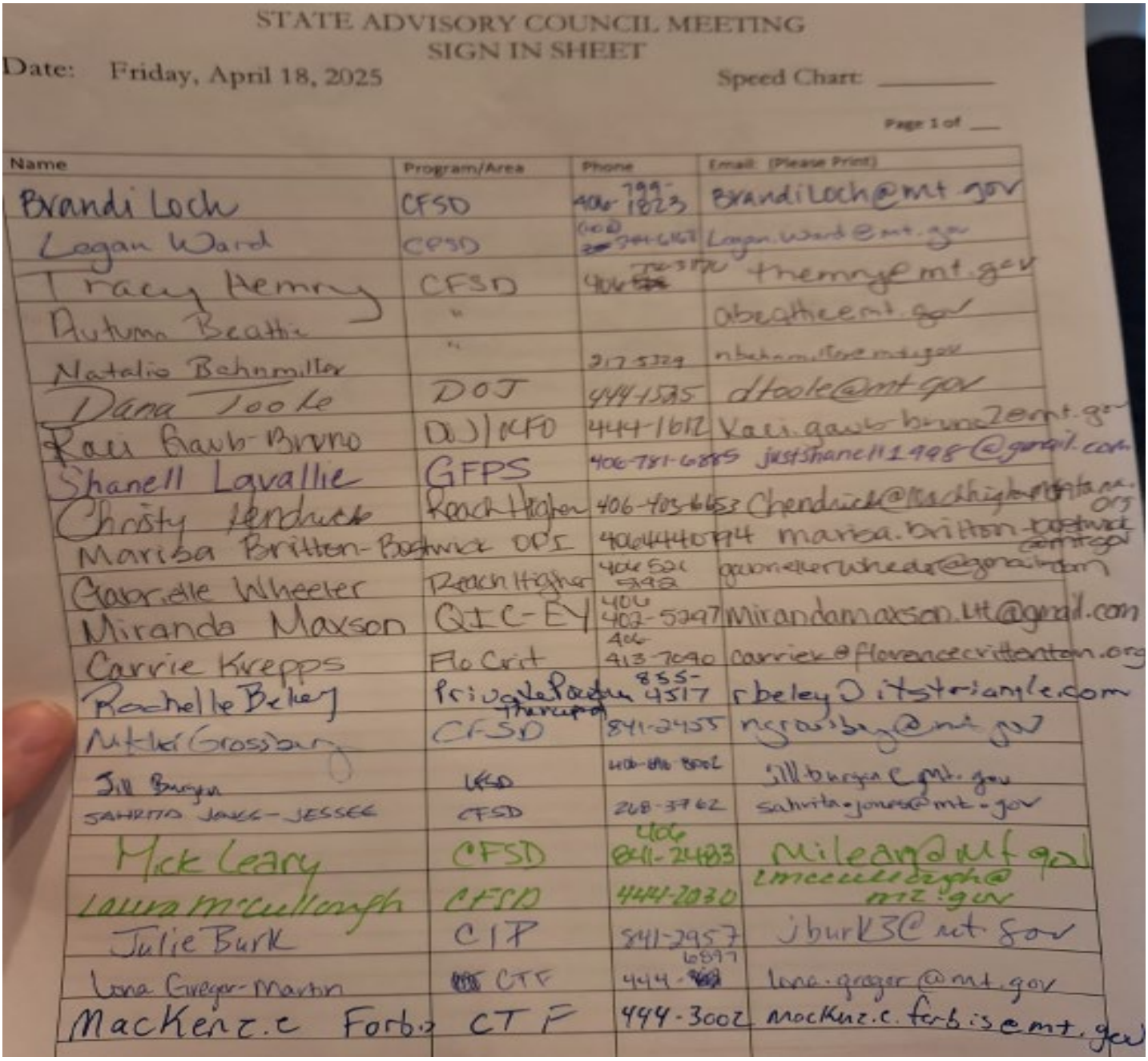
2:45 pm – 3:30 pm - Next Steps/Public Comment/Formal SAC Closing – Rochelle Beley, Chair

Public Comment Opportunity - None

3pm – Meeting Adjourned

SAC Powerpoint Link: https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:d5297298-14f3-41d4-a0fd-b9a8a91d8e6b

Children's Alliance of Montana Child Advocacy Centers (CAC) Link: https://childrensalliancemt.org/#start
CAC Brochure: CAC Brochure



STATE ADVISORY COUNCIL MEETING
SIGN IN SHEET

Date: Friday, April 18, 2025 Speed Chart: _____

Page 1 of ___

Name	Program/Area	Phone	Email (Please Print)
Brandi Loch	CFSD	406 799-1823	BrandiLoch@mt.gov
Logan Ward	CFSD	(406) 594-6671	Logan.Ward@mt.gov
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Autumn Beattie	"		abeattie@mt.gov
Natalie Behnmiller	"	217 5329	nbehnmiller@mt.gov
Dana Tooke	DOJ	444-1585	dtooke@mt.gov
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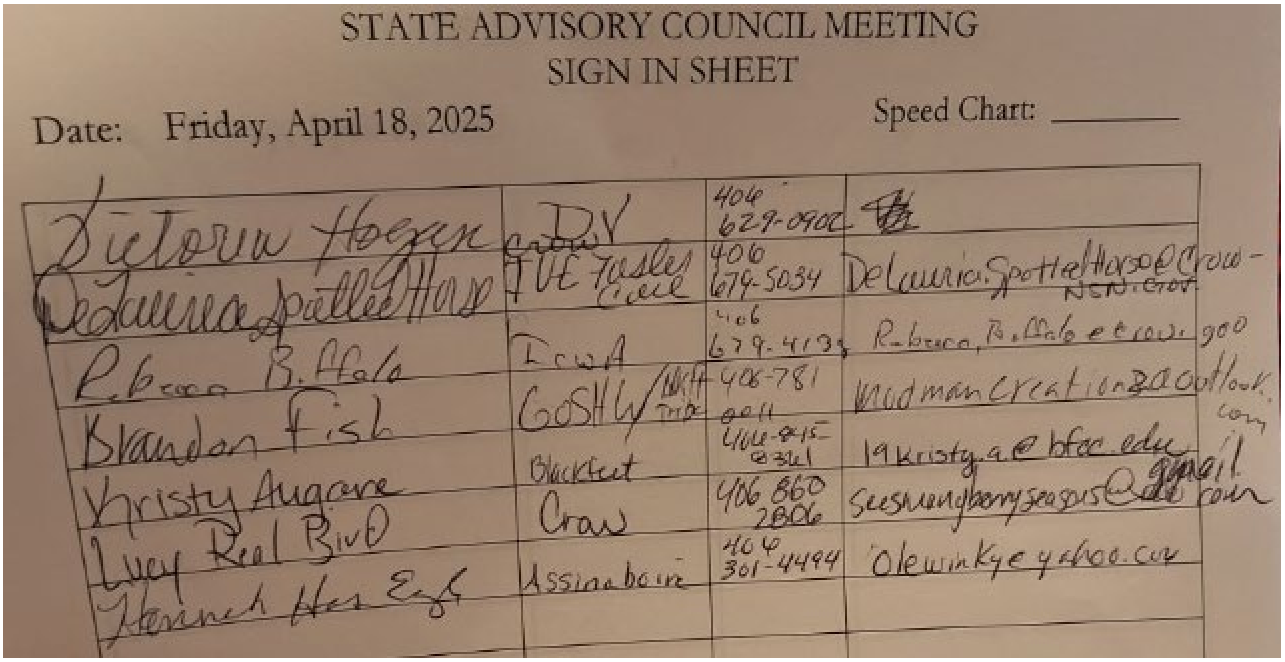
Christy Hendrick	Reach Higher	406-403-6653	Chendrick@reachhigher.org
Marisa Britten-Bostwick	ODI	4064440914	marisa.britten-bostwick@mt.gov
Gabrielle Wheeler	Reach Higher	406 521 5992	gwheeler.wheeler@gmail.com
Miranda Maxson	QIC-EY	406 407-5297	Mirandamaxson.ut@gmail.com
Carrie Krepps	Flo Crit	406 413-7090	carriek@florencecrittenton.org
Rachelle Beley	Private Practice therapist	855-4517	rbeley@itstorianyle.com
Mikki Grossberg	CFSD	841-2455	mgrossberg@mt.gov
Jill Burgin	DCFD	406-[illegible]	jillburgin@mt.gov
SAHRITA JONES-JESSEE	CFSD	268-3762	sahrita.jones@mt.gov
Mick Leary	CFSD	406 841-2483	MikeLeary@mt.gov
Laura McCullough	CFSD	444-2030	LMcCullough@mt.gov
Julie Burk	CIP	841-2957	jburk3@mt.gov
Lona Gregor-Martin	CTF	444-6897	lona.gregor@mt.gov
MacKenzie Forbis	CTF	444-3002	MacKenzie.forbis@mt.gov



STATE ADVISORY COUNCIL MEETING
SIGN IN SHEET

Date: Friday, April 18, 2025 Speed Chart: ________

Victoria Hogan	Crow DV	404 629-0902	[illegible]
DeLauria Spotted Horse	TVE [illegible] Circle	406 679-5034	DeLauria.SpottedHorse@Crow-NSN.Gov
Rebecca B. [illegible]	ICWA	406 679-4133	Rebecca.B.[illegible]@crow.gov
Brandon Fish	GOSHW/NKH Tribe	406-781-9011	madmancreation3@outlook.com
Kristy Augare	Blackfeet	406-845-8341	19kristy.a@bfcc.edu
Lucy Real Bird	Crow	406 860 2806	seesmanyberryseasons@gmail.com
Hannah Has Eagle	Assiniboine	404 301-4494	olewinky@yahoo.com

4/18/2025 – SAC Participants On TEAMS

Arielle Cowser /Treatment Court Coordinator

Ashely Matteson/CFSD

April Barnings/CASA

Megan Bailey/Provider

Jessica McFarren/CFSD

Benjamin Davis/Provider/Friends MT

Steven Coop/Reach Higher MT

Kate Larcom/CFSD

Shannon Hathaway/ Children's attorney

Heidi De Roche/OAIH

Kathy Deserly/CFSD

Ashely Harada/ DC Judge 13th Judicial District

Stacie Eckenstein/Chafee

Child and Family Services State Advisory Council Meeting April 18, 2025

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Welcome and Meeting Opening – Rochelle

<u>Housekeeping and Group Norms:</u>

- Welcome to members on TEAMS
  - TEAMS Facilitator
  - Raise Hand Feature
- Use the microphone when speaking to the group
- Lunch Provided
- Take care of your needs
- Actively Participate

Introductions

- Give your name and role(s) on

State Advisory Council OR *Visitor Role*

- What is the best piece of advice you have ever gotten at work? Or from a mentor?

Lessons from Geese

- Give your name and role(s) on State Advisory Council OR *Visitor Role*

- What is the best piece of advice you have ever gotten at work? Or from a mentor?

Approve the January 2025 Meeting Minutes- Rochelle

- **Approval Motion and Second**
  - New Members: Justine Guthrie and Marisa Britton-Bostwick
- **Follow-up from January's Meeting –** Thoughts? Questions?

2025 Legislative Session

Nikki Grossberg, CFSD Division Administrator

- Legislative Updates

- SAC Member Updates

State Advisory Council – Purpose & Team Charter

- Team Vision
- Team Mission
- Team Charge

Child and Family Services Plan (CFSP) Goals
Five-year Plan 2025-2029

- **Goal 1: Engage with families to effectively assess and manage safety concerns and prevent removals when possible.**

- **Goal 2: Improve Timelines to Permanency and Reduce the rate of re-entries to foster care.**

- **Goal 3: Enhance Continuous Quality Improvement (CQI) in Practice through improved data quality, training, and a robust CQI Plan.**

Child and Family Services Review (CFSR) Timeline

The Children's Bureau, part of the Department of Health and Human Services, administers the review process known as the Child and Family Services Reviews (CFSRs)

- The review process is designed to provide oversight of states' compliance with the requirements in titles IV-B and IV-E of the Social Security Act

- States are assessed for substantial conformity with federal requirements for child welfare services

Child and Family Services Review (CFSR)

The CFSR process enables the Children's Bureau to:

1. Ensure Montana's conformity with federal child welfare requirements

2. Determine what is happening to children and families receiving child welfare services;

3. Assist states in enhancing their capacity to help children and families achieve positive outcomes related to **safety, permanency**, and **well-being**

Child and Family Services Review (CFSR)

Safety

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

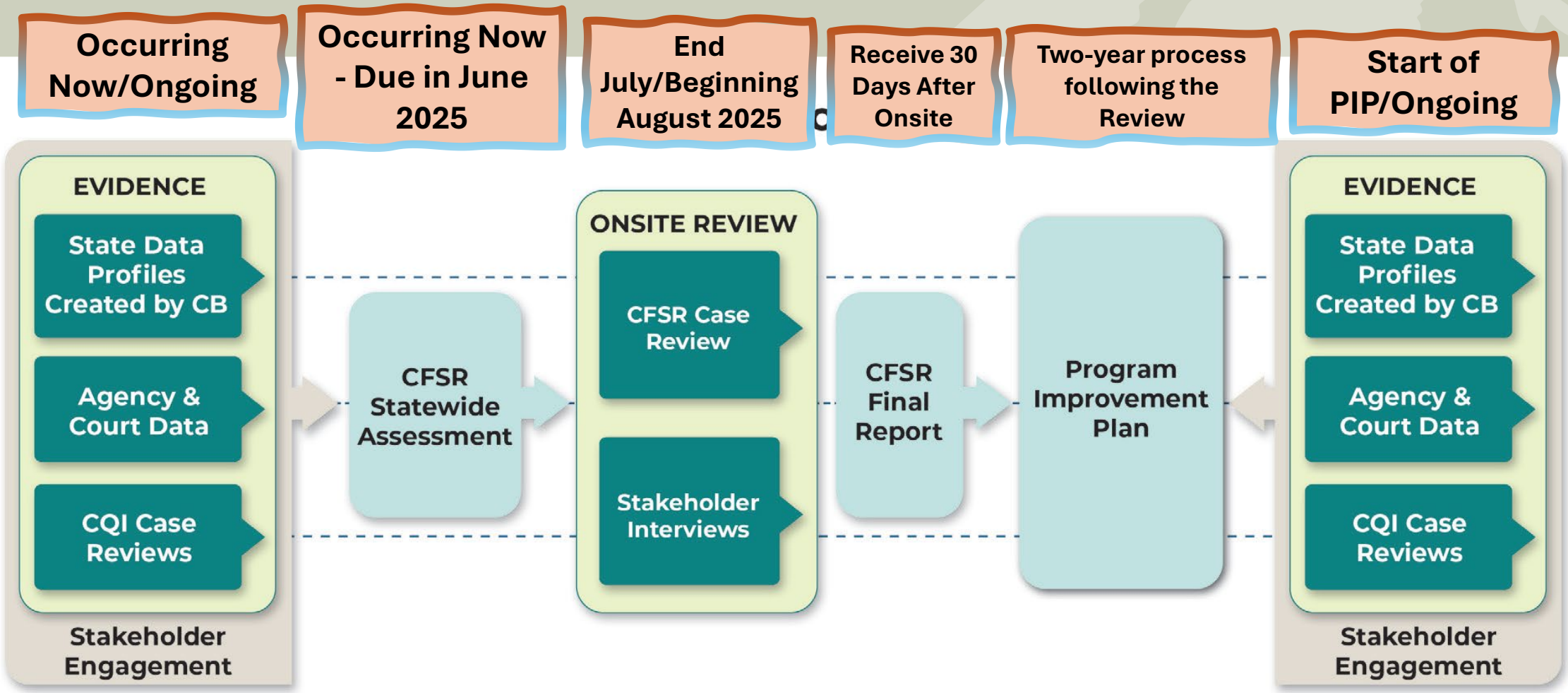
Permanency

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.

Well-Being

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

Child and Family Services Review (CFSR)



Montana's Child Welfare System Vision

Major Service and Contracted Providers

State-Level Partners: DOJ, within DPHHS, etc.

Child welfare agency director, county directors, and program managers

Representatives of Kinship Navigator Programs

Law Enforcement Representatives

Youth and parents served by the agency

Relative caregivers and foster and adoptive parents

Court Improvement Program

Tribal leaders and Tribal child welfare staff

Tribal Representatives

Supervisors and Case Workers from the child welfare agency

Keeping Children Safe and Families Strong

Judges

Attorneys for the agency and for parents

Guardians as litem and attorneys for children

Break

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HUMAN SERVICES

Statewide Assessment (SWA)

- The statewide assessment is initiated when the Children's Bureau transmits the CFSR data profile to the state.
- The data profile provides states with performance information on child outcomes related to safety and permanency.
- In addition to the CFSR data profile, states use their own qualitative and administrative data along with relevant data from agency partners and stakeholders to examine and report on performance in the domains of safety, permanency, and well-being and the routine statewide functioning of systemic factors.

CFSR Step #1 → Statewide Assessment (SWA)

Thank you for participating in the survey(s) that went out last month!

- The CFSR process examines state performance on **seven outcomes** for children and families. Safety → Permanency → Well-being Outcomes
  - **Items 1-18** (Case Reviews, Data)

- The CFSR process also examines state performance on **seven systemic factors** that affect outcomes.
  - **Items 19-36** (Stakeholder Feedback, Data)

CFSR Step #1 → Statewide Assessment (SWA)

- Data –

CFSR Step #2: Stakeholder Interviews & Case Reviews Take Place August 4-8, 2025

- **Case Reviews:**
  - Billings
  - Great Falls
  - Missoula
- **Stakeholder Interviews:**
  - Great Falls
  - Virtual via TEAMS/Zoom
- **Case Review Process:**
  - Review Case Files that were opened during the Period Under Review → August 1, 2024 through Case Review Week

CFSR Step #3: Program Improvement Plan (PIP)

- Item 9: Did the agency make concerted efforts to **preserve the child's connections** to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

Tribal Partner Engagement in SAC and CFSR

- **Collaboration between Tribes and States** is essential to meet the needs of American Indian/Alaska Native (AI/AN) children and families. Tribes are **sovereign nations** and have unique and complicated relationships with State governments, often characterized by mistrust
- To **build partnerships** with **Tribes**, State child welfare agencies should take a **culturally responsive and trauma-informed approach** to acknowledge and address the intergenerational trauma and inequities that persist today. Most Tribes operate some form of child protective services, and many have their own laws, courts, and child welfare programs.

By respecting Tribes as equal partners with unique cultures and expertise, States can build trust, create equitable systems, and improve family outcomes for ALL Children

Cultural Humility

"Having a sense that one's own knowledge is limited as to what truly is another's culture." (Hook et al. 2013)

- Other-oriented rather than self-focused
- Respect for others
- Lack of superiority
- Entertaining hypotheses rather than drawing conclusions
- Life-long commitment to self-evaluation & critique
- Staying open to new information
- Wrestling with the tendency to view one's own beliefs, values, and worldview as Superior
- Willingness to hear "you don't get it"

SWA Focus Group

Tribal Collaboration in Child Welfare

Every child welfare system works to address the needs of children who have been maltreated and to achieve positive safety, permanency, and well-being outcomes for them and their families. **Tribal and state child welfare agencies** have many common goals. Among them are

- Enhancing families' capacity to safely care for their children
- Preventing the unnecessary removal of children
- Achieving timely and appropriate permanency
- Promoting and preserving family relationships and connections
- Meaningfully engaging families.

SWA Focus Group
Tribal Government & State Government

1. **How does the State or Providers interact with the Tribes in Montana in Child Welfare Cases involving American Indian children and families? (ICWA, Court, Cultural Resources)**

2. **How do the Tribes in Montana interact with the State in Child Welfare Cases involving American Indian children and families?**

SWA Focus Group

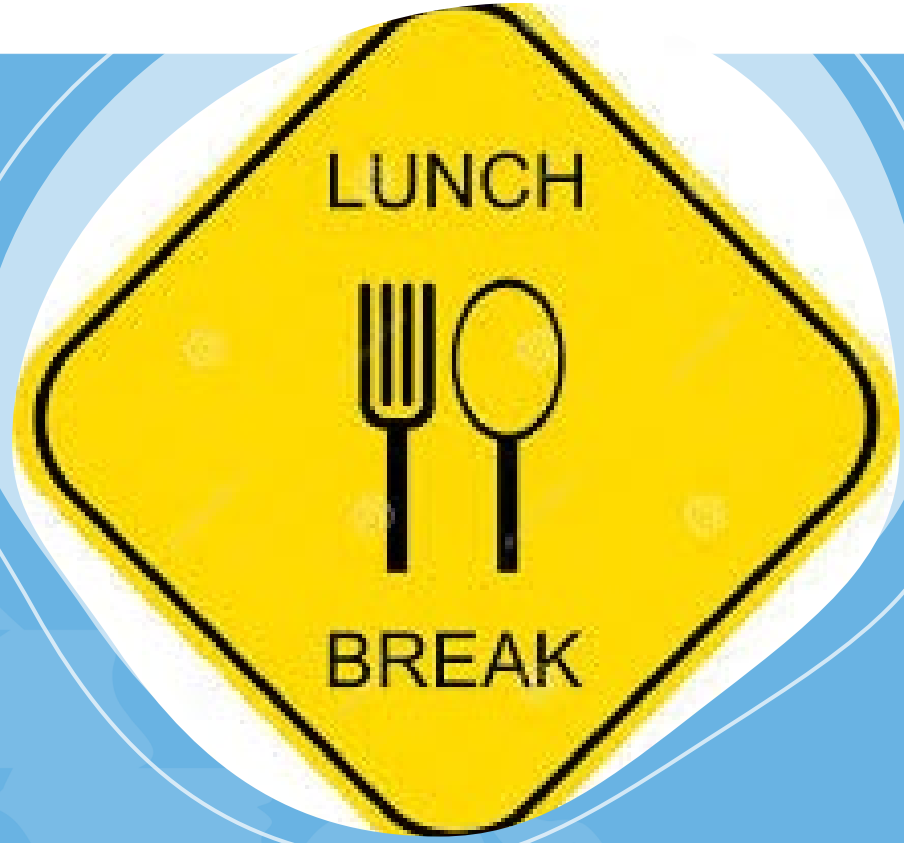
1. **What have been some successful Government to Government (Tribal to State) collaborations that have positively impacted outcomes for children and families?**

   - **What made the collaboration successful?**
   - **What areas around collaboration could improve?**

SWA Focus Group

1. **Who else from the Tribes should be around the table?**
    1. Tribal Leaders
    2. Tribal Social Services
    3. Urban Indian Organizations
    4. Head Start/Child Care
    5.
    6.
    7.

Lunch



DPHHS - Office of American Indian Health

Stephanie Iron Shooter *Sicangu/Aaniiih*
American Indian Health Director

Kathy Deserly
American Indian Child and Family Program Specialist

Heidi DeRoche
Programs and Operations Officer

The Gathering of Strong Hearted Warriors Presentation

Brandon Fish

Lance Four Star

Lucy Real Bird

Pat Provost

Hanna Has Eagle

Mike LaFountain

Vanessa Braverock

William Gladstone

Next Steps:

- SAC Member Spotlight for July
- Next Meeting: July 25th, Hybrid
- Public Comment
- Formal SAC Closing-Rochelle

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