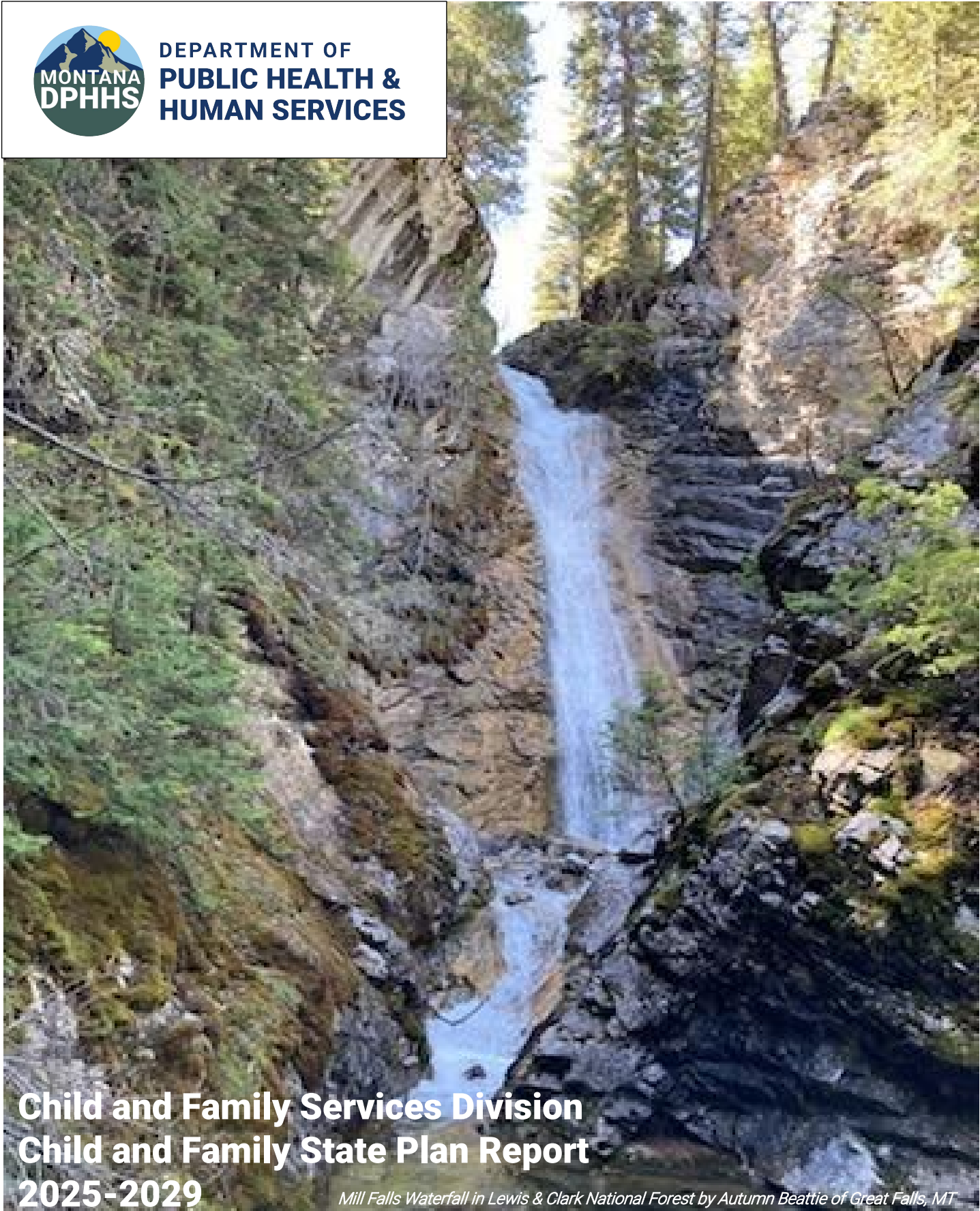




DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**



**Child and Family Services Division
Child and Family State Plan Report
2025-2029**

Mill Falls Waterfall in Lewis & Clark National Forest by Autumn Beattie of Great Falls, MT

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
ACRONYM LIST	4
MONTANA MAP and REGION COVERAGE BY COUNTY	6
ORGANIZATION CHARTS	7
Management Team and Program Bureau (Central Office).....	7
Region I	8
Region II	9
Region III.....	10
Region IV.....	11
Region V.....	12
Region VI.....	13
SECTION 1: VISION AND COLLABORATION.....	14
State Agency Administering the Programs.....	14
Vision Statement.....	14
Collaboration.....	15
Families Involvement in Key Aspects of CFSP Development.....	15
Children and Youth Involvement in Key Aspects of CFSP Development.....	16
Tribes Involvement in Key Aspects of CFSP Development.....	17
Court Involvement in Key Aspects of CFSP Development	18
Other Partners Involvement in Key Aspects of CFSP Development.....	18
SECTION 2: ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES	24
Child and Family Outcomes.....	24
Safety Outcomes.....	25
Permanency Outcomes.....	30
Wellbeing Outcomes.....	37
Systemic Factors	44
Information System	44
Case Review System	45
Quality Assurance System.....	46
Staff and Provider Training.....	50
Service Array and Resource Development	52
Agency Responsiveness to the Community	57
Foster and Adoptive Parent Licensing, Recruitment, and Retention	58
SECTION 3: PLAN FOR ENACTING THE STATE’S VISION.....	59
Goals, Objectives, and Measures of Progress.....	59
Goal 1: Engage with families to effectively assess and manage safety concerns and prevent removals when possible.	61
Goal 2: Improve Timelines to Permanency and Reduce the rate of re-entries to foster care.....	64
Goal 3: Enhance CQI in Practice through improved data quality, training, and a robust CQI Plan.....	67
Staff Training, Technical Assistance and Evaluation.....	68
Workforce Development	68
Other Evaluation Efforts.....	69
Implementation Supports.....	70
SECTION 4: SERVICES.....	70
Child and Family Services Continuum	70
Centralized Intake.....	70
Safety and Management System.....	71
Guardianship and Adoption.....	71
Independent Living.....	71
In-home Prevention Services	71

Services Coordination	72
Community-Based Child Abuse Prevention (CBCAP).....	72
Children’s Justice Act (CJA).....	72
Court Improvement Project (CIP).....	72
Services Description.....	74
Stephanie Tubbs Jones Child Welfare Services Program (IV-B subpart 1)	74
Services for Children Adopted from Other Countries.....	74
Services for Children Under the Age of Five	74
Efforts to Track and Prevent Child Maltreatment Deaths	75
MaryLee Allen Promoting Safe and Stable Families (PSSF).....	76
Family Preservation, Support and Reunification Services	76
Adoption Promotion and Support Services	79
Service Decision-Making Process for Family Support Services	80
Population at Greatest Risk of Maltreatment	81
Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits.....	82
JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)	82
Transgender, Queer and Intersex Individuals.....	82
Transition Planning Processes	82
Integration of Chafee with CFSP/CFSR	83
Agency Administering Chafee.....	83
Description of Program Design and Delivery	84
Serving Youth Across the State	86
Serving Youth of Various Ages and States of Achieving Independence.....	87
Collaboration with Other Private and Public Agencies	87
Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)	90
Cooperation in National Evaluations	90
Education and Training Vouchers (ETV) Program.....	90
Chafee Training.....	91
Consultation with Tribes (section 477(b)(3)G)).....	92
SECTION 5: CONSULTATION AND COORDINATION BETWEEN STATE AND TRIBES.....	93
SECTION 6: TARGETED PLANS WITHIN CFSP.....	94

ACRONYM LIST

A	
Administration for Children and Families Children Bureau (ACF-CB)	17
Administrative Rules of Montana (ARMS)	53
Adoption and Foster Care Analysis and Reporting (AFCARS)	44
Americans with Disabilities Act (ADA)	17
Ansell Casey Life Skills Assessment (ACLSA)	85
Area Needing Improvement (ANI)	38
B	
Behavioral Health Alliance of Montana (BHAM)	25
C	
Center for States Child Welfare Capacity Building Collaborative (CSCWCBC)	22
Centralized Intake (CI)	26
Chief Safety Officer and Community Liaison (CSO)	78
Child Abuse & Neglect Review Commission (CANRC)	79
Child Abuse Prevention and Treatment Act (CAPTA)	21
Child Adult Protective System (CAPS)	27
Child and Family Services Division (CFSD)	17
Child and Family Services Review (CFSR)	21
Child Protection Specialist (CPS)	45
Child Protection Specialist Supervisors (CPSS)	34
Child Welfare Managers (CWM)	34
Child Welfare Prevention and Support Services (CW PSS)	23
Children's Advocacy Centers (CAC)	22
Children's Alliance of Montana (CAM)	21
Children's Justice Act (CJA)	21
Chippewa Cree Tribe (CCT)	94
Citizen Review Panel (CRP)	21
Comprehensive Child Welfare Information System (CCWIS)	20
Conditions for Return (CFR)	65
Confederated Salish and Kootenai Tribes (CSKT)	89
Connected Voices for Montana's Children (CVMK)	18
Continuous Quality Improvement (CQI)	17
Court Appointed Special Advocates (CASA)	21
Court Improvement Project (CIP)	17
D	
Department of Commerce Montana Housing Program (MHP)	26
Department of Motor Vehicles (DMV)	60
Department of Public Health and Human Services (DPHHS)	17
E	
Early Childhood and Family Support Division (ECFSD)	23
F	
Families First Prevention Services Act (FFPSA)	24
Family Engagement Meeting (FEM)	20
Family Functioning Assessment (FFA)	33
Family Progress Assessment (FPA)	37
Family Support Services Advisory Council (FSSAC)	23
Family Support Team (FST)	30
Federal Fiscal Year (FFY)	27
Former Foster Care Medicaid (FFCM)	90
Foster Care Review Committee (FCRC)	47
Foster Youth to Independence (FYI)	26
Free Application for Federal Student Aid (FAFSA)	91
G	
Guardian Ad Litem (GAL)	21
H	
Healthy Mothers Healthy Babies (HMHB)	26
Human and Community Services Division (HCSD)	82
Human Factors Debriefing (HFD)	78
Human Resource Development Councils (HRDC)	90
I	
ICWA Family Recovery Court (ICWA FRC)	76
Indian Child Welfare Act (ICWA)	21
K	
Kinship Navigator Program (KNP)	72
L	
Lesbian, Gay, Bisexual, Transgender and Trans, Queer and Questioning, Intersex, Asexual or Agender, and Two-Spirit (LGBTQIA2S+)	19
M	
Maternal Infant and Early Childhood Home Visiting (MIECHV)	24
MCIP ICWA Communities of Practice (CoP)	96
Montana Chafee Foster Care Independence Program (MCF CIP)	23
Montana Child Abuse and Neglect Orientation Training (MCAN)	52
Montana Children's Trust Fund (MTCTF)	24
Montana Code Annotated (MCA)	53
Montana Continuum of Care (COC)	25
Montana Court Improvement Project (MCIP)	20
Montana Family Safety Information System (MFSIS)	30

Montana State University (MSU)	56
Montana State University – Billings (MSU-B).....	71
Montana’s Prevent Child Abuse and Neglect Conference (PCAN)	18
Montana’s Program for Automating and Transforming Healthcare (MPATH)	27
MSU Extension Family & Consumer Sciences Program (MSU-E).....	56
Multi-Disciplinary Teams (MDT)	22

N

National Child Abuse and neglect Data System (NCANDS).....	46
National Electronic Interstate Compact Enterprise (NEICE).....	49
National Youth in Transition Database (NYTD).....	46

O

Office of Inspector General (OIG)	53
Office of Legal Assistance (OLA).....	58
Office of Public Assistance (TANF).....	82
Office of Public Instruction (OPI).....	23
Office of the Commissioner of Higher Education (OCHE)	87
On Site Review Instrument (OSRI)	35

P

Performance Improvement Plan (PIP)	27
Permanency Planning Specialist (PPS).....	75
Permanency Planning Team (PPT).....	38
Permanent Planned Living Arrangements (PPLA)	74
Positive Youth Development (PYD)	86
Post Permanency Program Officers (PPPO).....	82
Pre-Employment Transition Services Program (Pre-ETS).....	91
Pre-Hearing Conferences (PHC).....	20
Priority Five (P5).....	30
Priority Four (P4).....	30
Priority One (P1)	29
Priority Three (P3)	30
Priority Two (P2).....	30
Psychiatric Residential Treatment Facilities (PRTF)	53
Public Housing Authority (PHA).....	25

Q

Qualified Expert Witness (QEW)	76
Quality Assurance (QA).....	49
Quality Improvement Center (QIC).....	19
Quality Improvement Center Engagement of Youth Project (QIC-EY).....	19

R

Reach Higher Montana (RHM).....	87
Recruitment, and Training (RRT)	78
Regional Administrator (RA).....	22
Regional Advisory Councils (RAC).....	19
Request of Information (ROI)	46
Resource Family Specialists (RFS)	60
RFS Supervisors (RFSS).....	60
Risk Standardized Performance (RSP)	27

S

Safety and Management System (SAMS).....	73
Salish Kootenai College (SKC).....	95
Service Organization and Reporting System (SOARS).....	86
Social Security Administration (SSA)	89
State Advisory Council (SAC)	17
State Fiscal Year (SFY).....	19
Statewide Data Indicators (SWDI).....	27
Structured Query Language (SQL)	27
Supplemental Nutrition Assistance Program (SNAP)	90
Systemic Processes and Operations Review Team (SPORT).....	78

T

Team of Lived Expertise (TLE).....	19
Termination of Parental Rights (TPR).....	34
Therapeutic Foster Family (TFF).....	60
Transitional Living Plan (TLP).....	41
Trial Home Visits (THV).....	48

U

U.S. Department of Housing and Urban Development (HUD)	25
University of Montana (UM).....	71

V

Vocational Rehabilitation (VR).....	23
-------------------------------------	----

W

Workforce Investment and Opportunities Act (WIOA).....	23
--	----

Y

Youth Advisory Board (YAB).....	19
Youth Engagement Coordinator (YEC).....	19
Youth Homelessness Demonstration Program (YHDP).....	25

MONTANA MAP and REGION COVERAGE BY COUNTY

CFSD Region Map

REGION VI

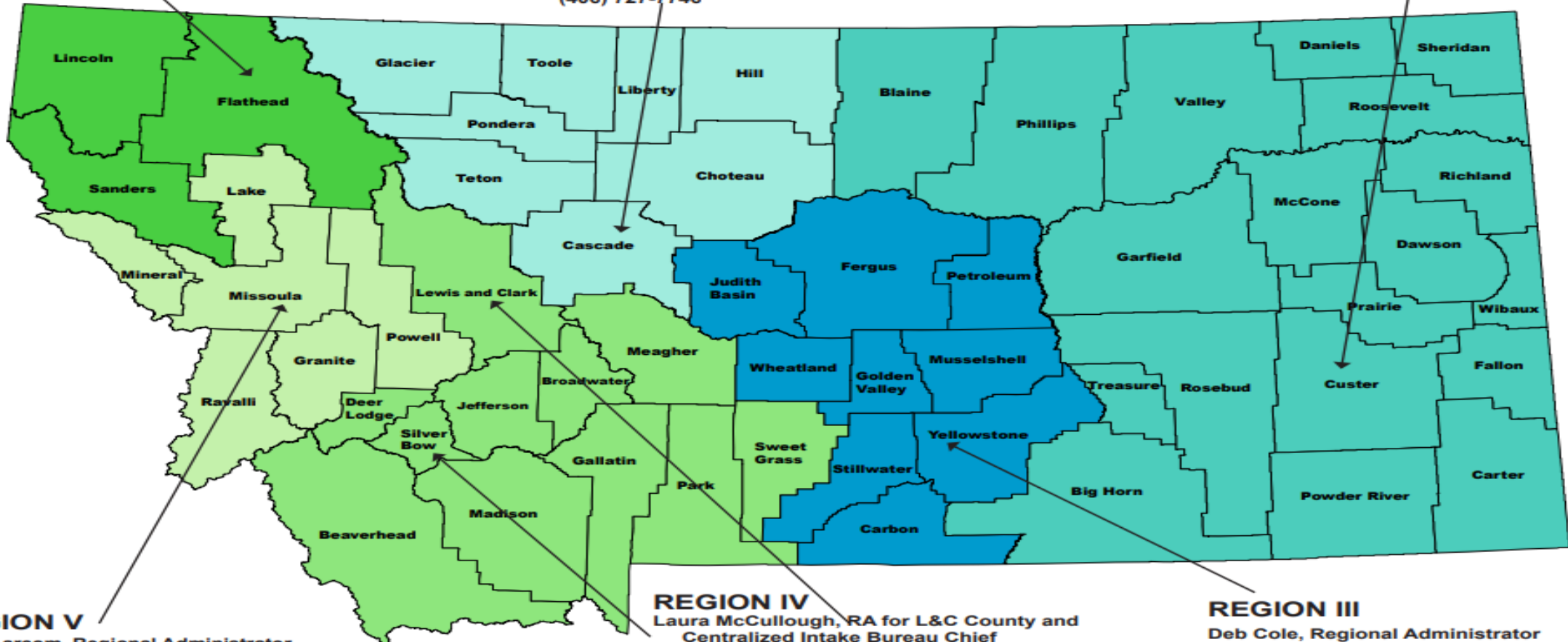
Jennifer Blodgett, Regional Administrator
 Teri Magers, Admin Support Supervisor
 121 Financial Dr. Ste. C
 Kalispell, MT 59901
 (406) 300-7418

REGION II

Sahrita Jones - Jessee, Regional Administrator
 Sherry Tonne, Admin Support Supervisor
 2300 12th Ave. S. #211
 Great Falls, MT 59405
 (406) 727-7746

REGION I

Eric Barnosky, Regional Administrator
 Ginger Kiel, Admin Support Supervisor
 706 Palmer / PO Box 880
 Miles City, MT 59301
 (406) 233-2340



REGION V

Kate Larcom, Regional Administrator
 Connie Huguet, Admin Support Supervisor
 2677 Palmer, Ste. 300
 Missoula, MT 59808
 (406) 523-4100

REGION IV

Laura McCullough, RA for L&C County and
 Centralized Intake Bureau Chief
 Jennifer Hoerauf, Regional Administrator
 Tracy Hawthorne, Admin Support Supervisor
 700 Casey St.
 Butte, MT 59701
 (406) 496-4950

REGION III

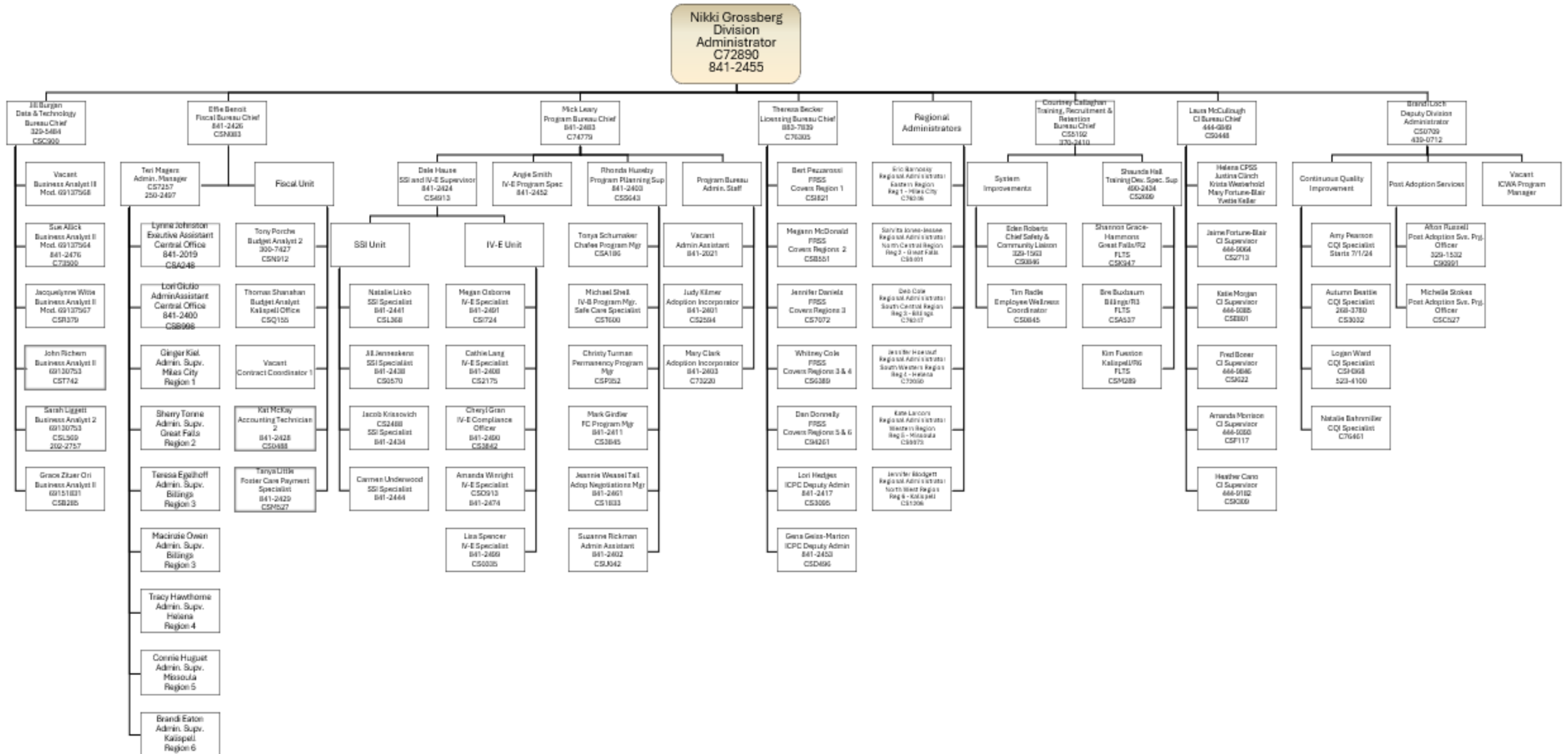
Deb Cole, Regional Administrator
 Macinzie Owen, Admin Support Supervisor
 Teresa Egelhoff, Admin Support Supervisor
 2525 Fourth Ave. N. #309
 Billings, MT 59101
 (406) 657-3120

Updated July 13, 2023

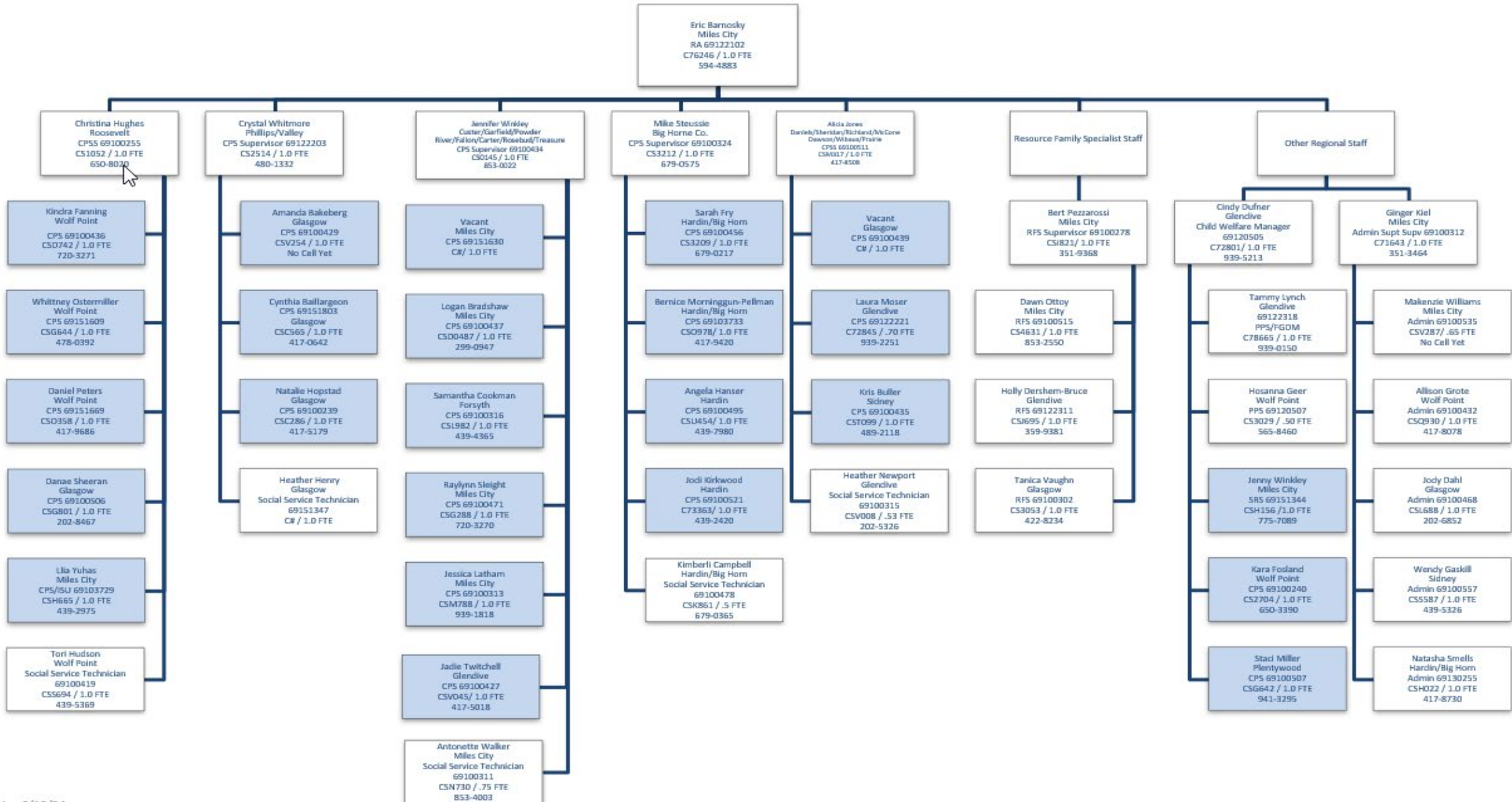
ORGANIZATION CHARTS

Management Team and Program Bureau (Central Office)

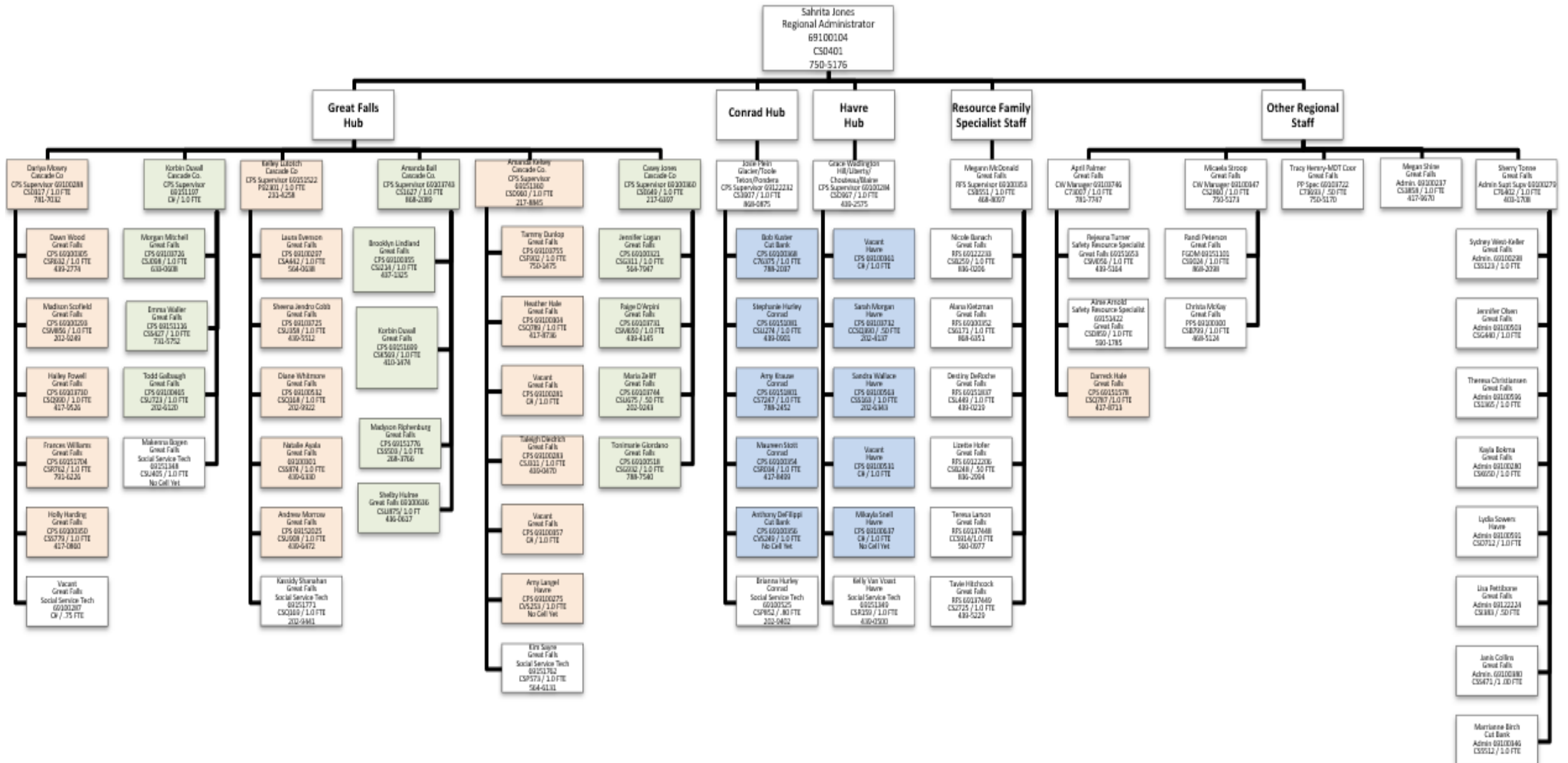
Department of Public Health and Human Services (DPHHS) Organization Chart can be located here: <https://www.dphhs.mt.gov/assets/dphhsorganizationalchart.pdf>



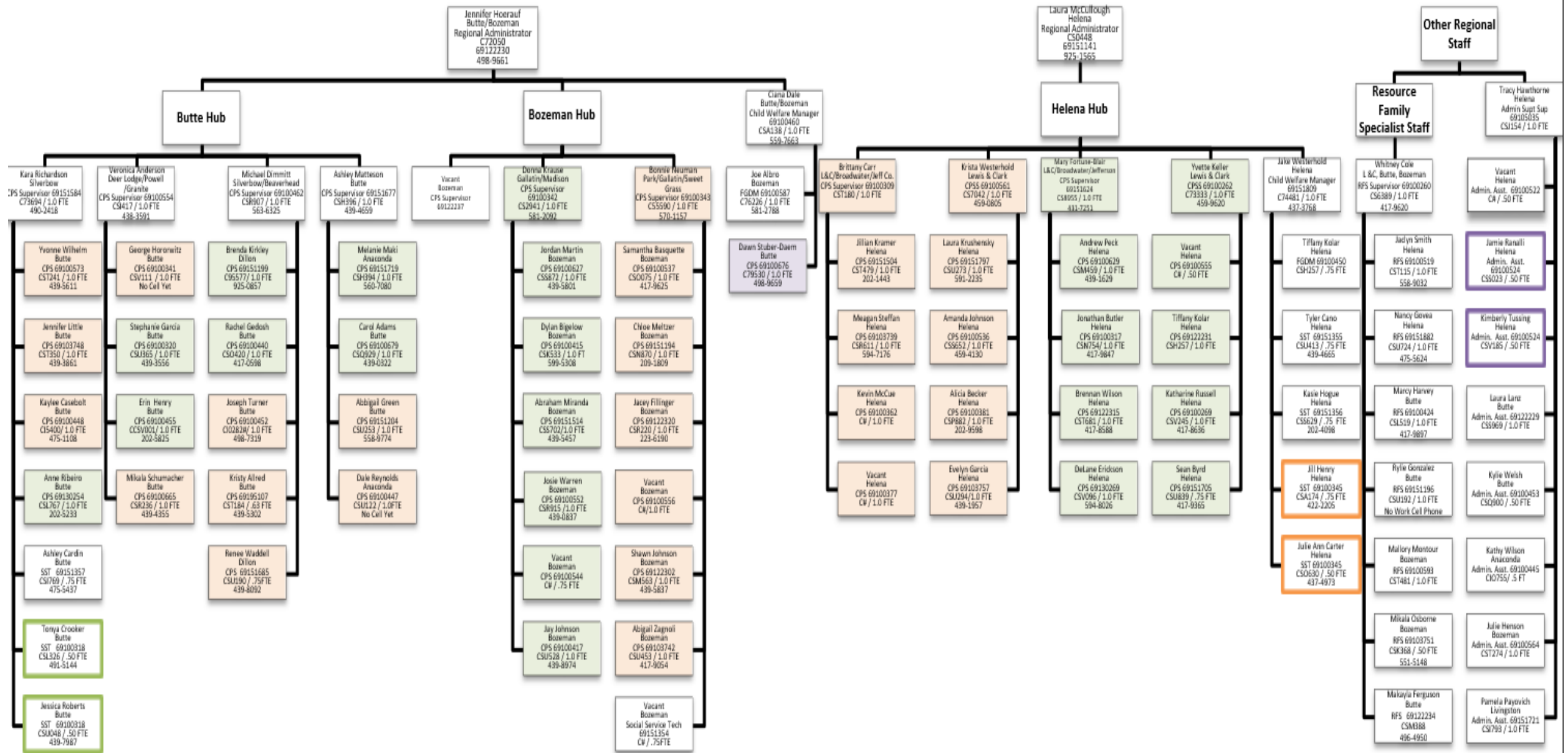
Region I



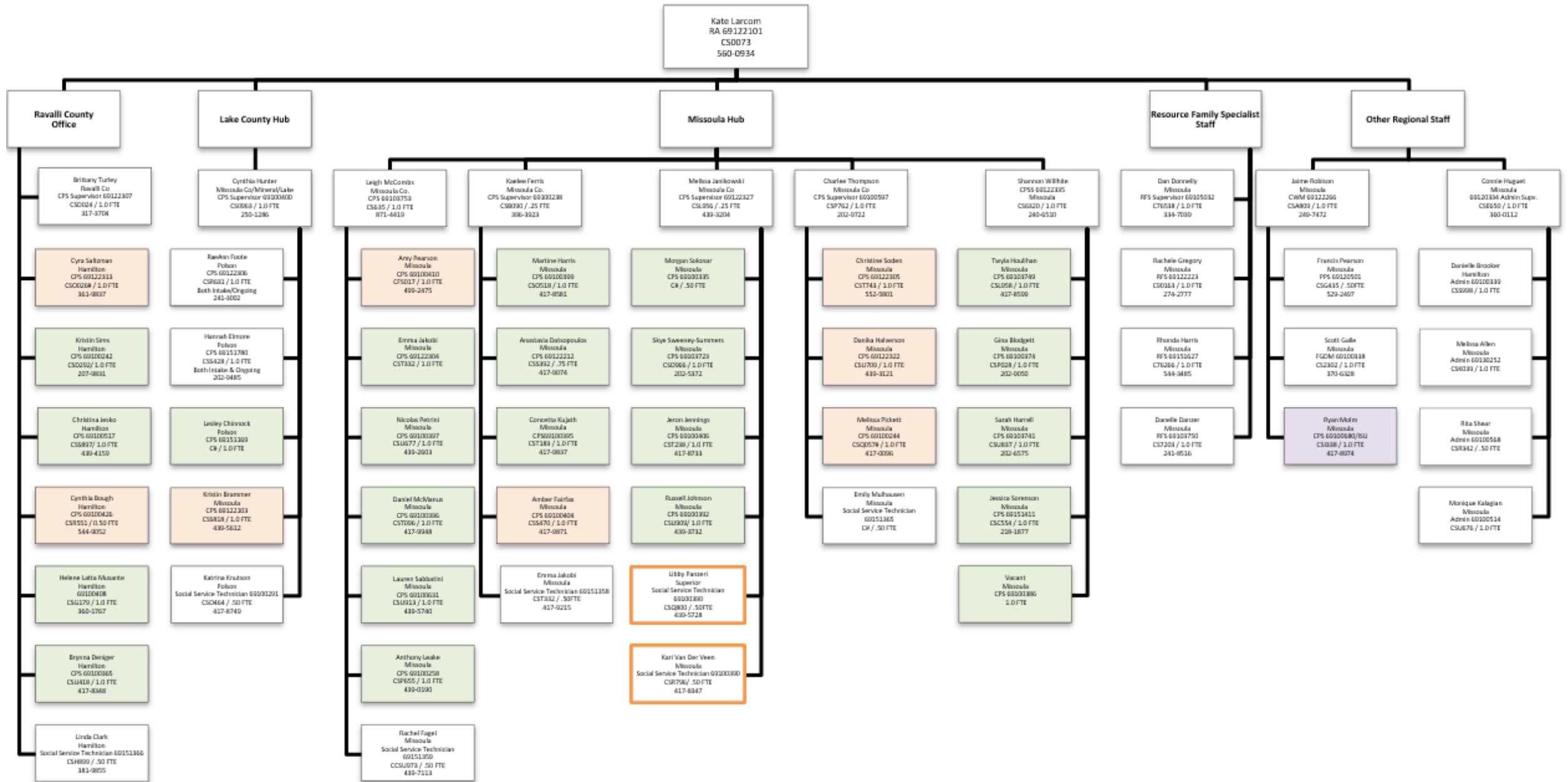
Region II



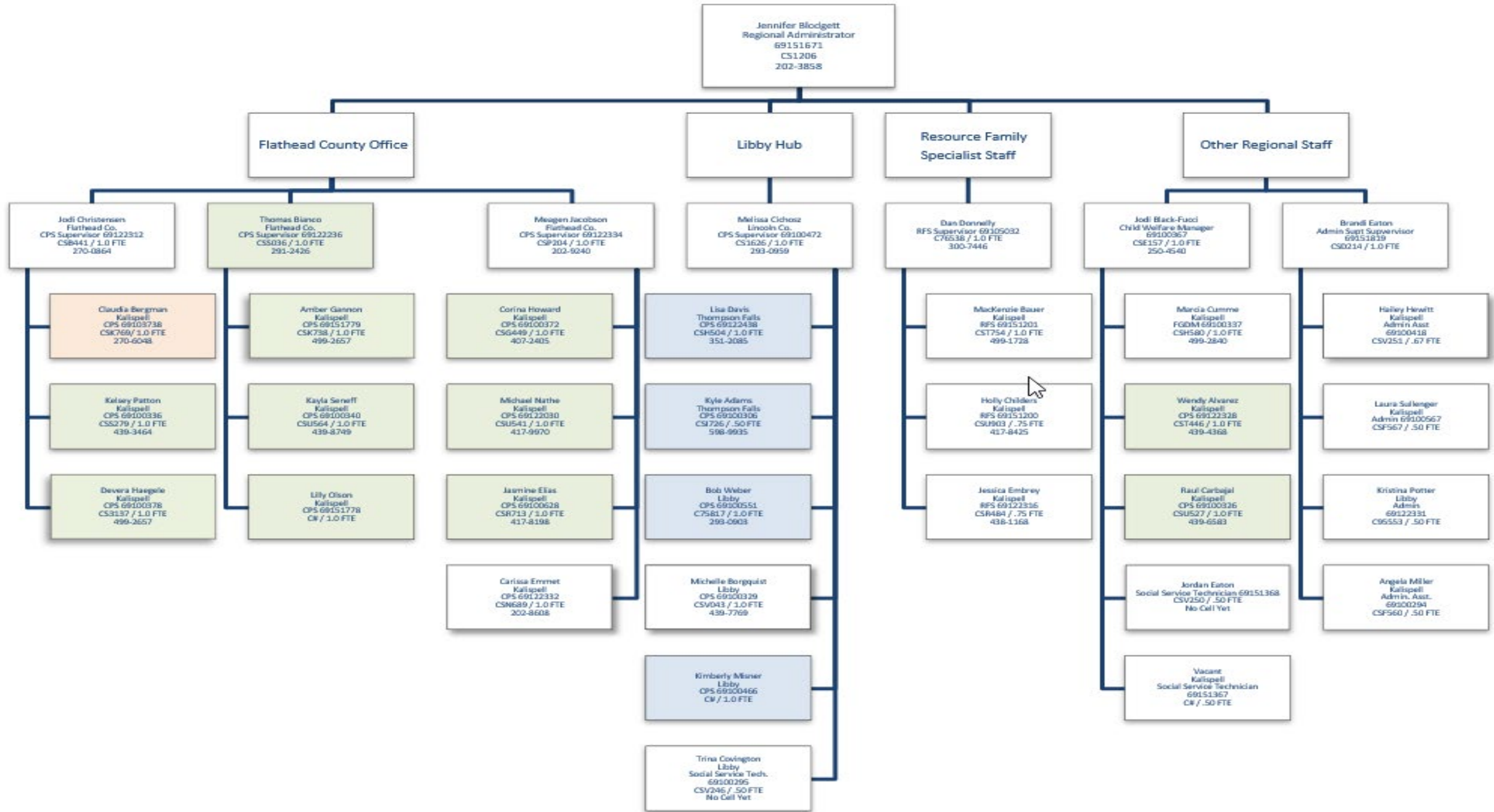
Region IV



Region V



Region VI



SECTION 1: VISION AND COLLABORATION

State Agency Administering the Programs

The Montana Department of Public Health and Human Services (DPHHS) Child and Family Services Division (CFSD) is the state agency responsible for administering the Title IV-B programs. CFSD provides 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.

The CFSP and subsequent APSR are written by CFSD's Central Office staff, which encompasses six Bureaus, who are responsible for various programming efforts within the agency to support field services. These Bureaus include: The Program Bureau; Fiscal Bureau; Licensing Bureau; Training, Recruitment and Retention Bureau; Continuous Quality Improvement (CQI) Bureau; and the Data and Technology Bureau. The designated leadership and staff within each of these Bureau's serve to facilitate the overall development of the CFSP and annual APSR by collaborating with one another and engaging various internal and external partners. CFSD's Central Office organizational chart is attached to the CFSP as a separate Portable Document Format (PDF) attachment.

The CFSP will be posted to the DPHHS website after notice is received that it has been reviewed and approved by the Administration for Children and Families Children Bureau (ACF-CB) Regional Office. The CFSP will be posted to the CFSD website and notice will be sent out to the State Advisory Council (SAC) and the Court Improvement Project (CIP) as required under 45 CFR 1357.16(d); as well as other partners who are integral to Montana's Child Welfare System. The state intends to identify additional ways to further develop and implement a more robust, ongoing dialogue regarding the CFSP and subsequent APSR with both internal and external stakeholders; to include Montana's eight federally recognized Tribal Governments. The following link is where the 2025-2029 CFSP, and subsequent APSR are located on the State's website: <https://dphhs.mt.gov/CFSD>

To allow for enough time to review the entire document, Montana's comment period extends beyond June 30, 2024. Comments received from all stakeholders will be collected and any changes resulting from the stakeholder comments will be reported in the June 2025 APSR.

Montana's contact for the 2025-2029 CFSP is:
Brandi Loch, Deputy Division Administrator
DPHHS-Child and Family Services Division
BrandiLoch@mt.gov
406-799-1823

The final document is formatted so it is 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. The state 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. The state 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. Likewise, the state believes that everyone who touches Montana's child welfare system in some way, plays an integral role within the system. As such, the state collaborates frequently with internal and external stakeholders, as well as individuals with lived experience to ensure Montana's child welfare system includes diversity and shared decision-making as much as possible.

CFSD aligns with the federal regulations provided in 45 CFR 1355.25. CFSD's Guiding Principles to support our vision

statement in practice are:

- **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 change 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 respectful work environment through collaboration with all staff. We provide opportunities for professional development to maximize potential and we recognize the 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.

These principles align our leadership team and workforce in achieving the best possible outcomes for families. In addition, it has created a platform for conversation with the broader child welfare system.

Collaboration

Meaningful collaboration is a focus of Montana's 2025-2029 CFSP. 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 outcomes for children and families.

During 2020-2024 CFSP, CFSD developed ways to engage in meaningful engagement 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.

Families Involvement in Key Aspects of CFSP Development

During 2020 – 2024 CFSP CFSD developed a Parent Advisory Board, which has been formed and is actively meeting monthly. The group includes birth, foster and adoptive parents. The board has provided feedback on proposed changes to administrative rules, training updates and practice procedures. The CFSD Foster Care Licensing Bureau Chief is the lead staff member on the board. Over the past year, the board has rebranded their name to: Connected Voices for Montana's Children (CVMK).

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

creating the lunch and learn schedule for training.

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

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

The CVMK and other platforms mentioned above have allowed for opportunity for families to learn about the current performance data and share their perspective of the agency's strengths and areas needing improvement, which CFSD utilized in the development of the CFSP goals 1 and 2.

CFSD will continue to solicit CBMK feedback and provide updates of the CFSP goals implementation, monitoring, and overall progress.

More about CVMK can be found in CFSDs Targeted Plan: CFSD Foster and Adoptive Parent Diligent Recruitment Plan.

Children and Youth Involvement in Key Aspects of CFSP Development

CFSD has utilized panels made up of youth who are currently in foster care, as well as young adults who were in foster care as a child, during SAC meetings. In addition, during State Fiscal Year (SFY) 2024, youth were engaged in Youth Advisory Board (YAB) meetings. This has allowed an opportunity for youth to learn about the current performance data and share their perspective of the agency's strengths and areas needing improvement, which CFSD utilized in the development of the CFSP goals 1 and 2.

The number of youth participating in the YAB has decreased since the pandemic, and over the next five-year period CFSD is committed to recruitment of additional YAB members. CFSD's goal will be to develop a YAB representing: all geographic areas of Montana, men and women, Native Americans (urban and Tribal communities), Lesbian, Gay, Bisexual, Transgender and Trans, Queer and Questioning, Intersex, Asexual or Agender, and Two-spirit (LGBTQIA2S+) youth, youth whose foster care experience included family foster homes (kin and non-relative), and those who spent significant time in congregate care settings.

CFSD has partnered with the Quality Improvement Center (QIC) on a 5-year pilot project (2021-2026) focused on authentic engagement of youth called Quality Improvement Center Engagement of Youth Project (QIC-EY). Through the QIC-EY project, CFSD and the QIC project Youth Engagement Coordinator (YEC), have recruited eleven individuals of varying and diverse demographics, ranging in age from 15-27 with lived experience, as Montana foster youth to participate as a community of practice identified as the QIC-EY Team of Lived Expertise (TLE). The function of the TLE is to inform implementation of the QIC-EY project principles in enhancement of permanency outcomes. The TLE includes the two remaining members of the YAB and at conclusion of the QIC-EY project in 2026, the interested TLE participants will be absorbed by the YAB to continue the efforts to incorporate the expertise of Youth with lived Montana foster care experience into the development and implementation of systemic enhancements related to practice and training. The TLE meets monthly on a virtual platform and in person annually. The TLE meeting agendas have included the communication of both strengths and challenges experienced by the TLE members during their time in foster care, review of Montana permanency and youth engagement data, and the identification and development of an intervention strategy entitled the "Montana Youth Foster Care Orientation and Permanency-Focused Youth Centered Meetings (YCM)" practice model. This intervention strategy provides for structured interactions between CFSD staff and youth through home visiting, virtual meetings, and

YCM to increase awareness to the nuances of the Montana child welfare system, identification of the Youth's natural and professional support persons, and the permanency planning process. This intervention strategy will be tested for usability from July of 2024 – October of 2025 through the permanency focused engagement of 112 Montana Youth. Youth participation is voluntary, consent and assent from the Youth will be supported through communication between the Youth and both CFSD and QIC-EY partners. CFSD caseworkers and Family Engagement Meeting (FEM) Coordinators will collaborate in the training and engagement of the parents and foster parents supporting the Youth participating in the QIC-EY project through written correspondence, home visiting, YCM's, and pre-recorded "on demand" learning modules outlining the intentions of the QIC-EY project and the Montana Foster Youth Orientation practice model. The last component of the QIC-EY project is "capacity building" through supported sustainability planning in pursuit of CFSD goals to regenerate and sustain membership for the YAB. With the support of the QIC-EY project support team, the YEC, and focused efforts of the TLE, the capacity building phase of the project will be spent exploring means to not only increase and sustain YAB membership but to identify ways to enhance the YAB meeting structure, as well as group objectives and overall functioning.

Through QIC and YAB, CFSD will solicit their feedback and provide updates of the CFSP goals implementation, monitoring, and overall progress.

Other collaborative efforts to engage youth, as well as youth services providers, are listed throughout Section 4: John H. Chafee Foster Care Independence Program.

Tribes Involvement in Key Aspects of CFSP Development

During the last CFSP period CFSD partnered in a variety of ways with Montana's seven federally recognized Tribes 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 with Tribes specifically around the development of the CFSP include:

The SAC, which serves as the state's CAPTA Citizen Review Panel, has undergone a restructuring phase over the past year. A major part of the restructuring process was to complete an environmental scan with the council members to determine whether the individuals who are part of the council, are who should be part of the council and likewise to identify any gaps that may be present in membership. Through this environmental scan, it was determined that 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. Since the environmental scan, 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. 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.

In addition to the SAC, over the past year, each of Montana's six regions have worked diligently to create RACs designed to address issues at the local and regional levels. 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.

Through the work of CFSD's new Comprehensive Child Welfare Information System (CCWIS) project development, the State 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. 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.

Section 5: Consultation and Coordination with the Tribes is another area in the CFSP that shares additional partnering efforts made by CFSD.

Court Involvement in Key Aspects of CFSP Development

During the 2020-2024 CFSP, CFSD partnered with the Montana Court Improvement Project (MCIP) as a key stakeholder with the Court. MCIP advised on the development of two of the last PIP strategies, which focused on the expansion of Pre-Hearing Conferences (PHC) and streamlining CFSD's processes to promote timely adoptions. Since launching the PHC in Yellowstone County, the MCIP has funded and trained the PHC model in six additional judicial districts. An outcome of the 2023 Legislative session was the expansion of PHC statewide.

In addition, during the last CFSP, CFSD and MCIP held multiple "Moving the Dial" conferences. These conferences brought together teams of judges, Office of Public Defenders, county attorneys, Court Appointed Special Advocates (CASA) and CFSD staff from local communities to learn and collaborate on improving the Child Welfare System. The conferences are built around team break-out opportunities to discuss and implement positive changes in each local judicial area.

In SFY24, two 'Moving the Dial' conferences were held, one included training on the disproportionality of Native American children in foster care, both nationally as well as in Montana, and the Indian Child Welfare Act (ICWA), specifically discussing Tribal jurisdiction, notice and transfer of cases from district to Tribal courts. CFSD deliberately brought Tribal partners into the training planning group. The second conference was persons with lived experience focusing on impacts for permanency. A panel of parents, youth, and kinship providers with lived experience was the highlight of the conference. During the conferences CFSD current performance data has been shared, as well as an assessment of the Courts and CFSDs strengths and areas needing improvement to be considered in developing the CFSP goals 1 and 2.

CFSD will continue to utilize the 'Moving the Dial' conferences to solicit their feedback and provide updates of the CFSP goals implementation, monitoring, and overall progress.

Currently, CFSD leadership participates in quarterly MCIP meetings, and the MCIP Coordinator is an active member of the SAC. Additional information regarding CIP is listed in Section 4: Service Coordination – CIP.

Other Partners Involvement in Key Aspects of CFSP Development

CFSD has engaged various partners to review their current performance data and assess the agencies strengths and areas needing improvement. Below are some of the informal and formal partners CFSD has leveraged engagement and feedback from to establish the CFSP goals for the next five years. CFSD will continue to update their collaborations with additional identified partners in future APSRs.

State Advisory Council (SAC)

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

Members of SAC is composed of twenty volunteer members who represent a broad spectrum of the communities in which they live and, among other things, have expertise in the prevention and treatment of child abuse and neglect. Members include representatives from the state legislature, the legal community, local government, public health, education, foster care/ adoption, mental health, hospital services, prevention services, CASA/Guardian Ad Litem (GAL), and citizens- at-large. The Administrator of the CFSD appoints members. The councils meet quarterly.

Historically, the SAC also functioned as the Children's Justice Act (CJA) State Task Force. On July 1, 2023; with the support of the ACF-CB CFSD transitioned oversight of the CJA Grant to stakeholder and partner, Children's Alliance of Montana (CAM). CAM is now the designated Montana agency that is responsible for oversight of the CJA Grant. As such, the SAC has been in a period of transition over the past year to realign the goals and mission of SAC without the requirements of the CJA Grant.

The SAC receives information and provides feedback as required in CAPTA. The Council's feedback was considered in the development of the goals and objectives listed in the 2025-2029 CFSP. Over the past several years, SAC has been comprised of Task Force members required under CAPTA Section 107(c)(1), as well as representatives from Montana's Tribal social services agencies, members at the state-level who have an active role in Montana's child welfare system, and other internal and external stakeholders that have a vested interest in improving the child welfare system for children and

families in Montana.

During SFY25, the SAC will finalize the Charter with a specific focus on aligning SAC efforts with the approved CFSP. The Charter will be updated accordingly as CFSD provides information from the Statewide Assessment and the Child and Family Services Review (CFSR) Round 4, which is scheduled for August 2025. The SAC Charter, and applicable updates, will be provided in future APSRs.

The SAC will continue to be utilized to help inform necessary improvements within Montana's child welfare system. This council will continue to be utilized by CFSD to gather both informal and formal feedback regarding the goals of the CFSP, as well as the initiatives that CFSD will put in place over the next five years to support the CFSP goals. CFSD will continue to utilize the SAC to solicit their feedback and provide updates of the CFSP goals implementation, monitoring, and overall progress.

Regional Advisory Councils (RAC)

In 2022 each CFSD Regional Administrator (RA) established a RAC for their 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, service providers, and other community partners. The CQI unit staff also attend to provide various levels of support through sharing specific community child welfare data. The RAs facilitate the meetings, and the council members are engaged in robust discussion. 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.

In the past, the RAs have created their agendas by soliciting feedback from members of the RAC. In addition, there has been a focus during the RACs, surrounding the CFSR Round 3 results and the past PIP. Administrative, CFSR results and planning, and Supplemental Context Data has been utilized in these meetings and discussions. Emphasis on barriers to achieving timely permanency has been discussed in SFY24 and will continue to be a focus in supporting the CFSP goals for SFY25-SFY29. The RAs will continue to create the agenda and host at least two RACs yearly. The agenda will continue to focus on local collaboration, the CFSP goals, State Assessment, CFSR Round 4, and future developed PIPs.

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.

The RAC will continue to be utilized to help inform necessary improvements within Montana's child welfare system. This council will continue to be utilized by CFSD to gather both informal and formal feedback regarding the goals of the CFSP, as well as the initiatives that CFSD will put in place over the next five years to support the CFSP goals. CFSD will continue to utilize the RAC to solicit their feedback and provide updates of the CFSP goals implementation, monitoring, and overall progress.

Informal Partners Involvement in Key Aspects of CFSP Development

CFSD has shared data performance information and assessment of their strengths and areas needing improvement through additional collaborations with the partners listed below. In addition, the following partners have and will continue to be partners for the foreseeable future. CFSD has partnered with the Center for States Child Welfare Capacity Building Collaborative (CSCWCBC) to develop over SFY25 initial and ongoing ways to solicit the partners below feedback and provide updates of the CFSP goals implementation, monitoring, and overall progress.

Below are additional CFSD partners throughout the state that partake in the CFSP development in various formal and informal ways (i.e. create agendas for boards/meetings that align with CFSR, CFSP, and PIP related goals when applicable). CFSD will continue to partner, engage in future planning, and solicit feedback to provide qualitative data in future APSRs.

Children's Alliance of Montana (CAM)

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 his/her non-offending caregiver(s) has access to the services of a CAC and the expertise of a MDT. On July 1, 2023; with the support of the ACF-CB, CFSD transitioned oversight of the CJA Grant to stakeholder and partner, CAM. CAM is now the designated Montana agency that is responsible for oversight of the CJA Grant.

CACs and MDTs allow for centralized services to children who have been the victims of/or witnesses to crimes. Collaboration between law enforcement, child protective services, prosecutors, medical providers, mental health counselors, and victim's advocates are essential to meet the needs of the children and families who have been affected by crimes. Nationwide, 1 in 4 girls and 1 in 6 boys are sexually abused prior to their 18th birthdays. CAM is there to provide support for those who protect these children, and to minimize the trauma of the investigative process. Through training and services to local agencies, CAM has helped thousands of children and families whose lives have been impacted by sexual and physical abuse.

CAM's Guide/Brochure: <https://childrensalliancemt.org/wp-content/uploads/2024/06/Montana-CAC-Brochure-2024-V3.pdf>
CAM's Website, which includes a map of CACs, can be located here: <https://childrensalliancemt.org/find-a-cac/>

Statewide Resources for Older Youth

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

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

Early Childhood and Family Support Division (ECFSD)

ECFSD 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; and an overall reduction in child maltreatment, juvenile delinquency, family violence, and crime.

CFSD and Early Childhood and Family Support Division (ECFSD) 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 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

Other ways that CFSD and ECFSD partner are through the following programs/services:

SafeCare Augmentation – CFSD and ECFSD are in regular collaboration both in efforts to implement and sustain the model in Montana through in-state trainers and coaches.

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 re-establishing 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 Family Support Services Advisory Council (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 (MTCTF) 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>

Healthy Montana Families / Maternal, Infant, and Early Childhood Home Visiting (MIECHV) - ECFSD uses funding streams such as Maternal Infant and Early Childhood Home Visiting (MIECHV) to contract with agencies to provide evidence based voluntary home visiting services, such as:

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

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

Sexual Violence Prevention and Victim Services (SVPVS)

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

Families First Prevention Services Act (FFPSA) in collaborated efforts to braid funding for home visiting interventions that are listed in Montana's Title IV-E Prevention Services State Plan which ECFSD contractors provide. These collaboration efforts include surveying home visitors and CFSD staff to help identify barriers in referring and increasing awareness of one another's roles, while a family is being supported by CFSD and ECFSD concurrently.

Community Response Program

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

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

The purpose of this project is to pilot the Montana Community Response Program by providing voluntary prevention services to families who are reported to CFSD but do not reach the threshold of needing an investigation, or through investigation do not reach the threshold to need further CFSD intervention. In addition, the Community Response Program can accept self and community referrals. The overarching goals of the program are:

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

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

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

Behavioral Health Alliance of Montana (BHAM)

CFSD continued to collaborate with the Mental Health Bureau during SFY24. CFSD Deputy Administrator is an active member of the Behavioral Health Alliance of Montana (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/>

Office of Public Instruction (OPI)

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

More recently, MCFCIP providers and the MCFCIP-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. This data will be updated and shared in future APSRs.

The OPI staff has, and will continue to, attend both the SAC and RAC meetings across the state. CFSD and MCFCIP providers participate with OPI in their Community of Practice Conference, which is held twice a year. In addition, the OPI staff submits an article to CFSD for their quarterly newsletter to help spread awareness and information to CFSD staff on new opportunities for foster care students, or upcoming events focused on supporting foster care students. More information can be found on the OPI website: <https://opi.mt.gov/>

Youth Homeless Demonstration Program

CFSD continues to be an active partner with the Montana Continuum of Care (COC) Coalition's Youth Homelessness Demonstration Program (YHDP). The COC received a \$3.4m grant award as part of the YHDP from the U.S. Department of Housing and Urban Development (HUD). Grants were awarded to twelve agencies throughout the state. YHDP is an initiative

designed to support communities in the development and implementation of a coordinated community approach to preventing and ending youth homelessness. Montana's blueprint and vision for preventing and ending youth homelessness, reflect authentic youth engagement, establishes a community-wide commitment to equity, and provides a framework for investment in youth-driven projects that respond to locally defined needs.

There are many factors that contribute to youth homelessness, including economic circumstances like family conflict, racial disparities, mental health, and substance use disorders, poverty, and housing insecurity. Youth who have aged out of the foster care system are at a particularly high risk. Studies have found that nearly one-third of youth experiencing homelessness have had experiences with foster care, 22 percent of youth in care experienced homelessness for one night or more within the first year after they left care, and 1 out of every 4 youth in foster care will become homeless within 4 years of aging out of care. Challenges such as the widespread shortages in affordable housing, compounded by a fragmented and undercapitalized infrastructure for essential community support services, make it necessary to focus on building strong partnerships between the many systems youths engage with. There is a disproportionate representation of foster youth among the homeless youth population. Former foster youth are very often disproportionately impacted by exploding housing costs due to financial constraints and a more limited support network than other youth. How the current housing situation is going to impact the programs participating in the demonstration project and the ability of the project participants to respond to the current needs of the youth is unknown. This will be a topic updated in future APSR.

Over the past year, MCFICP has continued to work with Public Housing Authority (PHA) in Billings, Missoula, and Butte to refine processes of issuing HUD Foster Youth to Independence (FYI) Vouchers to former foster youth who have lived experience in foster care. The lack of housing, as well as the lack of staffing within PHA's, has created difficulties in sustaining the traction of the program. Since the program requires supportive services, this adds another layer of difficulties for some PHA's.

The MCFICP-Program Manager will continue ongoing contact with the local housing authorities, as well as the state's Department of Commerce Montana Housing Program (MHP) to work on accessing FYI vouchers to ensure former foster youth that are eligible are being identified and referred. While this program can provide financial assistance, its impact is diminished due to the lack of affordable housing and fewer landlords participating in Section 8 programs. Also, in the current housing market, former foster youth often have difficulty competing for the housing that is available due to a lack of long-term employment history, income limitations, lack of or poor credit history and/or rental history. CFSD will continue to collaborate with MHP and local housing authorities on this issue but there are larger economic issues driving this than can be resolved by these entities.

Foster Child Health Program

CFSD continues to support Foster Child Health Programs. The program facilitates a public health nurse supporting foster and kinship families meeting the medical and dental needs of children when placed in foster care. It was recognized as a promising practice by American Psychological Association's Society for Child and Family Policy & Practice. Currently, the program is implemented in four counties:

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

Meadowlark Initiative

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

This Initiative has created a venue for implementing Plans of Safe Care in Montana in a meaningful way, prior to a call to Centralized Intake (CI). CFSD has worked diligently with their local providers to ensure that pregnant mothers can access the services that assist in keeping their newborns safe before the birth of their child. This leads to better relationships with families and less trauma for all involved when the baby is born.

CFSD will continue to partner with Meadowlark Initiative for the foreseeable future. Updates will be provided in future APSRs.

Montana Alliance for Families Touched by Incarceration

More can be found regarding this program at:

<https://esme.com/resources-for-moms/organization/incarceration?state=Montana>

Healthy Mothers Healthy Babies (HMHB)

CFSD aligns with Healthy Mothers Healthy Babies (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. In SFY24, CFSD solicited feedback from the HMHB members through a survey focused on awareness of FFPSA and CFSD Prevention Plans. CFSD will continue to solicit their feedback and provide updates of the CFSP goals implementation, monitoring, and overall progress as it is applicable.

More can be found regarding this program at: <https://hmhb-mt.org/>

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 that will be developed with the support of the CSCWCBC over the next year.

SECTION 2: ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

Child and Family Outcomes

Montana CFSD completed their Performance Improvement Plan (PIP) monitored reviews in June 2023. Since then, CFSD has been focusing on developing a different plan of approach to completing CQI reviews and future PIP monitored reviews, as the method utilized through Round 3 created a significant strain on staff and was determined to be unsustainable. Due to this, no further reviews have been conducted, and all review information included is from the most recent review periods of PIP monitored reviews completed in 2022 and 2023. Each review period was 6 months long, and each review period included a minimum of 40 Foster Care cases. Both review periods in 2022 included 25 In-Home Cases. No In-Home cases were reviewed in 2023. Since the Round 3 Federal Review in 2017, Montana has not met substantial conformity for any of the Child and Family Outcomes.

Data from the Round 4 Data Profile released in February 2024 is also utilized. In this section, administrative data will be utilized as available to supplement case review data and the data profile. When it includes SFY24, it only includes data that is available through May 2024. Administrative data is taken from CFSDs 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 Montana 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 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.

Safety Outcomes

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

Montana's Risk Standardized Performance (RSP) on both Statewide Data Indicators (SWDI) is significantly higher than the National Performance for both Safety Items. 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. Without further review, it is unknown if this occurs while the children are on trial home visits, or if it is due to incidents that occur while the child is in a placement setting. Some staff have reported that when new incidents occur with 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 repeat maltreatment rates and rates of maltreatment in foster care.

Data below includes both the SWDI from the February 2024 Data Profile and administrative data showing the percentage of maltreatment in foster care in Montana by a substitute care provider or not. One thing to note is that the percentages do differ some from those in the supplemental context data. A comparison of Montana's supplemental context data to National Supplemental Context Data indicates that Montana's rate of maltreatment in care in which the substitute care provider is the perpetrator is lower than that of the nation. A deeper dive into supplemental context data shows that the rate of maltreatment in care for white children is nearly twice that of AI/AN, and the rate of maltreatment in care for two or more races is about 1% higher than white children. Numbers for other racial/ethnic groups are so small comparisons were not conducted. For recurrence of maltreatment, the rates for white children and AI/AN children are nearly identical (0.1% difference), with the rate of those that are two or more races being 1.8% than for white children. However, in the case for 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 Federal Fiscal Year (FFY) 2023 among state managed cases, white children had a higher rate (12.62) of maltreatment in foster care than AI/AN children (8.53). For State led investigations, Montana's administrative data shows an overall rate of repeat maltreatment (observation period ending Sept 2023) of 10.9%, which includes rate of 11.3% for white children and 9.1% of AI/AN children.

Chart 1: Maltreatment in Care – Victimization/1000 Days in Care

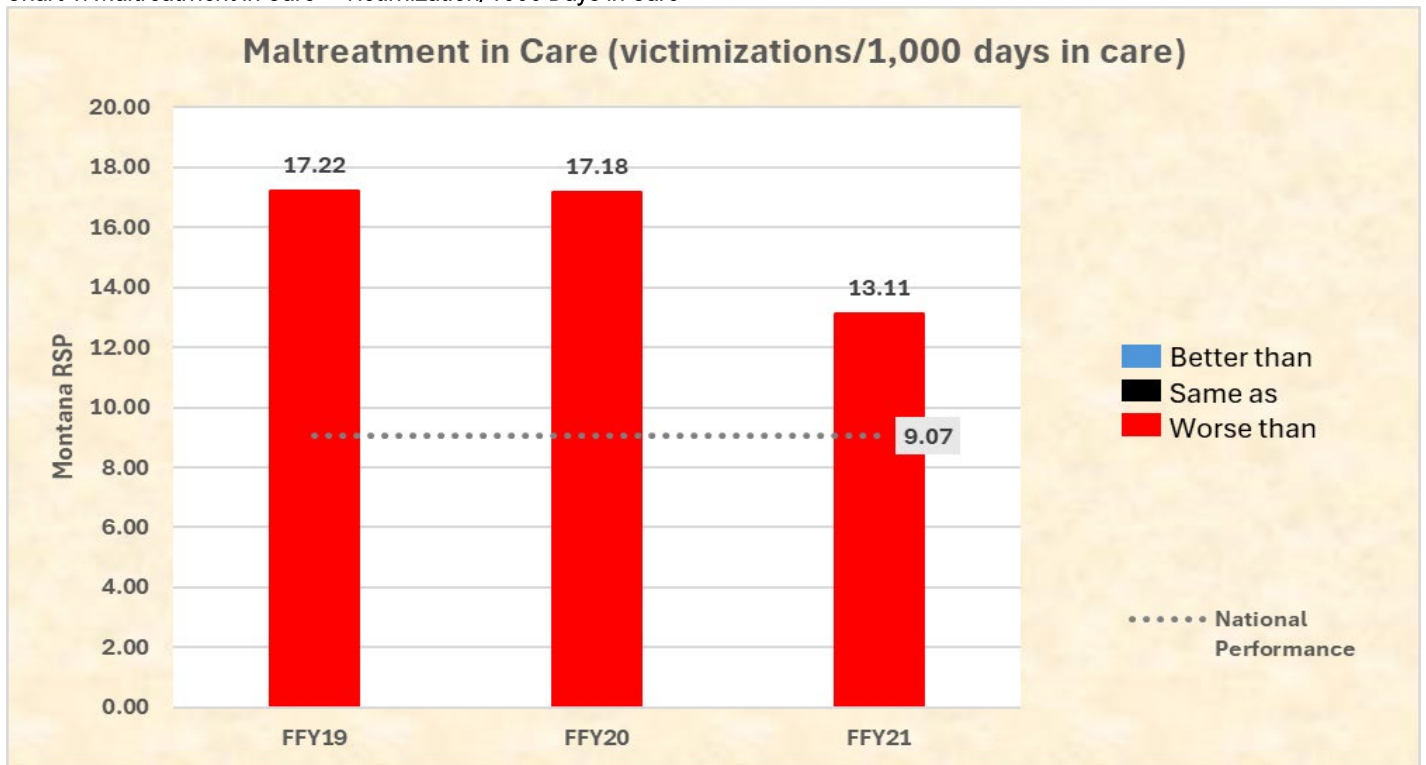


Chart 2: Maltreatment in Care, Administrative Data

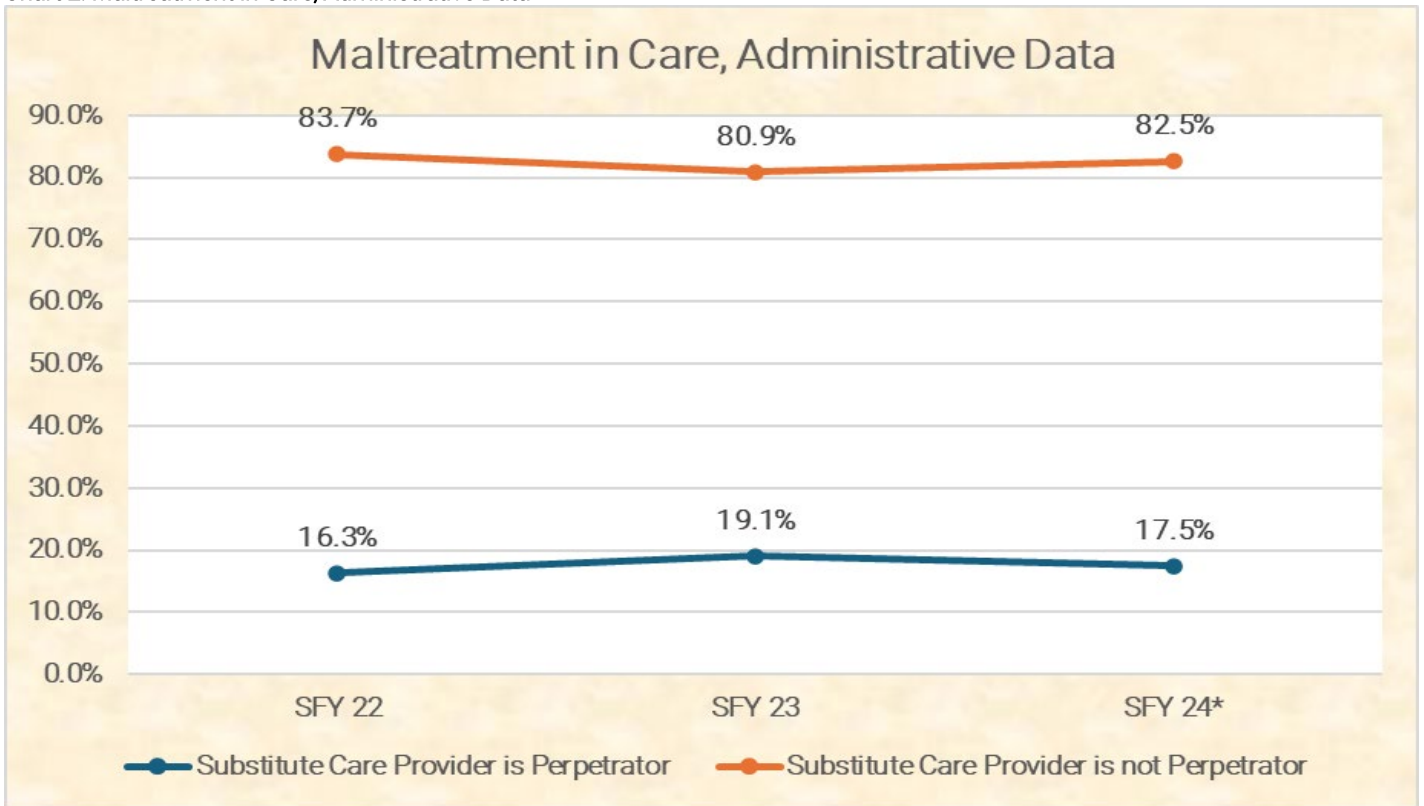
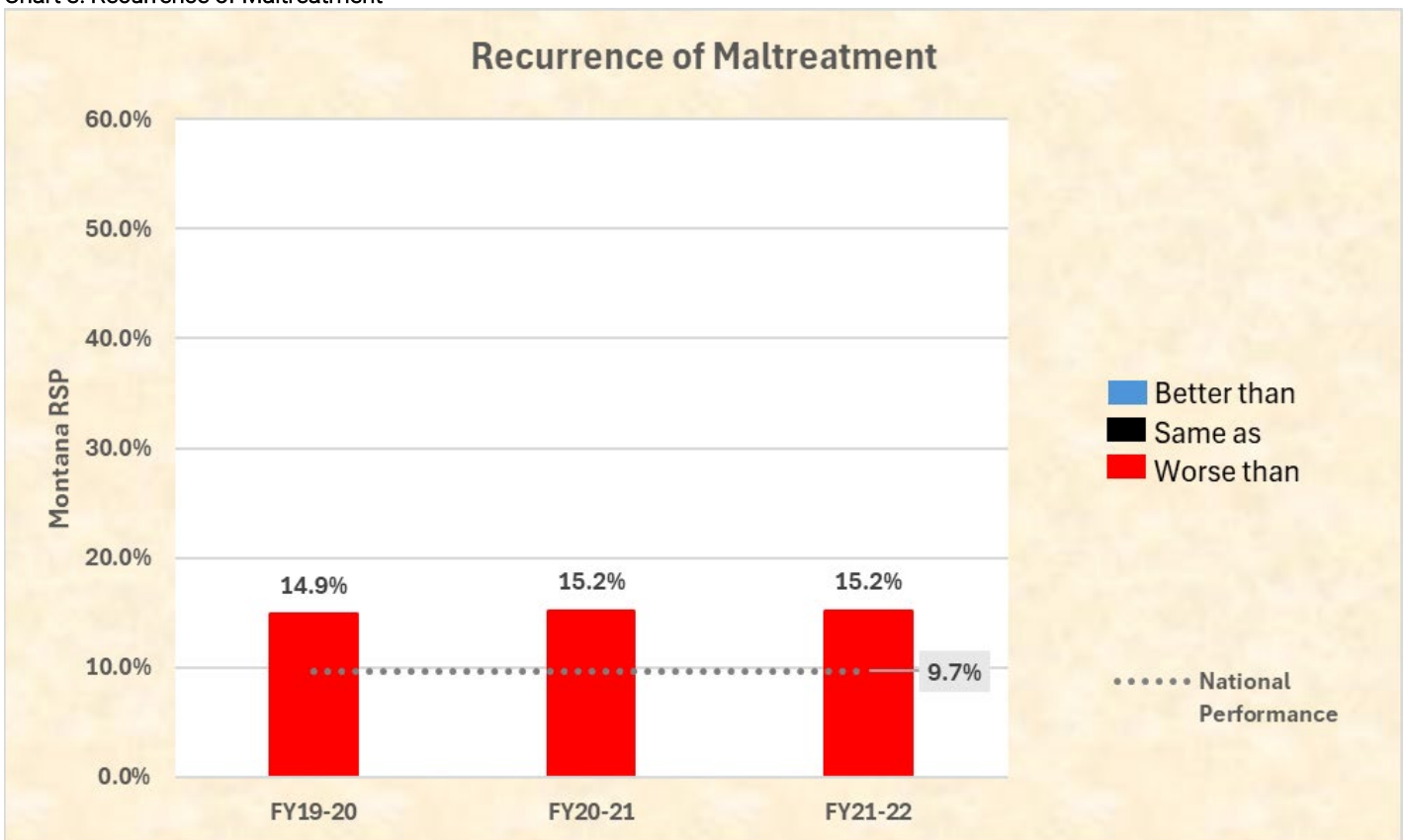


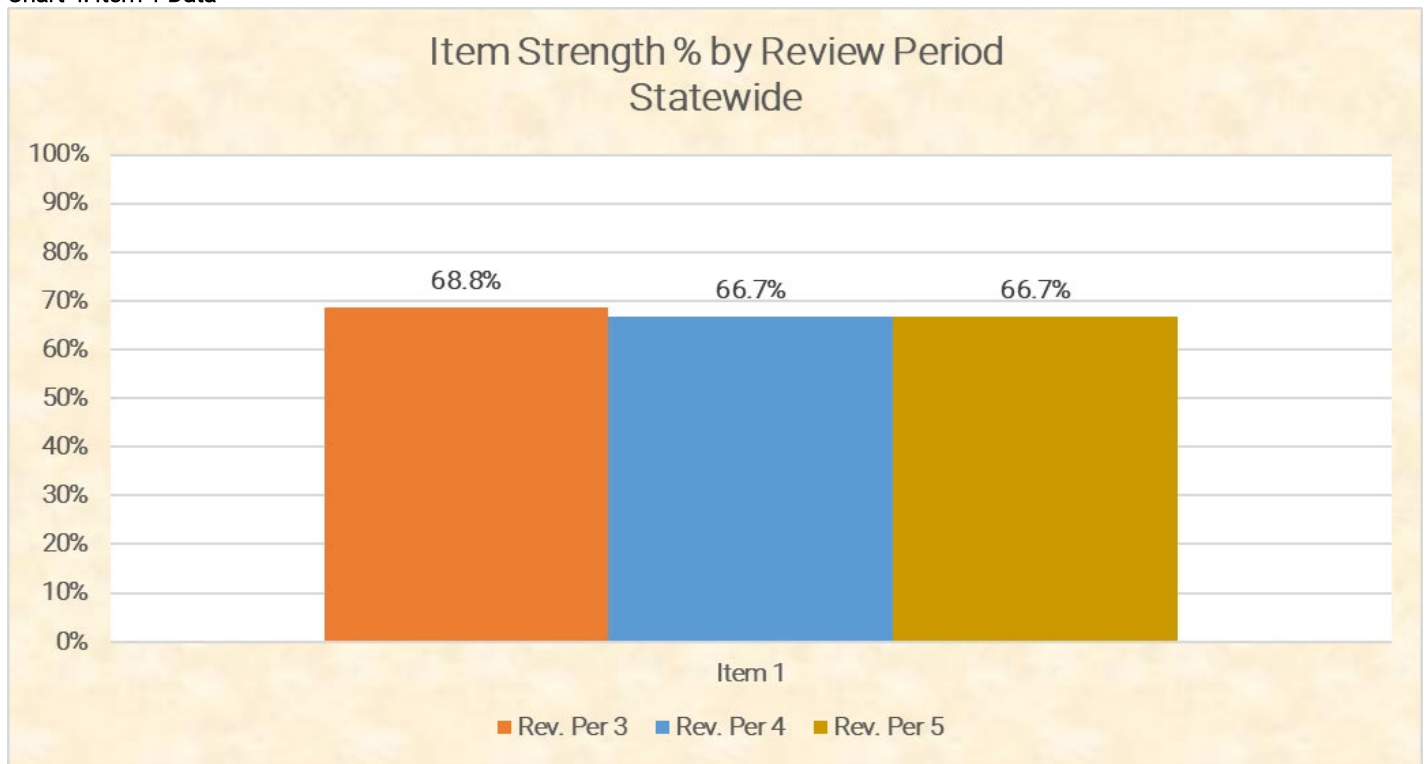
Chart 3: Recurrence of Maltreatment



Item 1: 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?

Throughout Round 3, Montana had a baseline of 58.3% on this item, and maintained a strength rating between 65% and 70% towards the end of the PIP Monitored Reviews.

Chart 4: Item 1 Data



Montana has 3 priority categories that require specific timeframes of initial contact. This includes the Priority One (P1) – requiring contact with victims within 24 hours, the Priority Two (P2) – requiring contact with victims within 5 days, and the Priority Three (P3) – requiring contact with victims within 10 days. Montana also has two other categories of accepted intakes: Priority Four (P4) – which requires the investigation be complete in 60 days but does not carry a specific contact timeline, and 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 is usually discussed between assigned worker and supervisor upon assignment. Both P4s and P5s make up a small fraction of all accepted intakes.

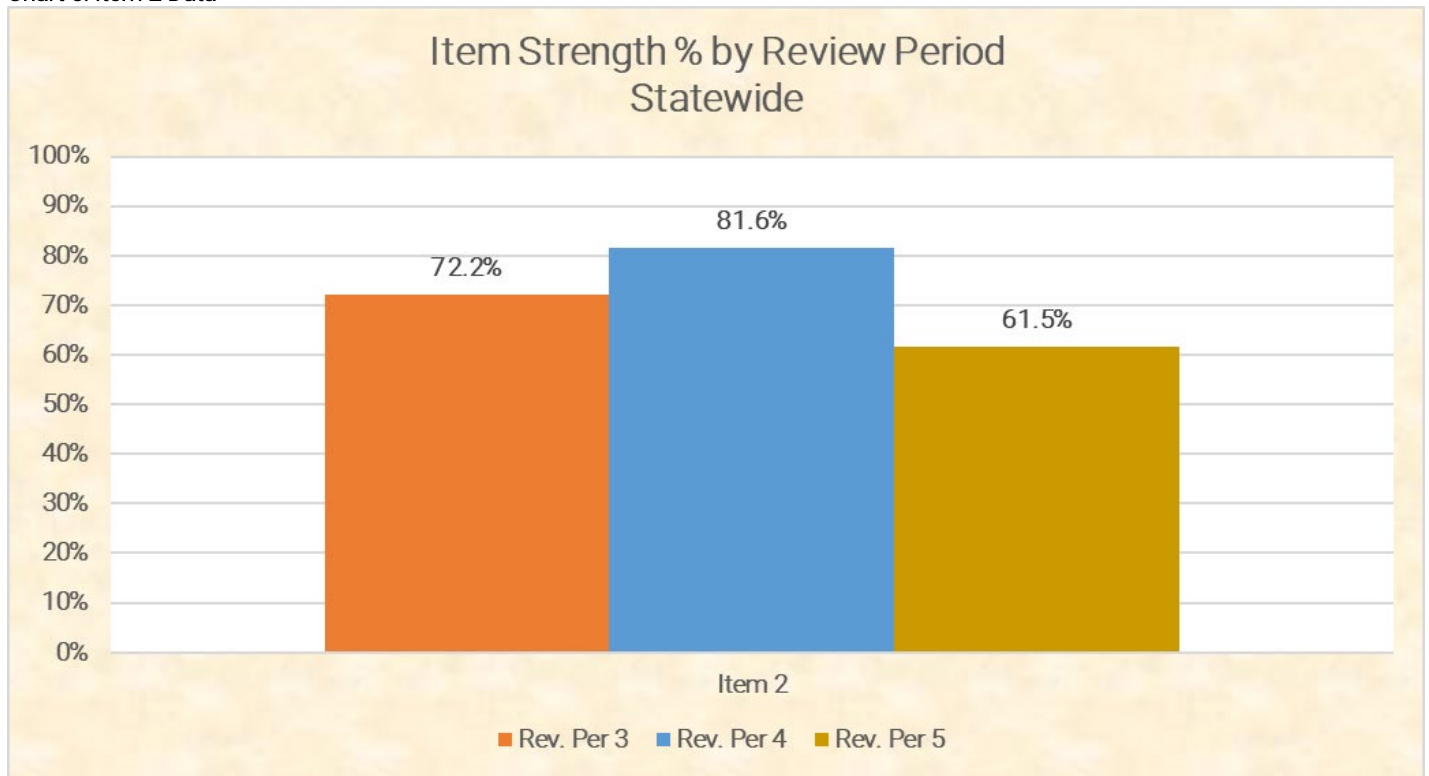
While Montana has administrative data to reflect timely initial contacts, there are limitations to it. Montana uses the Montana Family Safety Information System (MFSIS) for documentation of all investigations. Information within MFSIS is then synchronized to CAPS, from where all data is pulled. Though 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, Montana'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. CFSD has identified improving timeliness of initial contacts on investigation as part of Goal 1 within this CFSP. More information can be found in Section 3 surrounding this item, to include administrative data.

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

Item 2: 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.

In Round 3, Montana had an initial baseline on item 2 of 51.4%. CFSD's goal for improvement was 57% and met every review period following the initial baseline, though not wholly consistent.

Chart 5: Item 2 Data



Since PIP monitored reviews have concluded, CFSD has re-expanded use of the Family Support Team (FST) meetings. As discussed in previous APSRs, CFSD created FSTs as a tool to fully engage families, community partners, natural supports, and internal staff. These meetings are intended to keep children in their home, or to reunify families in a timely manner by implementing support services, while engaging parents in the process of assessment, service planning and their individualized case plans.

CFSD will continue to use FST meetings as a tool to fully engage families, community partners, natural supports, and internal staff. These meetings are intended to keep children in their home, or to reunify families in a timely manner by implementing support services, while engaging parents in the process of assessment, service planning and their individualized case plans.

Success is measured by 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.

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

- August of 2018 – Region II, Cascade County (Great Falls).
- Spring of 2020 – Region I, Custer County (Miles City), Big Horn County (Hardin), Valley County (Glasgow), Dawson County (Glendive), and Roosevelt County (Wolf Point). These mentioned Region I CFSD county hub offices cover all 18 counties in the eastern side of the state. Region, I have been innovative in expanding the use of the model to include a broader array of cases; however, continues to maintain adherence to the model in all other aspects.
- December of 2020 - Region III, Yellowstone County (Billings).

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

FST referrals continue to be used to help engage families at the time of CFSD intervention to ensure that families meet the criteria to have the FST. The FST members include, but are not limited to, local contractors that specialize in early childhood intervention services, domestic violence counselors, mental health counselors, in-home services contractors, OPI, and substance abuse counselors. The robust and flexible services offered are focused on the family as a whole; CFSD and contractors’ partner with the families to identify the goals and assess the short- and long-term interventions needed to meet the needs of the family.

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

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

Table 1: Statewide Number and Percent of Children Involved in FSTs by SFY and Outcome (In-Home or Out-of-Home). SFY24 data ends as of May 2024.

State Fiscal Year	Total Children involved in FST 's	Children maintained in their home		Children placed out of home prior to the FST		Children moved from Out of Home Plan to an In-Home Plan within:					
		N	%	N	%	First 30 days		Days 31-60		Days 61-90	
						N	%	N	%	N	%
SFY20	364	186	51.10%	178	48.90%	35	19.66%	13	7.30%	11	6.18%
SFY21	818	554	67.73%	260	31.78%	70	26.92%	26	10.00%	3	1.15%
SFY22	727	512	70.43%	205	28.20%	44	21.46%	22	10.73%	8	3.90%
SFY23	734	485	66.08%	249	33.92%	107	42.97%	11	4.42%	1	0.40%
SFY24	625	401	64.16%	224	35.84%	46	20.54%	7	3.13%	12	5.36%

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

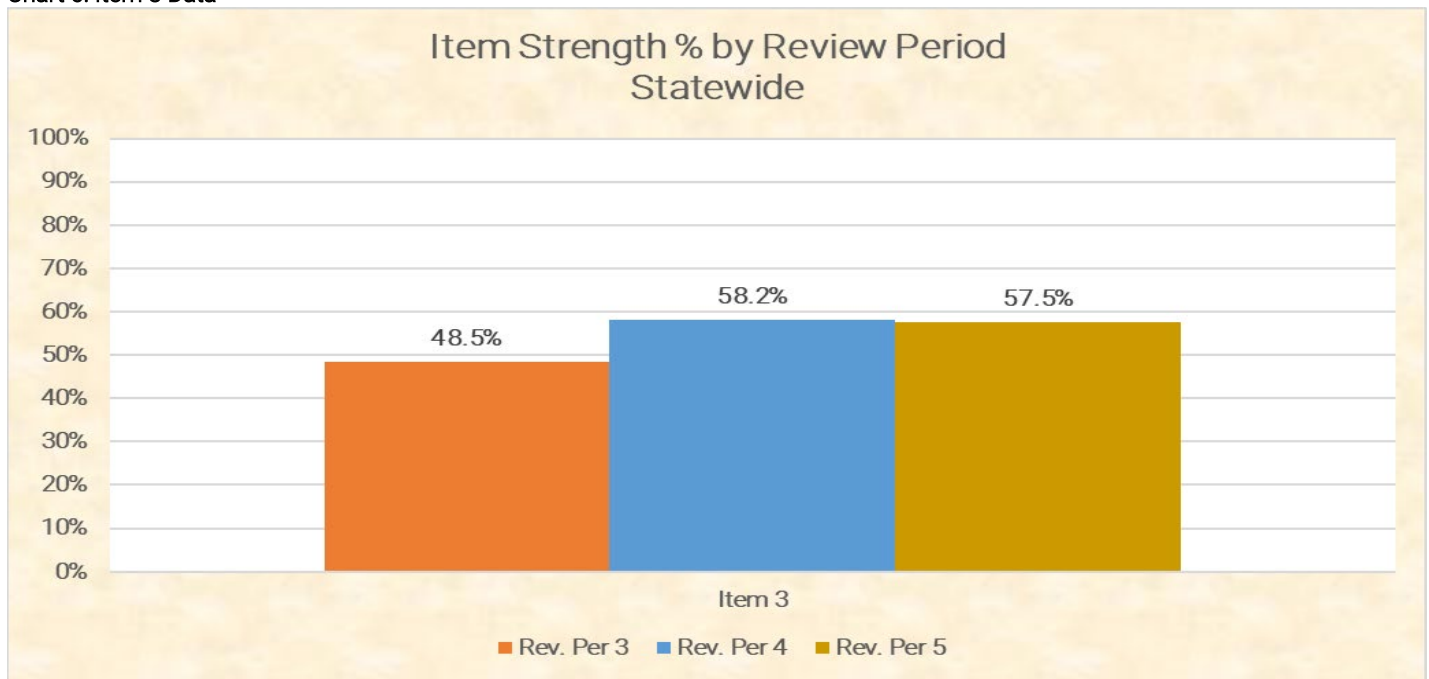
CFSD used surveys during SFY24 to solicit feedback regarding preparation for the meeting, meeting agenda and facilitation, and post meeting collaboration. Based on survey feedback from regions using the model, the FST facilitators, and the program staff overseeing the implementation across the state,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

This community collaboration tool and plans of expansion are discussed in greater detail in Section 3: Plan for Enacting States Vision.

Item 3: 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?

Montana’s baseline on Item 3 for Round 3 was 29.2%. The overall goal was 33%. CFSD initially met this goal in the 2nd review period and showed significant improvement following that.

Chart 6: Item 3 Data



Case review results consistently showed that initial assessments of safety and risk were more consistently comprehensive and accurate than ongoing assessments. CFSD has focused a lot of time and attention in years past on training surrounding the investigation phase, identification of immediate danger, impending danger, and completing the Family Functioning Assessment (FFA). However, there has been minimal training and minimal formal tools utilized on an ongoing basis for assessment of safety. Over the past year, CFSD has worked to build out more training specific to ongoing case management, and a more formal tool to support consistent and better ongoing assessment of safety. Training and implementation of this are included in Goal 1 within this CFSP. See Section 3 for more information specific to this. This tool will also encompass a more formalized ongoing approach to assessing needs and services to families that will also assist with Item 2.

Permanency Outcomes

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

CFSD’s second goal within this CFSP is focused on permanency, specifically achieving permanency timely and preventing re-entries. In addition to what can be found in this section, more information can be found in Section 3, specific to Goal 2. Data specific to SWDI that is not found in this section is in Section 3.

Item 4: 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)?

Throughout Round 3, Montana performed better on this item than any other items specific to this outcome, though Montana still has work to do. Additionally, both case review, administrative, and SWDI data indicate that while Montana is performing well on this item, Montana is also trending in the wrong direction. CFSD’s goals, objectives, and measures within this CFSP do not target this item specifically. However, it is believed that an earlier focus on concurrent planning and identifying the best placement earlier in a case will also lead to greater placement stability.

Chart 7: Item 4 Data (1)

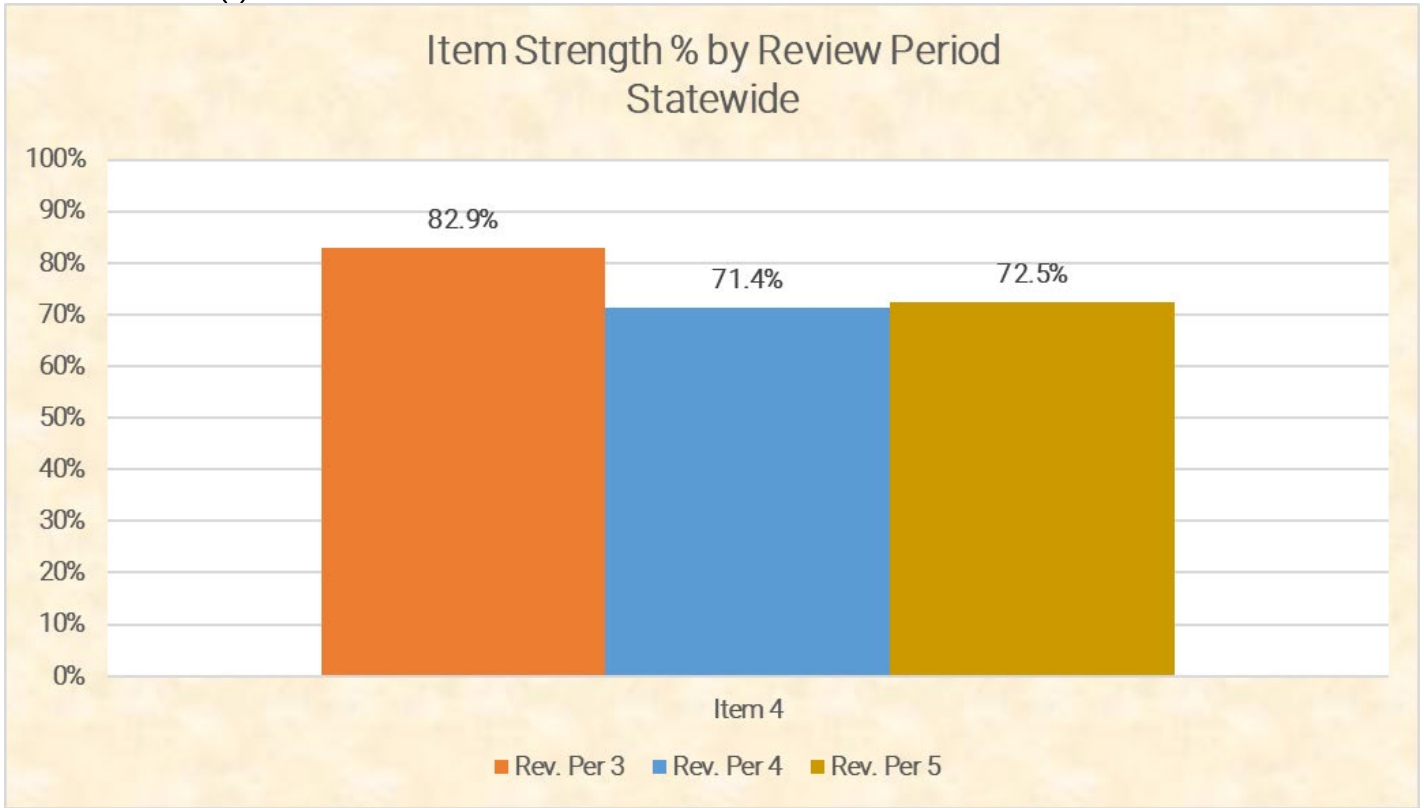
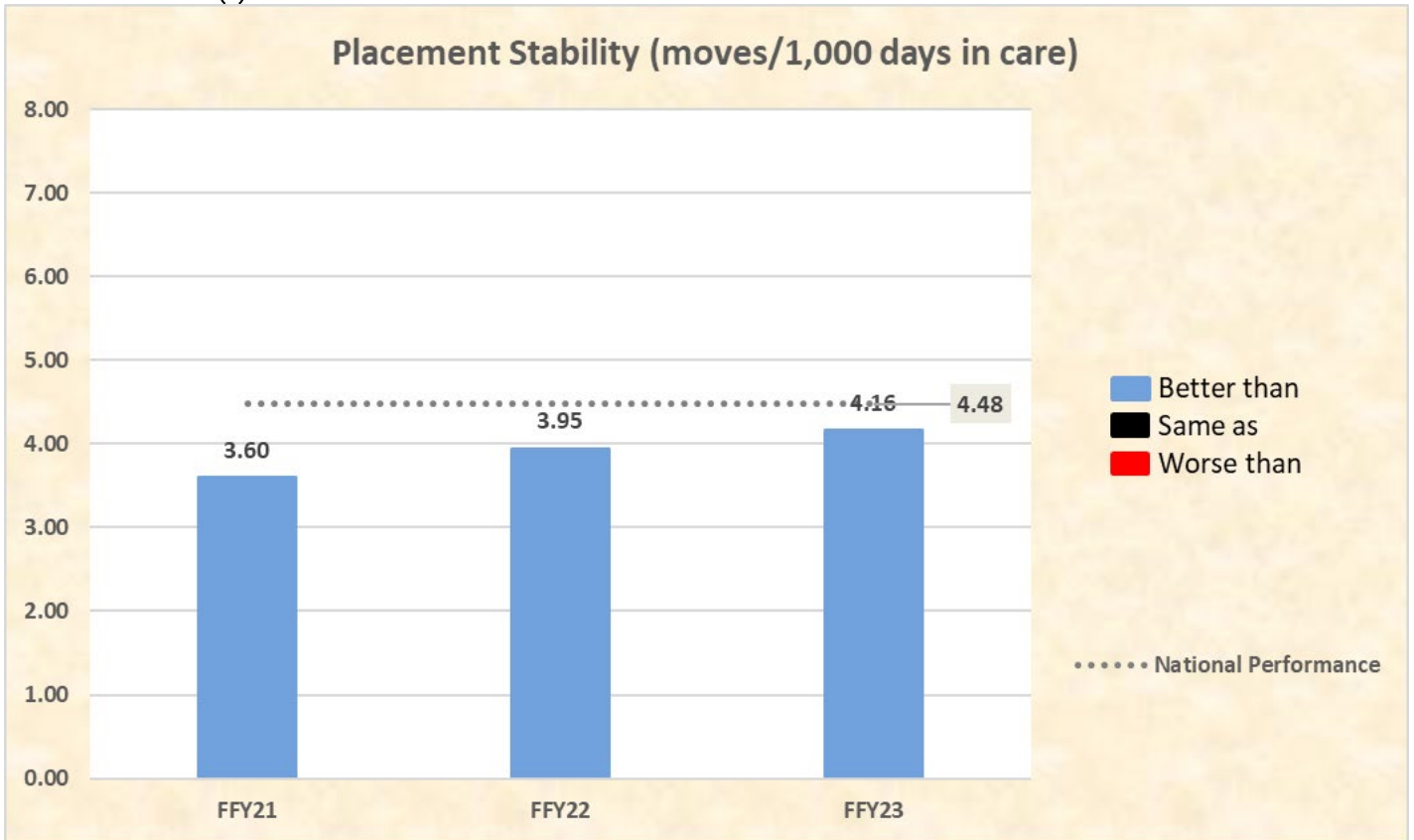


Chart 8: Item 4 Data (2)

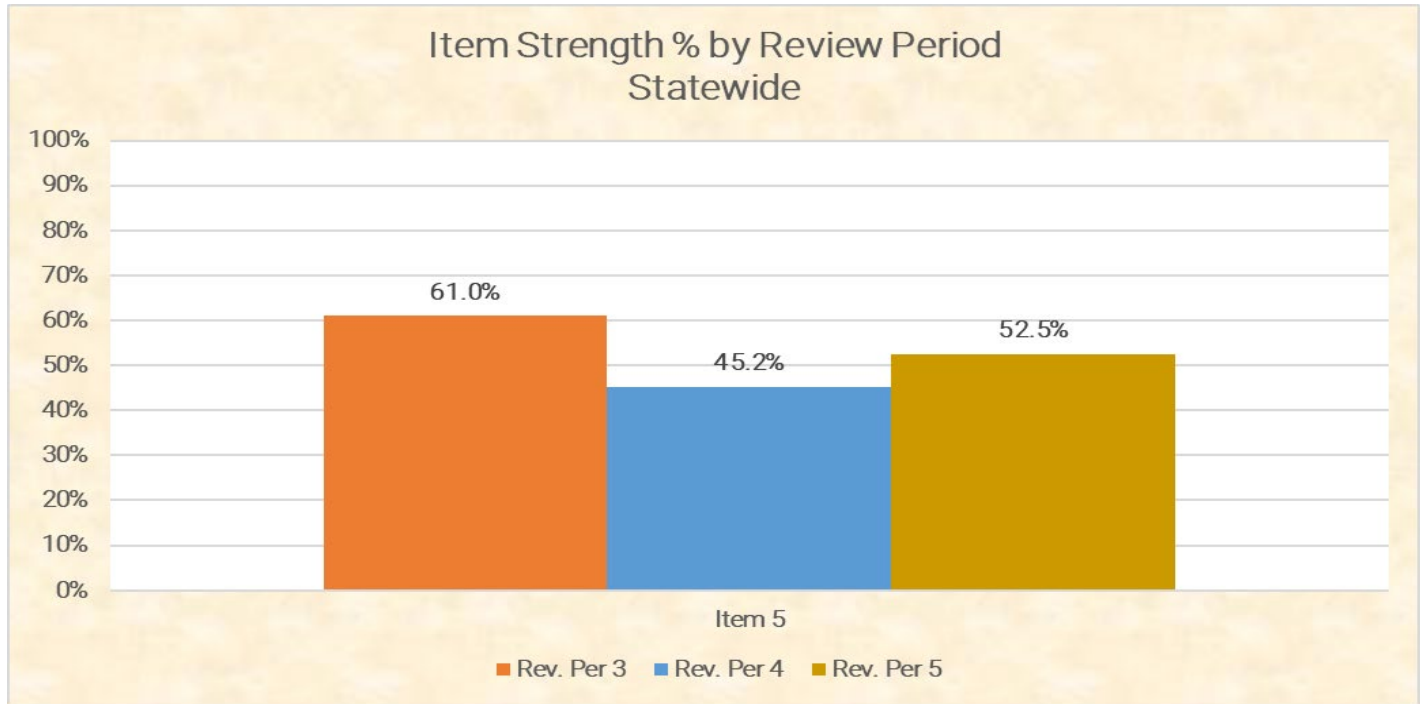


Item 5: Did the agency make concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after reunification?

Throughout Round 3, Montana showed net improvement in Item 5. Through the PIP Monitored Reviews and surveys of staff, it was identified that there is multiple reasons Montana 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. In March 2023, Montana’s CQI team rolled out a training to RAs, Administrative Support Supervisors, Child Protection Specialist Supervisors (CPSS), and Child Welfare Managers (CWM) specific to appropriate goal setting, documentation, and concurrent planning to improve the appropriate identification of goals. Because this was done in the last review period, there have been no further reviews to gauge improvement in this area. However, it was also identified through meeting with staff of different regions that there are also external forces that affect this. This includes judges in some courts and jurisdictions demanding that reunification remain an identified goal until TPR has been ordered. This sometimes results in reunification remaining as a goal, despite significant indications that reunification is no longer in the best interest of the child(ren).

Montana 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. This is included in Goal 2 of this CFSP. More information can be found there and in Systemic Factor Item 23.

Chart 9: Item 5 Data



Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

Montana struggled significantly with this item in Round 3. Montana’s initial baseline was 37.5%, with an overall goal of 42%. For the most part, Montana’s performance remained below the original baseline, though did return to the baseline strength rating in the final review period. Ultimately, Montana did not meet the goal for this item. Review of administrative data is indicative that on average, Montana meets the goal of reunification within 12 months, or is quite close to that. However, Montana’s timelines for achieving both guardianship and adoption far exceed the standards of 18 and 24 months identified within the On-Site Review Instrument (OSRI). Because of this, Montana has continued to focus on barriers to achieving timely permanency and will continue to focus on this within Goal 2 of this CFSP. Both supplemental context data and administrative data indicate that rates of achieving permanency within 12 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 that this is true for both Tribally managed and State managed cases. Because Montana has no way to currently extract ICWA eligibility from CAPS and utilize it within this analysis, Montana 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 so based on anecdotal evidence through case reviews and other information provided by field staff.

Chart 10: Item 6 Data (1)

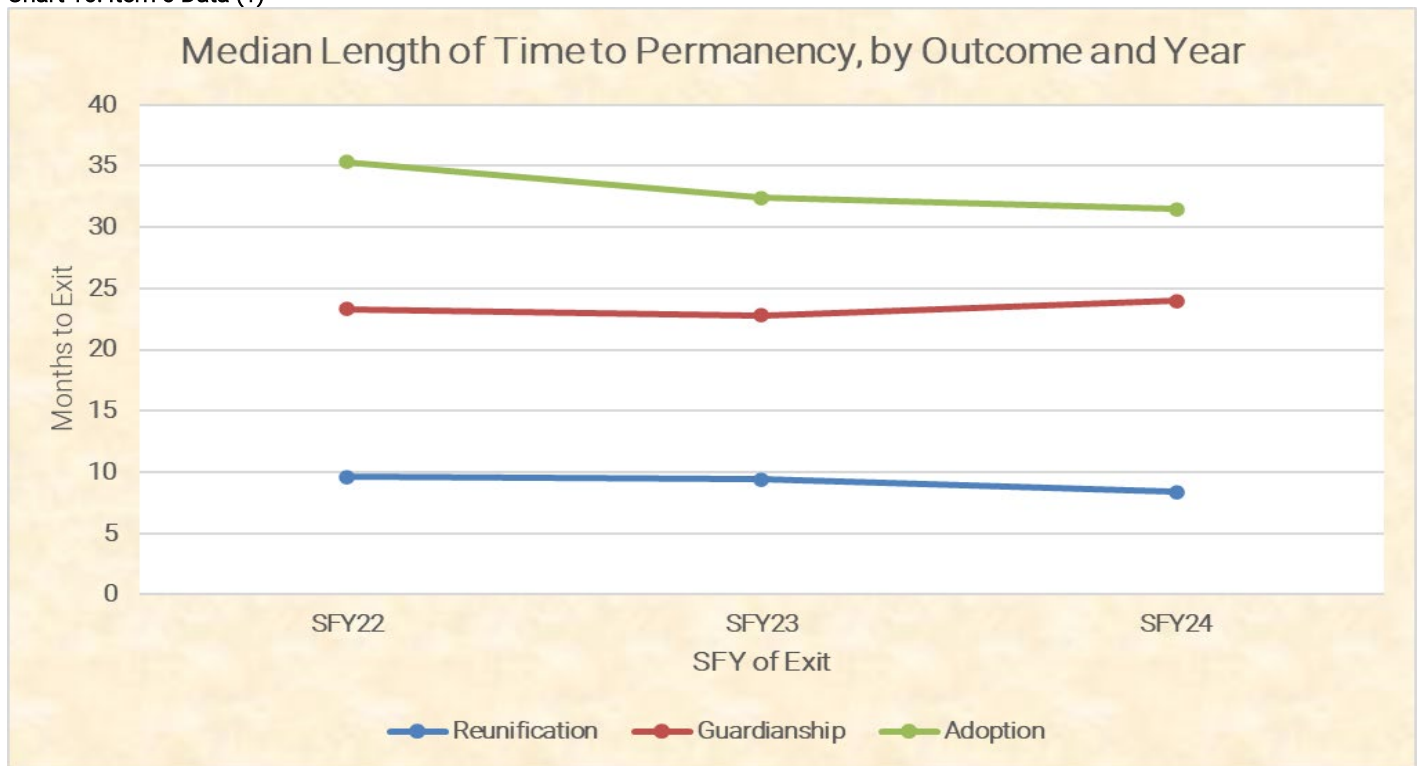
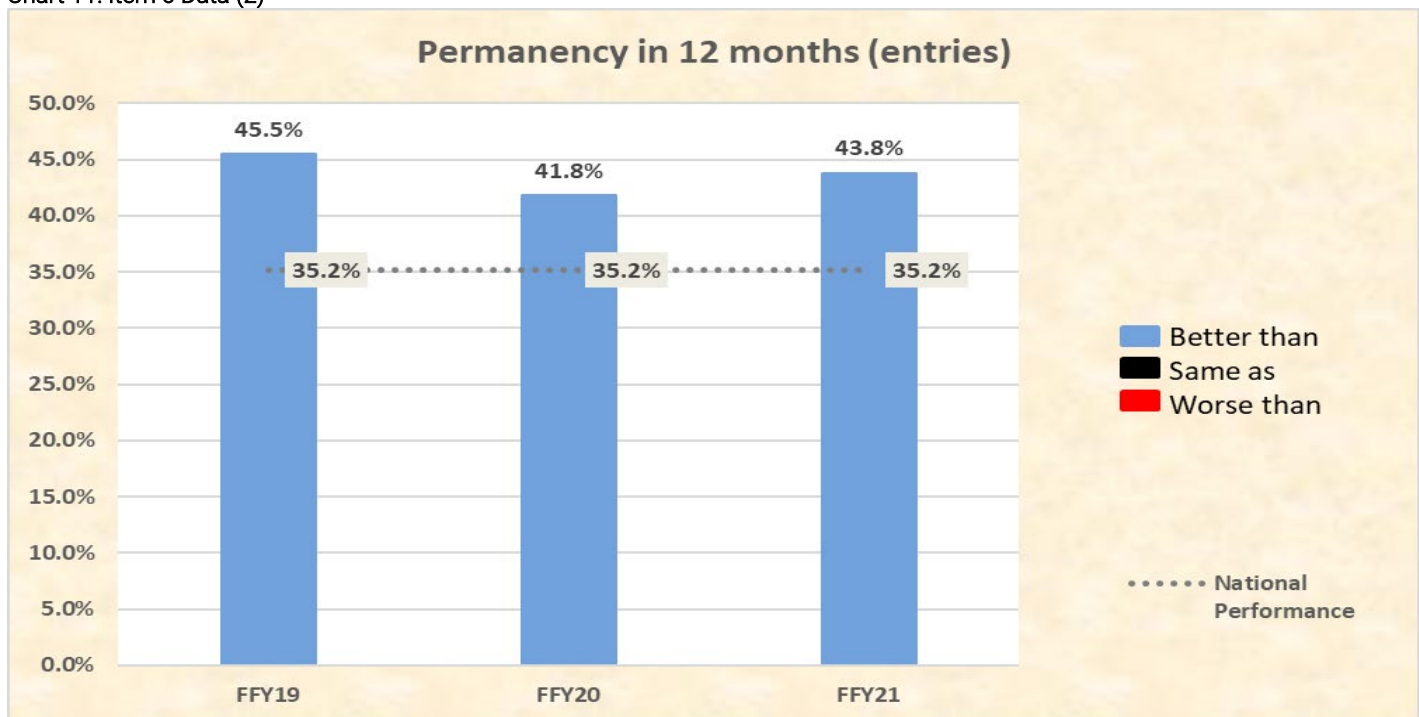


Chart 11: Item 6 Data (2)

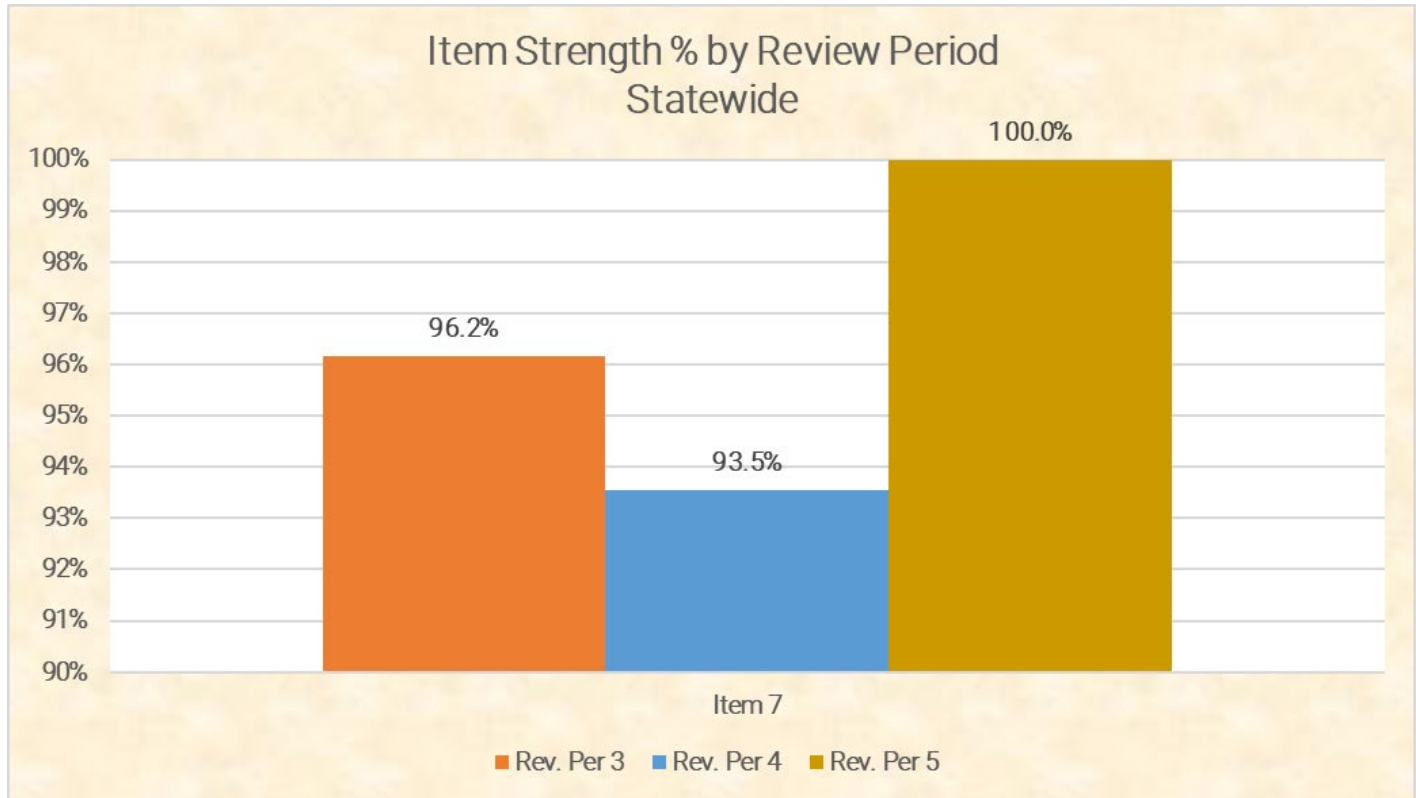


Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 7: 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?

Montana does not have administrative data to identify the frequency of siblings placed together at this time. However, case review data from the Baseline through final review period shows that Item 7 was consistently a strength at a rate over 90% except for the first review period. Montana consistently makes efforts to ensure that siblings in foster care are placed together unless it is not possible or not in their best interests.

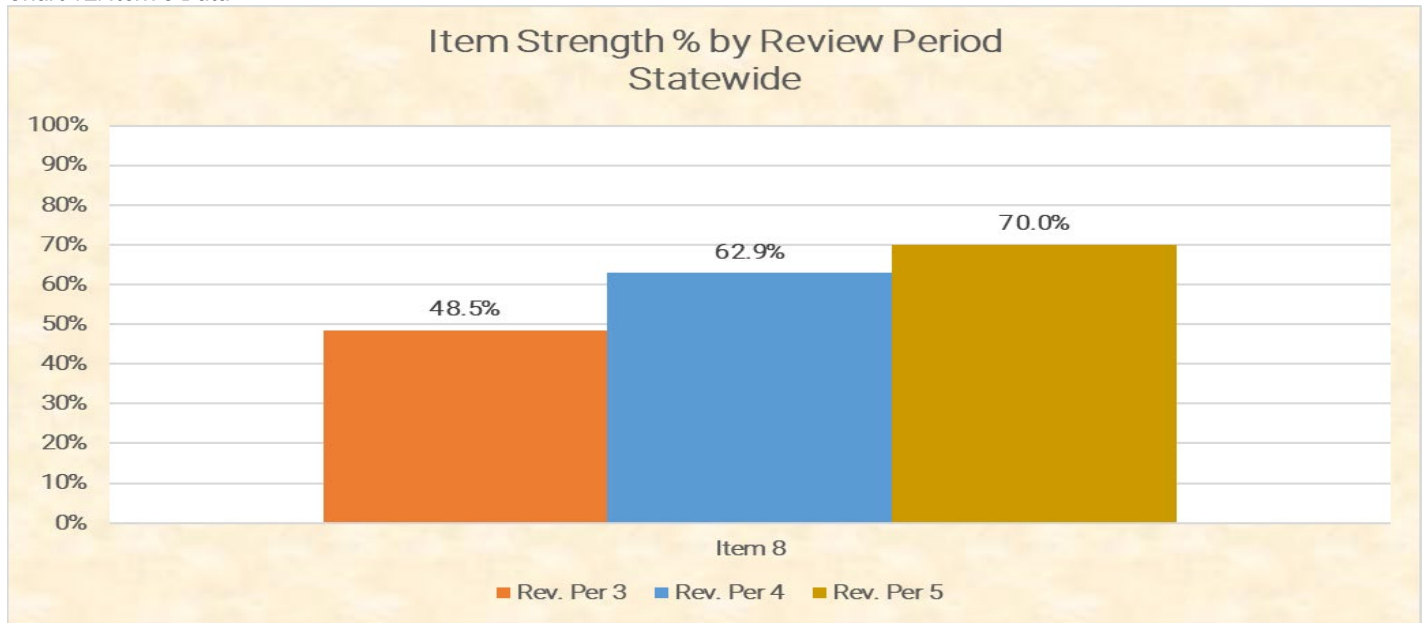
Chart 12: Item 7 Data



Item 8: 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?

Montana showed significant improvement throughout PIP monitored reviews on this item. Baseline data from 2020 was 39.4%. Montana does not have administrative data to further support performance on this measure. CFSD contracts with numerous agencies that provide visitation services for families. However, frequently there are also waitlists to access these services, and caseworkers, foster parents or other staff are left to arrange and supervise visits. The combination of this can lead to an insufficient and/or unknown frequency of visitation, and unknown quality of visitation when supervised by foster parents or family members. Additional information will be provided in future APSRs when more data can be gathered through surveys on capacity issues and more information available once CQI reviews restart.

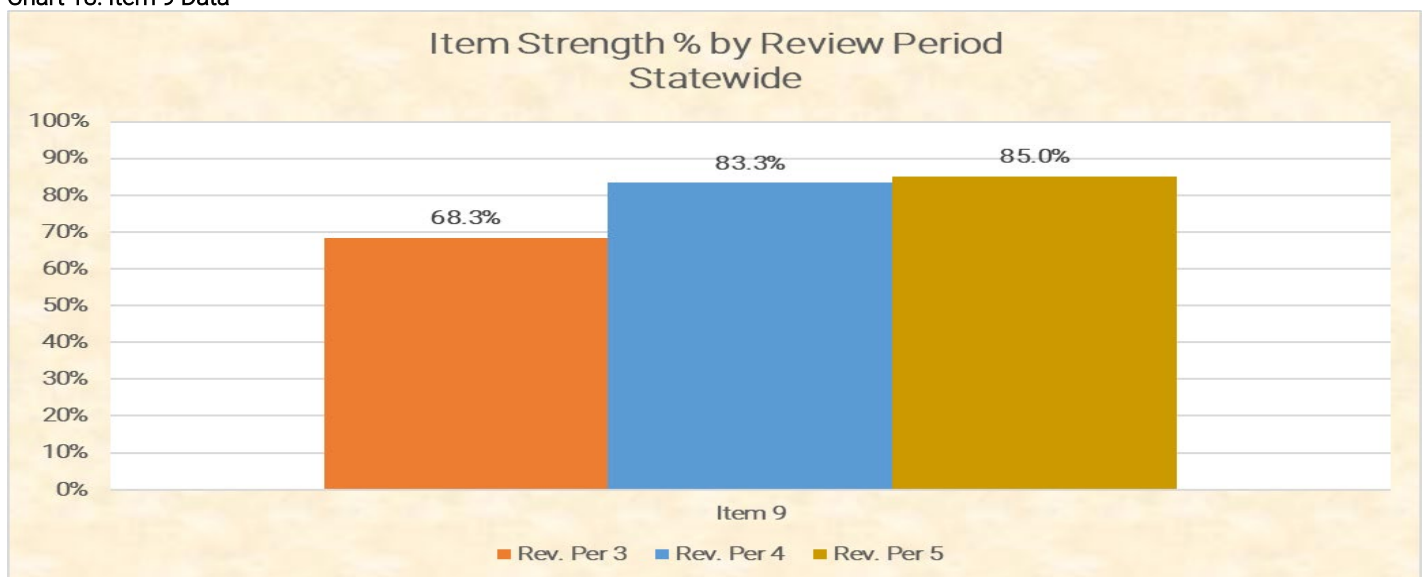
Chart 12: Item 8 Data



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?

This is another area in which Montana showed improvement throughout Round 3. Montana’s initial baseline was 67.5%, and further dipped to 60% the following review period. However, the last three review periods indicated a marked improvement. Training was provided regarding important connections being maintained through various means. In some regions, all staff participated in a training that included this information being provided by CQI staff. Additional training was provided surrounding concurrent planning that included this to all CPSS, CWMs, RAs, and Administrative Support Supervisors, beginning in March 2023. Though not yet implemented, the Family Progress Assessment (FPA) that is part of the goals in this CFSP includes a section that addresses the child’s important relationships, connections, traditions, and culture. This is something that has never been formally captured in ongoing assessments. CFSD believes that the inclusion of this in a formal ongoing assessment will enhance the practice of maintaining these connections. Additionally, in SFY25, additional training in ongoing case management will be added to new worker training. A portion of this will also address all aspects of permanency.

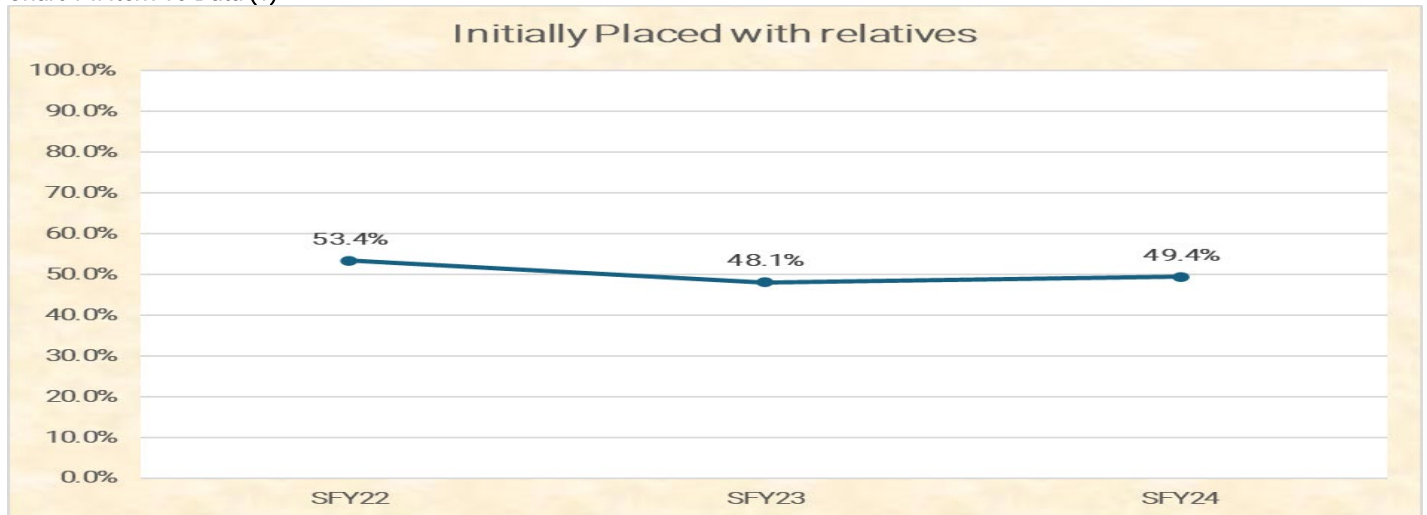
Chart 13: Item 9 Data



Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?

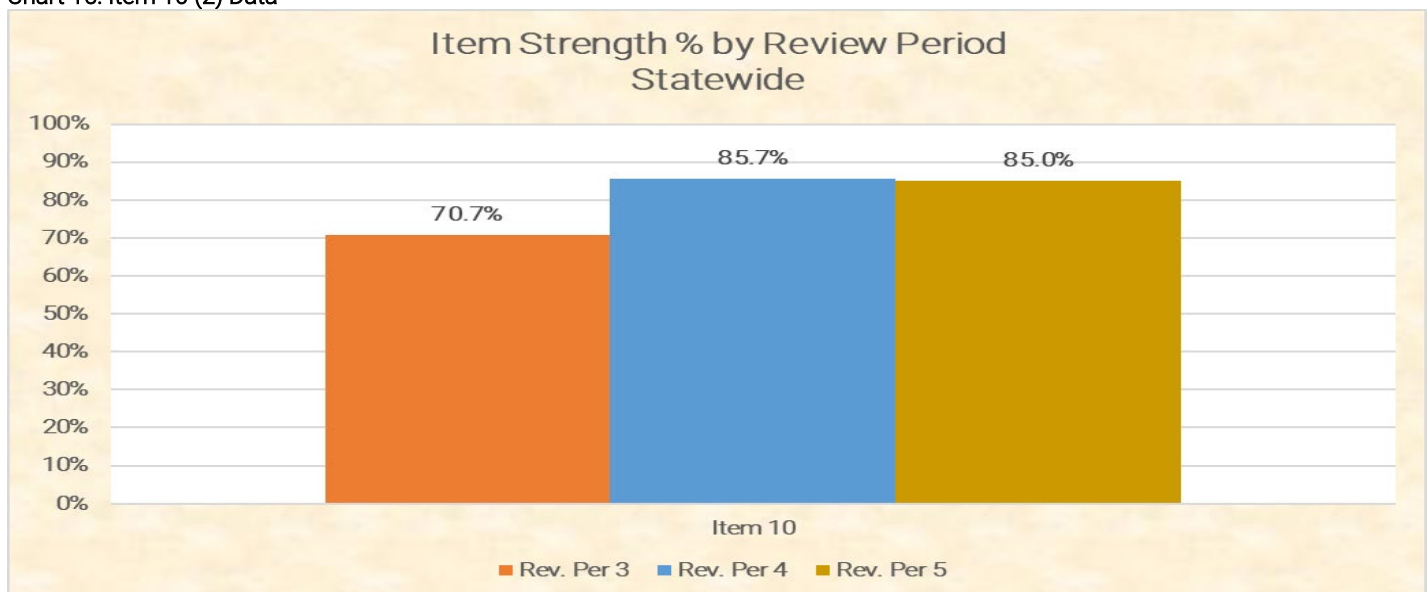
CFSD believes that children should be placed with relatives, kin, or fictive kin, whenever safe and appropriate. Efforts to identify these placements are included in Concurrent Planning: Preserving Connections while Defining Permanency Options Procedure through Permanency Planning Team (PPT) meetings. Montana consistently places around 50% of all kids who enter care with relatives.

Chart 14: Item 10 Data (1)



Of all the cases reviewed in the last 3 review periods, only one was an Area Needing Improvement (ANI) due to concerns with the existing relative placement. The remainder were ANI due to a lack of effort to identify, locate, inform, or evaluate both maternal and paternal relatives. In the cases in which diligent search efforts were evaluated, there were concerns in a minimum of 75% of the cases evaluated in every single diligent search area. Diligent search efforts are not consistent in practice and who has access to certain diligent search tools across the state. CFSD does keep a 'Close Relative Registry' in which adults are able to contact CI and be added to the close relative registry with contact information and their specific relationship to any child in Montana, so that if that child comes into care, that relative will be readily identified and can be contacted. However, the timing and accessibility of checking this registry is also inconsistent across the state. While not tied to a specific goal, CFSD does plan to examine the need for a more standardized practice in diligent search efforts over the next few years.

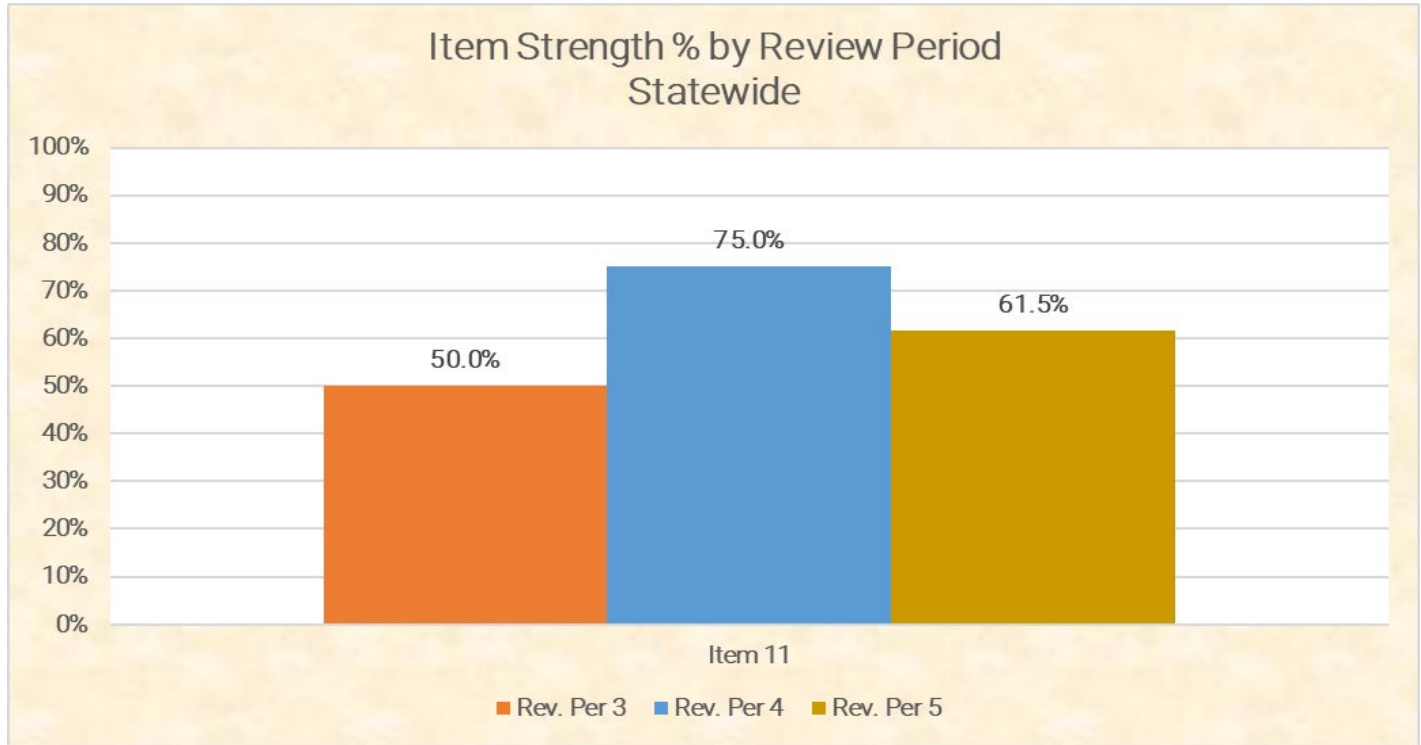
Chart 15: Item 10 (2) Data



Item 11: 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?

Though Montana had performance that was up and down in the last three review periods, Montana showed a net improvement for the baseline of 41.9% strength rating. Further analysis of case review data shows that Montana generally performs 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.

Chart 16: Item 11 Data



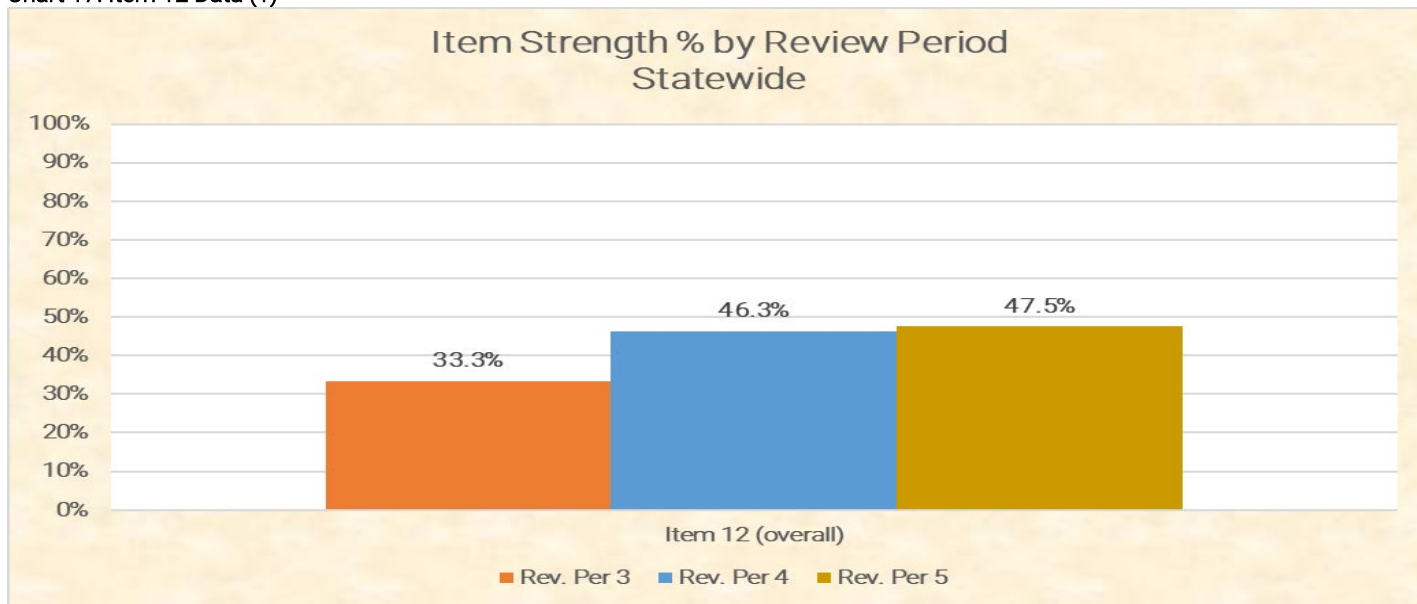
Wellbeing Outcomes

Wellbeing Outcome 1: Families have enhanced capacity to provide for their children’s needs.

Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children 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?

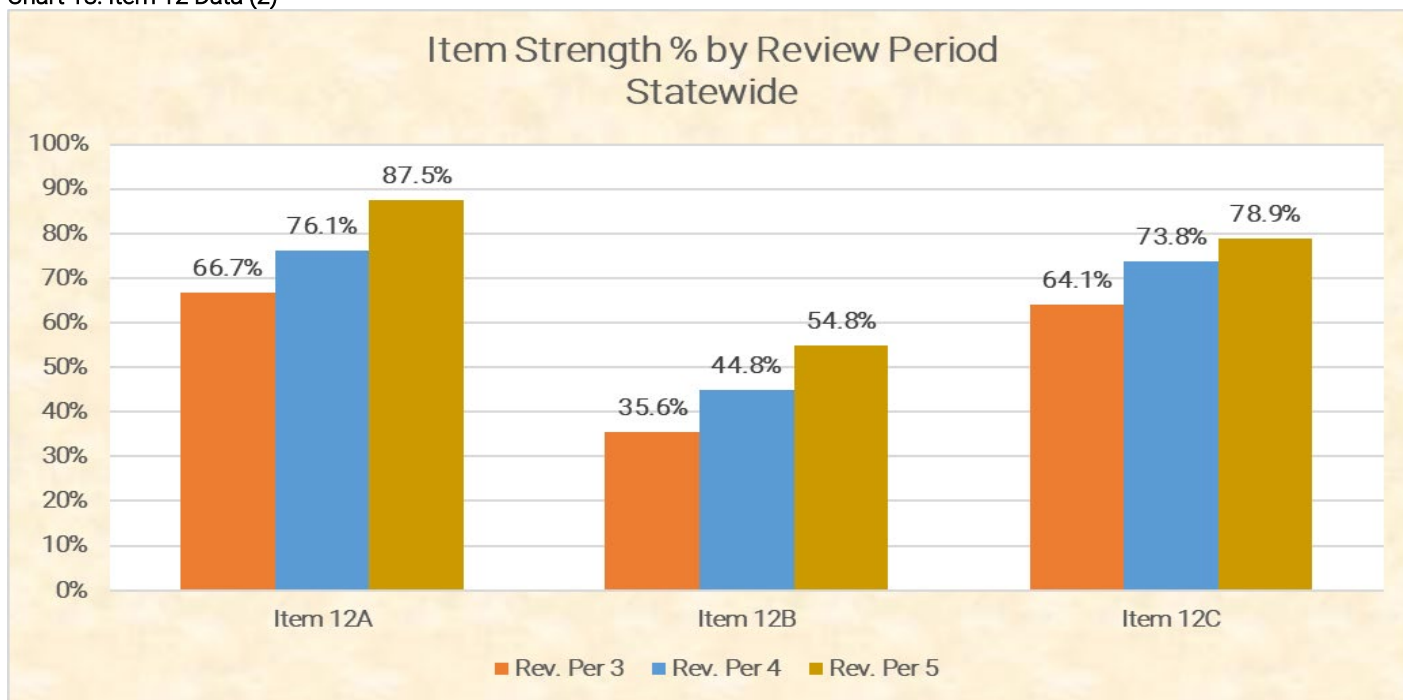
Over the course of Round 3 PIP monitored reviews, Montana showed a roughly fourteen percent improvement on Item 12 overall, beginning with a baseline of 33.8%.

Chart 17: Item 12 Data (1)



The improvement Montana demonstrated also applies to children, parents, and foster parents. Overall, Montana 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.

Chart 18: Item 12 Data (2)



Following some of the initial review period results, the licensing bureau implemented a process in which they meet with foster parents a minimum of every 6 months to assess any needs they may have identified. This is beyond the expectation of a minimum of once-a-month contacts by case managers when children are placed in their homes.

CFSD’s *Case Management Procedure* outlines expectations for at least monthly contact with both youth and parents that would assist in assessing and meeting needs. However, Montana has had no formal method of assessing needs for children or parents on an ongoing basis. The FPA mentioned in prior items and Goals 1 and 2 of this CFSP contains sections specifically to help assess parent and child needs, and address services to meet them. When it comes to children’s

needs, assessment of independent living skills and presence of a Transitional Living Plan (TLP) for older youth was often found to be lacking. It has been determined that some of this is due to referrals being made to MCFCIP providers for these, but then insufficient communication between the agencies, to where caseworkers were often unaware of what those specific needs/services were. Within the past year, MCFCIP PM has worked with MCFCIP providers and identified procedures, whether formal or informal, that would improve efficiencies in referrals and offer training on the importance of ensuring case managers receive copies of assessments and plans. This is also included in the FPA for case managers to identify the status of those assessments and plans.

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 will often 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.

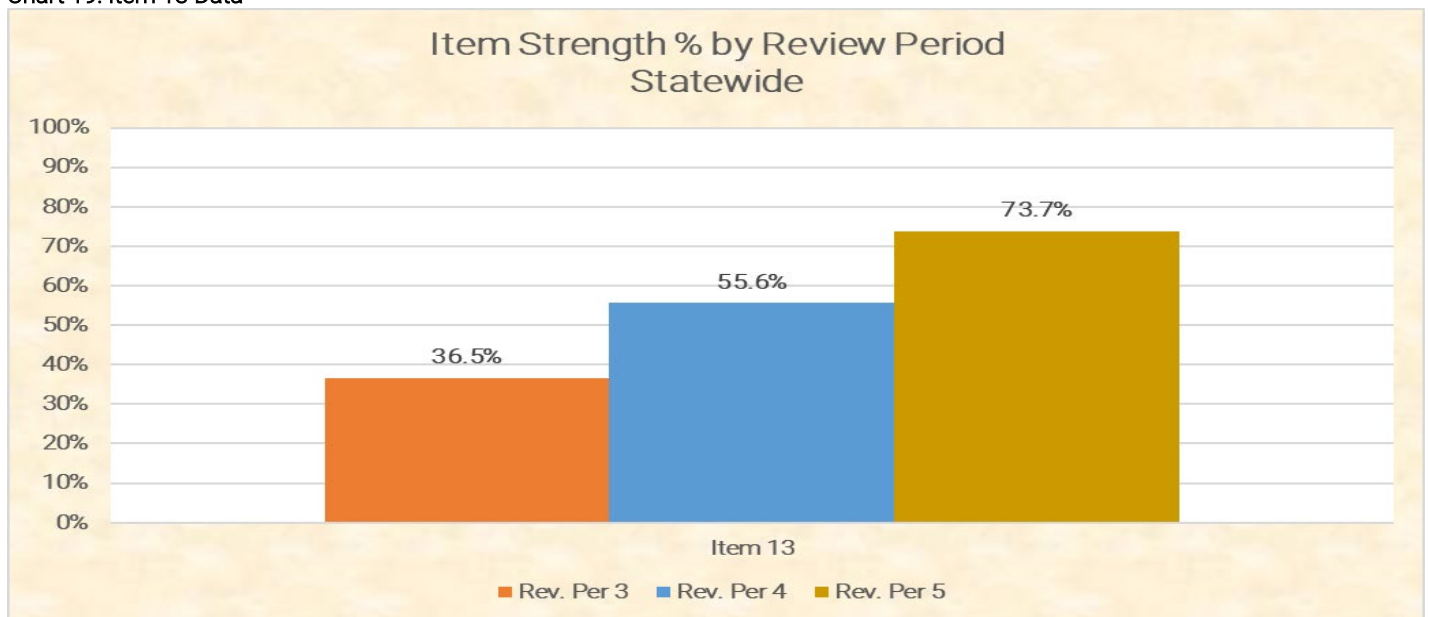
CFSD expects that with the implementation of the FPA, performance will improve as it relates to assessments and provision of services to both children and parents.

CFSDs Case Management Procedure outlines expectations for visits with foster care providers, which includes how to assess for needs. In addition, the licensing bureau also meets with licensed foster parents to identify training or other needs as described in the Diligent Recruitment plan. 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 will continue to assess for ways to improve the rate at which foster parent needs are both comprehensively assessed and met.

Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

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. To date, Montana has no way to evaluate child or parental involvement in case planning outside of use of the OSRI. For Round 3 PIP monitored Reviews, Montana started with a baseline of 40.6% strength rating. However, Montana's performance then dipped lower, but ultimately improved significantly.

Chart 19: Item 13 Data



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

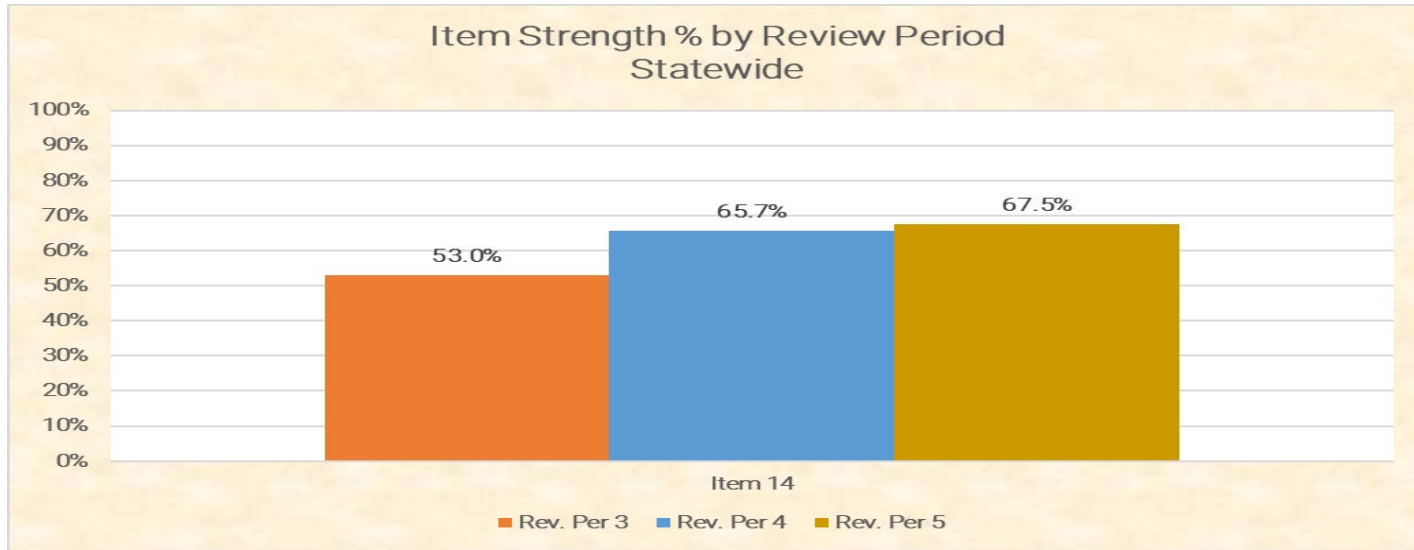
With the upcoming implementation of the FPA, there is a section to complete regarding parental participation and review, as well as if workers were unable to involve participants, what efforts were made by the caseworker to include them. Because the FPA will essentially be a word document until it can be built into the new CCWIS there will be no way to pull quantitative data on this. The inclusion of this expectation and required documentation in a formal ongoing assessment is believed to help support increased improvement in the rate of including both parents and age-appropriate children in case planning.

Item 14: 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?

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. Improving the overall frequency of monthly visits with children is included in CFSD’s goals within this CFSP, and more information can be found in Section 3.

Case review data from Round 3 PIP monitored reviews shows significant improvement. Montana’s baseline showed a strength rating on this item of only 32.3%. However, by the end of the PIP monitored reviews, this had increased to 67.5%. Over the last three review periods combined, the rates of sufficiently frequent and sufficient quality of visits were both in the 70s. However, there were cases in which they were frequent enough but not of sufficient quality, and vice versa. It was also noted that Montana performs better on this item for foster care cases than in home cases.

Chart 20: Item 14 Data



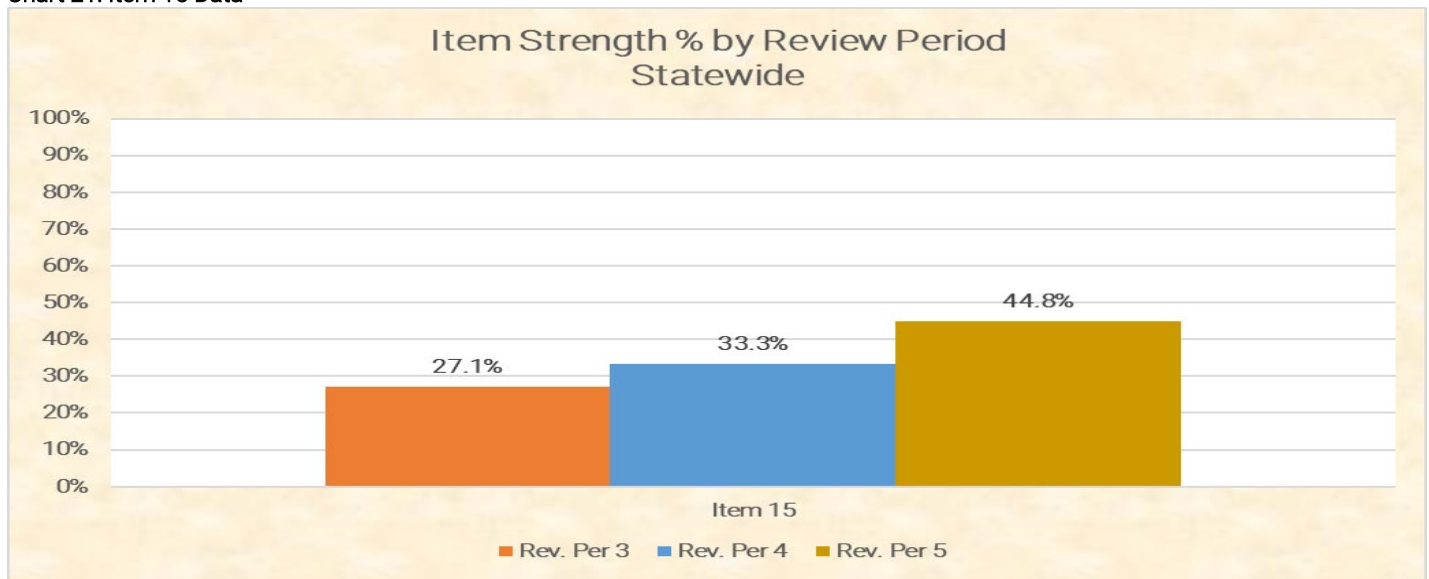
Item 15: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Currently, Montana does not have administrative data to support the frequency or quality of visits with parents. Because visits are entered into CAPS, there is no ability to access this information. Currently, CFSD is assessing the best way to compound this data for regular reporting and setting goals. Included in this is barriers that will affect data quality, and whether those can be addressed. This is also included in the Goals within this CFSP, and more information can be found in Section 3.

During the Round 3 PIP Monitored reviews, Montana showed a significant amount of improvement, though still has more room for improvement. Montana’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 21: Item 15 Data



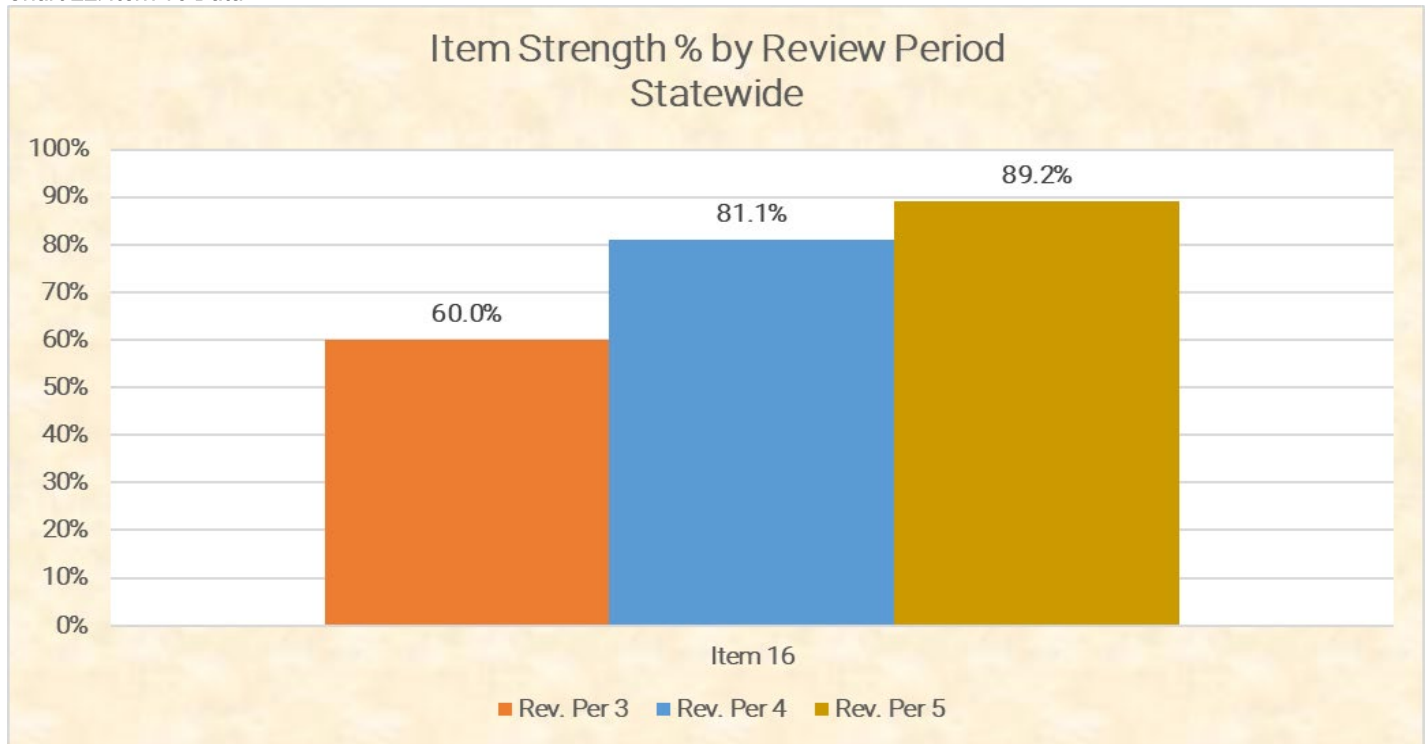
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 16: Did the agency make concerted efforts to assess children’s educational needs, and appropriately address identified needs in case planning and case management activities?

Montana’s baseline for PIP Monitored reviews in Round 3 for this item was 69.4%. CFSD showed significant improvement, with the final review period reflecting a strength in 89.2% of cases reviewed. A breakdown of the case review data for the last 3 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 in the 80s for assessment, and 70s for meeting needs.

CFSD works with OPI monthly to identify children in foster care that are placed in Montana but have no current enrollment in school. This aims at ensuring that there are no children inadvertently falling through the cracks in relation to school enrollment and attendance. A member of the CQI unit then works with staff in the individual regions whom the identified youth are in, to follow up and determine if the youth are involved in an alternative educational plan that is not on record with OPI or identify and address barriers to school enrollment. Over the past year, the number of kids on this list has been significantly reduced and remains fewer than 20 in most months.

Chart 22: Item 16 Data



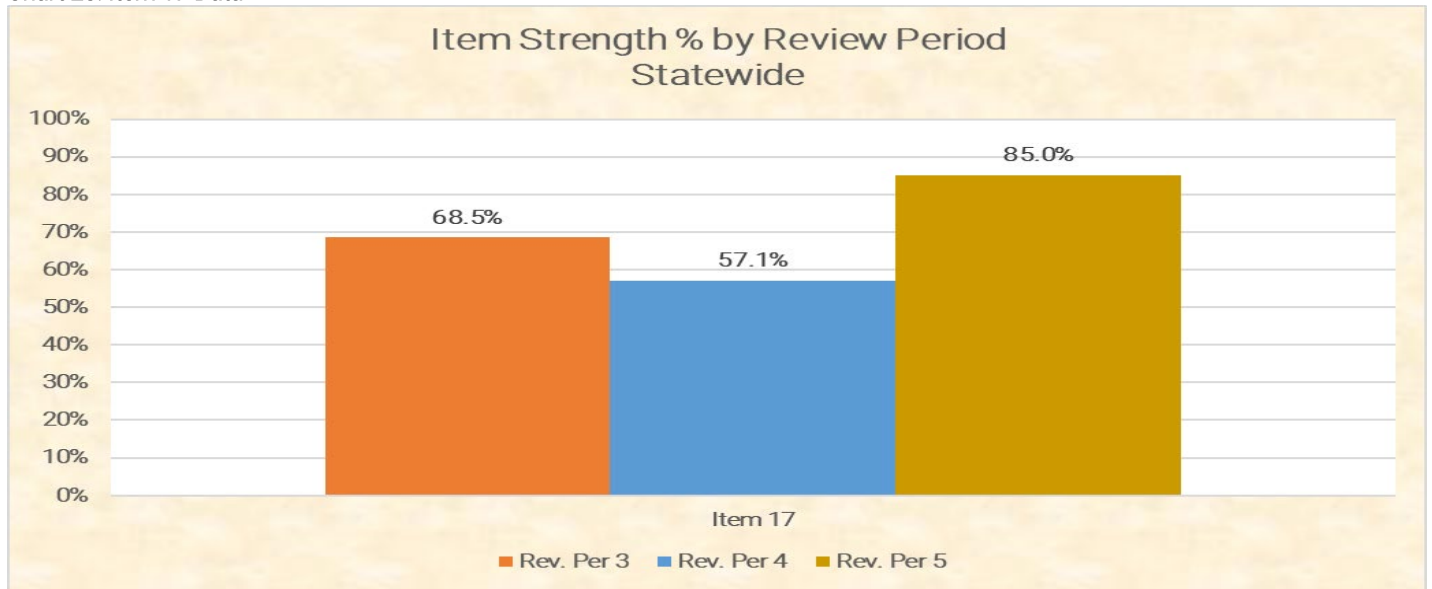
Well-Being Outcome 3: Children receive adequate services to address their physical and mental health needs.

Item 17: Did the agency address the physical health needs of children, including dental health needs?

This is another area of significant improvement over the last few years. Montana's baseline of reviews for Round 3 PIP Monitored reviews was 43.4%. However, CFSD's last review period demonstrated an improved rate to 85%. However, it should be noted that this final review period also did not include in-home cases, and Montana consistently performed better on foster care cases for this item. One factor identified that indirectly affects Montana's performance is a lack of consistent documentation surrounding medical and dental needs and services. This is particularly impactful when caseworkers and placements change. CFSD has had no formal training on entering information such as this in CAPS and is one of the frequently missing data points for Adoption and Foster Care Analysis and Reporting (AFCARS) reporting. CFSD does plan to improve training on data entry (see Goal 3 within this CFSP), which is expected to impact this item. Additionally, the FPA that will be implemented includes a section to document last and next appointments, as well as any medical and dental needs. The full implementation of the FPA, which will include this information at least once every 6 months, will also help to support physical and dental health being assessed and met more consistently across all case types.

Regarding monitoring prescription medications, CFSD's Case Management Procedure requires that monitoring of the child's medication occurs, that Child Protection Specialist (CPS) is to be notified within 24 hours of medication changes, that psychotropic medications will be monitored by case workers participating in medication management appointments, and that CPS will request foster care placements inform them within 24 hours of any recommendation for medication changes. Lastly, case workers are to engage youth in age and developmentally appropriate conversations for input and consultation on all medications administered.

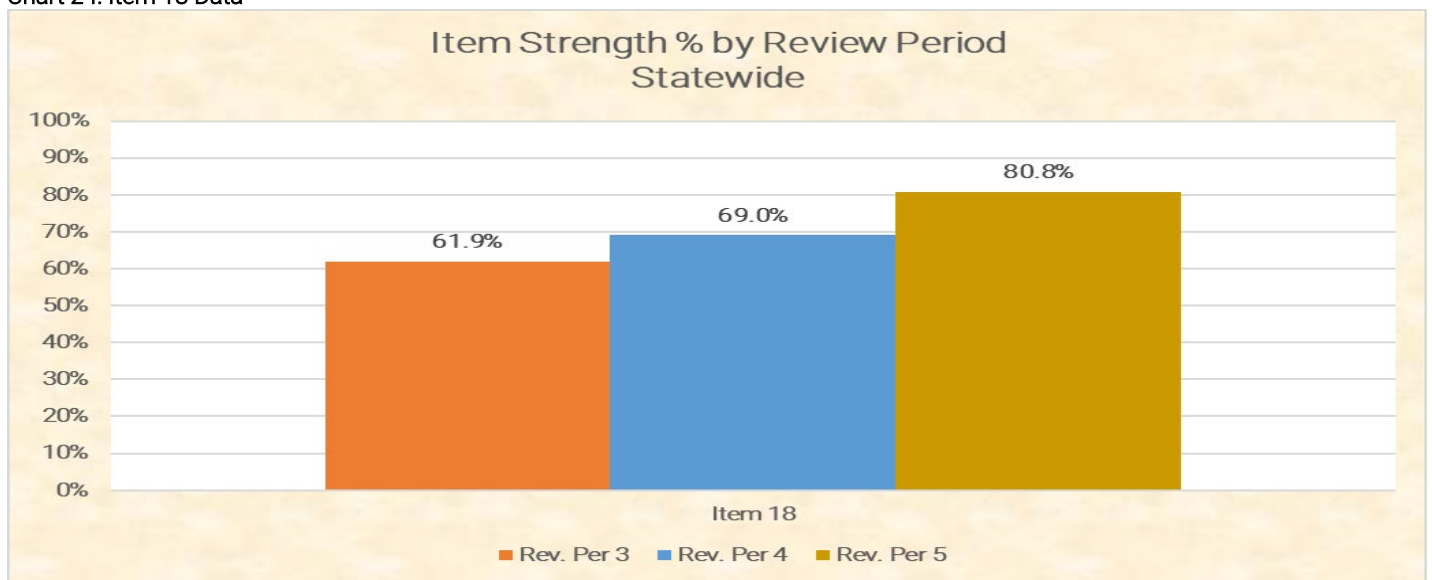
Chart 23: Item 17 Data



Item 18: Did the agency address the mental/behavioral health needs of children?

Like Item 17, CFSD showed significant improvement from baseline to the end of the PIP monitored reviews for Round 3. The baseline was 40.5% and final review period was 80.8%.

Chart 24: Item 18 Data



Again, like Item 17, CFSD consistently did better on Foster Care cases compared to In-Home Cases, though the difference between the two was not as large. 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. Item 18 as a whole is another area that CFSD believes will be positively impacted by improvements to data entry/quality identified in Goal 3, as well as implementation of the FPA.

Systemic Factors

Information System

Item 19: 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?

CFSD's current system of record is CAPS. In conjunction with CAPS, CFSD also uses MFSIS, which was originally intended to be fully built out to replace CAPS. However, at this time both CAPS and MFSIS are in Maintenance and Operations mode with minimal new functionality planned in the coming years. CFSD is pursuing a new CCWIS solution which will be funded by the Long-Range Information Technology bill passed in the 2023 legislative session. Montana completed a Request of Information (ROI) in 2023 and will pursue a competitive solicitation to identify the vendor solution that best meets program and technical requirements. Based on feedback from other states, Montana expects the replacement to be a multi-year project from procurement to full implementation. Data Quality work continues to remediate shortcomings of data points that are integral to reporting and CQI efforts. Additional Business Analysts have been hired to increase capacity within the team to work on this and prepare for the new CCWIS solution. Montana has also procured external services with BerryDunn for Business Process Redesign to support high-quality, accelerated Design, Discovery, and Implementation for the new CCWIS solution redesign to support this but has not identified a contractor for the CCWIS system. This is also addressed in Goal 3 of this CFSP. Additional information on planning and timelines will be available in future APSRs.

CAPS contains the status, demographic characteristics, location, and permanency goals of every child who is or has been in foster care. In previous statewide assessments and case reviews, it was determined that goals entered in the system are not always accurate to the actual goal and what is being worked on. Information gathered from internal staff through case reviews and workgroups indicated a belief by some staff that reunification is, and always should be, a goal until TPR is ordered, even though it was often agreed that it was not a realistic goal or one that was actively being worked toward. It was also revealed that there are some courts that require reunification to remain a goal unless and until TPR is ordered, even if it was unrealistic and no longer being worked toward. In response to concerns with accurate and appropriate goals being documented, training was developed and implemented in 2023. More information specific to this can be found in Item 5 within Section 2. It is believed that the status, demographic characteristics, and location are generally accurate. However, CFSD has no current method of evaluating this on a consistent or quantifiable basis. CFSD does plan to implement use of a Data Verification Review when case reviews are re-started in SFY25 to begin collecting this information. More information on this can also be found in Goal 3 of this CFSP.

Data Quality within the system remains an on-going focus of the state (as encompassed in Goal 3). The contractor for CAPS, Peraton, runs AFCARS; National Child Abuse and neglect Data System (NCANDS), and National Youth in Transition Database (NYTD) exception reports throughout the year which outline missing or illogical data. These reports are provided to relevant staff to review and resolve errors. For AFCARS, this has resulted in an overall reduction of errors in recent months, 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.

Montana DPHHS contracts with Oracle for data reporting through MPATH. Data is extracted from CAPS weekly, resulting in updates to their overall database and all pre-built reports. Since going live in 2022, Montana has worked 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 Montana 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 the last year, additional access was obtained to the raw data MPATH receives through a SQL tool. While only a few people within the state have access to this tool, it does allow for compilation of other data not available through existing reports or the ad hoc reports. This has been valuable for compiling data on things Montana has historically had no data on. Further details can be found in later systemic factors and Goals.

Case Review System

Item 20: 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?

To date, the only data Montana has on participation in case plans comes from case reviews utilizing the OSRI. Through that process, the analysis of child and parent participation in developing the case plan is broken down between in-home cases and out-of-home cases as well as by region. While CFSD met the PIP target for this item, there is still room for improvement. See Item 13 within this section for information.

Currently, the case plan for the child is essentially a document generated through CAPS, but with no way to identify whether one exists for every child that it should. It is also unable to be modified at this time, to include things CFSD would like to. Safety Committee has been working to develop further tools for ongoing case management to be consistent with CFSD's Practice Model. This includes the FPA noted in prior sections which will be the child's case plan and include all required elements. The FPA is designed to be a comprehensive ongoing tool to capture assessment of needs of both children and parents, safety concerns, visitation plans, and services to both parents and children. It is intended to be completed through consultation and engagement with parents and children (the intent is not to sit down and complete it together, but to be able to complete based off contacts and informal or other formal assessments) and reviewed with same. There is space to include whether it was created in conjunction with them and reviewed with them. If it was not, the expectation will be that efforts to do so will be documented. It is to be completed by 60 days of entry to foster care, and a minimum of every 6 months thereafter. It was also designed to include all required elements of a child's case plan and will serve as the child's case plan going forward. Preliminary implementation is planned for SFY25. Though this will be a form that is filled out and will need to be uploaded to our system, rather than completed and housed within it, a plan has also been made to be able to begin extracting some data around the case plans. Limited changes can be made to CAPS, but CFSD has been able to add an activity code within the system that will be entered once an FPA is completed and uploaded. With that code, the Business Analyst team (and perhaps a future standard report) will be able to pull a listing of all children in care in each period, as well as all FPA activity codes entered. This will allow us to identify how many children do have documented case plans, and if they are done in the required timeframes. With a look towards the future and a new CCWIS system, CFSD plans to have the FPA built within the system to allow for easier data extraction that will also be free of the potential errors in pulling the data based off an activity code entry. This is also addressed in Goal 3.

Item 21: 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?

CFSD utilizes a Foster Care Review Committee (FCRC) process to have administrative reviews for each child every 6 months. There are internal processes for scheduling these, though this varies by region. Historical interviews with stakeholders indicated a consensus that these do occur for each child every 6 months. Additionally, there are hearings that occur for many children in care to determine if temporary custody will remain with the department. While the hearings and FCRs are documented in CAPS, to date there have been no reports or data available to quantify this information. With the recent access to raw data through SQL noted in the previous item, this is changing. CFSD intends to address this gap in SFY25 by creating a report using the SQL tool or working with MPATH programmers to build a new report.

Item 22: 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 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Like Item 21, CFSD has historically not had reports or data available to quantify this information. Previously, for Round 3, stakeholders noted that these hearings often did not occur on time and were delayed due to packed court schedules and/or continuances. Though Permanency Hearings are also entered into CAPS, there has been no way to extract this data into usable reports or quantitative data to determine the percentage of permanency hearings occurring as they should. However, these data elements are available within the raw data CFSD can now access through the SQL tool in MPATH. It is expected that either a new report will be created in MPATH, or reporting will be done by the Business Analyst team on a regular basis, utilizing the query tool beginning at some point in SFY25.

Item 23: How well is the case review system functioning to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Information gathered from stakeholders through prior focus groups and case review data, it is known that TPR is not always filed (or an exception documented) in accordance with required provisions. Through surveys of staff and PIP monitored case reviews, it has been identified that there may be numerous barriers to this. Information obtained through these process indicate that staff do not always know when it should be filed, there is no consistent method of tracking this across the state (some regions have their own processes), and in some jurisdictions, there are times when judges will outright tell CFSD not to file it, as they believe parents should have as long as they need to work toward reunification and will deny any TPR petition. Identifying and addressing barriers to permanency consistent with this is included in Goal 2.

Beyond case reviews, CFSD has been unable to quantify the frequency at which TPRs are filed at 15/22 months when exceptions do not exist. Though the dates and results of TPR hearings are recorded in CAPS, the date of filing is not. With the access to raw data through SQL mentioned in previous sections, CFSD is now able to create a report that will identify at what point a TPR filing, or exception is required, with minimal limitations. Limitations include being unable to exclude time children may have spent on a Trial Home Visits (THV). CFSD is also working towards a method of consistent documentation for when a TPR is filed, documentation of exception to that filing, and documentation of common reasons why it is not filed when an exception does not exist that will be extractable and allow CFSD to quantify the TPRs that are filed timely. CFSD intends to create a report either using SQL or working with MPATH programmer to build a new report for this as well. This is included in Goal 2.

Item 24: 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?

Each region within the state 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. The variation is greater with hearings. Because there is no standardized process for this, and no way to gather empirical evidence within the existing systems how often this is occurring, it is believed to be inconsistent in how it functions. As CFSD works towards a new CCWIS solution, the ability to automate this process will be explored.

Quality Assurance System

Item 25: 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 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?

Foundational Administrative Structure

CFSD continues to develop a formalized CQI process (part of Goal 3) and has moved toward using information from all areas of CFSD in a structured "Plan, Do, Check and Act" process. CFSD currently has 4 full-time staff positions devoted to CQI. This is double the positions dedicated to CQI in 2022 and prior. Three of those CQI positions are currently filled, with the 4th in process of filling. The CQI team is overseen directly by the Deputy Division Administrator, who is also responsible for involvement in many other programs and processes. The dedicated CQI staff are all new to the CQI team within the past 1.5 years, though all have prior experience with the agency. Prior to 2022, CQI personnel and Business Analysts all functioned under the Technology and Data Systems Manager. However, since that position was vacated, restructuring occurred and both teams have expanded. Efforts are made to form partnerships between both teams to accurately assess and drive positive change.

Over the past several years, both the CQI and Business Analyst teams have begun presenting more data surrounding agency outcome workloads to Regional Administrators and Management Team, with some of these reports being then shared with supervisors and workers. This has included reports on PIP Monitored Case Review results, which has resulted in more staff and supervisors becoming more familiar with the overall idea of CQI and being "bought into" the idea of

utilizing data to inform and drive positive change. 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 developed a CQI plan as part of the Round 3 PIP process. However, this plan also relied on a committee that has since been disbanded, and work groups that were designed to be shorter term groups and are no longer necessary or in place. CFSD's current CQI team is small and is responsible for carrying out case reviews, overseeing the creation, implementation, and update of the CFSP, 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 for 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.

Quality Data Collection

CFSD utilizes several methods of data collection and continues to work toward improving data quality in any area needed. CFSD utilizes data extracted from CAPS and MFSIS, data from AFCARS, NCANDS, and NYTD, has just gained access to data from National Electronic Interstate Compact Enterprise (NEICE), utilizes data from surveys regarding training (one for initial worker training and moving towards creating one for foster parent training), data from case reviews, fidelity reviews, and other surveys created as needed. CAPS contains all data related to ongoing cases. Information related to reports and investigations is entered in MFSIS. Though this data syncs to CAPS, there are some synchronization issues that are known, monitored, and continue to be focused on fixing. Since all data for reports in MPATH and federal reporting are pulled from CAPS, 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. Some of these mimic the statewide data indicators, which allows 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. Business Analysts and CQI Specialists work with Oracle, who administers MPATH, to ensure any data quality issues are identified and fixed, enhance functionality of the existing reports, and create new reports as needed.

Case Record Review Data and Process

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

The updated case review plan focuses on exposing and training all supervisors within CFSD. Supervisory staff (CWMs, CPSSs, RFSSs, and CI Supervisors) are split into 6 different groups in which they are undergoing training on the tool. The groups will move seamlessly from other leadership trainings into the Case Review Training. The groups are staggered with different start dates over a four-month period. The first group began training in March of 2024. There are monthly sessions for each group that cover different aspects of the case reviews and how they pertain to everyday work within the field. Each supervisor will complete the mock case in the OSRI by the end of August 2024. Actual reviews will start occurring in September 2024, with the end goal that each region (I, II, III, VI-Helena, VI- Butte/Bozeman, V, and VI) will have a review completed most months. Two regions may receive a 'pass' each month, with the month of December being taken off reviews. This will result in approximately 40 reviews being completed within SFY25. QA will be completed on these reviews, and feedback given to the reviewers. However, this will initially serve more as a learning experience for future reviews and there will not be an expectation for corrections or additional information be included. This will change in January 2025, when CFSD will expect to conduct reviews more similarly to what is described in the available CFSR Round 4 Instruments, Tools, and Guides. QA will be utilized as intended and reviewers will not review cases from their own counties, thus avoiding a conflict of interest. Cases will be assigned through random sampling and all case participants will be interviewed. CFSD has also 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. Some of these come from the published FAQs, and some will come from further clarification sought directly with ACF-CB. The intent of this is to be a living guide that is updated frequently and will serve as a method of continually informing all reviewers of new information obtained or learned through review processes. Throughout this time, CFSD hopes to identify some Case Review Champions within the supervisory groups, and plan to build out more regular reviewers from this process before beginning PIP monitored reviews following the Round 4 CFSR.

CFSD is currently planning for an ACF-CB-led Round 4 Federal 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 that would be necessary to support a state-led review, will help ensure that problems identified with any initial roll out will have time to be adequately addressed and the process can be built in a way to not be overwhelming to anyone. Ultimately, by the time PIP monitored reviews occur for Round 4, 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, CFSD 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. At this time, roughly 20 reviews are completed each month. There is an effort to have reviews completed by each region, and to try and match 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 Business Analyst 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.

Analysis and Dissemination of Quality Data

MPATH contains an Ad Hoc data model that allows those with access to build custom reports from predefined data points. This has been useful in creating reports to monitor youth placement in group homes, Chafee Referrals, and work with OPI as detailed in item 16. While only a few have access to build the reports, access to view, and access those reports can be provided to any user who has a need for them. Those who do access these receive training on 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.

Internally, CFSD provides several data reports each month, as well as yearly data updates for some outcomes. These are prepared by both the Data and Technology Bureau and the CQI unit. All RAs 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. CWMs and Supervisors who

request additional training on them have received it from the CQI unit. At this time, some assistance was provided to CWMs within region II and VI, with all CWMs and Supervisors being trained in region III by the CQI unit.

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

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

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

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

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

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

CFSD also provides data to Tribes and Courts upon request, and additionally provides access to data in understandable reports to community stakeholders (upon request) across the state via CFSDDataRequest@mt.gov. This mailbox is maintained by a combination of Business Analysts and CQI unit, to ensure someone can respond to inquiries timely. Aside from Courts and Tribes, a partial list of these stakeholders includes CASA, 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 in the collaborative development of a PIP submission and to ensure data used by MCIP, the Drug Court Pilot, and the CASA programs are consistent with agency data and that these entities are working collectively toward the same end goal.

Since formal approval from ACF-CB, CFSD continued this collaboration toward implementation and ultimately the completion of the PIP toward ensuring that strategies and key activities are monitored for effectiveness and that any adjustments are data informed. CFSD continues to partner with MCIP for future improvements.

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 county. These logs are reviewed to track evidenced-based model interventions. Next steps will be to compare the model interventions being utilized to the number of children in care, number of children on trial home visits, and the number of children reunified and dismissed. This data will then be shared with providers and CFSD staff to use to improve outcomes for children and families.

In addition to sharing the data with stakeholders per their request, the agency has moved towards sharing case review data,

and analysis 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.

Feedback to Stakeholders and Decision Makers

Over the past several years, CFSD has continued to share trends, comparisons and findings derived from data to help guide collaborative efforts with internal and external stakeholders. This has included report out briefings from case review data to regional staff and stakeholders, statewide data on case review results, administrative data, and statewide data indicators to decision-makers within CFSD, statewide stakeholders, and legislative committees. Some of our external stakeholders include RACs, SACs, Legislative Committees, and service providers. 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 MCFICIP providers, restructuring the way information is pulled and followed up on for credit reports for youth over 14 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.

Staff and Provider Training

Item 26: 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 Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

Montana Child Abuse and Neglect Orientation Training (MCAN) is CFSD's required new worker training. To date, it consists of approximately four weeks of training over the course of a couple months. Case assignments cannot be made to new workers prior to the completion of MCAN. New workers may participate in some case management activities but are unable to complete case management activities or make safety decisions until they have achieved certification. In FFY23, there were five MCAN training sessions that graduated seventy-eight Child Protection staff and similar types of child facing or interactive CFSD staff. Of the seventy-eight graduated participants, fifty completed surveys to report their learning and satisfaction related to the completion of the MCAN curricula. Based on the returned surveys, the FFY23 MCAN evaluation reports that ninety-two percent felt confident in their skills to coach and support parents to enhance their capacities to best meet the needs of their child(ren), while eighty-eight percent felt confident in their ability to identify and arrange for targeted service delivery for parents, with respect to the physical and mental health needs of their child. Additionally, seventy-eight percent reported confidence in engaging families throughout the life of the case and seventy-seven percent stated confidence in their understanding of effectuating the procedural steps to permanence.

Workforce training is a collaborative effort within the division and thus, learning opportunities exceed the offerings of MCAN. Training Bureau staff inclusive of the Training Development Supervisor and the Field Lead Training Specialist, work in conjunction with the CPSSs in the field to assist staff to complete training manuals outlining first year learning objectives. They also assist with facilitating the completion of skill enhancement trainings, which cover training topics associated with trauma-informed practices through understanding of co-occurring disorders, childhood trauma, and family-centered engagement and practice, as well as others. Ninety-one percent of surveyed MCAN participants in FFY23 report having an established supervision and consultation structure with their assigned supervisor prior to MCAN and eighty-one percent of surveyed MCAN participants report engagement in their training manual objectives by the third week of MCAN. These collaborative and combined supportive training efforts and the confidence ratings highlighted throughout the MCAN evaluation are compelling considerations to support the high success rate of MCAN participants achieving the required CPS certification. It should be noted that less than 5% of Child Protection staff are unsuccessful in achieving their CPS certification. Anecdotally, the factors associated with the 5% may not be exclusively related to a lack of comprehension of the required training concepts, but rather the result of personal decisions not to pursue the role but these factors will need to be more formally evaluated to accurately reflect the subset. Feedback from staff participating in MCAN in FFY23 also includes comments and lower ratings for confidence in carrying out ongoing case management activities through the life of a case, and a desire for more interactive practice. A fourth week of MCAN will be added in SFY24, which will be more focused on ongoing case management and permanency, as well as include more interactive practice.

FFY23 offered three sessions of MCAN for non-CPS staff types and providers. The non-CPS MCAN content is abbreviated

from that of the CPS MCAN training sessions but does present the same topics while eliminating portions of training dedicated to frontline application of the practice model. This training effort served fifty-six CFSD staff and although the sessions are not formally evaluated, the informal feedback from the participants is positive and the sessions remain well attended by both newly hired staff and veteran staff that are wanting to revisit the content.

Item 27: 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 regarding the services included in the CFSP?

CFSD has implemented a Bureau of staff dedicated to the recruitment, retention, and training of CFSD staff. This Bureau in conjunction with Regional Administrators develop, organize, and facilitate on-going training opportunities for all CFSD employees through Leadership meetings, Regional Trainings, Advanced Practice Trainings, and local office training efforts. Training specific to legislative updates, new or modified procedures, application of the practice model, case review findings and goals, audit and constituent responses, and content associated with various trauma-informed practices was offered to Supervisors through 2, two-day in person meetings and 4, two-hour virtual meetings scheduled throughout the year. All new supervisors will receive 18 months of trainings that will include 6 months of leadership practice academy, 6 months of safety science leaderships labs, and 6 months of case review training. Regional Administrators developed regional training plans consisting of similar topics as well as topics more closely oriented to the practice or community trends associated with their area. Advanced practice trainings were facilitated monthly by the training Bureau staff, CFSD program staff, and other system partners that covered topics such as policy and procedure, case review data and its implementation in field work, engagement of absent parents, application and case work involving ICWA, child development, supporting children in placements involving kinship care, conducting quality home visits, and time management. The Advanced Practice trainings are offered to all CFSD staff types but more specifically targeted at the child-facing staff types to support opportunities to complete the 20 hours of required training hours in maintenance of the CPS certification. The Advanced Practice trainings are not formally evaluated but most topics do require the completion of a competency check to verify the training hours. The competency check requires 80% or better to pass, claim, and apply the hours toward certification.

Employees record their training hours and content in the CFSD Employee Training Tracker. If applicable, staff can also upload training certificates, agendas, or other supplemental documentation in justification of their training hours. Training hours and the corresponding certification of CPSs and similar child-facing staff types are monitored by the Training Bureau Chief. Like the initial certification achievement rate for new staff, the percentage of CFSD staff unsuccessful in maintaining their certification is believed to be very low. The data to support this perception is difficult to identify given that many of the staff do not maintain their certification due to resignations rather than an inability to complete their annual training hours or to demonstrate their required child welfare practice competencies. CFSD, like many state child welfare agencies, continues to consider ways to track, study, and improve the retention data through more evaluation and subsequent supportive employee programming more accurately.

Item 28: 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) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

Information regarding training for foster and adoptive parents is in the Diligent Recruitment Plan.

In Montana, the DPHHS Office of Inspector General (OIG) is responsible for licensing all facilities that youth may be placed in. They have standardized procedures for licensing and survey of Youth Care Facilities and Youth Psychiatric Facilities. For Youth Care Facilities, beyond just the application for licensure, health statements, releases of information, staff rosters, background checks (including fingerprints) are required. For the Youth Care Facilities, a survey is also conducted on an annual basis that reviews if mandatory records for a certain percent of youth are available, staffing ratios, and employee files, staff training that includes certain hours and topics required for orientation and additional hours of ongoing training, as well as facility quality and maintenance. Surveys and licensing are conducted by 5 individuals who cover the entire state. The same standards and tools are used across the state, based on facility type, in compliance with Montana Code Annotated (MCA) and Administrative Rules of Montana (ARMS).

Psychiatric Residential Treatment Facilities (PRTF) fall under medical facility rules and requirements. The same group of

individuals completes 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 types of things, and are broken into separate tools rather than being all encompassed in one.

Service Array and Resource Development

Item 29: 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)?

Although there is an adequate array as described in this CFSP *Section 4: Mary Lee Allen Promoting Safe and Stable Families* access to services is limited in some jurisdictions of the state, especially in the rural areas. In these 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. Stakeholders also said adopted children have had to enter care to receive needed services because post-adoptive services are lacking in some areas of the state.

CFSD has developed and utilized many tools to help in the assessment of children and families and determining other service's needs. These tools are mentioned throughout this CFSP in the following sections:

- FFA – Section 2: Safety Outcome 2 – Item 3.
- FPA – Section 1: Collaboration – Workforce Development; Section 2: Permanency Outcome 2 – Item 9; Section 2: Well-Being Outcome 1 – Item 12 and 13; Section 2: Well-Being Outcome 3 – Item 17 and 18; Section 2: Systemic Factor 'Case Review' – Item 20; Section 3: Goal 1, Objective 3, and Measure 3; and Section 3: Goal 2, Objective 1, and Measure 1.
- Part C-Screenings: Collaboration with ECFSD – Section 1: Collaboration – Informal Partners Involvement in Key Aspects of the CFSP Development 'ECFSD.'
- As reported in the Health Care Oversight and Coordination Plan, current CFSD policy 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. 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.
- FST Meetings – Section 2: Safety Outcome 2 – Item 2; and Section 3: Goal 1, Objective 2, and Measure 1.
- PPT Meetings – Section 2: Permanency Outcome 2 – Item 10; Section 3: Goal 2, Objective 1, and Measure 2; and Section 4: Services Coordination 'Court Improvement Project.'
- Education Needs through Partnership with Office of Public Instruction – Section 1 Collaboration: Statewide Resource for Older Youth and Office of Public Instruction; Section 2: Well-Being Outcome 2 – Item 16; and Section 4: John H. Chafee – Collaboration with other Private and Public Agencies 'DPHHS Partners' and 'ETV Program.'

Along with multiple tools mentioned above in Item 29-1, additional services that address a safe home environment can be found in the following sections of this CFSP:

- Section 2: Services Array – Item 30
- Section 4: Services – Services for Children Under the Age of Five.
- Section 4: Services – MaryLee Allen Promotion Safe and Stable Families

CFSD continues to utilize FST Meetings to help ensure that services are in place to support children remaining safely with their parents when safe to do so. More about FSTs can be found in Section 2: Safety Outcome 2 – Item 2; and Section 3: Goal 1, Objective 2, and Measure 1.

In addition, CFSD relies on their partners listed in Section 1: Collaboration; Section 4: Section 4: Services – Services for Children Under the Age of Five; and Section 4: Services – MaryLee Allen Promotion Safe and Stable Families to support children remaining safely with their parents when safe to do so.

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

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

- On February 9, 2018, the landmark bipartisan FFPSA was signed into law. The FFPSA includes reforms that support keeping children and youth, when 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's implementation of Prevention Plans are to improve outcomes for children and families in areas specific to their needs as follows:

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

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

The four well-supported FFPSA evidenced-based models listed in the Montana Title IV-E Prevention Services State Plan are:

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

- PCIT first focuses on warmth in the parent-child relationship, then treatment builds skills for parents to manage behaviors while remaining confident, calm, and consistent in discipline. Therapy involves 12-20 sessions in two phases, child-directed interaction (CDI) and parent-directed interaction (PDI), in which therapists instruct and coach caregivers in play therapy and operant conditioning skills.
- This model engages both parents and was originally intended to treat disruptive behavior problems in children aged 2 to 7 years.
- Research indicates the program reduces negative parent-child interactions and increases parental warmth and consistency among other well-being improvements for both parent and child.

CFSD has not claimed any Title IV-E funding to off-set cost for services listed on Prevention Plans with families. CFSD chose home visiting and mental health models that were Well-Supported to be in the Title IV-E 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 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. Over the past several years CFSD hosted trainings to increase the number of therapists in Montana that were certified in the model. Approximately 20 therapists were trained through SFY23, and an additional 5 were trained as trainers for their agency during SFY24.

CFSD contracts with Montana State University (MSU) and their MSU Extension Family & Consumer Sciences Program (MSU-E) to meet the goals of the program.

FFPSA required program evaluation to understand how and if services were meeting the intended legislative goal of keeping families together. Implementing consistent process and outcomes evaluation across the state can help CFSD to improve programmatic flexibility to meet changing community needs efficiently and effectively. Safely and supportively keeping children in their homes could have long-term positive impacts on individual, family, and community well-being for years to come. The plan involves encouraging evidence-based programming as a part of prevention services. The plan also involves evaluating the use and success of these programs to ensure CFSD is meeting the goals of FFPSA. After initial exploration, some evaluation plans shifted to better answer questions at present stages of implementation. For example, we initially planned to assess fidelity to delivery and outcomes for well-supported models, but due to low statewide numbers, this would not have resulted in practical or generalizable information. This evaluation will help identify strengths and opportunities to work towards additional funding to help families access these services. The goal of the plan is to improve the lives of Montana’s youngest residents by supporting strong and healthy families. 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. The data collected was shared in the 2023 FFPSA Annual Report which was provided in the SFY24 APSR, and it will continue to be provided in future APSRs.

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, as discussed in Section 3: Goal 3 of this CFSP.

Services that help children in foster and adoptive placements to achieve permanency are addressed throughout the CFSP and can be found in the following sections:

- Section 1: Collaboration 'SAC' and 'RAC.'
- Section 2: Permanency Outcomes 1 and 2 – Items 4-11.
- Section 2: Systemic Factors – Foster and Adoptive Parent Licensing, Recruitment and Retention
- Section 3: Goal 1, Objective 3, and Measure 3; Goal 1, Objective 4; Goal 2, Objective 1, and Measure 1, 2, 3, and 4; Goal 2, Objective 2, and Measure 1.
- PPT Meetings – Section 2: Permanency Outcome 2 – Item 10; Section 3: Goal 2, Objective 1, and Measure 2; and Section 4: Services Coordination 'Court Improvement Project.'
- Section 4: Services – MaryLee Allen Promotion Safe and Stable Families

Item 30: 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?

CFSD Practice Model and policies require individualization of services to meet the needs of children and families. Established processes, such as FSTs, PPTs, etc., support caseworkers' efforts to tailor services. In recent history, stakeholders reported that in some jurisdictions of the state, individualization of services is difficult due to barriers in accessing some of the services. Stakeholders also reported a lack of culturally competent services for Native Americans or for families who speak languages other than English.

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:

- 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 CVMK.
- 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.

While CFSD has been successful in maintaining services for children and families, the agency continues to look for ways to increase the use of trauma-informed evidence-based or evidence informed services purchased with this funding. This work is done primarily through CFSD's Program Bureau (in past APSRs reported as the CFSD's System Innovation and Integration Unit within the Program Bureau). This unit is charged with working with field staff and non-agency service providers to identify trauma-informed evidence-based or evidence-informed program models for use by the division. It is also responsible for developing strategies for implementing and sustaining these services. The long-range goals of this program are:

- Increase the percentage of funding used to provide trauma- informed evidence-based or evidence-informed services.
- Develop a service array of trauma-informed evidence-based or evidence-informed service models available across the state.

Next steps, based on identified service gaps, identified strengths and barriers, national research, and guidance, are to identify focus areas and work with providers to improve the array of services provided in identified jurisdictions that need further support. CFSD will work to prioritize which service gaps to focus on and will also work with providers to increase access. Several initiatives to address the issues mentioned in CFSR stakeholder interviews have already started and been discussed in past APSRs and this CFSP. CFSD continues to work on several initiatives aimed at improving the availability

and accessibility of services to families served by the department. Current initiatives include:

- FST Meetings – Section 2: Safety Outcome 2 – Item 2; and Section 3: Goal 1, Objective 2, and Measure 1.
- PPT Meetings – Section 2: Permanency Outcome 2 – Item 10; Section 3: Goal 2, Objective 1, and Measure 2; and Section 4: Services Coordination ‘Court Improvement Project.’
- Collaboration with ECFSD – Section 1: Collaboration – Informal Partners Involvement in Key Aspects of the CFSP Development ‘ECFSD;’ and Section 4: Efforts to Track and Prevent Maltreatment.

Geographical accessibility continues to be a factor in availability of, and sustaining, effective services in Montana. As reported in the 2020 – 2024 CFSP and prior APSR, CFSD’s goals were to provide services to at least fifty-one of the fifty-six counties where services had previously been provided. For SFY20 to SFY24 forty-nine counties had services provided. The other seven counties have limited resources due to the counties covering a very large geographic area and relatively small populations. CFSD works with the providers in contracted counties to provide services if the need arises in the seven counties that currently do not have resources. CFSD staff may occasionally provide a limited number of trauma-informed evidence-based programs. Adoption support services are predicated on the needs of the individual family or child, and these services may be accessed by families in all counties. Issues of accessibility and availability of services, particularly in rural parts of the state, have been at the forefront of CFSDs’ priorities, even prior to the last CFSR. The adoption of the CWPSS open-enrollment contracts was the department’s response to improve service delivery for families across the state.

After the last state assessment, the CWPSS - Program Manager and System Integrations and Innovation Unit Supervisor reached out to field offices and local providers throughout the state to support in-home services and evidence-based programs currently being implemented. Training around how to refer, and when to refer was provided, as well as education on approved uses of funding. CWPSS – Program Manager worked with providers to identify trauma-informed evidence-based or evidence-informed models to be used by contracted service providers and to develop feedback loops between providers, field offices, and program staff to ensure quality services and improved outcomes for children and families.

CFSD developed the CWPSS contracts, service array, and rate matrix to support more providers to use evidenced-based and trauma-informed practices. The rate matrix provides universal fees for specific types of services. The goal of the rate matrix was to reduce the need for RFPs and to begin paying the same rate for services no matter the geographic location of the provider, like Medicaid.

The CWPSS contracts does not replace the need for umbrella contracts for service providers, as common outcomes will be tracked for services provided to ensure those services are meeting the needs of families they serve. The rate matrix was developed through discussions with the Office of Legal Assistance (OLA) and procurement office. Rates were set through research on Medicaid rates, Casey Family Intervention Catalog, and the 2018 rates of Title IV-B subpart 2 provider. The models focused on are identified by Title IV-E Prevention Services Clearinghouse, the California Clearinghouse, and models that were already established and being utilized by Title- IV-B subpart 2 grantees. CFSD continues to work with providers 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.

Implementation of the CWPSS contracts was completed and is viewed as a precursor step to full implementation of CFSD’s ability to utilize Title IV-E funding for prevention services. Currently, CFSD has four models approved in the Title IV-E Prevention Services State Plan. The matrix has also played 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. Also, the service matrix allows CPS 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. The matrix continues to play a key role in decision-making processes for Family Support Services. The matrix allows for a wider array of providers and more flexible avenues for providing services, evidence-based or evidence-informed services. All providers issued contracts will be aligned as community-based programs.

The CWPSS contracts describes the services and provider requirements (certifications or training) to be provided in detail. The providers are encouraged to use well-supported, supported, promising, and general practice/models when serving families referred by CFSD whenever applicable. However, not all the services included in the service array are required to be well-supported, supported, promising, and general practice/models (evidence-based, trauma focused, or evidence-informed).

The CWPSS contracts offer increased flexibility and competition among providers and has resulted in improved services and outcomes for children and families. Also, opening the delivery of services to a broader group of providers has assisted in creating greater flexibility in the service system and contributed to the goal of significantly increasing the number of children maintained safely in their homes, while parents are completing treatment plans. Preference is given to CWPSS contractors trained/certified in specific models, who can provide services in accordance with the well-supported, supported, promising, and general practice/models (evidence-based, trauma-focused, or evidence-informed), or who can demonstrate a plan for implementation of these practice/models.

CFSD is focused on evaluating data from contracted providers to determine service gaps, service accessibility, and lapses in services provided to families to mitigate and address any potential service disruption. CFSD is also looking to evaluate the outcomes of the various programs within the matrix 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 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. CFSD will need to develop a process to gather this information from both service providers and internal staff, as well as compare it to their current data system. CFSD will report in future APSR how this component is being evaluated.

CWPSS contracts are due to be renewed in 2026. 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.

Agency Responsiveness to the Community

Item 31: 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. As such there are a variety of formal and informal councils/groups that meet regularly to discuss child welfare related strengths, and areas needing improvement. These groups include Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family-service agencies. These groups are discussed in further detail in various sections of this CFSP, please refer to:

- Section 1: Collaboration
- Section 2: Service Array and Resource Development
- Section 2: Foster and Adoptive Parent Licensing, Recruitment, and Retention
- Section 4: Service Coordination
- Section 4: Efforts to Track and Prevent Child Maltreatment
- Section 4: MaryLee Allen Promoting Safe and Stable Families
- Section 4: John H. Chaffee
- Section 5: Consultation and Coordination between State and Tribes

Item 32: 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?

CFSD greatly values partnerships with all stakeholders. This is identified throughout the CFSP. See Section 1: Collaboration Section, Section 3: Plan for Enacting the State's Vision and Section 4: Service Coordination for more specific information.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: 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?

Montana's 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.

DPHHS OIG is responsible for licensing Youth Care Facilities. This encompasses any agency within Montana that provides congregate care. Information specific to this can be found in Item 26.

Item 34: 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?

CFSD initiates a criminal background check process at the time of emergency placements under MCA 41-1-304. This includes a review of CPS and Department of Motor Vehicles (DMV) records, review of Sexual and Violent Offender Registries, and Tribal Law Enforcement checks for families that reside (or who have resided) on a reservation. These are required at placement in any unlicensed kinship home for all adult household members.

Licensing standards require completion of background checks per Social Security Act SEC.571.[42 U.S.C. 671] (a) (20)(A)(B)(C) and Administrative Rules of Montana (ARM) 37.51.310. These include criminal, CPS, and DMV checks on all household adults. Licensing applications are reviewed by Resource Family Specialists (RFS) and RFS Supervisors (RFSS) before approval and require verification of the background checks. Therapeutic Foster Family (TFF) and adoptive approvals are required to meet the same standards.

CFSD issues letters of eligibility for licensure to indicate compliance with the mandatory criminal background check licensing standards. CFSD continues to require DMV and criminal history checks for license renewals as well. Any CPS reports received on a licensed home are also directed at the RFS staff associated with the family.

Due to staffing limitations and limitations within CAPS, not all background check information is entered and stored in CAPS. Hard copies of all background checks and outcomes are maintained.

Item 35: 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?

Information specific to this item can be found in the Foster and Adoptive Parent Diligent Recruitment Plan.

Item 36: 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?

Some information regarding this systemic factor is found in the Foster and Adoptive Parent Diligent Recruitment Plan. In 2024, CFSD began using NEICE to help facilitate ICPC requests and data. CFSD also maintains information within CAPS regarding requests made by CFSD and requests received by CFSD. 89% of Requests received by Montana from April 2023 – March 2024 have been responded to with an approval or denial or were otherwise terminated. 73.6% of those were approved, denied, or otherwise terminated within sixty days of the request. For those requests sent by Montana to other states in the same time period, 83.1% have been approved, denied, or otherwise terminated. Of those, 62.2% were approved, denied, or otherwise terminated within sixty days of the request date.

SECTION 3: PLAN FOR ENACTING THE STATE'S VISION

Goals, Objectives, and Measures of Progress

CFSD completed Round 3 of the CFR in 2017. CFSD's PIP was approved and implemented in 2020, with PIP monitored reviews occurring through June 2023. CFSD successfully completed all items of the PIP, except for meeting the goal on case review Item 6. Despite achieving all other goals, Montana's performance on most of the case review items remains below the standard of 95%. Montana is not performing at a rate that would meet requirements of a substantial conformity on any Case Review Outcome. Further, Montana is performing worse than National Performance on all safety-related outcomes within the data profile, and Re-entries to Foster Care. While Montana is performing the same or better than national performance on all other Permanency-related outcomes within the Data Profile, administrative data, quantitative data from case review items 5 and 6, as well as qualitative data from the same resources, indicate that Montana struggles to establish timely permanency for youth who are unable to achieve reunification.

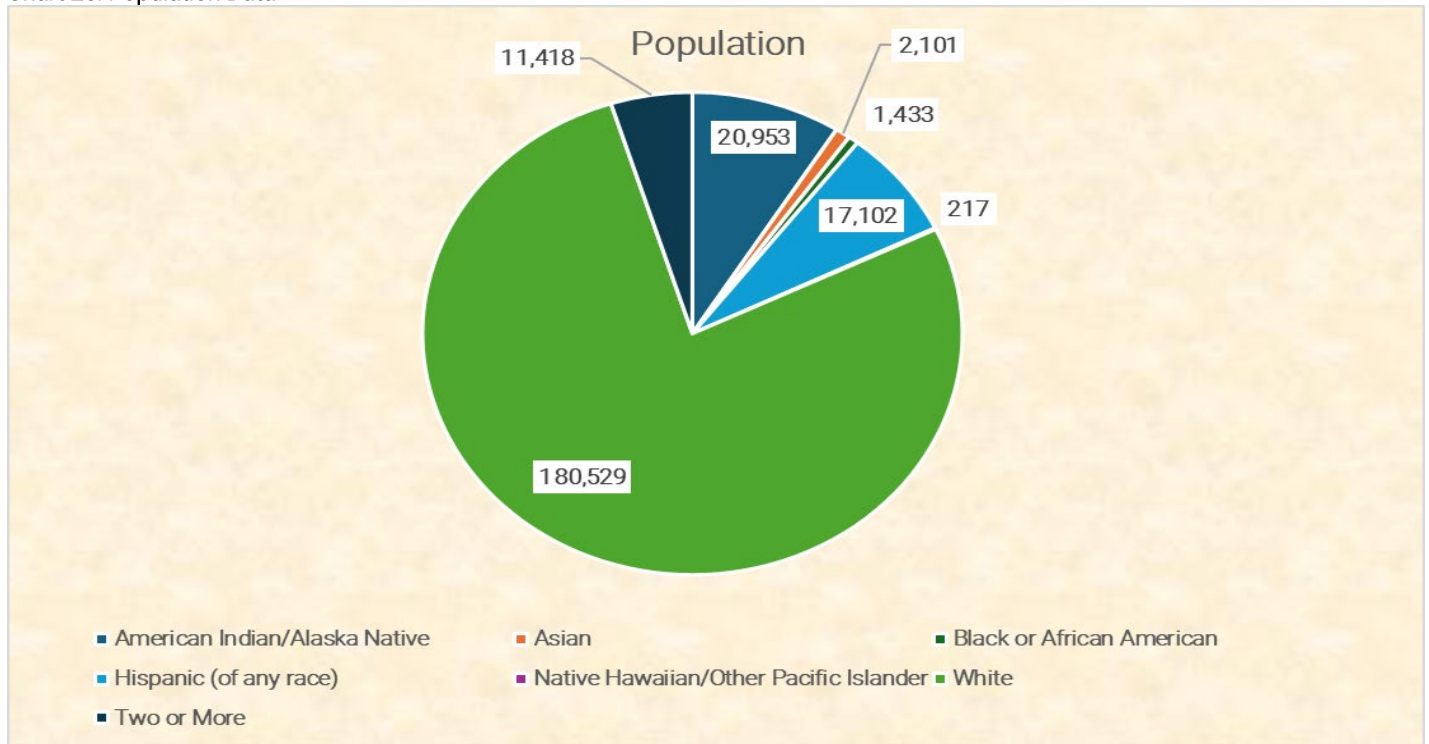
Evaluation of information from staff surveys and case reviews is indicative of both internal and external reasons for establishing timely permanency for youth. CFSD has identified that staff need more training than what has historically been provided. CFSD has focused initial worker training primarily on the investigation process, with very limited time spent on ongoing case management, to include successful engagement in case planning, navigating towards alternative permanency goals, consistent assessment of needs outside of things specifically related to the removal of children from the home, and the importance of timely and accurate data entry. There has been no formal training for new workers on use of CAPS or MFSIS for over 5 years. In addition to the lack of training on entering data, CFSD has a limited ability to extract and utilize data, reducing CFSD's ability to use data to evaluate performance and drive improvement. CFSD recognizes the need to enhance training in areas of ongoing case management and assessment, permanency planning, and data entry.

Through CFSD's most recent PIP, work was also done to begin engaging more stakeholders with CFSD in planning and improvement. While this work has started, CFSD recognizes that additional work needs to be done to help identify and address external factors that contribute to poor performance on some outcomes, particularly permanency, through guardianship and adoption.

Through the last PIP, CFSD also focused on creating a CQI plan and integrating CQI throughout CFSD. However, there has also been significant turnover within the CQI team, as well as other program staff, within the past two years. While much of CFSD is "bought into" CQI and are actively using it to improve practice and outcomes, training has not been consistent for all staff in the use of CQI methodologies and utilizing it to improve outcomes and enhance efficiencies in day-to-day work. This has led to gaps in both understanding and practice of CQI, and ultimately an inconsistent use of CQI throughout CFSD. In addition, some data that is available for use has either been inaccessible or not accessed historically. This has led to a lack of data to support performance on systemic factors. Within the last 8 months, CFSD has begun to identify data that can be leveraged to evaluate performance and support improvement. Channels of communication are being opened between program staff, field staff, CQI and business analysts, resulting in improved ability to identify areas of practice that can be made more efficient or enhanced through use and access of data or improved processes. With the additional training, measurement, data collections, and work with stakeholders identified throughout CFSD's goals below, CFSD is poised to make significant progress in improving outcomes for children over the next 5 years.

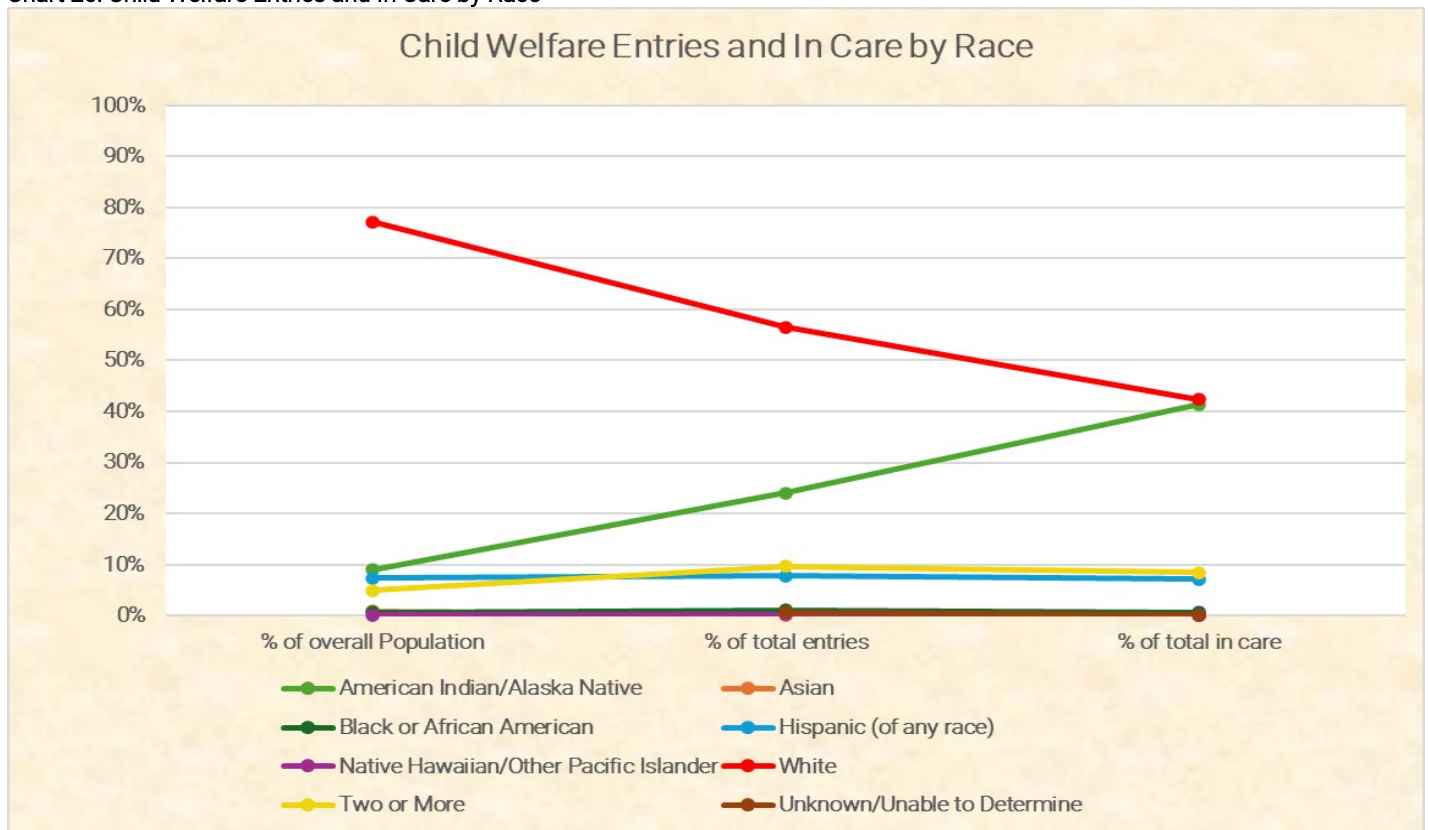
CFSD recognizes that there are significant disparities in entry rates and outcomes for children of AI/AN race than white children. While there are also disparities involving other races/ethnicities, the number of children within those populations and cases in Montana are so small comparatively, that they must be examined on a case-by-case basis. Montana's child population, as identified in the Supplemental Context Data from February 2024, is below. The population data is the last available child population data utilized within that Supplemental Context Data.

Chart 25: Population Data



The data below demonstrates Montana’s child population compared to those entering and remaining in care by race/ethnicity for FFY23. The children remaining in care is from CFSD’s Administrative data and is based on the children remaining in care at the end of the FFY.

Chart 26: Child Welfare Entries and In Care by Race



Historically, CFSD has had a relatively considerate approach with Tribal partners, honoring their independence and sovereignty as a Tribal nation, requiring only that IV-E elements that are required be entered into CAPS, and otherwise giving Tribes full freedom in how cases may be investigated, documented, and managed that fall within their jurisdiction. While this approach was to respect Tribal sovereignty, this has also resulted in little to no training in use of CAPS or data entry, and limited ability to accurately identify trends or truly partner together to identify root causes and address disparities. Within the past year, CFSD has sought to build out relationships with Tribes and involve them more in stakeholder groups and root cause analysis. Contacts in the past have been primarily limited to IV-E and consulting with Tribes on state managed cases when ICWA applies. While much work is yet to be done, Tribes will be included in the goals below, not only when specifically mentioned, but in all areas involving stakeholder groups, consultation on cases involving AI/AN youth, and building out the new CCWIS system to ensure Tribal needs are also met. CFSD will continue to seek ways to partner with Tribes for the benefit of all Montana kids, regardless of what jurisdiction they fall under.

Montana will participate in an ACF-CB-led Federal Review for Round 4 in August of 2025, with a Statewide Assessment due in June 2025. Based on the most recent case review item results, as well as information from stakeholders and administrative data, CFSD has identified the following goals. It is believed that most, if not all of them, will also align with goals identified to improve outcomes, following CFSD’s participation in the Round 4 review. Once the Round 4 Review is completed, CFSD will work to align the PIP stemming from that with the CFSP through future APSRs.

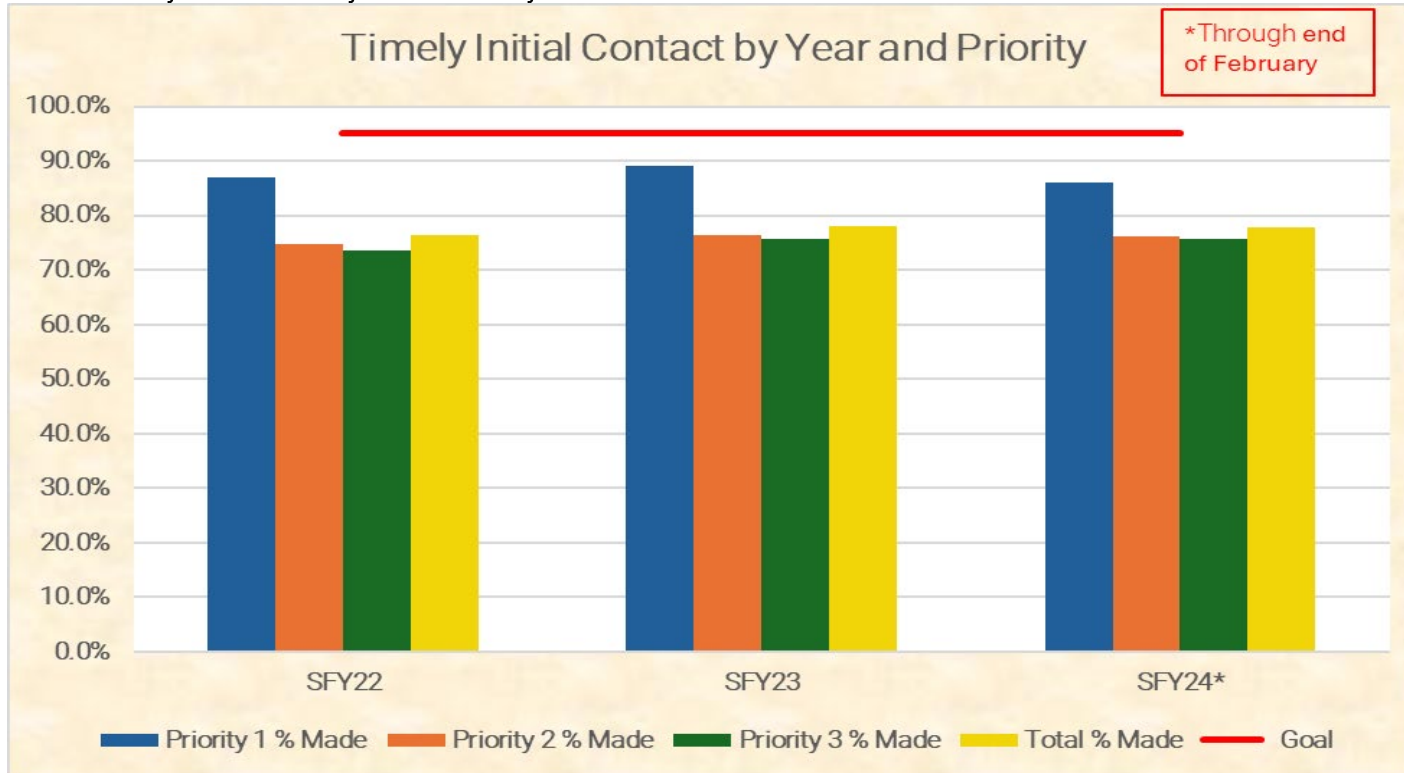
Goal 1: Engage with families to effectively assess and manage safety concerns and prevent removals when possible.

Goal 1 Objective 1: Improve statewide timeliness of investigations of accepted reports, from initiation of the report-to-report closure.

Goal 1 Objective 1 Measure 1: Timely Initial Contact on Reports, broken down by priority.

Target: 95% statewide by end of SFY29. This measure will be considered met when the statewide numbers achieve 95% for total intakes, regardless of achievement for individual priorities.

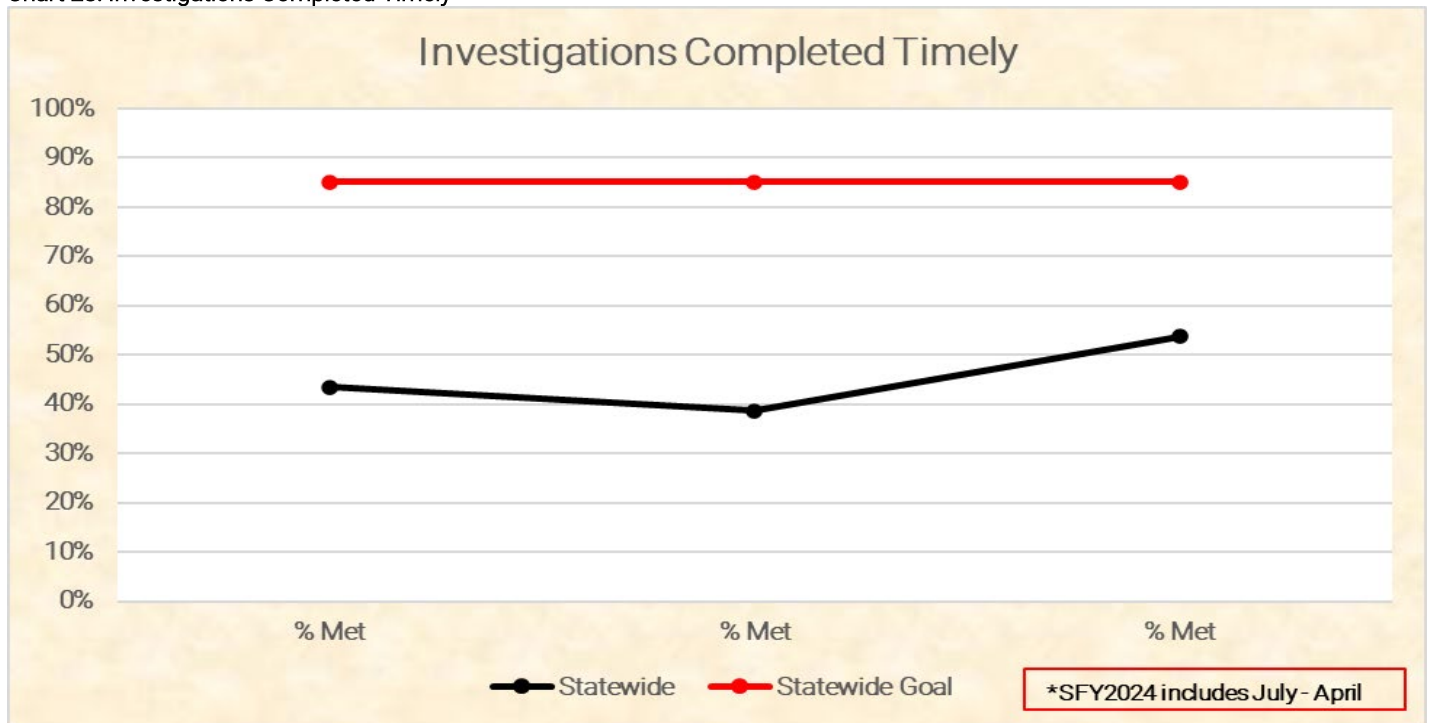
Chart 27: Timely Initial Contact by Year and Priority



Goal 1 Objective 1 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%.

Chart 28: 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.

Goal 1 Objective 2 Measure 1: 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.

In SFY25, CFSD will add the ability to document occurrence of FST into the electronic case record in an exportable manner, train staff on its use, and begin collecting data on use of FSTs in comparison to all cases. Baseline established and future targets will then be set.

Goal 1 Objective 3: Engage families in reassessment of safety on an ongoing basis through both formal and informal assessments.

This will include frequency of visits with children and parents, as well as use of the FPA a minimum of at 60 days within case opening, every 6 months thereafter, and at case closure. In support of this objective, new worker training will be enhanced in SFY25 to include more focus on the quality of visits with parents, children, and foster parents. Measures will be included in this objective regarding the frequency of visits. It is also expected that the quality of visits assessed utilizing the OSRI (see Section 2), will also show improvement. There will also be additional focus in new worker training on 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. Enhanced training to what has been historically provided, will also be made available to current staff through Advanced Practice trainings in SFY25. In addition to the measures below, CFSD expects to see improved strength ratings of Item 3 on the OSRI in Section 2.

Goal 1 Objective 3 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.

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.

Chart 29: Percentage of Monthly Visits with Children in Care

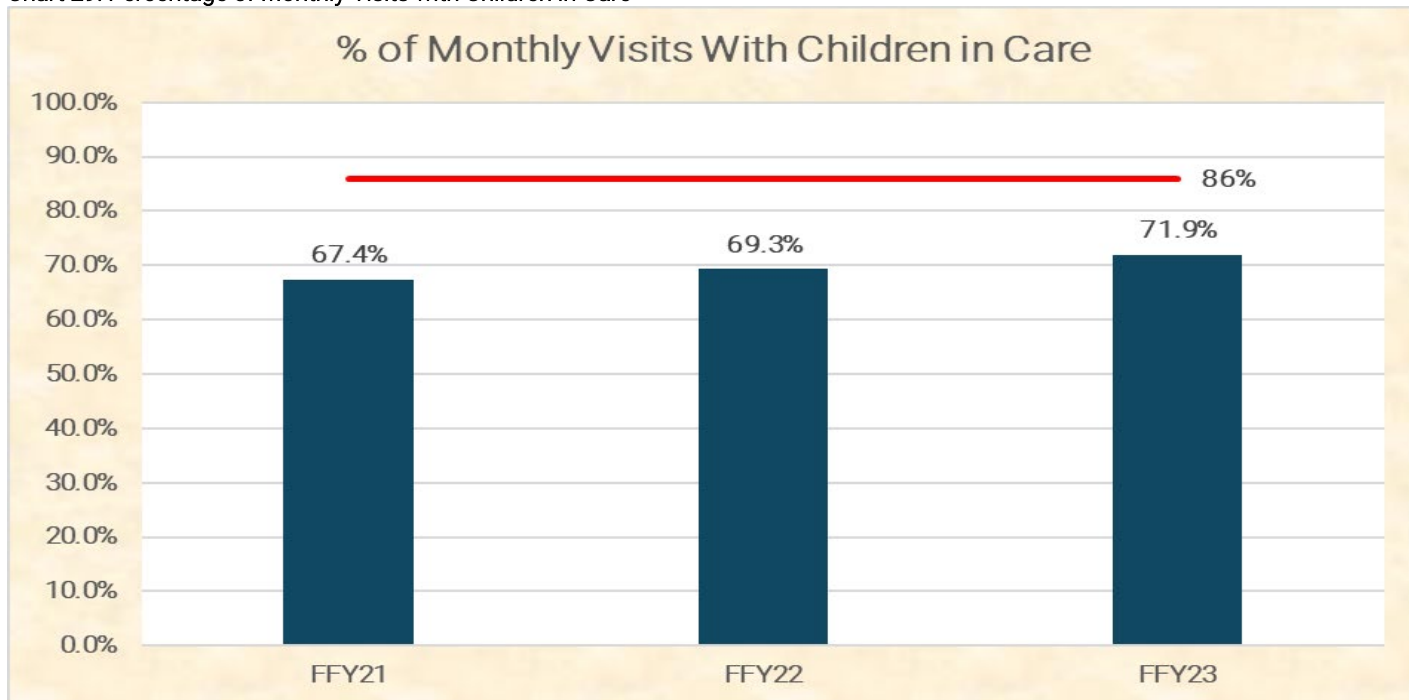
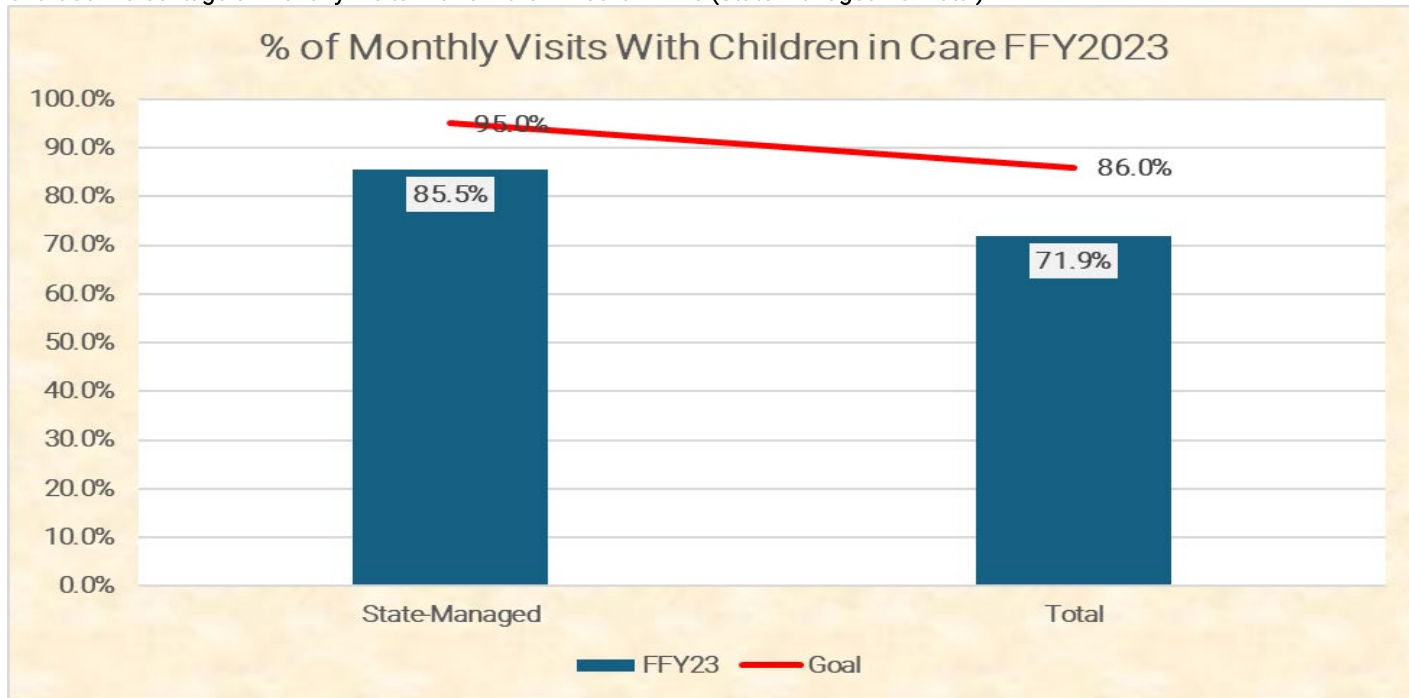


Chart 30: Percentage of Monthly Visits with Children in Care FFY23 (State Managed Vs. Total)



Goal 1 Objective 3 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. CFSD will develop a report mechanism for this in SFY25 and will establish a baseline and future targets after this.

Goal 1 Objective 3 Measure 3: CFSD has been developing the FPA over the past year.

CFSD plans to finalize the FPA in SFY25 and roll it out for full implementation within SFY25. Once it is trained and fully implemented, CFSD will begin to collect data on the frequency of it being completed within required timeframes of case opening and every 6 months thereafter. CFSD will identify a baseline and set targets from that data.

Goal 1 Objective 4: Identify and address barriers to increasing in-home cases.

CFSD's last 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 1-2 years. CFSD is limited on its use of In-home cases in multiple ways. Legally, if 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. Additionally, 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 implement the plan to address barriers and identify targets.
- SFY28 – SFY29: CFSD will measure the change in implementation by evaluating the rate of use of In-Home cases.

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.

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 FPA, which will include focuses on services and progress towards permanency. With the use of the FPA 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.

Goal 2 Objective 1 Measure 1: CFSD will engage with stakeholders to identify and address barriers.

- 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: Implementation.
- SFY28 – SFY29: Measurement and follow-up with stakeholders.

Goal 2 Objective 1 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 and target performance.
- SFY27 - SFY29: Measurement.

Goal 2 Objective 1 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.

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.

Chart 31: Permanency in 12 Months (12-23 Months)

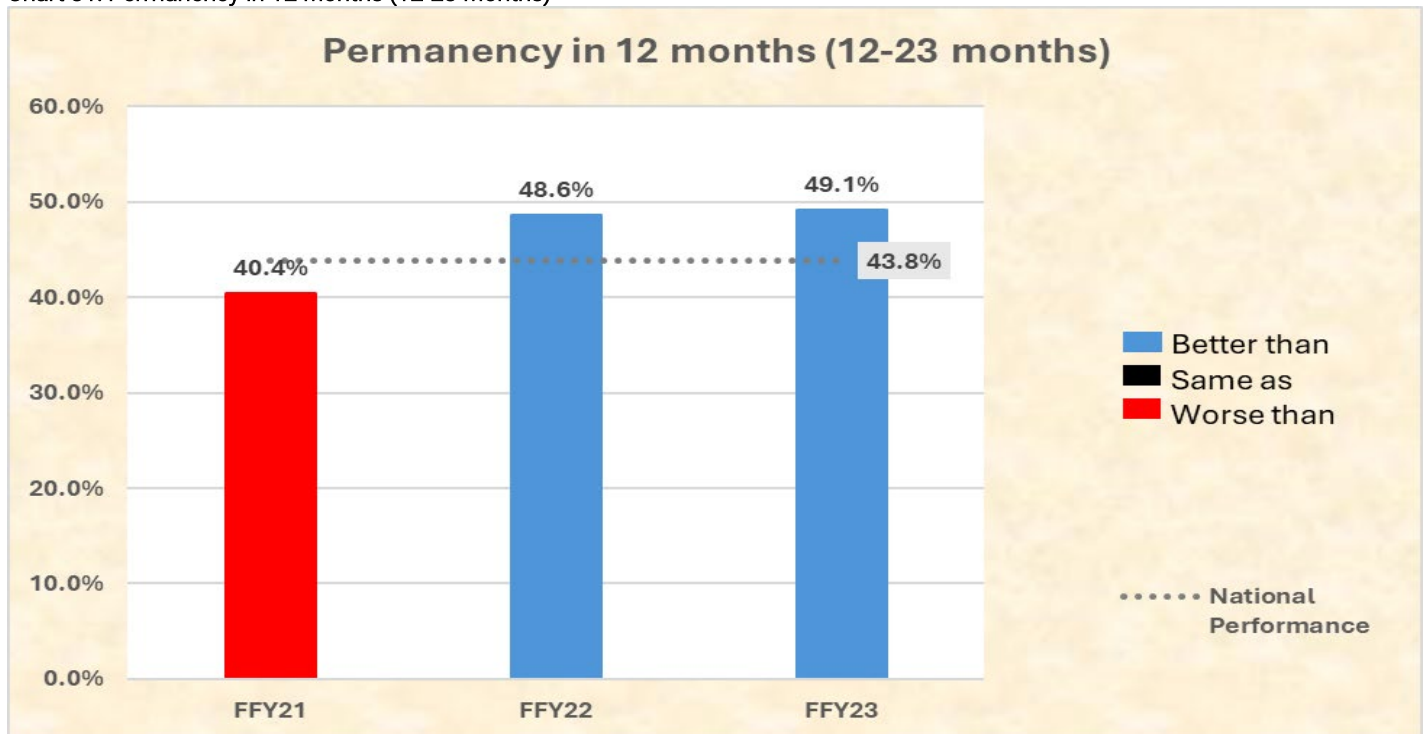
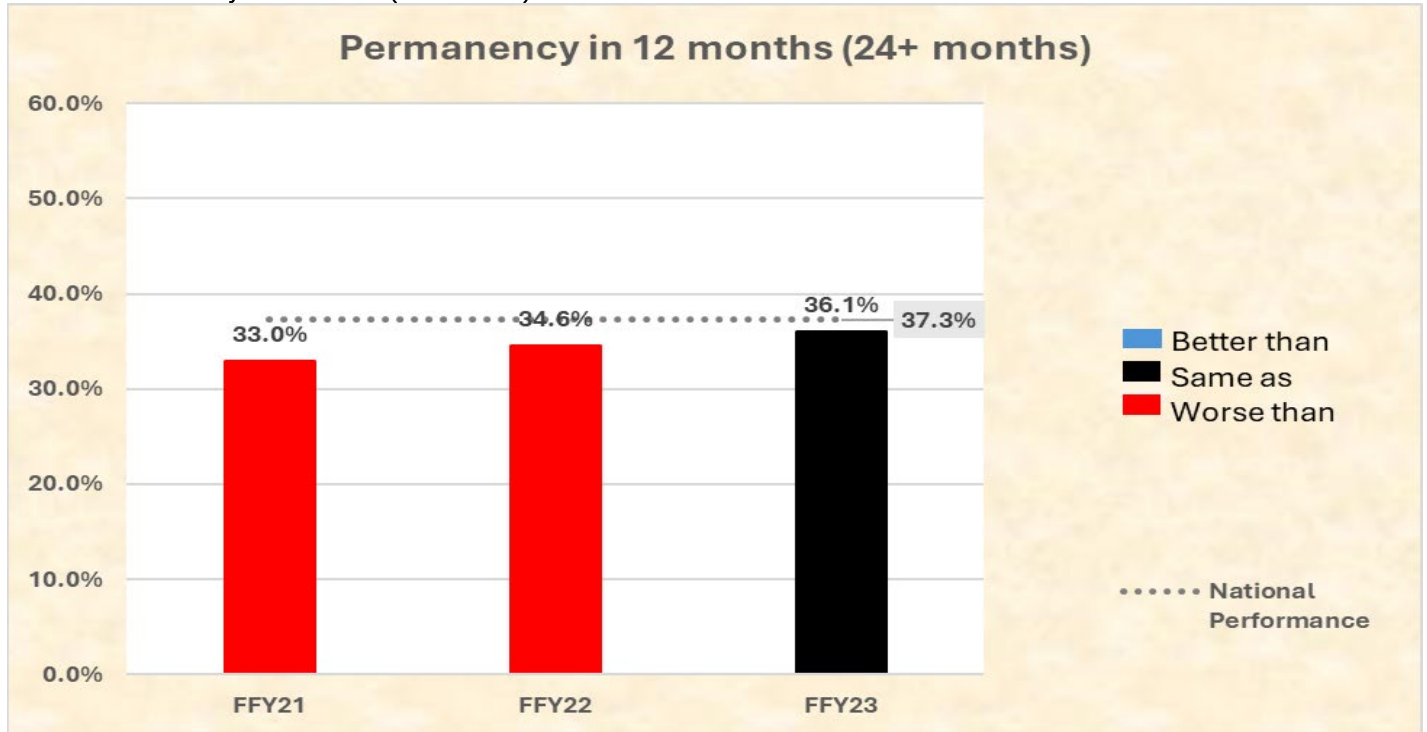
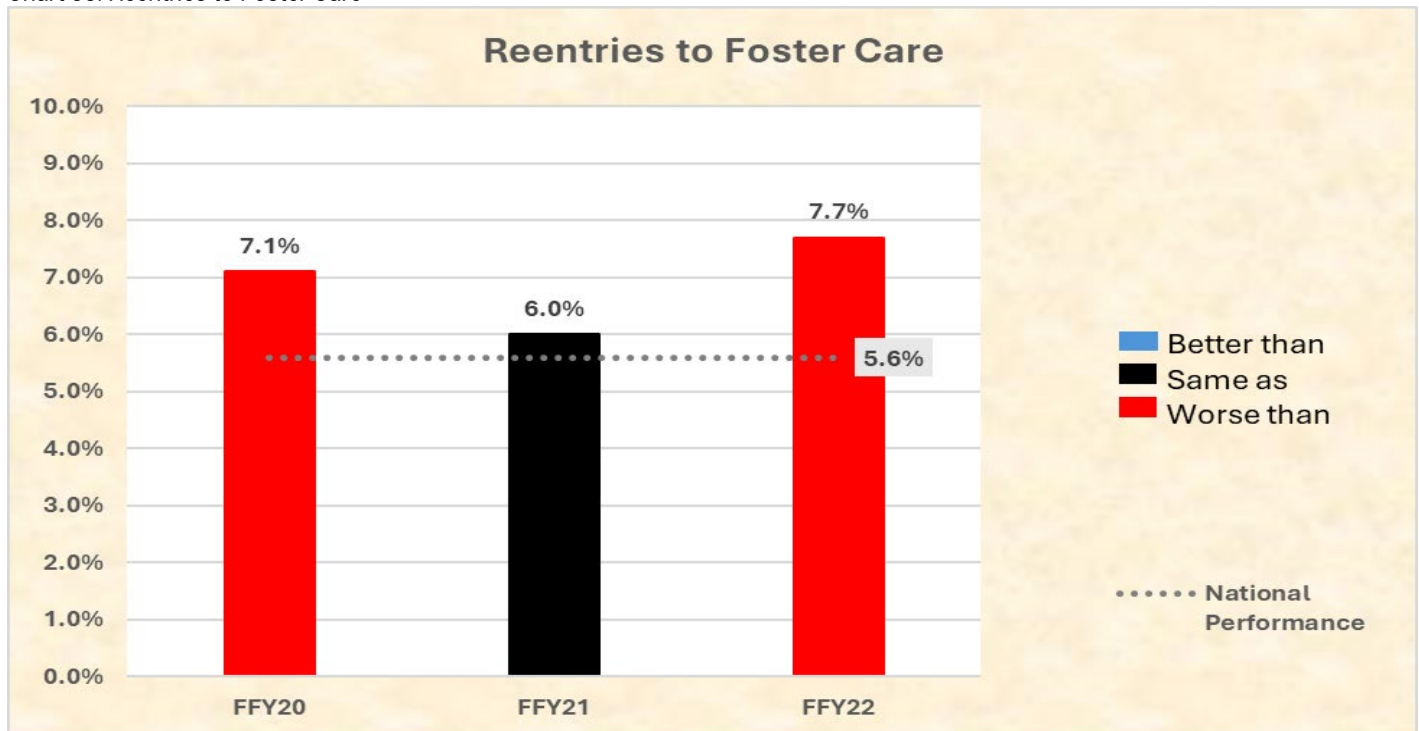


Chart 32: Permanency in 12 Months (24+ Months)



Goal 2 Objective 1 Measure 4: CFSD will reduce the re-entry rate to foster care to be same as or better than national performance.

Chart 33: 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.

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.

Goal 2 Objective 2 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.

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.

- 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.
- SFY27 – SFY29: Measurement.

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.

Goal 3 Objective 1 Measure 1: 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.

Measure 2: 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.

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 in SFY25 and completed by reviewers at the end of each review they complete. Targets will be set after implementation and a baseline is determined.

Goal 3 Objective 2: Expand CQI practice throughout CFSD.

- 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. See Systemic Factor 25 in Section 2 for how this is currently functioning.
- 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.

Staff Training, Technical Assistance and Evaluation

CFSD is committed at all levels to evaluation and CQI. CFSDs addresses staff development and training through their attached Targeted Plans: Training Plan and Foster and Adoptive Recruitment Plan. In addition, multiple training objectives and plans are listed above throughout this CFSP in Section: 3: Goals, Objectives, and Measures. The goals listed above align with Montana's past CFSR, and completed PIP, and are associated with national standards. CFSD will continue to evaluate the initial CPS and CPSS training, which will support the overall success of all goals.

Workforce Development

CFSD's workforce is the driving force behind everything the agency does to serve children and families. Over the past year, CFSD has continued its relationship with the University of Montana (UM). The partnership between CFSD and UM focuses resources on recruitment of prospective employees through an IV-E stipend program, the on-boarding support and training to new CFSD staff, provision of annual training requirements for CFSD staff, and formal evaluation of provided trainings. UM's role is also discussed in the Training Plan of this CFSP.

Through the IV-E stipend program, UM has the ability for students in applicable academic programs at MSU and Montana State University – Billings (MSU-B) to access IV-E stipends, in addition to the students at the UM. The IV-E stipend recruitment strategies will continue to be a focused discussion between CFSD and the UM. Progress in this area will be reported in future APSR.

In collaboration with the UM, CFSD is implementing an expansion of the curriculum in August of 2024 for MCAN. This expansion will create supports for specific learning concepts more thoroughly in the entirety of the practice model from the screening of intake calls reporting child abuse and neglect, to permanency, and case closure.

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

Prior APSR mentioned the DPHHS-wide initiative to implement practices reflective of Safety Science Principles or "Collaborative Safety" by hiring consultants from Collaborative Safety, LLC. This model recognizes that improved outcomes for children and families involved in the child protection system cannot be accomplished without a more informed understanding of the systemic factors influencing case practice and outcomes or the targeted engagement of external stakeholders. The model is often associated with the development of systemic critical incidents review. While this is one of the ways in which the model is used, there are a variety of other benefits. The data is continuing to be explored and analyzed, but child welfare agencies that have successfully integrated this model into their business practices have increased their understanding of systemic factors influencing decision-making and staff retention and subsequently see a reduction in turnover in their child protection staff. The successful integration of Safety Science Principles is seen as a key strategy to assist CFSD in not only addressing issues of staff turnover and retention, but to also improve the understanding of the influences, both internal and external to the agency, that impact the decision-making processes for field staff and supervisors alike, throughout the life of a case and if/how those decisions and resource allocations were related to any element of casework. CFSD has committed to utilizing the systemic review process supported by Collaborative Safety through the study of critical incidents, practice trends, and incorporation of safety science into on-boarding trainings for all employee types, as well as CPSS training. Future APSR's will reflect the outcome of these focused efforts.

As mentioned in Section 1: Collaboration, CFSD has partnered with QIC-EY on a 5-year pilot project (2021-2026) focused on authentic engagement of youth. Through the QIC-EY project, the on-going CPS and CPSS staff in designated pilot sites across the state have received additional and specified training in support of more positive permanency outcomes through authentic engagement of youth. Applicable supervisor staff have received nearly 20 hours of training and support in implementation of a coaching consultation model and applicable CPS staff have received approximately 15 hours of

workforce training focused on engagement, communication skills, support of LGBTQIA2S+ youth, and other cultural competencies to improve engagement of youth in permanency related case planning. The QIC-EY project, through collaboration with the National Council of Juvenile and Family Court Judges also created and delivered an on-demand youth engagement training for legal partners. CFSD made the training accessible to Judges, Attorneys, GAL's, and CASAs in the pilot areas. All QIC-EY trainings are studied for efficacy through pre and post surveys of the participants testing their degree of competency regarding the subject matter. At conclusion of the project in 2026, should the project prove favorable, CFSD will consider implementation of the project objectives statewide. More information regarding the QIC-EY project can be found at: [QIC-EY Overview - QIC-EY](#).

CFSD will continue to partner with UM on as needed basis to develop other evaluations, surveys, and feedback loops of internal and external stakeholders in addressing or supporting CFSP goals.

Other Evaluation Efforts

FFPSA

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

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

The 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.

The 2023 MSU Evaluation of FFPSA in MT was attached to the SFY24 APSR.

Kinship Navigator

Montana has applied for and received Kinship Navigator Grants since the first federal allocation was awarded during the FFY18 Title IV-B funding cycle. Montana does not operate an evidenced-based Kinship Navigator Program (KNP). CFSD continues to use the Kinship Navigator Grant 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-E to evaluate and 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 KNP 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 KNP services. The multi-state collaborative began collecting data in February 2022. The multi-state effort will allow more data to be collected in a shorter amount of time with the goal of expediting 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.

Other Internal CFSD Evaluation Efforts

In addition, throughout this CFSP there are multiple evaluation efforts listed, please refer to the following sections for more details:

- Evaluation of services and developed feedback loops with CWPSS Contractors in Section 4: MaryLee Allen Promoting Safe and Stable Families.
- Evaluation efforts and developed feedback loops with MCFCIP related providers, youth, and community partners in Section 4: John H. Chafee.
- Evaluation efforts and developed feedback loops in Section 1: Collaboration.

Implementation Supports

Implementation of several CFSP goals and objectives have already begun. CFSD will utilize ACF-CB, CSCWCBC, Capacity Building Center for Courts, MCIP, and Casey Family Programs in implementing the goals of the CFSP along with future support to develop a PIP from the CFSR Round 4.

Currently CFSD is meeting with ACF-CB monthly to create the plan for the ACF-CB federally led CFSR Round 4. Ongoing CFSR support is being provided through ACF-CB, and Center for States. CFSD will communicate any technical assistance needed to support the process.

CFSD continues to utilize technical assistance from the CSCWCBC with a current focus on the SFY24 submission of APSR, development of CFSP 2025-2029 goals, and Tribal and stakeholder engagement (including youth and parents lived experiences). Over SFY25, CFSD plans to continue to utilize CSCWCBC technical assistance to:

- Develop a robust CQI Plan.
- Create ongoing feedback loops for internal and external stakeholders.
- Foster meaningful engagement with Tribes using CFSR data to support discussion and create future goals of collaboration.
- Support CFSR State Assessment.
- Support CFSR Round 4.

All of these supports with development and implementation have, and will continue to, positively impact CFSD's ability to achieve the CFSP goals and maintain the success moving forward. CFSD continues to re-evaluate any technical assistance needed, as well as further partnership with the CSCWCBC and will report on these needs in future APSRs.

CFSD CQI unit staff is currently attending the Casey Family Program led FFPSA Statewide Implementation monthly calls and will continue to utilize them for additional technical assistance as applicable.

SECTION 4: SERVICES

Child and Family Services Continuum

The services to be provided over the next five years will be closely linked to the goals of the CFSR and future PIP. Specific goals have been detailed in the previous sections of the CFSP. The overarching themes are safety, permanency, and quality assurance. The focus is on providing effective quality programs with measurable results, delivered to enhance safety of the children and families in Montana, and reduce barriers and delays to create safe and permanent families provide a supportive structure to children and families served by CFSD.

Centralized Intake

CFSD is responsible for providing all child protection services in Montana. Child protection services are initiated when reports are received by CI, which is a 24/7 hotline for all reports of child abuse and neglect. CI staff triage the calls and categorize and prioritize the responses based on the information in the report. Reports that contain enough information indicating children are not safe are referred to field offices for investigation. Reports sent to the field to be investigated are given a response time to initiate the investigation. The investigation initiation times varies depending on the safety risks presented in the report.

Safety and Management System

Montana has developed a safety model that is based on the Safety Assessment and Management System (SAMS) developed by Action 4 Child Protection. Montana's safety model is still commonly referred to as SAMS; however, Montana's model is not utilized to fidelity with the Action 4 Child Protection model. Montana uses its SAMS model for conducting investigations and assessing safety of the children in the home. CI also uses the model to determine potential safety risks to children in reports received by the hotline. CPS investigations can result in several outcomes including: closing the report and determining no abuse or neglect occurred; determining no abuse/neglect occurred but referring family for In-Home services; determining abuse/neglect occurred and children remain in the home; or determining abuse/neglect occurred and removing the children from the home. If children are removed from the home, the case will be filed in District Court, and the family will be provided a court-ordered treatment plan. The plan will specify the changes that must be made by the adults in the home for the children to be returned in accordance with Montana statute. Services the child will receive while in foster care include, but are not limited to, medical care, mental health care, and dental care. The family can also receive family preservation, family support, or time-limited reunification services as described below. If removal from the home is required, CFSD is required to make diligent efforts to find willing and appropriate kinship placements for children. More than 60% of all children in foster care in Montana are placed with kin.

Guardianship and Adoption

More detail of CFSD's Guardianship and Adoptions, services, and collaboration can be found in the following sections of this CFSP:

- Section 2: Systemic Factors – Foster and Adoptive Parent Licensing, Recruitment and Retention.
- Section 4: MaryLee Allen Promoting Safe and Stable Families.
- Targeted Plan – Foster and Adoptive Parent Diligent Recruitment Plan.

Independent Living

CFSD does not often use supervised independent living placements with older youth. The outcomes of these placements over the years have been mixed, at best. Some youth have been successful in these placements, but a good number have also failed. Anecdotally, the factors often leading these placements to break down are social isolation, previously unidentified substance abuse issues, and lack of ability to maintain good boundaries. CFSD will continue to use these placements when it is determined to be in children's best interests. In addition, CFSD does not routinely seek other Permanent Planned Living Arrangements (PPLA), which is long term foster care. In most cases, ongoing efforts are made to locate adoptive or kinship families, rather than long-term foster care placement.

More supports for youth in transitional living plans and supporting independent living skills can be found in Section 1: Collaboration – 'Statewide Resources for Older Youth' and 'Youth Homeless Demonstration Program; and Section 4: John H. Chafee.

In-home Prevention Services

Prevention services provided through CFSD are comprised mainly of in-home services by contracted service providers using Title IV-B and state general funds. Expanding the use of services to allow children to remain in their homes, both prior to and following legal intervention by CFSD, is addressed through the following sections of this CFSP:

- Part C-Screenings: Collaboration with ECFSD – Section 1: Collaboration – Informal Partners Involvement in Key Aspects of the CFSP Development 'ECFSD.'
- FST Meetings – Section 2: Safety Outcome 2 – Item 2; and Section 3: Goal 1, Objective 2, and Measure 1.
- Section 2: Services Array – Item 30
- Section 4: Services – Services for Children Under the Age of Five.
- Section 4: Services – MaryLee Allen Promotion Safe and Stable Families.
- Collaboration with ECFSD – Section 1: Collaboration – Informal Partners Involvement in Key Aspects of the CFSP Development 'ECFSD;' and Section 4: Efforts to Track and Prevent Maltreatment.
- Title IV-E Prevention Services Plan can be found in Section 2: Service Array and Resource Development – Item 29.

Primary prevention services are funded through ECFSD. See the following sections for more information. Section 1: Collaboration – Informal Partners Involvement in Key Aspects of the CFSP Development 'ECFSD;' and Section 4: Efforts to Track and Prevent Maltreatment.

Primary prevention services are also funded through contract with the MTCTF, which is administratively attached to the DPHHS director's office and uses Community-Based Child Abuse Prevention Grant (CBCAP) funds, among others, to provide three-year grants to community-based organizations for providing evidence-based and evidence-informed practices for primary and secondary child abuse and neglect prevention services in communities throughout Montana. More about MTCTF can be found in Section 1: Collaboration Informal Partners Involvement in Key Aspects of the CFSP Development 'ECFSD.'

In addition, primary prevention services are also discussed in Section 1: Collaboration – Informal Partners Involvement in Key Aspects of the CFSP Development 'Meadowlark.'

Services Coordination

Community-Based Child Abuse Prevention (CBCAP)

See Section 1: Collaboration of this CFSP for more information on the SAC for detailed information.

Children's Justice Act (CJA)

CFSD with support of the ACF-CB identified a long-term partner (the Children's Alliance of Montana) to assume the role of Grantee for Montana's CJA grant. This decision had been in the planning process for several years, and this transition took place effective July 1, 2023. The state will continue to receive designated funding from CJA and will continue with the strong partnership throughout the year. Updates will be provided in future APSRs.

Court Improvement Project (CIP)

CFSD continues to collaborate with the judicial system on child protection. Collaboration efforts are listed above in this CFSP Section 1: Collaboration.

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. Since launching in Yellowstone County, the MCIP has funded and trained the PHC model in six additional judicial districts. The Missoula court ultimately decided to keep its Intervention Conference model.

During the 2020-2024 CFSP, data collection was completed, allowing for a comparison between cases where a PHC was held, versus those cases where no PHC was held. The data analysis compared two outcomes: the rate of reunification and outcomes when achieving permanency within one year. Outcome data was collected on cases using PHC between 2015 and 2018. This data was compared to case outcomes in 2014 and 2015, in which no PHC was held. The data collected did not include cases from more recent years because the analysis was specific to cases in which permanency had been reached in most of the cases from a calendar year. The data comparison showed improved outcomes in both the rates of reunification and permanency within one year. Additionally, the comparison also showed the number of days to final permanency, including adoption and guardianship, was less when a PHC was held. Also, the number of days to TPR, not including the time to adoption, was less for cases in which a PHC was held. This initial analysis of PHC is promising but somewhat limited by the data available. Given the myriad of variables impacting time to reunification, TPR to permanency and time to TPR (e.g., the turnover and workload of CPS, county attorney and Office of Public Defender staff; service availability, other practice or process changes implemented to improve outcomes, etc.) it is anticipated that future analysis of PHC is likely to demonstrate that structured and intentional engagement of families at the very initial stages of a case is a strong correlate to improved reunification and permanency outcomes.

CFSD created a process to identify barriers in achieving permanency via adoption or guardianship in cases in which TPR had been ordered and an adoptive family has been identified but the adoption is not yet finalized. This review process and effort is being led by the Licensing Bureau Chief and RFSS. Currently, the review includes all foster youth who have been in care twelve months or longer. Children who do not have an intentional permanency plan are being referred to the CFSD regional Permanency Planning Specialist (PPS) to identify barriers to permanency. When the barriers are identified, the PPS and the PPT will develop action steps to overcome the barriers (i.e., licensing, obtaining, or correcting legal documents, etc.). The reviews, of these children's permanency, is occurring quarterly in each region of the state. It is expected the focus of the upcoming year will be developing specific protocols around child specific recruitment to identify potential adoptive and guardianship placements. The process used is identical in each region and the RFSS is responsible for overseeing the process. During SFY24 this process proved to be successful as the average length of time between TPR and adoption

decreased by forty-seven days from the baseline of one hundred and twenty-five days. The current average time from TPR to adoption is seventy-eight days. CFSD expects this process to continue for the foreseeable future, and updates will continue to be shared in future APSR.

During the 2020-2024 CFSP, CFSD revised their Concurrent Planning Preserving Connections while Defining Permanency Options Procedure. This procedure describes a process that very intentionally engages parents, children, and family members in permanency discussions at the very onset of the case and actively involves them in the permanency plan for the child. Since the initial training of the procedure in July of 2021, the CFSD Deputy Division Administrator and members of the CQI team continue to meet with all PPS staff monthly to identify and address barriers to integrating the procedure into field practice. Data has been collected regionally, via a tracking sheet by PPS staff, since the implementation of PPT's to help determine the effectiveness of the procedure and inform changes moving forward. The CQI team leads discussion with PPS staff to review initial data outcomes and to work to improve the data tracker that had been utilized since PPT implementation. The tracking log will continue to be assessed and modified to be able to capture the data needed to inform whether the use of PPT's is improving children's outcomes regarding increasing timeliness to permanency. Regional data is submitted monthly to the CQI team, who then inputs data into a statewide pivot table that can be broken down by region, case worker, supervisor, barriers to permanency, etc. to tell the story around the effectiveness of PPT's and inform practice in the field moving forward. An overall analysis of PPT data is anticipated to take place during SFY25, as data will have been collected for a full year since the implementation of the updated tracking form. CFSD expects this process to continue for the foreseeable future, and updates will continue to be shared in future APSR.

CFSD and MCIP collaborate in scheduling and providing training to individuals interested in being determined by the courts as a Qualified Expert Witness (QEW) for the purposes of providing testimony in ICWA cases. The training provides information on the district court process, along with roles and responsibilities of a QEW. Individuals receiving this training are included on the list of prospective QEW, located on the CFSD website. 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. As reported in the 2020-2024 CFSP, Yellowstone County (Billings) has instituted an ICWA Court. The Court continues to serve Indian families affiliated with the Northern Cheyenne Tribe, Crow Tribe and Assiniboine and Sioux Tribes of the Fort Peck Reservation. Despite COVID-19 barriers, CFSD working in the ICWA Court has successfully maintained contact with its Tribal partners, utilizing virtual means to collectively address case disposition and placements for Indian children. Missoula County also has an ICWA court. 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.

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. During the 2020-2024 CFSP, following a grant award from the Office of Juvenile Justice and Delinquency Prevention, a second track of ICWA Court, the ICWA Family Recovery Court (ICWA FRC), launched and inducted its first participant. This court, with a multi-disciplinary team, including Tribal partners and Tribal community service providers, will serve thirty-eight Indian families over a period of three years. The Court provides intensive treatment to engage Indian families adversely affected by substance abuse and concurrent criminal cases, filling a void in Yellowstone County, which was previously had. With an emphasis on increasing culturally competent services, the ICWA FRC partnered with the Billings Urban Indian Health and Wellness Center to provide a variety of chemical dependency and mental health services to parents and children.

State and Tribal relationships continue to improve in both tracks of ICWA Court with most cases being assigned to CPS staff in two specialty ICWA units. 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 APSRs, 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.

Services Description

See Section 2: Systemic Factors – Service Array for more information.

See Section 4: MaryLee Allen Promoting Safe and Stable Families

See Section 4: John H. Chafee Foster Care Independence Program

Stephanie Tubbs Jones Child Welfare Services Program (IV-B subpart 1)

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

Services for Children Adopted from Other Countries

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

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

Services for Children Under the Age of Five

CFSD continues to encourage field staff and court staff to closely examine the feasibility of subsidized guardianships for children under five years of age who are placed with kin, and whose parents have long-term substance use disorders that affect the development of the children and negatively impact their 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 termination of parental rights 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 termination of parental right and adoption is in the children's best interest.

CFSD continues to partner with the following community providers, stakeholders, and agencies to address services for children under the age of five in Montana.

- **The Meadowlark Project** in which detail information is shared in Section 1: Collaboration.
- **Foster Child Health Program** in which detail information is shared in Section 1: Collaboration.
- **ECFSD** in which detail information is shared in Section 1: Collaboration.
- **FSSAC** in which detail information is shared in Section 1: Collaboration.

Montana's Title IV-E Prevention Services State Plan in which the plan includes the following interventions throughout the regions in Montana that specifically target children under five years old:

- Healthy Families America
- Parents as Teachers
- Nurse-Family Partnership

More about this program is listed in Section 4: Child and Family Services Continuum 'In-Home Prevention Services.'

Healthy Mothers Healthy Babies (HMHB)

See Section 1: Collaboration for more information.

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

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

- Engaging families and community providers at the forefront of a case by facilitating FSTs in which detail information is shared in *Section 2: Safety Outcomes*.
- Engaging families through Family Engagement meetings held at different times throughout a case to identify the child(ren)'s needs.
- Engaging families in Concurrent Planning at PPT meetings, which detailed information is shared in previous APSRs and the following section of this CFSP: Section 2: Permanency Outcome 2 – Item 10; Section 3: Goal 2, Objective 1, and Measure 2; and Section 4: Services Coordination 'Court Improvement Project.'
- Gaining Feedback on community services and internal practices at SAC and RAC in which detail information is shared in *Section 1: Collaboration*.
- Improving supports and services to foster/kinship/pre-adoptive placements in which detail information is shared in *Section 2: Systemic Factors – Foster and Adoptive Parent Licensing, Recruitment and Retention*.
- Improved coaching and mentoring skills for supervisors to provide improved staffing to CPS staff, in which detailed information is shared in *Section 2: Systemic Factors – Staff and provider Training*.
- Improved ongoing assessment from termination of parent rights to adoption, in which detailed information is shared in *Section 4: Monthly Caseworker Visit Formula Grants and Standards for Caseworkers*.

CFSD's Social Service Technicians (SSTs) are utilized internally to supervise family time/visitation when a child has been removed from their parent. CFSD continues to train their SSTs in Marty Beyer's Visit Coaching model to support family time/visitation. SSTs using this model provides CFSD with a consistent model for family time/visitation.

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

CFSD's work with Collaborative Safety, LLC to develop and implement a systemic model to review critical incidents (i.e., children's fatalities and near fatalities because of abuse and/or neglect) has continued over the past year. Procedures are in place that allow for better information on issues internal and external to the agency that play a role in critical incidents. The systemic review process is not specific to cases involving children five years of age and younger but historically children in this age range are more likely than older children to be victims of abuse or neglect, that results in a fatality or near fatality. System improvements, identified through use of this model, could lead to changes that better protect this vulnerable population of children. More information on this program can be found in *Section 4: Efforts to Track and Prevent Child Maltreatment Deaths*.

Efforts to Track and Prevent Child Maltreatment Deaths

Since 2021, DPHHS has been under contract with Collaborative Safety, LLC, to develop and implement a collaborative safety model based on Human Factors and System Factors (Safety Science) principles within the department. CFSD has developed, and currently uses, an internal review process that includes the Division Administrator, Deputy Division Administrator, Regional Administrators, central office staff, and frontline staff. CFSD is receptive to opportunities to integrate information from other departmental agencies to accurately count and report child maltreatment deaths.

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

Since FFY22, CFSD has employed a Chief Safety Officer and Community Liaison (CSO) who leads the Systemic Processes and Operations Review Team (SPORT). The SPORT is comprised of five frontline supervisors 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 fatality 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 System's 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. The mapping team narrative 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.

The CSO position is housed in the Retention, Recruitment, and Training (RRT) Bureau. The CSO and RRT Bureau Chief review all findings' letters, systemic reports, and annual reports from the Office of Child and Family Ombudsman (OCFO), which includes Child Fatality Review Reports. At the direction of the RRT Bureau Chief or CFSD Management Team, the CSO and SPORT may conduct a Systemic Process Review on any element contained an OCFO findings letter or report. The RRT Bureau also has scheduled monthly meetings with the CQI Unit, which is responsible for facilitating the internal case review process. Systemic Process Reviews may also be completed on any findings, patterns, or themes identified through the internal case review process.

All non-child facing staff employed by CFSD participate in a mandatory three-hour Introduction to Safety Science training as part of the onboarding process. All child facing staff employed by CFSD participate in a more extensive two-day Foundations of Safety Science training as part of the onboarding process. All CPSSs participate in a series of six Leadership Labs with a focus on the application of Safety Science principles to supervision and leadership.

In prior APSRs, CFSD described the role of the Child Abuse & Neglect Review Commission (CANRC). The statutory authority establishing the CANRC expired September 30, 2021. CFSD continues to meet the public disclosure requirement of CAPTA by CFSD issuing a biennial report providing information on child fatalities and near fatalities. DPHHS, specifically CFSD and the ECFSD, continue to collaborate to ensure the collection of accurate data on child fatalities and near fatalities resulting from abuse or neglect. ECFSD houses the State FICMMR (Fetal, Infant, Child, and Maternal Mortality Review) Coordinator. The biennial report will be reviewed internally by leadership within both divisions, as well as DPHHS leadership, prior to its release to the public. The most recent biennial report provided information on fatalities and near fatalities resulting from abuse or neglect that occurred between July 1, 2018, through June 30, 2020 (i.e., SFY19 and SFY20). The next biennial report will address fatalities and near fatalities resulting from abuse or neglect that occurred from July 1, 2020, through June 30, 2022 (i.e., SFY21 and SFY22). The report will be released no later than December 31, 2023. A further explanation of the program, goals, and process of the FICMMR program can be found here: <https://dphhs.mt.gov/ecfsd/ficmmr/index>

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. More information on the Meadowlark Project is in Section 1: Collaboration of this CFSP.

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 (PSSF)

Family Preservation, Support and Reunification Services

Title IV-B subpart 2 family support, preservation, and family reunification services are primarily provided through open enrollment private sector CFSD CWPSS contractors. Open enrollment contracts were set forth in 2019, with the goal to reduce the need for RFPs. In addition, a rate matrix was set forth outlining the rates for services which would be the same for the contractors no matter the geographical location, which is like Medicaid. Each rate is set with a description of the

service, training, or certification requirements, as well as program delivery expectations for evidenced-based model interventions. Depending on the model intervention, the program delivery expectations within the contracts are aligned with the information provided on the Title IV-E Prevention Services Clearinghouse or the California Evidenced Based Clearinghouse. CFSD plans to continue with the CWPSS open enrollment contracts over the next five years and will report on them in the future APSRs.

The CWPSS contractors are required to have the ability to provide the family support, preservation, and family reunification services listed below. The actual services provided are dependent upon the individual needs of the family referred for services. The level of intensity and the length of time each family is provided services changes greatly between prevention, preservation, crisis intervention, family support, and reunification. Additionally, there are no limits on how many times a child and family can receive services. These services are made available, as applicable and needed, to both parents and resource parents (non-family and kinship foster care providers), and they focus on in-home services, or placement stabilization with a strength-based approach to build on a family's focused goals and abilities designed to ensure the safety of children.

A family must be referred to a CWPSS contractor by a CFSD case worker for the family to be served using Title IV-B subpart 2 funding. Referrals from outside agencies cannot utilize Title IV-B subpart 2 funding.

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

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

In addition to the supports listed above, several CWPSS contractors are also trained and providing specific well-supported, supported, promising, and general practice models as appropriate (i.e., evidence-based, trauma focused, or evidence-informed practices, models, and programs). The models program overview, goals, components, delivery, and training information can be found at the website provided by the model's name listed below:

- SafeCare <https://preventionservices.acf.hhs.gov/programs/599/show>
- Visit Coaching <https://www.cebc4cw.org/program/visit-coaching/detailed>
- Trauma Focused Cognitive Behavior Therapy (TF-CBT) <https://preventionservices.acf.hhs.gov/programs/590/show>
- Parent Child Interaction Therapy (PCIT) <https://preventionservices.acf.hhs.gov/programs/590/show>
- Motivational Interviewing (MI) <https://preventionservices.acf.hhs.gov/programs/590/show>
- Child Parent Psychotherapy <https://preventionservices.acf.hhs.gov/programs/627/show>
- Common Sense Parenting <https://preventionservices.acf.hhs.gov/programs/562/show/>
- Functional Family Therapy <https://preventionservices.acf.hhs.gov/programs/417/show>
- Nurturing Parenting 0-5 <https://preventionservices.acf.hhs.gov/programs/217/show>
- Nurturing Parenting, 5-12 <https://preventionservices.acf.hhs.gov/programs/218/show>
- Nurturing Parenting Models using Supered Visitation Network <https://www.svnworldwide.org/>
- 1-2-3 Magic <https://www.cebc4cw.org/program/1-2-3-magic-effective-discipline-for-children-2-12/>

- Circle of Security <https://preventionservices.acf.hhs.gov/programs/630/show>
- All Babies Cry <https://www.allbabiescry.com/>
- Parenting a Second Time Around <https://www.cebc4cw.org/program/parenting-a-second-time-around-pasta/>
- Attachment, Regulation and Competency <https://www.cebc4cw.org/program/attachment-regulation-and-competency-arc-client/>
- Love and Logic <https://www.cebc4cw.org/search/results/?keyword=Love+and+Logic>
- Exchange Parent Aide <https://www.cebc4cw.org/program/exchange-parent-aide/>
- Various Parenting Classes using the models listed above.
- Family Time “Visitation” utilizing the models listed above.
- Therapeutic Supervised Visitation <https://www.cebc4cw.org/program/therapeutic-supervised-visitation-program/>
- Couples Therapy – Various Models
- Co-Parenting – Various Models
- Screenings:
 - Adverse Childhood Experience <https://www.cdc.gov/aces/about/index.html>
 - Ages and Stages Questionnaire <https://agesandstages.com/products-pricing/asq3/>
 - Protective Capacity

While CFSD has been successful in maintaining services for children and families, the agency continues to look for ways to increase the use of trauma-informed evidence-based or evidence-informed services purchased with this funding. This work is done primarily through the CFSD’s System Innovation and Integration Unit within the Program Bureau.

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

The rate matrix implemented in 2019 increased flexibility and competition among providers and has resulted in improved services and outcomes for children and families. Also, opening the delivery of services to a broader group of providers has assisted in creating greater flexibility in the service system and contributed to the goal of significantly increasing the number of children maintained safely in their homes while parents are completing treatment plans.

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 will be continued to be gathered to help capture more information related to the services provided and monitor those services more effectively 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.

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.

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. 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.

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.

CFSD will 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 count 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.

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.

CWPSS contracts are due to be renewed in 2026. 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.

Montana's allocation of Title IV-B subpart 2 funds for the FY 2024 is \$639,207. 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.

CFSD continues to explore ways to leverage services for families through collaborative work with the Office of Public Assistance (TANF) and through Medical Assistance Programs (Medicaid) to augment its Title IV-B subpart 2 services by identifying services currently being paid from IV-B that can be shifted to Medicaid to maximize available IV-B funding. CFSD continues to work closely with the Human and Community Services Division (HCSD) (the division that houses the TANF Program) collaborating and creating opportunities to increase the provision of services to families through the programs housed in HCSD. This collaboration helps CFSD to be culturally responsive and offer connections throughout the community to provide linguistically accessible services for the population that have been previously underserved.

Approximately 2,400 children and 1,300 families were provided family support and preservation services on average per year since 2019. CFSD expects these numbers to increase in the next five years as the expansion and focus on prevention and supporting families is the primary focus. The number of children and families served with reunification services for SFY24 were approximately 900 children and 600 families. CFSD expects that these numbers will decrease over the next five years as the focus of CFSD will be on supporting families and working to mitigate safety threats, while preserving the family unit. Some families received service from both Family Support and Family Preservation, as well as Reunification. Geographical accessibility continues to be a factor in providing and sustaining effective services in Montana. Currently forty-nine counties of fifty-six have CWPSS contractors providing services. The seven remaining counties have limited resources due to Montana's very large geographic area and relatively small population. Though there are limited providers in the rural areas that are not contracted, CFSD works with the providers in contracted counties to provide services if the need arises. CFSD staff may occasionally provide a limited number of trauma-informed evidence-based programs in which they have been trained; however, these types of services provided by CFSD staff are rarely paid from Title IV-B subpart 2 funds.

Adoption Promotion and Support Services

Adoption promotions and support services provided by CFSD include recruitment of adoptive homes, adoption specific training (Creating a Lifelong Family), and the provision of post-adoption services. Adoption promotion and support service activities also include services and activities designed to encourage more adoptions out of the foster care system when adoptions promote the best interests of children. This includes pre- or post-adoptive services and activities designed to expedite the adoption process and support adoptive families. Specific examples include completing record searches,

renegotiations for adoption assistance, and communication between birth families and adoptive families. The potential number of families served increases monthly. Further plans are in process to establish or support existing foster care/adoptive parent peer to peer groups. There are also plans to offer scholarships to fund attendance at training and conferences for adoptive parents. CFSD hosts an annual conference on the Prevention of Child Abuse and Neglect, which offers several training sessions on current practices in the world of child welfare and addressing needs of children removed from difficult places.

To support and promote adoption, funding is also used to cover the cost of travel to and from pre-adoptive visits for the child and both current and potential placements. There has also been increased spending to support day care needs for families out of state who will be a permanent placement for a child. The largest portion of adoption promotion and support funding continues to go towards assisting families with the cost of room and board for out-of-home, therapeutic treatment.

An increase in funding has also occurred for families participating in therapy and alternate, non-Medicaid covered interventions and treatments, such as Neurofeedback and equine therapy. Internally, the process of finalizing adoptions has undergone major changes to expedite permanency for children, as well as to address the increase in numbers of adoptions processed.

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.

The Post-Permanency Program Officers (PPPO) will continue to expand in the following areas:

- Permanency Transition Outreach-the PPPO's will contact families within 60 days and again at a year following finalization of adoptions or guardianships. These check ins will include a needs assessment, information about the finalization process, and resource and referral services.
- Community and Family Outreach- the PPPO's 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 PPPO's 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 PPPO's will conduct formal intakes, needs assessments, and create treatment plans to follow families until resolution.
- Adoption/Guardianship Dissolutions: The PPO's will be conducting ongoing assessments and data collections on what demographics and specific scenarios are leading to breakdowns in permanency. The PPPO's will be working closely with management to provide support for these families and recommendations for program improvements to reduce numbers in the future.

Service Decision-Making Process for Family Support 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.

Every region works with their CWPSS contractors to coordinate and refer services and many of these meetings occur monthly with face-to-face 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 overarching purpose of FSTs are to allow for children to remain in their own homes, or be returned quickly to their home, while managing for the safety threat, to lessen the impacts on children's self-esteem, security, stability, learning abilities, development, family, and natural connections. 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.

Through the Post-Permanency Program, families who have a guardianship or adoption from foster care are also able to access the CWPSS contracted programs as deemed appropriate. If a community-based program can assist in maintaining stability for a family, the Post-Permanency Program will assist with any transitions and follow along for continuity of care. Families can also continue to use the community-based services they may have received prior to permanency once their guardianship or adoption has been finalized. The Post-Permanency Program Officers can continue to provide care coordination and resource and referral services for families after finalization.

Population at Greatest Risk of Maltreatment

The population identified in Montana as being at greatest risk of maltreatment is children ages zero through five. Additional information on this subset of the foster care population can be found in the following sections of this APSR: Section 1: Collaboration, Section 4: Services for Children Under the Age of Five, and Section 4: Efforts to Track and Prevent Maltreatment. This age group represents the most vulnerable population with the least ability to protect itself from child maltreatment.

Children ages 0-5 have historically represented the largest group of children in out-of-home placements. Since FFY05, children ages 0-5 years have made up more than 50% of the state's foster care population. Children in this age group continue to represent the largest age group entering care, though this has decreased slightly over the past five years. Fifty-five percent of children entering care in SFY19 were aged 0-5. In SFY23, children aged 0-5 accounted for 48% of entries to foster care. A particularly vulnerable subset of this group are infants under age one.

Some areas of the state use the enhanced staffing for all reports involving children ages five years and younger. The procedure is unchanged from what was reported in the 2020-2024 CFSP. In brief, the process involves all CPS and CPSS managing investigations, as well as the region's CWM. The enhanced staffing reviews any resulting injuries to the child and compares those to the parents' account of how the injuries took place, any medical information available on the injuries, and the appropriateness of any in-home or out-of-home safety plans put into place. Based on this information, services appropriate for the family are identified. The enhanced staffing assists less experienced workers and supervisors in becoming more skilled in identifying potential safety issues, evaluating the use of in-home safety plans better, identifying needed services better, and exposing these high-risk cases to a greater array of expertise and experience. While not specifically addressed in the state's approved PIP, this procedure is reflective of CFSD's desire to enhance the skillset of workers through improved coaching and mentoring. The training provided to supervisors that was part of the PIP makes this process more effective and improves safety outcomes for children.

DPHHS continues to invest in evidence-based in-home service models that target the safety of very young children. There are thirteen model interventions currently offered through the CFSD CWPSS contracts, which are described in detail in Section 4: MaryLee Allen Promoting Safe and Stable Families (Title IV-B subpart 2). The services available under these agreements can be provided to families whether the children are living with their parents or in or out-of-home care. The services can also be provided to kin, whether they are providing care to children informally or as a foster care placement.

CFSD has invested resources to improve CACs and MDTs by expanding the work being done to address serious non-accidental trauma in real time and help CAC meet accreditation standards. This is another strategy that is not specific to children ages five years and younger but improving CAC and MDTs across the state will also provide improved services to this subset of children.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

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

The vulnerability of the child and the protective capacities of the foster care provider must be assessed and documented. Frequent contact further allows the child the opportunity to express concerns, fears, problems with the placement, or other issues. Contacts more frequent than every month are dependent upon the CPS's assessment of the child's vulnerability and needs, the protective capacities of the provider, and whether other professionals have routine contact with the child.

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

Table 2: 2018 Federal Visitation Measures

2018 Federal Visitation Measures	
The total number of visit months in which at least one child visit was in the home.	24,229
The percentage of child visits	66%
The percentage of visits that occurred in the residence of the child	82%

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 CFSD's approved PIP during the last CFSP. See Section 3: Goal 1 of this CFSP for more information on CFSD plans to increase the frequency of monthly visits with children in foster care.

The state plans to use the Monthly Caseworker Visit Grant over the next five years to improve the quality of caseworker visits, to meet state and federal standards for caseworker visits, and to improve caseworker recruitment, retention, and training. Funding from this grant may be used to support future CFSR PIP goals or implementation by providing training to enhance CPS engagement skills and supervisor case staffing skills. It is believed that the CFSR PIP engagement strategies that are being developed and eventually implemented will result in improved outcomes in many areas including the number and quality of caseworker visits with children.

JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)

Transgender, Queer and Intersex Individuals

MCFCIP recognizes the unique needs to LGBTQIA2S+, Transgender, Queer, and Intersex individuals being served by the program. Montana continues to provide policies and practices to support or affirm the sexual orientation and gender identities of youth served by the program. CFSD's Foster Youth Policy of Rights speaks specifically to the right of LGBTQIA2S+ foster children to be free from discrimination or punishment resulting from their sexual orientation or gender identity. In each MCFCIP provider contract, language and policies specifically prohibit the exclusion of youth in activities based on their gender identity or sexual orientation. When holding youth activities, the MCFCIP specifically ensures that venues hosting activities or events work specifically with youth to support their sexual orientation and gender identity.

Transition Planning Processes

TLPs are completed for each youth ages 14 years and older and within 60 days of first contact. TLP's incorporate results from the Ansell Casey Life Skills Assessment (ACLSA) and often the TLP's are incorporated into the YCM held by CPS. Procedures have been strengthened to ensure a collaborative effort by CPS and MCFCIP providers for a successful

transition for youth. The CPS, MCFCIP provider, youth and youth's foster care provider are encouraged to work together to develop and implement an appropriate transitional living plan for the youth in conjunction with the youth's overall case plan. If the youth have a case manager or mentor or if there are any other adults who may be able to help with the plan such as birth family members or school personnel, these individuals will be invited to participate as well.

To ensure youth participation these meetings are offered in person or virtual. It is important for youth to have a voice in their TLP. CPS and MCFCIP providers work collaboratively to update the TLP at least every six months or more often if the youth's needs have changed. When the youth is approaching their eighteenth birthday the TLP plan will be updated again 90 days prior to attaining 18.

Integration of Chafee with CFSP/CFSR

Safety

The Foster Care Bill of Rights was completed in the last CFSP which was heavily influenced by youth involvement. This Bill of Rights speaks specifically to many goals outlined in the safety goal section of this CFSP. MCFCIP providers share resources with youth around safety and how to report situations that they feel are not safe. The Bill of Rights will continue to be used and provided to Chafee Partners as well as youth in foster care.

Permanency

MCFCIP hopes to improve more permanent relationships for youth aging out of care. One of the MCFCIP goals is to expand the newly implemented mentorships program to foster long-term permanent relationships with mentors. Several former foster care youths are involved in the QIC-EY project, with CFSD, focused on permanency outcomes for foster youth. While these young adults are no longer directly involved with CFSD, they have been valuable resources in developing tools designed to assist others in their permanency goals.

Enhance Data Quality and CQI/Quality Assurance in Practice

New procedures have been implemented and will continue to be used to improve compliance and quality of data. Reports have been developed to ensure accurate and timely pulling of credit reports for youth in State care ages 14 to 18.

New procedures have been developed for making eligibility referrals to MCFCIP providers. This has included the development of a monthly report that is pulled to provide to MCFCIP providers which has eliminated the need for a CPS worker creating and providing a referral form. This new process will continue and be evaluated for thoroughness and possible enhancements throughout this CFSP period. The MCFCIP Program Manager plans to work to include Chafee requirements into the CCWIS system. The hope is to have ease of access for MCFCIP providers to communicate with individual CPS workers and for systems to interface eliminating or greatly reducing the need for duplication of data entry. The MCFCIP Program Manager is exploring an option for a youth portal to allow the youth to access the information that is to be provided to each youth that ages out of care as identified by the Foster Care Youth Bill of Rights.

Agency Administering Chafee

MCFCIP is administered, supervised, and overseen by the CFSD. CFSD works collaboratively with local MCFCIP service providers to ensure effective programming and service delivery. The local MCFCIP service providers are described in detail in the Serving Youth Across the State section.

Technical assistance, education, and training regarding MCFCIP requirements and services happen formally and informally on an ongoing basis between CFSD and local service providers. CFSD actively works towards compliance with federal requirements. MCFCIP communicates regularly with local providers to set expectations regarding data collection, service delivery, NYTD requirements, and youth engagement. Typical discussions include: NYTD survey collection and strategies to engage youth in survey completion; MCFCIP service recording and service code definitions; federal requirements; work plan progress and planning to ensure service delivery; and upcoming events or requirements.

These occur at the MCFCIP discretion and upon request from local providers. MCFCIP plans annual site visits at the CFSD office and local MCFCIP providers. In addition, monthly virtual meetings are held with providers, with supplemental email communication and conference calls. The MCFCIP also has annual Business Process Meetings in the fall of each year to allow the MCFCIP local providers to meet with MCFCIP state staff to review program requirements and work on the

MCFCIP program plan for the upcoming state fiscal year.

CFSD also developed a comprehensive contract review process for the MCFCIP. These reviews happen quarterly, at a minimum, and cover a variety of factors including increasing youth engagement, service provision and availability, and compliance with federal and state regulations. MCFCIP providers will be asked to submit reports regularly to the MCFCIP Program Manager to monitor service deliver and program outcomes. To make the MCFCIP program more transformational versus transactional, several deliberate changes have been made to procedure documentation, communication expectations and knowledge sharing. During the past year, CFSD has made strides in improving collaboration and coordination between MCFCIP providers and other entities who serve youth or have funding and resources to serve youth. These efforts will continue through the next CFSP.

The MCFCIP Program Manager is the first review of all provider invoices. This review ensures that purchases are well documented, appropriate, and allowable. CFSD fiscal provides the second round of review prior to payments being made.

CFSD has also made efforts to improve MCFCIP service data collection. To ensure ease of service tracking and to have data driven service delivery information, CFSD continues to utilize the data tracking system called Service Organization and Reporting System (SOARS). Local MCFCIP providers can enter all services and associated documentation into one system with the ability to easily pull and analyze service information. This allows CFSD to easily ensure appropriate reporting and data collection. MFCICP hopes to streamline the SOARS system into the new CCWIS system being developed.

Additionally, progress is being made in the use of data currently (and recently) available within CFSD. The eligibility list pulled from the case management system is one example. Using data to proactively ensure Medicaid coverage and/or Medicaid termination is another. These types of efforts will continue to be explored and developed as needs arise and information gaps are filled.

Description of Program Design and Delivery

The MCFCIP will continue to work collaboratively with stakeholders to ensure the following service delivery for eligible youth:

- 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.
- Opportunities to engage in developmentally appropriate activities, Positive Youth Development (PYD) and experiential learning that reflects what their peers in intact family's experience.
- Provide financial, housing, counseling, employment, education, and other appropriate support to complement the youth's efforts to achieve self-sufficiency; and
- Make available Education and Training Vouchers (ETV).

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. The MCFCIP will work to implement more mentorship programs across the state that will engage eligible youth in positive experiences, relationships, and in positive environments. The goal of the mentoring project is to have an intentional, positive approach to engage a youth in a manner that is constructive and strength-based which will lead to more permanent and meaningful relationships for youth. A youth who was formally in foster care has been hired part-time in one targeted area to provide mentorship. Plans to learn from this effort and expand or replicate what works in other parts of the state will be a focus in the coming years. This mentoring effort also brings youth voice (both mentor and the youth being served) to the process and program.

Level All Program

MCFCIP is working to implement the new life skills program, Level All, and plans to have this in place during the next fiscal year. 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. Level All will allow a virtual format for accessing this information and offers the ability to customize content specific to Montana youth in foster care. This platform also provides instruction and support for case managers serving youth to use the tool efficiently and effectively. Youth were consulted in the process of exploring options and had an opportunity to try out the Level All platform prior to making the decision to utilize this platform.

FYI Housing Voucher Program

Increasing the availability of FYI vouchers to more areas of the state will be a goal of MCFCIP over the next five years. Meetings have already taken place to connect the PHA with the MCFCIP providers to identify possible barriers and plan to overcome those barriers as a collective group. The MCFCIP Program Manager has connected with the Montana Department of Commerce and has submitted public comments regarding their next plan, encouraging them to explore FYI vouchers as being the statewide PHA that will administer the vouchers. Other efforts will be made to connect with other PHA's to collaborate with community partners to expand FYI voucher availability across the state throughout this five-year plan. Stable housing leads to a safer and more stable environment for foster youth that already face more challenges.

Educational Goals

Increasing educational outcomes for youth currently attending high school and to prepare them to achieve post-secondary educational goals is another forward focus. Reach Higher Montana (RHM) was recently awarded a new contract and MCFCIP will work to renew these education efforts in the coming years. MCFCIP will work with RHM to provide targeted, local services in the schools to eligible youth. These services will focus on the 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. RHM meets with participating youth regularly and adapts their services to best meet the needs of individual students while ensuring the requirements of participation continue to be met.

RHM along with the MCFCIP have been working collaboratively with the Office of the Commissioner of Higher Education (OCHE) to develop a process for the new program established by HB 482 - Montana Foster Youth Higher Education Assistance Program. This program will help fill the gap of funding needed for Chafee/ETV eligible students to attend college at no or little cost. This program is currently offered though only a few Montana Colleges and Universities. RHM, MCFCIP, and OCHE will expand this program to more locations within the state over the next CFSP.

Positive Youth Development

CFSD is incorporating the principals of PYD into the MCFCIP in a variety of ways. CFSD strives to engage eligible youth in positive experiences, relationships and in positive environments. The goal of the PYD efforts is to have an intentional, positive approach that engages a youth within their school, community, local organizations, peer groups and in families in a manner that is constructive, and strength based. Specifically, CFSD will:

- Offer individualized services through the local MCFCIP providers to identify, secure, and fund appropriate PYD activities.
- Make available funding within the MCFCIP budget to allocate to PYD activities and events.
- Implement local PYD activities through the MCFCIP programs such as: life skill classes, field trips and volunteer opportunities. Many local MCFCIP providers offer these activities at a minimum monthly.
- Collaborate locally and on a state level to educate schools and communities about MCFCIP and identify ways in which to engage eligible youth in services.
- Execute an annual summit, described in detail in the collaboration section below, to offer PYD opportunities to at least forty eligible youth.
- Provide education and technical assistance to supportive adults regarding the importance of PYD activities for youth in ways in which they can facilitate that engagement; and
- Implement and sustain a peer or positive adult mentoring system and program to encourage positive outcomes for young people by providing opportunities, fostering positive relationships, and offering the support needed to build on a youth's leadership strengths.

NYTD Reporting

CFSD works collaboratively with local providers to offer technical assistance and training regarding NYTD reporting to ensure compliance with federal requirements. MCFCIP communicates regularly with local providers to set expectations regarding data collection. Typical discussions include: NYTD survey collection and strategies to engage youth in survey completion; MCFCIP service recording and service code definitions; federal requirements; work plan progress and planning to ensure service delivery; and upcoming events or requirements. Recently MCFCIP has held trainings on what is and isn't a reportable service with the statewide providers. This has improved the quality of the data that is being recorded and reported.

Information to stakeholders regarding NYTD data results will be facilitated as needed and at a minimum annually. CFSD will specifically provide information regarding the results of NYTD data collection with families, children, and youth; Tribes, courts, and other partners; MCFCIP providers and the public. This information will be posted on the CFSD MCFCIP website for easy access and review.

These results are also discussed with local MCFCIP providers at the annual business process meeting. These discussions review the data results and quality improvement efforts to ensure comprehensive and appropriate service delivery and availability. MCFCIP will continue efforts to increase the number of youths completing surveys. One-way MCFCIP is working to increase this is with incentives for completing the NYTD survey. In addition to NYTD data, CFSD conducts evaluation and data collection through surveys provided to eligible youth on a variety of topics. CFSD has executed surveys regarding education before and based off the identified program design and delivery goals, will reproduce similar surveys and strategies to garner feedback and improve service delivery.

CFSD has also made efforts, and will continue to make efforts, to improve NYTD data collection. To ensure ease of service tracking and to have data driven service delivery information, CFSD has developed and continues to utilize a new data tracking system called SOARS. Local MCFCIP providers can enter all services and associated documentation into one system with the ability to easily pull and analyze service information. This allows CFSD to ensure appropriate reporting and data collection. CFSD will continue with the existing data collection system to meet the requirements of NYTD and hopes to streamline processes with the upcoming CCWIS system being developed. Education for stakeholders regarding the importance of data collection and NYTD requirements is part of the program's continuous quality improvement.

Serving Youth Across the State

The MCFCIP continues to serve eligible youth as allowed in the Chafee Foster Care Independence Grant requirements. Specifically, the populations eligible to be served under the MCFCIP are youth between the ages of fourteen to twenty-one who are currently in foster care, have aged out of foster care, or have achieved adoption or guardianship after the age of sixteen and have not yet reached age twenty-one. Per NYTD reporting, CFSD serves upwards of 400 unduplicated Chafee eligible youth each year.

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, Choteau, 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

Current contracted local service providers include: DEAP in region I; Kairos Youth Services in II; Tumbleweed in region III; Action Inc. in region IV; and Youth Homes covers region V. These contracts are renewable for up to seven years. The initial referral for services come from the MCFCIP Program Manager to the region where the youths reside. As youth more, local service providers receive referrals from the current provider or CPS and are expected to provide services to youth residing in the areas in which they have been contracted to cover. This allows CFSD to ensure comprehensive service coverage.

In addition to these regional contracts, CFSD also contracts with the Confederated Salish and Kootenai Tribes (CSKT) to administer services for eligible Tribal youth residing on the reservation. Additional information about collaboration with Tribal communities is below.

The activities in which eligible youth participate are determined on an individual basis and are developed based on completion of an annual ACLSA and bi-annual TLP. Some of the activities eligible youth participate in include: education and work-related activities, such as job readiness assistance and vocational training; transportation assistance; housing assistance and household setup; transitional living plan goal development and completion; assistance with entering post-secondary education and achieving a high school diploma; and PYD activities meaning the youth can participate in activities such as school sports, participation in school clubs, or driver's education.

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 with the MCFCIP program. In some of the more rural communities including the reservations, MCFCIP providers travel to the local schools to meet with the youth. If youth move from one MCFCIP region to another, processes have been developed to ensure a smooth transition for the youth from one service provider to another service provider.

Serving Youth of Various Ages and States of Achieving Independence

Montana will not extend title IV-E foster care assistance to young people ages eighteen to twenty-one other than in individual circumstances. CFSD does extend title IV-E foster care assistance from eighteen to twenty-one-year-olds if the youth have special considerations or is working to finalize their high school education. These are individualized agreements and processes and is not standard for youth in this age group across the state. Montana will not be extending MCFCIP services to age twenty-three.

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 youth becomes more independent.

Youth who have achieved adoption or were placed into a guardianship from foster care after age sixteen and are otherwise eligible, also receive additional assistance from their permanency connection when it comes to life skill development and financial assistance.

CFSD utilizes the ACLSA on an annual basis when determining appropriate life skill development. This assessment is a companion to each youth's individualized TLP which is updated bi-annually. This process ensures specific, comprehensive, continuous service delivery for each eligible youth. Eligible youth may receive additional assessments but those are not facilitated through the MCFCIP and would be considered, as needed, to ensure comprehensive service delivery and supports.

CFSD continues 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.

In the past, CFSD viewed youth in THV as not eligible for Chafee services. Going forward, CFSD will include youth in a THV as Chafee eligible and will provide services and supports until the case is dismissed.

Montana acknowledges the information issued by the Social Security Administration (SSA) and ACF-CB entitled, "Letter Regarding Reminders to State and Tribal Title IV-E agencies about the Social Security Representative Payee Program and the Title IVE Federal Foster Care Program." CFSD works with youth receiving Social Security or Supplemental Security Income benefits to manage benefits. CFSD works with older youth and young adult beneficiaries, through various channels to understand the Social Security benefits to which they are entitled or eligible and assists in navigating the processes to receive and maintain benefits.

The continues focus of Chafee will be to meet each youth where they are, to provide resources, support, connections, and services based on their immediate and ongoing needs. Holistically, the program is shifting focus and attention to services that will assist the youth with long-term, successful independence. While Chafee youth have immediate and short-term needs, the lasting impact likely comes from services and connections that can be drawn from long after services have ended. These types of services and relationships will be a priority going forward.

Collaboration with Other Private and Public Agencies

To meet the needs of eligible youth and provide services eligible under the grant, CFSD and MCFCIP staff work closely with a variety of community and statewide agencies and organizations to assist youth become successfully independent.

Many of these connections are made through the monthly MCFCIP provider meetings that connect agencies and services

with the MCFCIP providers. Additionally, each MCFCIP provider has relationships and coordinates with local service providers in their designated service delivery area to best meet the varied needs of transitioning youth. These connections ensure there is a collaborative group assisting youth and connecting them to services specific to their needs. Some of these agencies and organizations include, but are not limited to:

- Human Resource Development Councils (HRDC)
- Boys and Girls Clubs
- Big Brothers and Sisters
- Job Service
- Housing Authorities
- Workforce Investment and Opportunities Act (WIOA) Programs
- Tribal employment Offices
- Public School Systems - Office of Public Instruction (OPI)
- Montana Career Information Systems – Assisting with resume writing and career planning.
- Local Pediatricians
- Agencies helping to manage credit, taxes, and budgeting.
- Job Corp Opportunities
- Adult Mental Disorders Division to ensure appropriate and available therapeutic services.
- Children’s Mental Health Division to ensure appropriate and available therapeutic services.

DPHHS Partners

Staff also work closely with other divisions within the Montana DPHHS including, but not limited to: Human and Community Services (which includes Offices of Public Assistance), the OPI, and the Disability Services Division (which includes VR and Blind and Low Vision Services). MCFCIP providers work closely with community health (including mental health agencies) and Social Security Offices. MCFCIP providers serving youth on reservations continue to assist youth in accessing services through the Tribe as well as non-Tribal services. While these collaborations currently exist, the MCFCIP will work to strengthen relationships and offer additional services as needed.

Recently staff that work directly with the Supplemental Nutrition Assistance Program (SNAP) joined one of the MCFCIP monthly providers calls to present information on the SNAP Exemptions for Youth Experiencing Homelessness and Exiting Foster Care. This is only one of the meetings held to help make connections to services for the MCFCIP. Staff that work directly with the Former Foster Care Medicaid (FFCM) also came to a meeting to present on information specific to Medicaid for Montana foster youth. These collaborations will continue to be done and to build stronger partnerships across the state. As a result of this meeting and collaboration a new process has been implemented to ensure continuity of FFCM for youth that are aging out of care to ensure that they are automatically enrolled in the FFCM program.

When a former Montana foster youth moves to another state and they are having difficulty or are unable to access Medicaid in that state, CFSD reaches out to the Medicaid agency in the other state to facilitate a smooth transition. When youth have encountered difficulties in obtaining Medicaid in another state, it is typically youth between the age of 18 and 21 who has moved to a state that has extended foster care to 21. Regardless of the reasons for the difficulties, the goal is to remove the barriers and provide the information needed to ensure coverage.

For youth moving to Montana, the Montana Central Medicaid office has directed the local Medicaid offices to provide Medicaid to any youth who self-reports having aged out of foster care.

State-to-State Support

Many times, youth from other states that have aged out of foster care seek Chafee services in Montana. CFSD continues to be vigilant when connecting with other states regarding youth who are eighteen to twenty-one and moving from state-to-state. In some specific instances, the MCFCIP Program Manager was made aware of a Chafee eligible youth’s plan to move just prior to or upon aging out of care and has been able to assist in assuring Chafee services and necessary supports would be made available to the transitioning youth in their new location. CFSD has built relationships with these states to make sure youth are not losing services for long periods of time so that their transition might be as smooth as possible.

Employment skills

CFSD continues working on a state level to partner with Job Corps to refer Chafee youth to the program if they are a right fit for services. Many youths have entered these programs to finish their high school education and develop relationships and interests which may not have been identified. They also receive specialized skills or certificates in their chosen field. CFSD is also working with various HRDC's, to engage youth in work programs to provide them necessary employment skills. One MCFCIP provider recently worked with WIOA and VR will be offering Work Experiences at their facility, which also includes a small farm. Youth will learn basic farm skills and marketing skills as they sell their produce at a local Farmer's Market. Many Chafee youth are also enrolled in the WIOA programs administered by the HRDCs, to provide employment skills and paid internships and apprenticeships.

During the past year, Montana's Governor developed a goal to increase the number of foster youths who are enrolled in VR's Pre-Employment Transition Services Program (Pre-ETS) by 50%, by June 30, 2024. We have surpassed that goal, largely because a partnership already existed when the goal was developed and both VR and CFSD understands the benefits youth can realize through service provider partnerships when funds are braided, and efforts are coordinated. Pre-ETS core services are beneficial to older youth and include things such as career exploration, work-based learning, and work experience, and learning skills in self-advocacy. The partnership with VR will continue and exciting outcomes are anticipated.

VR is taking the lead (and MCFCIP is actively involved) to facilitate a day of learning for youth with disabilities during Disability Awareness Week in October, 2024. The goal is to connect youth to employers across the state who are willing to host work site tours, job shadows, and work experience opportunities. This pairs nicely with other ongoing workforce development conversations/efforts including career exploration and job search skill development.

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 offices in high schools 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 another section.

"Reach Higher Montana" Youth Summit

In addition to the ETV partnership, CFSD and RHM collaborate to hold the annual RHM Youth Summit for Chafee eligible youth ages sixteen to nineteen. 2024 is the 19th year the Summit has benefitted youth, Each annual summit focuses on the following items: motivational and inspirational speakers; life skill development sessions; providing the opportunity for youth to stay on a college campus and experience college life; PYD activities; peer connections; opportunities to receive feedback from youth regarding Chafee services and programming; post-secondary educational opportunities; employment skills and resources; and leadership opportunities. MCFCIP expects approximately forty youth to attend each Summit. Youth are heavily involved in the planning process for each annual Summit and youth that are at the Summit also have an opportunity to engage in providing feedback specific to the MCFCIP. Youth attendees are also often presenters or discussion leaders around topics meaningful to their successful transition to adulthood.

Red Scarves Project

The annual Red Scarves Project is another youth engagement project completed by the MCFCIP. In partnership with RHM, this project asks individuals or groups to donate homemade red scarves or other items to be included in care packages for youth attending post-secondary education. These packages are sent out at the end of the first semester to provide youth with educational and practical materials, as well as offer encouragement and a sense that someone is supportive of their educational efforts. For youth who were not enrolled in fall semester, but who are enrolled in spring semester, similar "care packages" go out each year around Valentine's Day.

Public Housing Authorities (PHA's)

MCFCIP works collaboratively with the Butte, Billings, and Missoula PHA that currently administer the FYI vouchers. This collaboration is to ensure youth that are eligible for FYI are being referred appropriately to the PHA in their area for the FYI voucher. Recently a meeting was held with MCFCIP providers and the participating PHA to explore ways of expanding the FYI Voucher program to other areas of the State. The MCFCIP Program Manager has also made efforts to reach out to the Montana Department of Commerce in the Housing Division to explore the possibility of the State PHA being an FYI voucher administrator which would allow for a larger area of the state to be served. Efforts to work on expanding these vouchers as well as other housing options will continue.

Youth Homeless Demonstration Program (YHDP)

Action Inc. is a MCFCIP provider and the lead organization for the YHDP. MCFCIP works closely with Action Inc. on their coordinated community approach to preventing and ending youth homelessness. This is done through a variety of assistances to youth including searching for housing, providing housing counseling, utility deposits, among other services.

Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)

CFSD determines eligibility for benefits and services in a variety of ways. The MCFCIP Program has developed a new eligibility referral process in the last program year. Now, the Program Manager pulls 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 for services eliminating the need for CPS to complete a form for each eligible youth. MCFCIP providers and CFSD case workers communicate about the needs of each individual youth to ensure effective service delivery.

If a youth is outside of the Montana foster care system and is otherwise Chafee eligible, CFSD has a standardized process for determining eligibility for benefits and services. The MCFCIP Program Manager, in collaboration with the local provider, will reach out to the referring party and request specific information, including but not limited to court orders and/or documentation to demonstrate a youth's eligibility for the program; proof of residency; referral and contact information; and any appropriate releases of information or consents.

This process is used for any youth outside of the state administered foster care system and, most typically, is applied to youth under the jurisdiction of the Tribal social services, Bureau of Indian Affairs, or youth residing in Montana which were in foster care in another state.

Cooperation in National Evaluations

The State of Montana will cooperate in any national evaluation of the effects of the programs in achieving the purposes of MCFCIP.

Education and Training Vouchers (ETV) Program

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.

CFSD and RHM work collaboratively to administer the program efficiently. CFSD ensures youth eligibility for the program, while RHM works directly with each post-secondary institution and their financial aid offices to ensure each institution meets all federal criteria and the youth are in good academic standing. CFSD and RHM also collaborate to ensure stakeholders are aware of the programs and services and to eliminate barriers, through transitional living services or otherwise, and ensure eligible youth can pursue their post-secondary educational goals.

Monthly progress meetings are held by RHM with each student currently receiving an ETV. RHM serves as mentors to youth and works collaboratively with the MCFCIP providers on behalf of youth using a team approach to ensure youth are successful in their education and their independence. In addition to this RHM also sends care packages twice a year to youth receiving ETV's and includes these youth in activities and learning opportunities.

ETV stipends are distributed bi-annually at the start of each academic semester. RHM, in conjunction with CFSD, utilizes

Foundant Technologies software as the database for the ETV program. This program is used specifically for, tracking youth program eligibility, disbursement of funding, academic progress, and education outcomes. The application requires applicants to confirm the college, university, or trade program they attend or will be attending, the program of study, year in school, and expected graduation date. At the conclusion of each semester, participants upload their most recent grade report or transcript to ensure continued eligibility for funding and to track academic progress. Should a hard copy application be needed that option is also available on an as needed basis. Youth must be in good academic standing and maintain the equivalency of a 2.0 GPA to remain eligible for ETV assistance.

Eligible youth may receive up to \$5,000 per year to attend a qualifying post-secondary program that meets the criteria of the Higher Education Act of 1965. The actual amount of assistance to be provided is dependent on other assistance available to the youth, the "cost of attendance" as defined under the Higher Education Act, the academic status of the youth and the need of youth that apply for assistance. RHM works closely with the financial aid office and other academic partners to identify additional assistance such as scholarships and FAFSA for eligible youth.

In addition to ETV funding distribution, and as part of the program administration functions, RHM will work with each financial aid office to ensure that total amount of educational assistance to a youth under the ETV program and any other federal assistance program does not exceed the total cost of attendance and to avoid duplication of benefits under this and any other federal or federally assisted benefit program. RHM releases ETV funding directly to each financial aid office to ensure a non-duplicative process and no funding excess.

CFSD has made great strides in coordinating ETV programs with other educational and training programs. Over the next five years, CFSD will continue to grow these partnerships on a variety of levels. RHM has a vast knowledge of scholarship programs and even offers scholarships as part of their overall service delivery. The OPI also continue to be great partners in identifying, providing, and educating partners about scholarship opportunities available to eligible youth. OPI participates in the monthly virtual meetings for all MCFCIP providers to ensure collaboration.

Youth that age out of care in another state and are now residing in Montana, and are otherwise eligible for the ETV program, will be served through the Montana ETV program. If a youth was receiving a voucher in one state and moves to another state, the state in which the program was started will continue to provide ETV to the youth as long as they remain eligible for the program.

The goals and outcomes for the ETV program over the next five years include:

- Increase the percentage of ETV eligible youth which participate in the program.
 - This will be assisted through educational and recruitment activities and events.
- Increase the percentage of youth receiving ETVs in completing their academic programs.
 - This will be assisted with additional, individualized attention from RHM staff and outreach to ETV recipients monthly, and education on how to navigate resources on campus and troubleshoot any barriers to completing their post-secondary educational programs.

Chafee Training

MCFCIP will provide training in a variety of ways, some of which have already been implemented. On a monthly basis the MCFCIP Program Manager has invited presenters to join the provider meetings to educate provider organizations on topics relevant to assisting older youth. These conversations not only provide for information to be shared from guests, but they also allow for providers to share things that are working and not working. providers share resources and experiences and the MCFCIP Program Manager often arranges for additional information sharing to address what is not working. Recently a meeting was designated to identifying sex trafficking. This meeting was conducted by an experienced MCFCIP provider as well as a supervisor from the Montana Department of Justice Division of Criminal Investigations well as the Homeland Security Investigations Task Force.

MCFCIP plans to educate and train MCFCIP providers in reaching the goals of the program. Once the contract is finalized with the Level All platform, they will educate the MCFCIP providers on how to best utilize the program. Through the monthly meetings as well as the annual Business Process Meeting topics will be covered such as how to improve NYTD reporting and data collection, mentorship opportunities and education, educational support, and other valuable and relevant topics.

Additional information can be found in the CFSDs Training Plan, and updates on training and education will be provided in the APSR.

Consultation with Tribes (section 477(b)(3)(G))

CFSD and MCFCIP providers continue to work very closely with Montana's Tribes to provide Chafee services to eligible youth residing on or off Montana's reservations. Each Tribal government has been provided information regarding the Chafee program, eligibility requirements, services provided under the program and ways in which eligible Tribal youth can access services. Each Tribe is offered the opportunity to work with the state to enter a contract to administer Chafee services through their agency or the process by which to refer to a MCFCIP provider if a contract is not procured. The benefits and services under the MCFCIP program are made available to all Tribal youth, regardless of Tribal status, throughout the state.

CFSD will continue to have individual and ongoing discussions with each of the Tribes about the best way to serve their Chafee eligible youth. Currently, six of Montana's Tribes have requested that the Chafee eligible youth residing on their reservations receive transition services 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.

The state has successfully negotiated, in good faith, an agreement with the 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. CSKT could choose to opt out of their agreement at any time and request services be provided by the state's contracted service provider. The MCFIP Program Manager is always available to CSKT, as requested, as a resource to provide technical assistance or answer questions related to the grant or the provision of services. CSKT is invited to each monthly MCFCIP provider meeting that works to build collaboration with statewide services available to youth. MCFCIP staff will also complete, at a minimum, annual site visits and consultation with CSKT representatives. The amount of funding allocated to CSKT is negotiated to ensure the Tribe will receive a prorated portion of the state's Chafee allocation (based on the State's foster care population) to provide services in their area.

All Tribal youth, including CSKT youth, access ETVs services and funding through the state's contract with RHM. Tribal youth receiving ETV services through RHM have access to the same services and benefits as any non-Tribal eligible youth.

The MCFCIP Program Manager also works closely with the 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: the goals of the Chafee program; services offered by each provider and contact information; determining eligible youth and eligibility criteria; federal reporting requirements; improving outcomes for young adults in foster care; and referral procedures. These trainings and meetings are provided at a minimum annually, on an as needed basis. Conversations and service interventions for individual youth most frequently happen over the phone or virtually to ensure timely service delivery.

Services provided through the MCFCIP continue to be individualized to the youth's needs as described above in the services section. The same services are accessible to Tribal youth as non-Tribal youth in the area in which they are located. CFSD encourages and educates local MCFCIP providers regarding offering culturally specific PYD opportunities for Tribal youth in the area in which they are located. Eligible Tribal youth can apply for state sponsored activities such as the All-Star Internships and the Annual RHM Youth Summit. CFSD sees great participation by Tribal youth in the MCFCIP and will continue to facilitate and provide education to both Tribal and non-Tribal partners regarding the importance to all youth participation in the program.

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. Should any issue of this nature arise or be brought to CFSD's attention they will be addressed immediately by the MCFICP Program Manager, in consultation with the IV-E Program Supervisor, and Program Bureau Chief as needed.

SECTION 5: CONSULTATION AND COORDINATION BETWEEN STATE AND TRIBES

The 2020 – 2024 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 2024 APSR has been approved, Tribes will be provided with the link to the website where the approved plan is located.

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

The CFSD Title IV-E Program Manager position was hired in January 2024. This position had been vacant for quite some time. The position is responsible to provide technical assistance and oversight of the seven Title IV-E pass-through agreements, between CFSD and Montana Tribes, and the Title IV-E stipend contract with Salish Kootenai College (SKC) has been vacant for some time. 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. CFSD staff will be meeting with representatives from Fort Belknap and Northern Cheyenne Tribes in the upcoming weeks to initiate discussions to renew the Title IV-E Task Orders. This topic will be raised during those discussions.

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

- Crow – Friday, April 12, 2024.
- CSKT – Monday, April 29, 2024.
- CCT – Tuesday, April 30, 2024.
- Fort Belknap – Wednesday, May 1, 2024.
- Northern Cheyenne – Thursday, May 2, 2024.
- Fort Peck – Wednesday, May 8, 2024.
- Blackfeet, Wednesday May 14, 2024.

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

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

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

The ability for Tribes to access Title IV-E funds directly from the federal government is 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 had approved Title IV-E Plans since approximately 2013. 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 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 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 indicated 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 process as invited and directed by the Tribes.

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 4: John H. Chafee Program for Successful Transition to Adulthood of this CFSP*.

SECTION 6: TARGETED PLANS WITHIN CFSP

CFSD has submitted separately the following Targeted Plans and will update them as necessary in future APSRs.

- Foster and Adoptive Parent Diligent Recruitment Plan
- Health Care Oversight and Coordination Plan
- Disaster Plan Summary
- Training Plan

As CFSD creates their CQI plan in SFY25, an area of focus will be to support the outlines of these plans and address any gaps not already addressed in the plans.