Child and Family Services Reviews

Statewide Assessment

February 17, 2026

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to review state child welfare systems' performance related to child protective services, foster care, adoption, family preservation and independent living as well as their conformity to required child and family outcomes. Public reporting burden for this collection of information is estimated to average 120 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (45 CFR 1355.33(b)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970–0214 and the expiration date is 1/31/2025. If you have any comments on this collection of information, please contact the Children's Bureau at Danielle.McConaga@acf.hhs.gov

ADMINISTRATION FOR CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Statewide Assessment

Section I: General Information

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List of Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process and identify their roles in the process. Identify individuals with lived experience by including an asterisk (*) after their name.

Name	Affiliation	Role in Statewide Assessment Process
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Kimberly Gore	MDCPS	General Counsel
Kimberly Wheaton	MDCPS	Senior Clinical Officer
Bridgette Bell	MDCPS	Senior Administrative Officer
Christopher Rand	MDCPS	Director of Audit and Subgrantee Monitoring
Devon Loggins	MDCPS	Deputy Commissioner of Clinical Support
Shannon Rushton	MDCPS	Deputy Commissioner of Human Capital
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Sandra Panzo	MDCPS	CQI Manager
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Anne Nelson	MDCPS	Professional Development Manager
Carolyn Cotton	MDCPS	Director of Prevention Services
Kenya Gatlin	MDCPS	Senior Assistant Deputy Commissioner-Licensure and Therapeutic Placement

Name	Affiliation	Role in Statewide Assessment Process
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Casey Williams	MDCPS	Senior Assistant Deputy Commissioner-South
Ta'Shia Gordon	MDCPS	Director of Permanency and Prevention Services
Dyelicia Vasquez	MDCPS	Professional Development Manager
Shauna Owen	MDCPS	CQI Supervisor
Janna Guyton	MDCPS	CQI Supervisor
Latoya Thompson	MDCPS	CQI Supervisor
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Heather Hendley	Children's Bureau	Partner
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Alyssa Mason*	Youth	Partner
Tahnisha Litt*	Youth	Partner
Tamara Jordan*	Youth	Partner
Marissa Robinson*	Youth	Partner
Elmer Gomez*	Youth	Partner
Gretchen Cook	Methodist Children's Home	Executive Director
Latoya Clark Horne	Methodist Children's Home	Chief Operating Officer
Amy Turner Downing	Sunnybrook	Program Director
Kory Billups	Millcreek of Pontotoc	Program Director
Tiffany Dillard	First Place for Youth	Program Manager
Vicki Lowery	Administrative Office of Courts	Youth Court Program Director
Jack Thacker	Administrative Office of Courts	Senior Programmer Analyst
Alyssa Ben	MS Band of Choctaw Indians	Director, MBCI Department of Family & Community Services
Tia Anderson	MS Band of Choctaw Indians	Youth Opportunity Program
Autumn Lake	Health Connect America	Therapeutic Foster Care State Director
Carlyn Hicks	Hinds County Youth Court	Judge
Mary B. Cotton	Yazoo County Youth Court	Judge
Trent Favre	Hancock County Youth Court	Judge
Mallory Cooley	Morrison Heights Baptist Church	Pastor
Sonya Alexander	Canopy Children's Solutions	Site Manager
Nic Ricceri	SW MS Children's Advocacy Center	Executive Director
Amy Honea	SW MS Children's Advocacy Center	MDT Coordinator/Facilitator

Description of Stakeholder Involvement in Statewide Assessment Development

Describe how child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and other key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Child and Family Services Review (CFSR) Team
For CFSR Round 4, MDCPS created a team led by Christopher Rand and the Federal Reporting Unit to serve as the primary points of contact for the agency. The internal team was composed of program directors and employees from each service area. Externally, the CFSR Team worked with the Children's Bureau (CB), the National Child Welfare Center for Innovation and Advancement (NCWCIA), and Mississippi's Administrative Office of Courts (AOC) along with representatives from other state agencies, community based and private organizations.

Focus Groups
In December 2025 and January 2026, MDCPS scheduled a series of seven (7) focus groups, one in each of the State's service areas. The focus groups were designed to gather intentional and transparent feedback about our state child welfare agency. Stakeholders — including caseworkers, supervisors, members of the judicial community, service providers, and others — were assured that each session would be a safe space for open and honest dialogue about their experiences with various aspects of the agency's work. At the start of every meeting, participants were reminded, "We listen and we don't judge." This commitment to openness was reinforced by the absence of electronic or technological devices; discussions were guided solely by pen, paper, and participants' voices. As a result, stakeholders felt comfortable sharing their concerns as well as potential solutions to the issues discussed. Whether the feedback was positive or critical, MDCPS remains committed to collaboration and collective action to ensure appropriate services are provided to the children and families of Mississippi.

The groups also provided an opportunity for local providers to highlight available resources and services and to express their willingness to collaborate with service area caseworkers, supervisors, and others. Participants spoke candidly and passionately about the work they do and the meaningful impact it has on their local communities.

Participants were invited to respond to two discussion prompts, along with a general survey question. The following summarizes the key concerns and needs identified, significant barriers discussed, and notable strengths shared during the sessions (*Attachment A*).

Other Collaborative Opportunities
Beyond the CFSR process, MDCPS routinely partners with a broad range of child welfare stakeholders — including children, youth, families, public child welfare agencies, local organizations, advocacy groups, advisory boards, and service providers — to maintain a comprehensive understanding of system strengths and areas for improvement.

Family and youth engagement is intentionally fostered through lived-experience feedback and participation in youth advisory boards. Individuals who have directly experienced the child welfare system offer valuable insight, inform systemic improvements, and help ensure that services remain family-centered and responsive to the needs of those served.

The agency's annual Joint Planning meeting provides an additional forum to share agency initiatives and gather feedback from diverse stakeholders, including representatives from the Children's Bureau, members of the legal and judicial community, community-based organizations, and partner agencies.

The Youth Advisory Council, coordinated through Youth Transition Support Services, convenes monthly (virtual meetings) and gives youth an ongoing platform to share input. Their feedback helps shape MDCPS policy, strengthen agency practices, support system reform efforts, and enhance the foster care experience for their peers.

In mid-2024, the Administrative Office of Courts (AOC) appointed a new Director for Youth Courts. Since that time, the AOC has renewed collaborative engagement among the judiciary, MDCPS, and partner agencies such as the Division of Youth Services and the Mississippi Department of Education—entities whose work intersects with Mississippi's child welfare system. In collaboration with subject matter experts and consultants retained by the AOC, this group has met monthly for nearly a year to identify shared priorities and advance improvements across the broader child welfare system.

MDCPS also engages tribal partners through focus groups, surveys, skills groups, joint planning sessions, and specially convened meetings to gather input on system practices and needs. Agency staff work closely with the Mississippi Band of Choctaw Indians (MBCI) to better understand and address the unique cultural and linguistic needs of the community when designing and delivering services.

Section II: State Context Affecting Overall Performance

In this section, describe the vision and core components of the child welfare system, and how the state is organized to produce the desired child welfare outcomes. Briefly outline crosscutting issues not specifically addressed in the outcomes and systemic factor sections of the statewide assessment and finally illustrate how current improvement initiatives provide opportunities to achieve desired outcomes and system change.

We encourage states to consider the experiences of populations within the state that may experience bias, inequities, or underservice—either in their communities or by the systems seeking to serve them—with a focus on variations in outcomes for members of those populations, and how their child welfare system processes, practices, and procedures may either exacerbate or seek to ameliorate any inequities.

We recommend dividing this brief summary into three parts:

Part 1: Vision and Tenets

Briefly describe the vision and core tenets of the state child welfare system (i.e., primary programs, including title IV-E prevention programs, as applicable; practice model; structure and approach to drive change) that are designed to produce desired child welfare outcomes and the routine statewide functioning of systemic factors.

The vision of the Mississippi Department of Child Protection Services (MDCPS) is to ensure that children in the state grow up in strong families, are safe from harm, and are supported through partnerships that promote stability and permanency. The core mission is to protect children, support families, and encourage lasting family connections. The agency's core values are Compassion, Accountability, Professionalism, and Excellence (CAPE).

The fundamental philosophy of the MDCPS is Family-Centered Practice. This practice model is designed to work with families to identify their strengths and connect them with community services and support systems. The goal is to help families acquire the necessary resources and skills to safely care for their children, reduce the risk of future maltreatment, and prevent unnecessary out-of-home placements.

In the 2023 legislative session, the Legislature passed legislation which fully separated MDCPS from MDHS – fully authorizing MDCPS, as a stand-alone agency, to formulate policy and implement powers and duties of the agency in carrying out child welfare programs throughout the state. MDCPS began working toward specialization of work to allow case specialists to become experts in their areas of work and also created the Operations and Strategic Plans department to provide internal support to management teams by, among other things, delivering essential information to the Commissioner for critical decision-making efforts that guide the agency, tracking and analyzing data that is determined to be key indicators for creating solutions to meet established agency goals, and facilitating the establishment of priorities and synchronizing the efforts of divisional and departmental staffs through the tracking, development and submission of Commissioner's directives.

MDCPS leadership prioritizes an evidence-informed process to establish annual goals and objectives that align with these priorities, with the President's "Fostering the Future" Executive Order, and with ACF's "A Home for Every Child" initiative. The current initiatives that align with these goals are discussed further in Part 3 below.

Part 2: Cross-System Challenges

Briefly describe cross-cutting issues not specifically addressed in other sections of the statewide assessment that affect the system's programs, practice, and performance (e.g., legislation, budget reductions, community conditions, consent decrees, staff turnover and workload).

In 2020, Mississippi and MDCPS, like the rest of the world, faced unprecedented challenges because of the COVID-19 pandemic. Quarantine mandates and social distancing measures significantly disrupted agency operations, creating obstacles in both clinical practice and youth court proceedings. The pandemic limited MDCPS's ability to conduct in-person, in-home visits with children and families, hindering traditional methods of engagement and service delivery.

The year also marked a period of leadership transition for the agency. In January 2020, then-Commissioner Justice Jess Dickinson departed from MDCPS. An interim commissioner, appointed by the Governor, served until November 2020, when Commissioner Andrea A. Sanders assumed leadership. Upon beginning her tenure, Commissioner Sanders initiated a statewide listening tour. Through this process, she identified critical infrastructure gaps that had been exposed by the pandemic and promptly began efforts to strengthen and modernize the agency's systems.

Issues affecting MDCPS include chronic understaffing, elevated caseloads, and the continuing impact of the Olivia Y. litigation. The case remains a significant factor shaping the agency's operations. From April 2021 through April 2025, Commissioner Sanders negotiated a temporary suspension of the full reporting requirements under the Modified Settlement Agreement. During that period, the agency reported on core performance metrics and participated in regular meetings with Plaintiffs' counsel and the court monitor. With the reporting, monitoring and enforcement of the 2nd MSA paused, MDCPS began to focus on making systemic changes, including crafting a structural realignment of the Agency, championing large scale legislative changes, maximizing funding strategies, improving workforce morale and wellbeing to reduce turnover, modernizing the agency's technology infrastructure, reducing caseloads through strategic and proactive management, improving the foster and adoptive parent experience, refining the Agency's continuous quality improvement efforts, implementing widespread programmatic changes, and increasing placement options for youth with significant therapeutic needs. The rebuilding phase concluded in April 2025, at which point full reporting obligations resumed. Considering subsequent changes within the agency (discussed in Part III below), MDCPS is reassessing its reporting approach, and those discussions remain ongoing.

Additional challenges include budget constraints, a shortage of foster homes, and a recent increase in the number of children entering state custody. MDCPS continues to operate under the requirements of the Olivia Y. lawsuit, which arose from systemic failures to protect children

in state care. The governing court order imposes specific mandates regarding staffing levels, caseload limits, and standards of care. Mississippi has repeatedly been found out of compliance with these requirements, resulting in continued federal oversight and mandated corrective action.

Workforce Challenges:

- *High staff turnover and vacancy rates:* Low pay, burnout from emotionally demanding cases, and high caseloads drive many case workers to leave the agency. In 2020, retention and turnover presented significant challenges for MDCPS, even within a profession historically marked by burnout and high attrition. By late 2020, the agency's turnover rate had reached 29.8% among case-carrying staff and 26.0% among other employees. In response, MDCPS implemented a range of targeted initiatives and strategies to strengthen retention, several of which are further outlined in the agency's ongoing Professional Development Plan in Part 3 below
  - In January 2021, MDCPS established a Workforce Well-Being Department to prioritize recruitment and employee support. This unit enhanced hiring efforts through targeted job fairs, nontraditional advertising strategies, and behavioral-based interviewing. It also promotes a positive workplace culture by coordinating peer-nominated excellence awards, recognizing service milestones, and administering employee engagement and workplace safety surveys to monitor trends and inform improvements.
  - In December 2021, MDCPS reinstated its career ladder, resulting in salary increases for most case-carrying staff and expanded opportunities for advancement. To further address compensation, the agency implemented a salary realignment in November 2022 for case-carrying staff, yielding an average 20% pay increase. Additional compensation enhancements included the introduction of shift differential pay in May 2023 and duty-location pay in July 2023.

  These efforts have contributed to measurable improvements in retention. Turnover among case-carrying staff declined to 24.6% in 2024 and further to 23.1% in 2025. Similarly, turnover among other agency employees decreased to 22.8% in 2024 and remained steady at 22.7% in 2025. MDCPS remains committed to continuing progress in strengthening workforce stability.

- *High caseloads:* Despite efforts to reduce caseloads to levels mandated by the consent decree, the high turnover rate means a percentage of caseworkers still exceed limits, impairing their ability to properly serve children and families. MDCPS frontline staff lacked the technology and equipment necessary to effectively carry out their responsibilities. In 2021, the agency launched a comprehensive technology hardware replacement initiative, providing each field specialist and supervisor with a new cellphone and computer to better support service delivery and documentation requirements. This lifecycle replacement strategy enables MDCPS to proactively plan for and allocate both technological and information technology (IT) resources, ensuring a properly equipped and sustainable workforce.

In the summer of 2022, MDCPS designed, developed and implemented a caseload dashboard as part of an effort to begin to strategically allocate employees to the workload. Using the caseload dashboard, MDCPS analyzes data to identify trends that impact individual caseloads—such as geography, courts, resource availability, or agency structure and management—with the goal of systematically right-sizing worker caseloads. Using the recommended performance categories from the Organizational Analysis, the statewide caseload percentages as of October 31, 2025, were: 81% Met; 10.6% Close; and 8.4% Over. Even more, the statewide average number of cases assigned to a Specialist as of October 31, 2025, was 14 with no Specialist having more than 36 cases assigned. The agency has worked hard to reduce caseloads. Currently, 95% of our case carrying staff is below a 1.2 caseload with 87% meeting the required 1.0 caseload.

Budget and resource deficits:

- *Funding shortfalls:* In early 2025, MDCPS requested additional state funding to cover a nearly $33 million deficit. The Mississippi Legislature approved roughly $314 million, including about $136.5 million from the General Fund and $177.9 million from special funds, under bills like HB17 and HB1739, funding personal services, foster/adoption assistance, kinship care, and a human trafficking hotline.
- *Rising custody costs:* The agency's budget has been strained by an unpredicted surge in children entering state custody since 2023, many with "huge, demanding needs. Commissioner Sanders also noted there are those who have endured multiple traumatic experiences, necessitating specialized medical and psychological care models. Additionally, many high-need children entering MDCPS custody require unique services—such as intensive, long-term trauma or substance abuse treatment, and specialized care for children with disabilities—that are only offered in other states.

  From the 2021 legislative session to the 2025 legislative session, the Legislature increased state funding each fiscal year. The federal eligibility penetration rate, a measure of the percentage of children in MDCPS custody who are eligible for Title IV-E funding, has risen over the past four years from 32.11% in September of 2021 to 45.41% in May of 2025 resulting in an increase in the amount of federal dollars MDCPS has been able to draw down.
- *Lack of foster homes:* A chronic shortage of foster homes has compelled the agency to place children in hotels—an expensive practice that strains the budget and can be traumatic for youth. To expand foster care capacity, MDCPS authorized six partner organizations, effective July 1, 2025, to oversee foster home licensing. Additional reforms include allowing all required training to be completed online, increasing the maximum number of children per foster home from five to six, and revising household composition guidelines. Foster parents are no longer required to meet a specific legal marital status and can be married, divorced, or single; previously, applicants were limited to being married or single.

Census Surge:

- Since 2020, MDCPS has also seen a significant increase in the number of high-acuity youth entering the system. These youth need significant, long-term, inpatient care, and Mississippi does not have treatment options to accommodate the size of this population.

MDCPS works to find out-of-state placements for these youth, but the cost of out-of-state care is not covered by Mississippi Medicaid, requiring the agency to use 100% state dollars for their care. MDCPS is working with the Division of Medicaid to have out-of-state providers become Mississippi Medicaid providers. Additionally, the Legislature approved funding for a public-private partnership with Canopy to build a new facility to provide long-term, inpatient mental health treatment. A portion of those beds will be reserved for youth in MDCPS custody.

- Since mid-2023, MDCPS saw an unexpected and unprecedented surge of children entering custody. In July of 2023, 3,671 children were in MDCPS custody, and the agency had 1,581 open in-home cases. By October of 2024, that number had risen steadily to 4,111 children in custody and 1,662 in-home cases. The number of open investigations also surged from 1,923 in July 2023 to 2,802 in October 2023. Open investigations reached an all-time high of 3,208 in July 2024. By hiring strategically throughout the state and utilizing an agency-designed caseload dashboard that provides real-time data, MDCPS has been able to decrease the overall workload.

Part 3:

Current Initiatives

Briefly describe the cross-cutting improvement initiatives (e.g., practice model, new safety model, workforce projects) to provide context for, and an understanding of, the priority areas of focus from the last CFSR that were addressed through the state's most recent PIP. This is an opportunity to highlight current initiatives and progress made toward achieving desired outcomes and systemic change.

Agency Restructuring

In 2022, MDCPS transitioned from a regional structure to a service area model, dividing the state into seven service areas based on geography and workload. Each service area is organized into teams and counties. This restructuring has strengthened caseload management, enhanced service delivery for children in custody, and improved personnel oversight. In 2023, MDCPS further refined its organizational design to promote greater specialization, enabling staff and leadership to develop focused expertise rather than operate as generalists. The agency now maintains specialized units dedicated to investigations, safety, child wellbeing, and adoption. In 2025, MDCPS also consolidated its Licensure and Placement Units to improve coordination and efficiency.

The shift to a service area model also reshaped the clinical management structure. Each service area is led by both a Safety Assistant Deputy Commissioner and a Wellbeing Assistant Deputy Commissioner (ADCs), who work collaboratively within their assigned areas and collectively across the state. The Licensure and Placement Unit is likewise overseen by an ADC. This leadership framework has strengthened statewide clinical oversight and supported meaningful practice improvements.

In 2023, MDCPS established the Operations and Strategic Plans (OSP) department to provide internal support to agency leadership. OSP is responsible for coordinating required strategic and operational plans, conducting analysis, developing action plans to improve organizational

efficiency, and managing projects aligned with agency priorities. One of OSP's most impactful initiatives has been the development and facilitation of the biweekly Commissioner's Update Brief (CUB). The CUB convenes agency leadership to review performance data tied to strategic goals, promote cross-departmental collaboration, and engage in structured problem-solving. Through this process, MDCPS has enhanced its ability to identify challenges, implement solutions, and share information effectively. The CUB initially concentrated on improving caseload management, and since its implementation, MDCPS has increased its compliance with Olivia Y. caseload standards to over 85 percent, sustaining that progress over time. The agency intends to continue leveraging the CUB framework to address additional operational priorities.

MDCPS began developing Mississippi's Family First Prevention Services Act (FFPSA) Plan in July 2022, receiving final approval from the Children's Bureau on August 11, 2025. With implementation scheduled to begin in 2026, the FFPSA Plan provides a significant opportunity to advance systemic improvement efforts by expanding prevention service capacity and reinforcing a priority on meeting families' needs to safely maintain children in their homes. The Plan emphasizes the use of approved, evidence-based prevention programs focused on mental health services, substance use prevention and treatment, and in-home, skills-based parenting support.

In preparation for implementation, MDCPS is aligning its programs and technology with FFPSA requirements, which provide federal matching funds for eligible prevention services and support MDCPS's goal of strengthening families and reducing entries into foster care. For example, the Intercept model implemented by Youth Villages is recognized as "Well-Supported" by the Title IV-E Prevention Services Clearinghouse for its effectiveness in preventing out-of-home placements and increasing permanency for children and families. Collectively, these initiatives reflect MDCPS's comprehensive approach to addressing CFSR findings through family-centered practice, workforce support, and modernized technology to improve outcomes for Mississippi's children and families.

The MDCPS administers programs under Title IV-B and Title IV-E of the Social Security Act. The agency's programs are designed to engage and strengthen families, promote child safety, and encourage timely permanency.

Mississippi's specific goals for the next five-year period are guided by three priorities:

1) Safety and Wellbeing: Mississippi intends to ensure the safety and wellbeing of its children by reducing the number of instances of child maltreatment.
2) Prevention: Mississippi seeks to support families by providing the services and resources needed to help children remain safely at home.
3) Permanency and Wellbeing: Mississippi seeks to achieve lasting permanency as rapidly and safely as possible for every child who must enter foster care.

- **Prevention Programs:** The agency offers programs dedicated to child abuse prevention, such as Community-Based Child Abuse Prevention (CBCAP). These programs are authorized to fund child abuse prevention programs that provide a multitude of services and

support to at-risk families and offer public information about prevention. These services and programs can include:

- Comprehensive support for parents
- Promoting the development of parenting skills
- Improving family access to formal and informal resources
- Supporting needs of parents with disabilities through respite or other activities
- Providing referrals for early health and development services
- Promoting meaningful parent leadership

Programs finance the development of a continuum of preventive services through public-private partnerships; finance the startup, maintenance, expansion, or redesign of child abuse prevention programs; maximize funding through leveraging funds, and finance public education activities that focus on the promotion of child abuse prevention.

- **In-Home Services:** The in-CIRCLE program is an intensive, home- and community-based family preservation service aimed at strengthening families and safely reunifying them. Its primary goal is to address risks and prevent the removal of a child from their home.
- **In-CIRCLE:** Program through Canopy Children's Solutions delivers intensive in-home services to children and families across Mississippi. In-CIRCLE is a comprehensive home and community-based program designed to support family preservation, reunification, and stabilization for families with children at risk of out-of-home placement. The program serves two primary target populations: 1. Families with children from birth to age 18 under MDCPS jurisdiction who are at risk of removal and placement in foster care, group care, psychiatric facilities, or juvenile justice programs, or who have been removed, but are candidates for reunification. 2. Families with expectant mothers at high risk of having their child removed due to substance use issues once the child is born.
- **Youth Villages' Intercept Model:** Since the suspension of the 2nd MSA, MDCPS has engaged in several programmatic changes and additions directly related to its provision of services. In October 2022, MDCPS entered into an agreement with Youth Villages for implementation of its Intercept Services program which is an integrated approach to in-home parent skill development that offers a variety of evidence-based practices to meet the individualized needs of a family and child, specializing in working with children who are at high risk of entry or re-entry into foster care. Family intervention specialists work intensely with only four to five families at a time, allowing them to focus on meeting a child and family's individual needs. Since December 2022, approximately 1,830 youth have been served through the Intercept Program.

  The Intercept model, implemented by Youth Villages, is recognized as Well-Supported by the Title IV-E Prevention Services Clearinghouse for its effectiveness in preventing out-of-home placements, including foster care, and increasing the likelihood of permanency for children and families. This evidence-based program addresses a wide range of emotional, mental, and behavioral challenges faced by young people across the United States, utilizing proven treatment models that strengthen families and support systems while promoting long-term success. Intercept is an integrated, intensive in-home parenting skills program tailored to children from birth to age 18. Services typically last four to nine months,

depending on the type of referral. Intercept specialists work collaboratively with children and their caregivers to address factors affecting family stability.

- **Baptist Children's Village – DORCAS:** The Dorcas In-Home Family Support Program focuses on providing family-centered, youth-driven interventions aimed at enhancing the stability of enrolled families and their capacity to adequately care for their children. These interventions are designed to improve families' access to and utilization of community resources and support services, ultimately reducing the likelihood of child removal or disruptions in living arrangements.

These programs are authorized to fund child abuse prevention programs that provide a multitude of services and support to at-risk families and offer public information about prevention. These services and programs serve the following functions:

- Providing comprehensive support for parents
- Promoting the development of parenting skills
- Improving family access to formal and informal resources
- Supporting needs of parents with disabilities through respite or other activities
- Providing referrals for early health and development services
- Promoting meaningful parent leadership

A Structured Decision-Making Model (SDM) tool is currently being validated to support Mississippi's FFPSA plan. Its implementation will enhance the screening process for hotline calls and will include a Community Response Pathway for prevention services. Prevention specialists will be placed in the seven service areas to address the needs of children and families.

To prevent children from entering foster care, MDCPS's plan allows federal reimbursement for several evidence-based prevention programs. These services are offered to children identified as "candidates for foster care," as well as to pregnant or parenting youth in foster care and their relatives.

- **Intensive, in-home services:** The in-CIRCLE program, for example, is a community-based family preservation service designed to keep children safe and with their families. It provides intensive support over several months to improve parenting skills, reduce abuse and neglect, and address mental and behavioral health issues.
- **Mental health services:** The plan funds mental health treatment and prevention for children and families to address underlying issues that could lead to foster care placement.
- **Substance abuse treatment:** The plan includes substance abuse prevention and treatment services for families affected by addiction.

The kinship care and relative placement portion of the plan promotes placing children with relatives when they cannot remain safely in their own home. FFPSA provides federal payments to support kinship navigator programs, which help relative caregivers connect to resources and services. The plan includes provisions for reviewing and improving licensing standards for relative foster family homes.

FFPSA aims to limit the use of non-family settings like group homes and residential care by restricting federal funding for stays in these facilities.

- **Qualified Residential Treatment Programs (QRTP):** The law limits federal funding for congregate care to a maximum of two weeks, unless the facility meets the standards of QRTP. To qualify as a QRTP, facilities must be accredited, use a trauma-informed approach, and focus on engaging the child's family.

  Effective July 1, 2025, MDCPS entered into new contracts with its network of partnering agencies as part of the development of a continuum of care ("COC") which ensures a child is provided with the correct level of quality residential services – when an out-of-home placement has been deemed in the best interest of a child – that are safe, licensed, child and family centered, trauma focused, and time limited.
- **Placement assessment:** For a stay in a QRTP to be funded beyond two weeks, a clinical assessment must be completed within 30 days to determine if the placement is the most appropriate setting for the child's needs.

  The Legislature also passed legislation during its 2024 session which enables MDCPS to utilize Qualified Residential Treatment Programs ("QRTP") to provide opportunities for a child in MDCPS custody to be in a placement where his or her psychological or behavioral needs can be stabilized and also created a public-private partnership to provide a minimum of 33 beds at the Canopy CARES Center for youth under the care of MDCPS and the Department of Mental Health, allowing MDCPS to provide a higher level of treatment to children in-state as opposed to out-of-state.

To support the FFPSA initiative, Mississippi's plan includes measures for its child welfare workforce. Workers are trained in the programs, models, and practices required by the plan. The plan uses tools like case staffing to ensure thorough investigations, proper service plan development, and timely, high-quality interventions.

Professional Development

Mississippi has partnered with the accredited social work programs at eight Mississippi universities to create the Mississippi Academic Pathways Scholarship (MAP) to enable social work students to pursue careers with MDCPS. The MAP Program provides scholarships, dedicated internships, and career coaching for students who wish to become MDCPS employees. In exchange, students agree to enter MDCPS's workforce and provide one year of service. To date, the MAP Program has been awarded $900,000 in scholarships and employed 113 students. Approximately 90% of MAP Scholars continued to be employed after their first year.

Additionally, new case-carrying staff now receive graduated caseloads once they complete pre-service training. Specialists begin with a caseload of up to 50% capacity in the first month, 75% capacity in the second month, and start carrying a full caseload in their third month. Implementing graduated caseloads has allowed for additional OTJ training, helped new specialists focus on creating good habits in their practice, and prevented overwhelm – all results that help promote safety for children and improved service.

While MDCPS does not currently conduct formal evaluations for contract staff, the agency is in the process of developing an evaluative questionnaire for implementation within the current year.

Beginning Spring 2025, all MACWIS Incident reports and Case Restriction requests are submitted through a new process on CORE. The MACWIS Incident Report form is used for Intake, Case, and Resource specific issues in MACWIS. Meetings/trainings were hosted to assist staff in the transition to the new process. The Q/A meetings included live demos of the MACWIS Incident Report and Case Restriction form. This update is part of the agency's ongoing efforts to improve efficiency and streamline support processes.

MDCPS implemented Sibling Day Celebration events in three locations throughout the state, beginning October 2025, with a maximum of 50 youth per location. The events are coordinated by MDCPS Education Liaisons and meant to highlight and promote the essential role of sibling relationships by facilitating sibling visits and reunions for children in foster care. MDCPS hopes these events will lead to greater placement stability, fewer emotional problems, raise awareness about the importance of siblings as a crucial support system, and increase well-being for children. Frontline workers and supervisors are asked to assist with age requirements and transportation plans. At least one sibling of the sibling group must be 14 or older. Transportation plans must be in place to ensure each youth registered can participate. MDCPS Education Liaisons asked other MDCPS staff to volunteer to provide supervision throughout the events to ensure a safe, welcoming, and joyful experience. Survey results and budget will determine if the agency follows through with plans for future sibling day events.

Section III: Assessment of Child and Family Outcomes

Data source: A component of Mississippi's assessment of current performance is OSRI reports from MDCPS CQI reviews that are performed each calendar year. The data is structured by calendar year to show any trending numbers year-to-year. It would be important to understand that Round 3 CFSR Baseline would have been part of 2020 data and the end of Round 3 PIP occurred in 2023. The years 2024 and 2025 were internal reviews where the OMS and Secondary Oversight by Children's Bureau was utilized for continued accuracy and skill building. Furthermore, the calendar year 2024 was the first year that (internal) Service Area Reviews restructured to Service Areas (from Regions) and were completed (using Round 4 OMS platform and measurements). The Children's Bureau is aware and has been made aware of MDCPS structural changes from Regions to Service Areas.

A. Safety

Safety Outcomes 1 and 2

Safety Outcome 1

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

***Item One*: Were the agency's responses to all child maltreatment reports initiated, and all face-to-face contact with the children made, within time frames established by agency policies or state statutes?**

CFSR Performance Item 1 Timeliness of initiating investigations of reports of child maltreatment	2020	2021	2022	2023	2024	2025
Number of cases rated as a strength	112	111	114	92	70	69
Number of applicable cases	181	168	177	144	116	124
Performance (%)	61.88%	66.07%	64.41%	63.89%	60.34%	55.65%

State Response:

Safety Outcome 1 was not found to be in substantial conformity for Round 4. The 2025 review determined that 8.33% (5 of 60) of the cases involved circumstances beyond the agency's control. In the remaining cases, findings indicated that investigative specialists did not consistently make ongoing efforts to locate families within the timeframes required by policy, based on the assigned report level.

When a family cannot be located after two attempted contacts at different locations within the prescribed timeframe, policy requires the investigator to initiate a diligent search. Policy further mandates daily, concerted efforts to achieve face-to-face contact. Review results suggest that these required daily efforts were not consistently documented in the applicable cases.

MDCPS will take steps to ensure that investigative staff make sustained and consistent efforts to locate families in accordance with state policy and the assigned report level. The

agency will also continue strengthening efforts to prevent unnecessary entry into or reentry into care, recognizing that in the reviewed cases, children entered custody due to the specific circumstances involved. In addition, MDCPS will maintain its focus on timely and effective case staffing and the strategic use of available data to inform practice and decision-making. The agency employs methods like Family Team Meetings (FTMs) to engage extended support networks and collaborate with law enforcement for harder-to-locate families.

In 2023, MDCPS changed the process for receiving reports of abuse or neglect when it brought the Mississippi Centralized Intake and Assessment ("MCIA") in-house and established the Centralized Screening Unit ("CSU") to provide centralized screening of reports as opposed to screening at the county level. All calls received by MCIA are routed to the CSU except for reports involving a child in MDCPS custody which is screened in for investigation and assigned to a member of the Senior Safety Team which is composed of clinical specialists who have extensive investigation experience. In 2025, MDCPS established the MIC/Fatality Review Committee – composed of representatives from various areas of the agency, including Licensure, Legal, CQI, and Clinical Support – to review all Senior Safety investigations related to reports of maltreatment of a child in custody before an investigation can be considered complete.

MDCPS will ensure that ongoing, consistent efforts are made to attempt to locate the family according to the State policy for the level of the report received. MDCPS will also ensure that ongoing efforts are made to prevent entry or reentry into care, and the child(ren) entered custody regardless of the efforts made due to circumstances of cases reviewed. Additionally, timely and effective case staffing and using available data will continue to be practiced in the agency.

Safety Outcome 2

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

***Item Two*: 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?**

CFSR Performance Item 2 Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	2020	2021	2022	2023	2024	2025
Number of cases rated as a strength	46	37	64	51	95	102
Number of applicable cases	77	76	98	64	126	125
Performance (%)	59.74%	48.68%	65.31%	79.69%	75.4%	81.6%

***Item Three*: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care?**

CFSR Performance Item 3 Risk and Safety Assessment and Management	2020	2021	2022	2023	2024	2025
Number of cases rated as a strength	229	206	197	186	147	155
Number of applicable cases	350	350	350	275	210	210
Performance (%)	65.43%	58.86%	56.29%	67.64%	70%	73.81%

State Response:

Although MDCPS achieved nearly a 22% increase in compliance with Safety Outcome 2, Item 2 between 2020 and 2025, the agency was not found to be in substantial conformity for Round 4. Notably, performance has shown a consistent upward trend over the past four years.

According to the 2025 review data, concerted efforts to prevent entry into or reentry into care were documented in 81.6% of applicable cases. The OSRI Item 2 Rating Summary Report identified several practice trends that contributed to the overall rating percentage:

- Safety related activities with the explicit goal(s) of ensuring the child's safety were not attempted or explored with the family at the pivotal moments (immediately) where safety threats were identified.
- Concerted efforts such as facilitating the family's access to very specific services needed to control the identified threat were not found to have been completed timely.

Safety Outcome 2, Item 3 is not in substantial conformity for Round 4. However, Item ratings have increased over the past 4 years even beyond the Round 3 CFSR PIP. 2025 Practice Performance Results showed that in 89.25% of the applicable cases, the agency conducted an initial assessment that accurately assessed all safety and risk concerns. Furthermore, the 2025 results reflected that the ongoing assessments were completed at 77.03% strength.

Item Rating Summaries indicate a need for specialists to strengthen both the quality and frequency of formal, written safety and risk assessments conducted with key participants and at critical points in a case. While case-carrying staff routinely assess safety and risk through informal methods—such as speaking with children and placement providers during home visits and contacts—practice can be improved by ensuring consistent, face-to-face engagement with applicable parents in their home environments.

In cases where a safety plan was required or already in place, Practice Performance Ratings reflected an 84.48 percent strength. MDCPS will concentrate on improving those elements of safety plans that did not fully or clearly define the specific actions and arrangements necessary to control immediate threats to children. The agency's goal is to more intentionally structure this work so that risk and safety factors are identified and addressed

at the outset of involvement, promoting early mitigation and meaningful family engagement.

Wellbeing and Permanency refer to the task of monitoring weekly staffing tools to Social Services Supervisors and Social Services Team Leads to ensure parent engagement and involvement in their case. As part of this initiative, Wellbeing and Permanency Assistant Deputy Commissioners submit weekly case staffing notes to a senior clinician to support oversight of parent engagement and involvement. Supervisors will continue to guide staff in developing and implementing high-quality, effective safety plans.

MDCPS will also continue leveraging findings from case staffing and service area reviews to strengthen the feedback loop and enhance practice related to safety and risk assessments. The Continuous Quality Improvement (CQI) unit typically provides finalized review results to specialists within 30 days of the last review date. While CQI tailors results in individual service areas, statewide discussions are framed to encourage improvement and shared learning rather than to single out specific areas.

Additionally, the agency has implemented Learning Labs within each service area to provide ongoing training focused on continuous risk and safety assessment. MDCPS will continue refining strategies to ensure that safety plans are clear, detailed, and action oriented.

MDCPS supervisors will continue to assist in formulating and implementing quality safety plans that address immediate safety concerns and threats to children and the importance of ongoing monitoring of the plans to ensure there are no gaps or prolonged agency involvement that is not warranted.

The agency will continue to use the information from the case staffing reviews and service area reviews to enhance the feedback loop, if necessary, to guide and strengthen practice related to safety and risk assessments. The feedback loop from each review includes the exported results (multiple tabs with different types of data exported from the OMS), the word report that pulls together current review results, PPT for the items ratings from year to year, and qualitative feedback of what drives the ratings (for each Item). Results are typically provided within 30 days from the last date of review (once the data has been finalized). While the individual service area's results are provided directly to them, discussions are held about the State to not create a “targeted” type feeling for the individual service areas and to promote “we are all in this together.”

MDCPS continuously studies how it can incorporate more experiential learning into its training programs. Though the revised definitions have been incorporated into training, MDCPS sees that the understanding of those definitions will not translate into improved performance unless staff have the skills to apply those definitions in their work. The agency implemented Learning Labs within each service area to have ongoing trainings surrounding ongoing assessment of risk and safety, understanding and identifying a parent or caretaker protective capacities, underlying needs and alleviating the immediate and ongoing safety threat. The agency will continue to incorporate strategies to ensure safety plans are very

specific and detailed. The implementation of specialized units, weekly staffings, and on call covered investigative units are strategies the agency is utilizing to assist with risk and safety. Collaboration with agency units such MCI, SIU, and County Investigations are very instrumental in assuring risk and safety assessments, and management goals are met. Also, the CQI unit is continuing to work with each service area providing data and feedback. In addition, each service area will utilize the feedback and lessons learned from monthly meetings to align or adjust practices.

MDCPS began migrating from online pre-service training to in-person training sessions. New hire training for case carrying staff has recently been completed. The supervisory training, DEAL, was also completed. Contract training was delivered for In-home services and Investigations as well as mandatory training for administrators and principals of a local school district. The program continues to deliver all new hire training, along with Supervisor training for individuals promoted to a supervisory position who serve in a case carrying role. Pre-Service training is undergoing significant restructuring to include a hybrid model that alternates between classroom instruction and on-the-job experience.

Maltreatment in Care

Maltreatment in care is an identified Area in Need of Improvement (ANI). As seen in Figure 1 from the CFSR Round 4 Data Profile (see Appendix A), maltreatment in care is at 9.07 nationally and Mississippi's RSP of 25.00 is significantly above the National Performance (NP). Observed performance and RSP are both trending upward in Mississippi.

In 2024, MDCPS initiated a root cause analysis of Mississippi's maltreatment-in-care (MIC) rate. The agency hypothesized that MIC investigations were not being reviewed and analyzed consistently across the state and that the reported data did not accurately reflect the true rate of maltreatment in care. In response, MDCPS established a specialized investigative unit—the Senior Safety Team—to handle MIC investigations, conduct restricted and fatality investigations, and provide additional support to Safety teams statewide as needed. The Senior Safety Team began operations in April 2025.

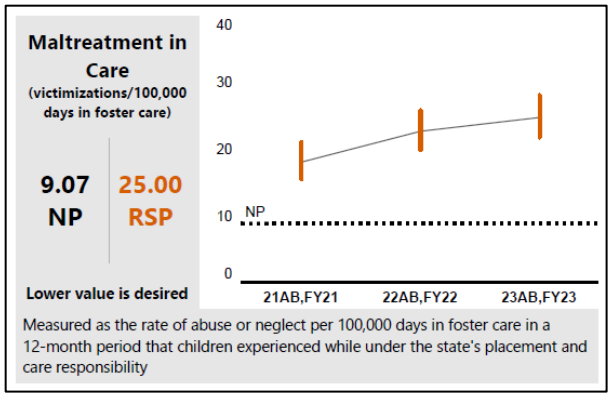
Concurrently, MDCPS formed an internal multidisciplinary review committee to examine MIC and fatality investigation reports, evaluate investigators' recommendations, and reach a unanimous determination regarding whether findings meet statutory definitions of abuse or neglect or instead constitute policy violations. The MIC/Fatality Review Committee meets weekly and includes senior clinicians from multiple agency units. During these sessions, members question investigators, assess practice issues, analyze case facts, and consult with legal counsel to ensure proper application of statutory standards. The committee began reviewing cases in July 2025. Although data collection is ongoing to assess the committee's overall impact on accurately identifying MIC, early feedback from the Senior Safety Team and review members indicates that investigations are more thorough, practice discussions are more substantive, and the review process is beneficial.

Although these reforms were implemented, Mississippi's MIC rate did not show an immediate decrease, leading to a review of the state's most recent NCANDS submission. That review found that many cases listed the same date for the hotline report, the alleged

incident, the start of the investigation, and the child's placement into custody. A qualitative review by the Continuous Quality Improvement (CQI) Unit indicates that a substantial number of these reports are not true MIC cases. Rather, they frequently involve children who disclose past abuse or neglect to foster parents, specialists, or other service providers after entering custody, which then generates a new report. Mississippi plans to finalize this review expeditiously and, if appropriate, submit revisions to its NCANDS data.

Determining the driver of maltreatment in care will require further investigation.

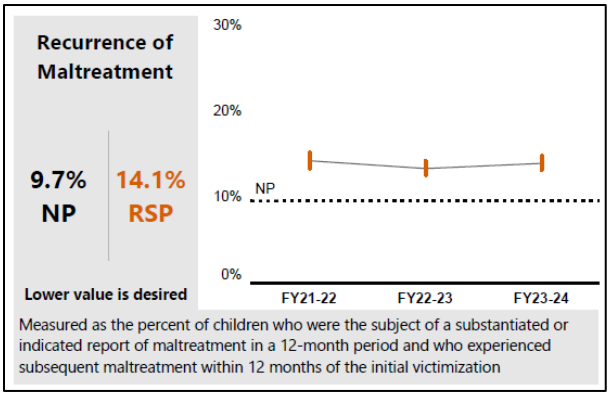
Figure 1. Maltreatment in Care, August 2025 Data Profile



Recurrence of Maltreatment

Recurrence of maltreatment in care is identified as an Area in Need of Improvement (ANI). As seen in Figure 2 from the CFSR Round 4 Data Profile, recurrence of maltreatment in care is at 9.7% nationally and Mississippi's RSP of 14.1% is significantly above the NP.

Figure 2. Recurrence of Maltreatment, August 2025 Data Profile



B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (a) children have permanency and stability in their living situations; and (b) the continuity of family relationships is preserved for children.

Permanency Outcome 1

Children have permanency and stability in their living situations.

Over the past three legislative sessions, the Legislature has passed multiple comprehensive packages directly aimed at clearing the path to permanency for children in the custody of MDCPS in addition to the full separation of MDCPS from MDHS. In the 2023 session, the changes included: making MDCPS a necessary party at all stages of proceedings involving a child in its custody; establishing termination of parental rights and adoption proceedings as priority cases; establishing the Mississippi Commission on a Uniform Youth Court System to study Mississippi's youth court system; establishing the Mississippi Task Force on Foster Care and Adoption to perform a comprehensive study of the adoption statutes and several statutes related to the functions of MDCPS and the youth courts; and creating the Foster Parent Bill of Rights which requires MDCPS to extend a set of rights to all relative and non-relative foster parents.

***Item Four*: 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 goals?**

CFSR Performance Item 4 Stability of Foster Care Placement	Baseline 2020	2021	2022	2023	2024	2025
Number of cases rated as a strength	168	170	174	135	93	102
Number of applicable cases	210	210	210	165	126	126
Performance (%)	80%	80.95%	82.86%	81.82%	73.81%	80.95%

***Item Five*: Did the agency establish appropriate permanency goals for the child in a timely manner?**

CFSR Performance Item 5 Permanency Goal for Child	Baseline FY2020	2021	2022	2023	2024	2025
Number of cases rated as a strength	81	77	130	116	87	102
Number of applicable cases	210	210	210	165	126	126
Performance (%)	38.57%	36.67%	61.9%	70.3%	69.05%	80.95%

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

CFSR Performance Item 6 Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	2020	2021	2022	2023	2024	2025
Number of cases rated as a strength	60	65	85	83	67	81
Number of applicable cases	210	210	210	165	126	126
Performance (%)	28.57%	30.95%	40.48%	50.3%	53.17%	64.29%

State Response:
The CFSR PIP measurement goal for Item 4 was achieved through FY2023 and overall is a strength for Permanency Outcome 1. Most of the placements were considered stable at the time of the reviews. MDCPS has identified steps to build on this strength:

(1) having the assigned specialist(s), rather than another staff member, make concerted efforts to prevent the disruption of placement.

(2) having service area leadership provide coaching related to efforts to prevent the disruption in placement. Supervisors are encouraged to discuss potential placement disruptions regularly in case-staffing.

(3) For youth with therapeutic needs, specialists are encouraged to consult with the therapeutic placement units to identify resources that may prevent placement disruption.

However, for those cases rating area needing improvement concerted efforts to prevent the disruption of placement(s) is not always made by the assigned staff for the target child. Wellbeing and Permanency leadership provides coaching related to efforts to prevent the disruption in placement. Supervisors are encouraged to discuss potential placement disruptions regularly in case-staffing. For youth with therapeutic needs, frontline staff are encouraged to consult with the therapeutic placement units to identify resources that may prevent placement disruption.

MDCPS saw decline and inconsistency in performance for Item 5 in meeting the CFSR Round 3 PIP measurement improvement goal of 47%. Results indicated that many of the permanency plans that were in effect for the period under review were established timely, however, less were considered appropriate for the timeline and / or case dynamics for the cases reviewed. There were incidents where the child had two plans assigned and one of those plans was not appropriate to the case circumstances or changing circumstances of the case. Another factor affecting this rating was that termination of parental rights petitions was not filed timely and an exception and compelling reason(s) for not seeking termination of parental rights were not noted in the cases reviewed. MDCPS Wellbeing and Permanency leadership continues to receive coaching around permanency along with completing and submitting timely TPR Packets. Permanency continues to be an ongoing part of case staffing.

MDCPS Office of Legal Counsel works collaboratively with the Office of the Attorney General to address delays in permanency for TPR cases. MDCPS has been able to see significant gains in the number of TPR petitions filed, judgments received, and adoptions finalized when both the Office of Legal Counsel and the Attorney General's office changed leadership. These efforts are continuing. MDCPS reduced the number of TPR packets with deficiencies by ⅓ (this is a rolling data point that assesses packets that have been in process less than 30 days and greater than 30 days). MDCPS has increased its State Office review of packet deficiencies with the county offices both in frequency and intensity. The Permanency Unit staffs deficiencies monthly now, rather than quarterly, and staff members within the unit reach out to frontline staff in the field to offer specific assistance. Similarly,

staff attorneys in the Office of Legal Counsel have worked to remove legal barriers to completion of TPR packets, such as missing/unsigned/unentered court orders, death certificates, and other documentation.

MDCPS began using ARPA funding in 2024 to contract a firm to create an attorney pilot project. The firm hired 8 attorneys to provide agency representation in 11 counties, and the Office of the Attorney General allocated 5 of the attorneys that it provides statewide TPR representations to an additional 5 counties. These attorneys provide advice and representation to those 16 counties from shelter through TPR. MDCPS contracted with a second firm to provide targeted representation and training in other counties with a high need. Additionally, MDCPS's in-house attorneys provide triage legal services to the remaining counties. Data from the pilot project demonstrates that adding attorneys at all phases of youth court proceedings helps reduce the amount of time children remain in care. MDCPS continues to push to expand the number of attorneys available to provide agency representation.

The Agency and Courts' collaborative efforts are considered in the practice performance measurements. The Item 6 rating summary report revealed slower growth in performance, incidences of delayed court hearings, courts providing continuances despite unchanged parental behaviors, and inconsistent quality contacts to actively involve members in case planning over the period of the case (frequency and quality). Inconsistency in meeting the CFSR Round 3 PIP measurement improvement goal of 47% and saw only modest increases in 2024. However, MDCPS has made significant progress in 2025, with a 64.29% performance rate. The review process found that there were consecutive months in the period under review with no contact with parents when whereabouts were known or lacking efforts to locate parents when whereabouts became unknown all-in effort to work the plan of reunification. While this practice impacts the ratings for Item 6, it could also negatively impact ratings for Item 3 as well as Item 12b (Strengths/Needs/Well-being of parents). The OSRI Item Rating Summary indicated that the services needed for those youth to successfully live independently were not consistently provided and/or commitments for "permanency" was not sought with identified persons known to have a bond or ongoing positive relationship with the youth in care.

Review results showed that while many permanency plans in effect during the review period were established in a timely manner, fewer were deemed appropriate given the specific timelines and evolving circumstances of the cases. In instances where two permanency plans were assigned to a child, at least one plan was often not well-aligned with the case facts or changing dynamics.

Case reviews also identified the need for improvement in the timely filing of termination of parental rights (TPR) petitions. In addition, documentation of an ASFA exception for not pursuing TPR was not consistently noted in applicable cases. Despite these gaps, the agency has made measurable progress since 2023, increasing performance from 50.3

percent to 64.29 percent. The CFSR Program Improvement Plan (PIP) improvement goal for Item 6 was achieved in FY2023.

Because MDCPS does not have consistent legal representation in court prior to the filing of a TPR petition, the agency relies heavily on case-carrying staff to compile the documentation necessary to support a filing. The Permanency Unit coordinates the collection of required records, assembles the TPR packet, and forwards it to attorneys in the Office of the Attorney General, who are responsible for filing and litigating TPR cases.

Improvements in performance are largely attributable to enhanced practices within the Permanency Unit. Previously, deficiencies in TPR packets were addressed quarterly through outreach to county offices. The unit now identifies deficiencies in real time and provides direct, individualized support to frontline staff to resolve issues promptly. Trends are also reported during the biweekly Commissioner's Update Brief (CUB). As a result, the agency has significantly reduced the time required to correct deficiencies in most documentation categories, except for: (1) out-of-state birth or death certificates, and (2) missing court orders.

For in-state birth and death certificates, MDCPS now operates under an interagency agreement with the Mississippi Department of Health's Vital Statistics office that allows centralized, routine requests through the State Office as children enter custody. Previously, specialists were required to submit applications in person. Although the in-state process is now streamlined and automated, out-of-state records must still be requested individually, which can cause delays.

With respect to missing court orders, challenges persist in many jurisdictions where consistent legal representation is not available until a TPR petition is filed. In these situations, specialists and supervisors must work directly with the courts to obtain timely orders. To address this issue, the Permanency Unit engages the agency's Office of Legal Counsel early in the TPR packet development process. In-house attorneys contact courts regarding outstanding orders, offer to draft proposed orders, review hearing recordings, or obtain transcripts when necessary. Counties participating in the Pilot Project experience fewer delays, as the assigned pilot attorney handles both the filing and litigation of the TPR case.

In 2021, leadership changes within both the MDCPS Office of Legal Counsel and the Attorney General's Children's Justice Division led to improved collaboration. The new leadership teams prioritized data sharing and regular communication, resulting in notable increases in TPR filings, judgments obtained, and finalized adoptions. Although leadership has since changed again in both offices, collaboration has continued to strengthen, and both entities remain committed to removing barriers to the timely resolution of TPR cases.

Attorneys responsible for filing TPR petitions have also taken steps to expedite proceedings. Efforts have focused on improving the process and publication for parents whose whereabouts are unknown. Additionally, the Office of Legal Counsel processes

invoice payments within 24 hours to prevent delays in publication notices caused by unpaid vendor invoices.

In Mississippi, adoption is a separate legal proceeding and, depending on the county, may represent a third court action required to achieve permanency. The agency currently relies on private attorneys to represent adoptive parents. The Permanency Unit has collaborated with the Office of Legal Counsel to identify attorneys who can promptly file adoption petitions and secure hearing dates on chancery court dockets. These efforts have shortened the timeframe between the expiration of the appeal period and the filing, hearing, and entry of the adoption judgment.

Many of these practice improvements require sustained, individualized attention and cannot be fully automated. As MDCPS expands the number of attorneys representing the agency in youth court, continued gains in performance measures are anticipated.

Beyond TPR-related reforms, MDCPS has implemented a streamlined and expedited process for licensing relative caregivers. Prioritizing placement within a child's "home base" promotes placement stability and fosters a more collaborative environment for parents working toward reunification. The agency is also finalizing plans to implement a KinGAP option to support permanency for children who cannot safely reunify with their parents but for whom TPR is not an appropriate path. Policy and procedural updates are being prepared for approval, and interim payment solutions are being developed within the existing MACWIS system. A KinGAP functionality has already been incorporated into the design of the new CCWIS system.

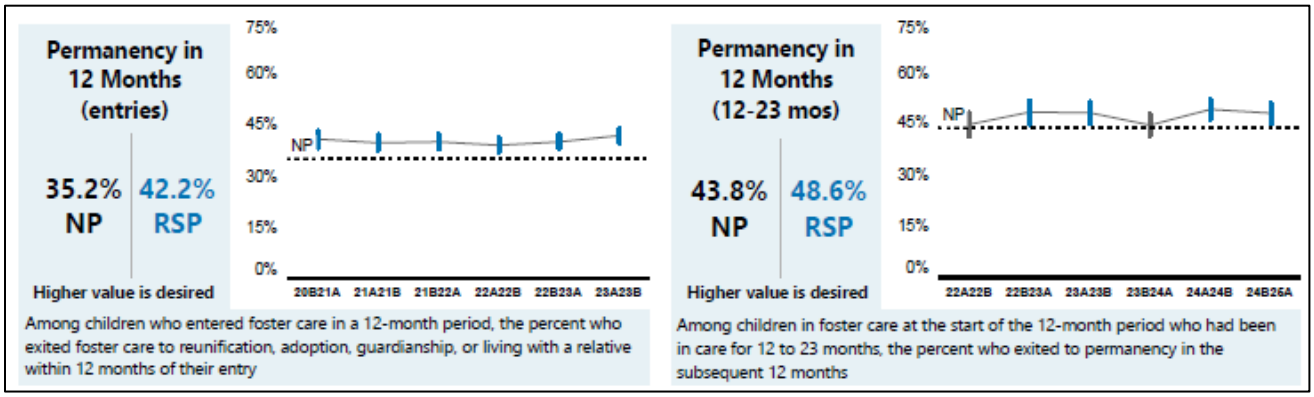
MDCPS implemented a GAP, which will assist in achieving permanency for those children who cannot be reunified with their parents but for whom TPR is not a viable option. MDCPS is currently working through barriers in legislative funding (which is required under Mississippi's statutes) and in Medicaid eligibility. The agency identified over 200 children (FY2021) who were eligible for this type of placement. As with the TPR backlog issue, MDCPS reached out to our judicial partners to educate them on the upcoming program and to advocate for pro-active review of eligible cases.

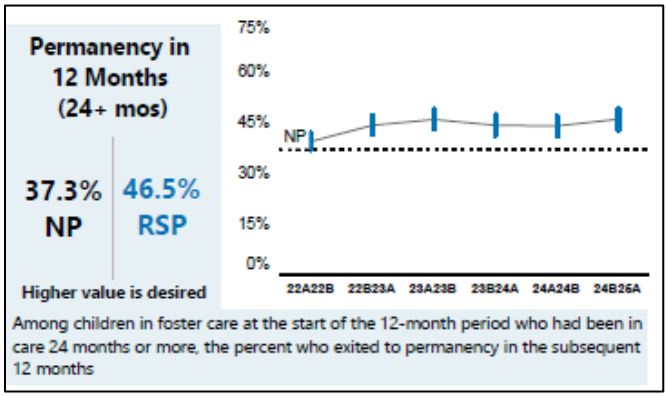
The CFSR PIP measurement improvement goal for Item 6 was achieved in FY2023. The agency continues to monitor the data and implement strategies accordingly to exceed the goal. Regions/service areas implemented strategies such as placement disruption meetings, on-call coverage for placement challenges, educating Social Service Supervisors in providing clinical supervision, honoring family connections, assigning team members to ensure TPR logistics are done timely, and teaming among counties and courts. MDCPS Wellbeing and Permanency Leadership team conducts regular reviews of agency data and uses the information to identify areas where practice and coaching require additional attention and developments. CQI and Wellbeing and Permanency continue to collaborate by assisting frontline staff and supervisors better understand the data. Information is shared with leadership to create a feedback loop that informs initiatives, policy, training, and practice improvement.

Statewide Data Indicators

Mississippi exceeded the national performance on Permanency in 12 months for all three cohorts: entries, 12-23 months, and 24+ months (Figure 3). The data profile showed national performance for Permanency in 12 Months was at 35.2% for entries, 43.8% for 12-23 months and 37.3% for 24+ months. Mississippi's RSP was above these thresholds by nearly 5 to over 9 percentage points.

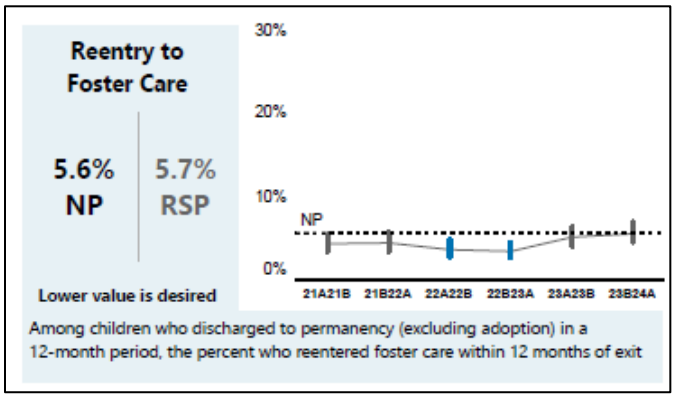
Figure 3. Permanency in 12 months for entries, 12-23 months, and 24+ months, August 2025 Profile





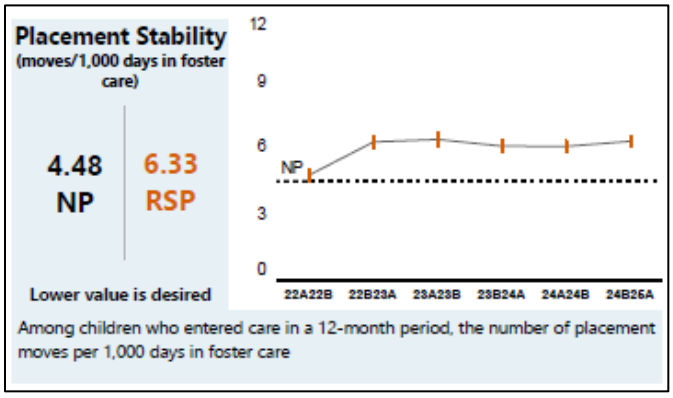
For children who achieved permanency, the Reentry to Foster Care data indicator looks at those who reentered care within 12 months of exit. Mississippi's RSP is consistent with national performance at 5.7%.

Figure 4. Reentry to Foster Care, August 2025 Profile



Placement stability is an Area in Need of Improvement for Mississippi. The national performance was 4.48 moves, while Mississippi's RSP was higher at 6.33 moves. Babies younger than 1 make up a disproportionate number of total moves (12.9%) compared to their percentage of days in care (18.9%).

Figure 5. Placement Stability, August 2025 Profile



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?**

Practice Performance results reflected that less than half of the sample the target child was placed with all their siblings who were also in foster care. However, there were valid reasons for those placement separations in applicable cases.

2025: 70.89% strength and 29.11% area needing improvement
2024: 74.71% strength and 25.29% area needing improvement

2023: 83.33% strength and 16.67% area needing improvement
2022: 75% strength and 25% area needing improvement
2021: 71.64% strength and 28.36% area needing improvement
2020: 75.35% strength and 24.65% area needing improvement

Annual results have fluctuated in recent years, indicating the need for stronger and more consistent practice efforts to reunite sibling groups when the circumstances that initially required separation change during the review period. The report noted that, in many applicable cases, separation occurred due to significant behavioral health needs of one or more children in the sibling group, requiring placement in a higher level of care than a traditional foster home could provide. Placement for treatment purposes is an appropriate and necessary reason for separating siblings.

To strengthen performance in this area, MDCPS has identified several strategies. First, the agency will examine how data related to sibling placements is collected and analyzed. Although the Foster Care Review (FCR) Unit does not currently track the specific reasons for sibling separation, it does collect information regarding visitation plans and the maintenance of sibling contact. Additionally, placement data can be generated through MACWIS reports. Analyzing these data sources more strategically may help identify patterns and trends related to sibling separation.

Second, MDCPS will emphasize ongoing assessment of cases involving separated siblings, particularly when one child is placed in a higher level of care. As that child stabilizes and becomes ready to transition back to a foster home setting, the agency will make concerted efforts to reunite the siblings whenever appropriate, including the provision of supportive services to facilitate a successful placement.

***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?**

The 2025 Practice Performance report reflects improvements compared to previous years' ratings. The OSRI Item Rating Summary indicated that Mississippi has improved 30% since 2020, with the 2025 report showing 70.37% strength. MDCPS will continue coaching staff to make consistent and purposeful efforts to ensure both the frequency and quality of visitation throughout the review period, with particular attention to revisiting and adjusting visitation plans whenever circumstances or family dynamics change—whether those changes are positive or negative.

The agency will also strengthen efforts to provide visits in settings that foster meaningful family engagement whenever feasible. In applicable cases, MDCPS will closely monitor trial home placements that appear to be stagnating to identify and address any barriers to timely reunification and to ensure clear, measurable progress toward the child's successful return home.

2025: 70.37% strength and 29.63% area needing improvement
2024: 66.99% strength and 33.01% area needing improvement
2023: 57.94% strength and 42.06% area needing improvement
2022: 45.18% strength and 54.82% area needing improvement
2021: 49.69% strength and 50.31% area needing improvement
2020: 40.49% strength and 59.51% area needing improvement

***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?**

Practice Performance results indicated that the agency made concerted efforts to preserve children's established connections—such as ties to community, faith, language, and extended family existing prior to entry into care—in 66.4% of applicable cases. The agency's ICWA inquiry practice was identified as a particular strength.

To enhance performance in this area, MDCPS can further define concrete steps and expectations that case-carrying staff should implement to maintain and strengthen these connections, coupled with targeted coaching to support consistent application. Establishing clear standards for meeting the requirements of Item 9 will help ensure both accurate measurement and consistent practice. The CQI unit has also emphasized the importance of maintaining relationships with extended family members who may not be viable placement resources due to age, health, or financial limitations, but who nonetheless played meaningful roles in the child's life prior to custody.

2025: 66.4% strength and 33.6% area needing improvement
2024: 73.02% strength and 26.98% area needing improvement
2023: 64.42% strength and 35.58% area needing improvement
2022: 57.42% strength and 42.58% area needing improvement
2021: 63.77% strength and 36.23% area needing improvement

2020: 57.89% strength and 42.11% area needing improvement

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

The 2025 Practice Performance results reflected that of the applicable cases reviewed, the child's most current or recent placement was with a relative in 38.21% of the applicable cases reviewed.

2025: 73.98% strength and 26.02% area needing improvement
2024: 79.84% strength and 20.16% area needing improvement
2023: 74.07% strength and 25.93% area needing improvement
2022: 74.88% strength and 25.12% area needing improvement
2021: 71.29% strength and 28.71% area needing improvement
2020: 67.96% strength and 32.04% area needing improvement

However, for the percentage of children that were not placed with a relative during the period under review, there were concerted efforts made to identify, locate, inform, and evaluate both maternal and paternal relatives for possible placement with both maternal and paternal relatives in many of the applicable cases. For the cases that did rate area needing improvement, results indicated that practice efforts were not consistently made during the period under review to identify, locate, inform, and evaluate beyond the initial efforts at case openings (for the cases that opened during the period under review) nor were those efforts found for continual search for both maternal and paternal relatives particularly if the child's family relationships were complex (complicated relationship issues).. MDCPS implemented training regarding the importance of using assessment tools, etc. that helps to address strained family relationships more comprehensively as the intervention/goal would be to for the family relationships to function more effectively to strengthen overall protective capacity.

MSA qualitative data regarding the appropriateness and restrictiveness of the placement indicate that MS makes efforts to place children in homes that can meet their needs or level of care needed, however, improvement is needed to identify relatives or document the reasons why relative placement is not appropriate. MDCPS will continue to identify appropriate relatives through family members and diligent searches who can provide care.

***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?**

The overall performance for Item 11 has trended upward over the past years. The 2025 Practice Performance report reflected concerted efforts were consistently made to

promote, support, or otherwise maintain a positive connection between the child and his/her mother (64.89%) more so than with his/her father (52.83%). The results indicated that the 2025 Results identified the need for a clear understanding of practice expectations when differentiating expected practice around shared parenting (defining the parental responsibilities that could be shared with the Agency and placement providers when safe and appropriate to do so in the applicable cases).

2025: 59% strength and 41% area needing improvement
2024: 60% strength and 40% area needing improvement
2023: 50.96% strength and 49.04% area needing improvement
2022: 45.89% strength and 54.11% area needing improvement
2021: 34.72% strength and 65.28% area needing improvement
2020: 38.42% strength and 61.59% area needing improvement

For the cases that rated area needs improvement, results did not find where practice encouraged the parent to participate in school, church, sports, medical, dental, therapeutic, and other shared parenting activities with the child. Supportive efforts that were missing in the reviews included providing transportation for the parents to support participation and defining what shared parenting could look like for the case in focus such as a mentoring relationship between the parent and foster parents.

MSA qualitative data suggests that while visitation plans are often established for children and parents and they include at least twice a month plans for visits, the plans are not updated with the parents (ongoing discussion with parents to encourage visits) and the percentage of visits that take place or that are documented is low. The agency increased shared parenting and consented to innovative ways that allowed resource parents to assist the worker to track visits (allow them to track via a phone app/Smartsheet, or application that interacts with CWISS in the future).

Visitations are measured in item 8 and Shared Parenting is measured in item 11; there is a distinction in the OMS/Measurement requirements. The MSA data collected better fits with Item 8 Visitation with the Parents. This item goes beyond visits, it includes the parents in shared parenting, attending appointments, attending school events, so that the parents maintain a good relationship with their child in a parental role of nurture and support.

Shared Parenting is a pivotal piece in MDCPS practice. The agency presents shared parenting to foster parents during foster parent support groups. MDCPS educates and trains families and foster parents on shared parenting and it is an ongoing practice to

improve the relationship between parent and child. Families and foster parents engage in activities that are mutually agreed upon and that will be beneficial to the child.

C. Well-being

Well-being Outcomes 1, 2, and 3

Well-being outcomes include: (a) families have enhanced capacity to provide for their children's needs; (b) children receive appropriate services to meet their educational needs; and (c) children receive adequate services to meet their physical and mental health needs.

In Part 3, MDCPS provided an overview of its plans to implement its FFPSA plan, which will enhance family capacity to provide for children and ensure appropriate services for children. In addition to the implementation of the agency's FFPSA plan, in the summer of 2023, MDCPS and VieMed Healthcare Staffing (VHS) established a strategic partnership to provide extensively needed staffing support for social workers throughout the state. This collaboration focuses on supplying qualified social services specialists for in-home clients and child protection investigators in various counties. Through this partnership, MDCPS aims to enhance its services by utilizing VHS's expertise in healthcare staffing, ensuring that children and families across Mississippi receive the best possible care and support. A Standard Operating Procedure manual was developed and serves as a comprehensive guide outlining the operational and administrative procedures necessary for effective collaboration and the delivery of quality services to the communities served.

Between January 2025 and December 2025, five training classes were conducted, resulting in 49 contract employees being trained. During this period, 49 new contract staff were hired, and an additional seven staff were rehired. Rehired staff were not required to do pre-service training, as they had not been separated from the agency for more than one year. Of the 56 contract specialists hired during this timeframe, 17 have since separated, while 39 remain employed with the agency. Lengths of service ranged from one day to eight months.

Following completion of the one-week intensive training, contract staff receive on-the-job training and ongoing support from their direct supervisors. While MDCPS does not currently conduct formal evaluations for contract staff, the agency is in the process of developing an evaluative questionnaire for implementation within the current year.

This partnership is focused on supplying highly qualified social services specialists for in-home service delivery and child protection investigations across multiple counties. By leveraging VHS's expertise in healthcare staffing, MDCPS enhances its capacity to deliver high-quality services and ensures that children and families throughout Mississippi receive effective care and support. To further support this collaboration, a Standard Operating Procedure manual was developed to provide clear guidance on operational and administrative processes, ensuring consistency and quality in service delivery.

To further support workforce engagement and retention, MDCPS hired an additional Workforce Wellbeing Director to expand the unit's capacity for meaningful, person-to-person interaction with employees across all offices statewide. The expanded Workforce Wellbeing unit has implemented monthly Hope Hero and Hope Hero Supervisor Awards to recognize best practices, as well as a Service Pin and Certificate Program (1, 5, 10, 20, and 30 years) to honor employee tenure and commitment. The Commissioner's Award of Excellence was also introduced to recognize employees who consistently demonstrate outstanding service, integrity, and exceptional commitment to the mission of MDCPS.

Additionally, Workforce Wellbeing conducted a statewide "Wellness Check" tour of all agency offices to maintain in-person communication, provide support, and strengthen the feedback loop between employees and leadership. MDCPS remains committed to actively listening to staff feedback and concerns and to developing strategies and initiatives that address workforce needs and promote organizational well-being.

Well-being 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?**

CFSR Performance Item 12 Needs and Services of Child, Parents, and Foster Parents	2020	2021	2022	2023	2024	2025
Number of cases rated as a strength	112	95	128	142	105	125
Number of applicable cases	350	350	350	275	210	210
Performance (%)	32%	27.14%	36.57%	51.64%	50%	59.52%

Item 12 Overall is divided into three subcategories: 12a (children), 12b (parents), and 12c (foster parents). Practice performance results show that initial and ongoing comprehensive assessments with children and foster parents generally received higher ratings than assessments conducted with parents. While Item 12 remains an area for improvement, the results highlight differences among the subcategories. The agency demonstrates stronger performance in in-home cases, making consistent efforts to assess needs, identify and provide appropriate services, and address issues relevant to its involvement. Moving forward, the agency should focus improvement efforts primarily on Item 12b, which pertains to parents.

Sub-Item 12A: Needs Assessment and Services to Children

During the 2025 reviews completed in the OSRI, Item 12a rated 82.54% strength (combined case type). The agency performs well in providing comprehensive and accurate initial and/or ongoing assessments. There is a gap between the agency's ability to assess those needs and the agency's ability to find and provide services to meet those needs (73.72% strength).

Strategies to improve this outcome should include:

- **Enhancing formal written family assessments**: Increase the quality and frequency of comprehensive written assessments of the child(ren)'s needs. While informal assessments are frequently conducted through conversations with children, parents, and other key participants during home visits or contacts, as well as with service providers, formal documentation should consistently reflect these efforts.
- **Addressing relationship and family dynamics**: Place greater emphasis on evaluating and supporting the relationship needs of children, particularly in cases involving broken or dysfunctional family dynamics, including relationships with siblings and parents.
- **Supporting independent living skills for youth**: Focus on conducting skills assessments and connecting eligible youth with appropriate service providers to support participation in Independent Living programming.
- **Comprehensive attention to all children in in-home cases**: Ensure that assessments and services consider all children in the household, not only those identified as the primary subjects of concern in an investigation. This includes children who may have joined the household during the review period.
- **Strengthening coaching and documentation**: Improve supervisory coaching around service delivery and ensure accurate documentation of services and interventions in updated Comprehensive Family Assessments (CFAs) and Family Service Plans (FSPs).

Sub-Item 12B: Needs Assessment and Services to Parents

During the 2025 reviews completed in the OSRI, Item 12b rated 72.88% strength for the mother and 56.48% strength for the father in initial and or ongoing comprehensive assessments. Practice performance results reflected that while initial and/or ongoing assessments were comprehensive and accurate to understand each parents' well-being needs, there was a slightly lower practice performance to ensure appropriate services were provided to meet the mother's needs at 69.57% strength and the father's needs at 50%. Notably, Item 12b also captures efforts around diligent searches for a parent whereabouts are unknown or become unknown during the period under review.

Strategies to improve this outcome should include:

- **Strengthening assessment and service provision for parental relationships:** Improve the evaluation of and interventions for mothers' and fathers' relationship

needs, particularly in cases involving broken or dysfunctional family dynamics, such as strained connections with extended family or attachment and bonding concerns with their children.

- **Enhancing referral practices:** Improve the process of connecting families to appropriate services. Stakeholders within Mississippi's child welfare system frequently cite gaps in available services and providers. The agency is actively collaborating with system partners to expand service capacity.
- **Improving diligent search practices:** Enhance efforts to locate parents whose whereabouts are unknown at the start of a case, as well as those who become disconnected from the agency or their communities during case involvement.

Sub-Item 12C: Needs Assessment and Services to Foster Parents

During the 2025 reviews completed in the OSRI, Item 12c rated 90.52% strength in adequately assessing the needs of foster or pre-adoptive parents. Practice performance results reflected that when needed, appropriate support services were provided as they related to caring for the children placed in their home in 80.65% of cases reviewed.

MDCPs will continue to recruit, and train foster parents on understanding trauma and its effects on behaviors of children in care. This will be provided during the licensure process and ongoing foster parent training.

***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?**

CFSR Performance Item 13 Child and Family Involvement in Case Planning	Baseline 2020	2021	2022	2023	2024	2025
Number of cases rated as a strength	139	154	156	148	132	143
Number of applicable cases	326	326	324	252	197	198
Performance (%)	42.64%	47.24%	48.15%	58.73%	67.01%	72.22%

Item 13 results have shown a notable upward trend over the past several years. The 2025 Practice Performance Results indicated that foster children were actively involved in case planning in 87.5% of applicable cases, while all children in-home cases were actively engaged in 77.59% of cases. Mothers were actively involved in 82.56% of applicable cases, and fathers in 66.67%, across both case types.

Interestingly, the 2025 results reflected higher ratings for parent involvement in in-home cases compared with foster care cases. This difference may be attributable to the intensive in-home services the agency provides, as well as the generally less adversarial nature of in-home cases compared with foster care cases.

Enhanced documentation throughout the life of a case, particularly as circumstances evolve, could further improve performance outcomes. Regularly updating achievement criteria for agreed-upon tasks and goals would provide a clearer picture of the progress—or lack thereof—being made by case participants

***Item 14*: Were the frequency and quality of visits between caseworkers and children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?**

CFSR Performance Item 14 Caseworker Visits with Child(ren)	2020	2021	2022	2023	2024	2025
Number of cases rated as a strength	272	256	252	212	176	187
Number of applicable cases	350	350	350	275	210	210
Performance (%)	77.71%	73.14%	72%	77.09%	83.81%	89.05%

Item 14 Rating Results have increased over the past recent years. The data reflects the typical frequency (or pattern) of visits (contacts) made between the Agency and child(ren) was less than once a week but at least twice a month and this was rated as sufficient frequency for the case. This frequency also aligns with MDCPS policy for both foster care and in-home case types. Review results in the 2025 Practice Performance reflect that the typical pattern of visits and the quality of visits rated equally at 91.9%, however, slightly higher ratings were seen in foster care cases than that of in-home cases. Review results noted the Agency did not meet the expected frequency and quality contacts with all household children in the applicable in-home cases as for the contacts that were made, those contacts were typically with the child(ren) of focus from the investigation phase of the Agency's involvement.

MDCPS is still working to ensure that standards of care for foster care are the same for children in In-home cases ensuring all children have required contacts.

***Item 15*: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote the achievement of case goals.**

CFSR Performance Item 15 Caseworker visits with the parents	2020	2021	2022	2023	2024	2025
Number of cases rated as a strength	91	93	112	118	113	122
Number of applicable cases	276	271	278	212	177	183
Performance (%)	32.97%	34.32%	40.29%	55.66%	63.84%	66.67%

Item 15 ratings have shown significant improvement, increasing from 32.97% in 2020 to 66.67% in 2025. The 2025 Practice Performance Results indicated that, on average, agency contacts with mothers and fathers occurred less than twice a month but at least

monthly. The frequency and quality of contacts with mothers were rated at 74.27% strength, while contacts with fathers were rated at 61.46%. Ratings were slightly higher for in-home cases than for foster care cases for both mothers and fathers.

To further improve performance, the agency can focus on increasing the frequency of visits for parents who require additional support, including those who are incarcerated and may have limited access to services. The agency should also prioritize the quality of those contacts by addressing progress—or lack thereof—changes in parental circumstances, and parents' needs. The CQI unit recommends that specialists arrange meetings in locations conducive to meaningful conversation and discussion.

Case-carrying staff have highlighted the need for additional training on engaging resistant clients and documenting those efforts effectively. MDCPS will continue making deliberate efforts to address key issues during parent contacts, including the reason the case was opened, safety, permanency, well-being, progress on tasks and goals, and the ongoing or changing circumstances and needs of parents.

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?**

CFSR Performance Item 16 Educational Needs of the Child	2020	2021	2022	2023	2024	2025
Number of cases rated as a strength	156	159	149	126	114	102
Number of applicable cases	214	206	214	159	130	120
Performance (%)	72.9%	77.18%	69.63%	79.25%	87.89%	85%

State Response:

Item 16 ratings have shown a consistent upward trend in recent years. The 2025 Practice Performance Results indicated that the agency made deliberate efforts to accurately assess children's educational needs in 87.5% of applicable foster care and in-home cases. The agency was rated at 75.34% strength for the provision of educational services.

Item summaries highlighted the need for ongoing communication with placement providers and parents regarding challenges children face in school, including informal assessments of educational needs. They also emphasized the importance of agency representation at IEP meetings, connecting children to educational and developmental services (such as speech therapy), and maintaining both formal and informal follow-up with school personnel regarding grades, attendance, and overall progress.

The revised Best Interest Determination (BID) process and accompanying form for educational stability have contributed to improved practice by helping field staff identify and address the educational needs of children and youth in MDCPS custody. The BID process provides an opportunity for Wellbeing and Permanency teams to evaluate and address a child or youth's educational, developmental, psychological, and social-emotional needs, support biological or adoptive families in advocating for their child's educational best interests, establish connections with Local Education Agencies (LEAs), request comprehensive evaluations for children suspected of needing special education services, and advocate on the child's behalf.

MDCPS Education team members provide guidance to field staff and LEA contacts on all education-related matters, serving as advocates to ensure that children's developmental, psychological, and social-emotional needs are incorporated into their educational plans. They participate in IEP meetings at the request of case-carrying staff or LEAs and work to ensure that each child's educational rights, stability, needs, and best interests are met in compliance with federal and state law. To support case-carrying staff and promote improved educational outcomes, the Education team requires access to each child's education records, completed BID forms, Notification of Placement forms for initial and subsequent placements, case plans, and all relevant legal documents. These efforts also support post-secondary education, career readiness, transition to adulthood, and long-term community support for youth in MDCPS custody.

In 2022, the Mississippi Legislature established the FAITH Scholarship to support youth in custody—or those who have been in custody after their 13th birthday—who wish to attend college. MDCPS assists eligible youth by coordinating with the state Office of Financial Aid to verify eligibility and facilitate access to this scholarship.

Well-Being Outcome 3

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

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

CFSR Performance Item 17 Physical Health of the Child	Baseline 2020	2021	2022	2023	2024	2025
Number of cases rated as a strength	156	115	113	122	95	117
Number of applicable cases	253	265	256	202	154	146
Performance (%)	61.66%	43.5%	44.14%	60.4%	61.69%	80.14%

State Response:

Item 17's performance has fluctuated over the years, but performance has increased in the past two years. The 2025 Practice Performance Results reflected improvements were

needed in the concerted efforts to accurately assess and provide appropriate services to children for dental health care needs (72.86%).

2025 Practice Performance Results reflected that the agency met expectations in making concerted efforts to assess and/or ensure physical health needs for foster children at 96.03% but at a loner rating of 68.42% in in-home cases. Likewise, the rating to ensure the appropriate services were in place rated about the same for foster care and in-home cases. However, the rating was slightly lower in accurately assessing the children's dental health needs in 88.43% (combined type cases) and ensuring all appropriate dental services were in place in 72.86% (combined type cases).

The results also identified that while the agency did assess and address physical health needs and dental health needs, the practice was not always in a timely fashion (where no systemic barriers beyond the control of the Agency were found in the review process).

The nursing staff utilize the CORE for children coming into MDCPS custody to assist with ensuring our foster children are gaining medicals, EPSDT, and dentals. The nursing unit utilizes reports from Magnolia Healthcare such as foster care members reports and EPSDT noncompliance reports.

MDCPS Field Support Unit revised the Health Care Oversight and Coordination Plan. Initial medical timeframes, now being utilized, show children should receive an initial medical within 72 hours of the child's entry into foster care. MDCPS adopted the 7-day timeframe, as required by the MSA, around 2022 or 2023. Our nursing team tracks this data and submits quarterly reports to monitor compliance. Initial EPSDT shall be completed within 30 days of the child entering foster care. Initial dentals are still reflecting 90 days of the child's entry into foster care. This plan's revision is a new focus to provide ongoing support to frontline staff to help meet the needs of the families and children they serve. The Health Care Oversight and Coordination Plan is designed to strengthen activities that improve healthcare and oversight of children and youth in foster care. This plan is currently being utilized and implemented by the Nursing Unit.

Item 18: **Mental/Behavioral Health of the Child: Did the agency address the mental/behavioral health needs of children?**

CFSR Performance Item 18 Mental/Behavioral Health of the Child	2020	2021	2022	2023	2024	2025
Number of cases rated as a strength	65	50	53	52	45	35
Number of applicable cases	179	135	161	97	102	84
Performance (%)	36.31%	37.04%	32.92%	53.61%	44.12%	41.67%

Item 18 results have declined slightly in recent years. The 2025 Practice Performance Results indicate that the agency made concerted efforts to assess children's needs in

82.14% of applicable cases and to address mental and behavioral health needs in 69.23% of cases reviewed.

However, the OSRI Item Rating Summary noted that the agency did not consistently consult with the Agency Nurse when psychotropic medications were recommended by a physician for children in care in applicable cases. When provider limitations affected timeliness, this was documented in the findings and did not impact overall ratings, provided the agency subsequently made deliberate efforts to reschedule or obtain the necessary services for the child.

Item summaries also highlighted that, in some applicable cases, the agency had not conducted formal or informal follow-up to ensure that all mental and behavioral health needs were met. Specifically, follow-up was needed to verify that recommendations for the child were understood and implemented by parents or foster caregivers.

The nursing staff utilize CORE for children coming into MDCPS custody to assist with ensuring foster children are gaining mental health assessments. The nursing unit utilizes reports from Magnolia Healthcare such as psychotropic medications/foster care report. Nurses use this report to drive the nursing support that is provided to caseworkers and foster parents. The nursing unit also uses the reports to determine strengths, weaknesses, needs and opportunities to assist with securing additional medical services.

Section IV: Assessment of Systemic Factors

The statewide assessment includes a review of 18 items associated with seven systemic factors that are used to determine the CFSR ratings for substantial conformity for each factor. For CFSR Round 4, the expectation is that the statewide assessment team will use relevant, well-constructed, valid, and defensible evidence that speaks to how well each systemic factor requirement functions across the state.

The Children's Bureau recognizes that in many states the information systems that house data submitted to the federal government for AFCARS and NCANDS also contain a wealth of administrative data that could be considered when evaluating the systemic factors. Where possible, we recommend that states make use of these and other available data sets to demonstrate systemic-factor functionality.

Whether quantitative or qualitative evidence is used to demonstrate the functionality of systemic factor items, states are strongly encouraged to use systematic processes to assess state performance, include explanations regarding how well the data and/or information characterize statewide functioning, and provide information regarding the scope of the evidence used.

If the federal review team determines that the statewide assessment does not conclusively demonstrate substantial conformity, the team may collect additional information through stakeholder interviews during the onsite phase of the CFSR. Stakeholder interviews on the Service Array and Case Review systemic factors, jointly conducted by the federal-state team, will be held in all states.

States are encouraged to review the CFSR Round 3 Systemic Factors report for examples of the combination of evidence used to demonstrate systemic factor functioning in Round 3, and the CB information briefs developed for each systemic factor (https://www.acf.hhs.gov/cb/report/systemicfactors-results-cfsrs-2015-2018) that provide additional ideas and suggestions for demonstrating functionality.

A. Statewide Information System

Item 19: Statewide Information System

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?

State Response:

MDCPS acknowledges this item is an area needing improvement. Data from MACWIS, submitted to the Children's Bureau, as required for AFCARS reporting is used as the basis for analysis for this systemic factor. MDCPS can readily identify the status, demographic characteristics, location, and goals for the placement of every child in foster care, and the federal Children's Bureau has assessed the AFCARS and NCANDS data submissions to be of sufficient quality.

As described in Part 3, MDCPS is implementing a full replacement of its legacy case management system. The agency signed the contract for the new system in June 2022 (RedMane Technologies). The CCWIS-compliant system, known as PATHWAYS, is designed to enhance case management efficiency and accuracy, enable real-time data sharing with Child Welfare Contributing Agencies, support continuous quality improvement through automated monitoring and analytics, and ensure compliance with federal funding requirements and oversight by ACF. PATHWAYS is currently in the User Acceptance Testing (UAT) phase. MDCPS also established a Data Management Team in 2022. This centralized team manages data governance, security and lifecycle processes and supports data migration, dashboard development, and semantic modeling to prevent breaches and to ensure proper handling of sensitive and confidential information. The Team also assists in cross-agency collaboration and coordinating with external partners to align matters of privacy, training, and system integration.

Notably, in September 2023, the Data Management Team launched a Geographic Information System (GIS) program, which has become a critical tool for supporting data-driven decision-making. The GIS program visualizes MDCPS's child welfare data geographically, enabling the agency to identify patterns and trends across the state and respond to issues in a targeted manner. It also informs resource allocation by highlighting where case-carrying staff, foster placements, and support services are most needed. GIS data is integrated into the biweekly Commissioner's Update Brief (CUB) to guide agency strategy and decision-making.

In addition, MDCPS relies on daily quantitative data through its Central Online Reporting Environment (CORE). CORE reports track agency performance and are primarily designed to meet MSA requirements, while many also align with the CFSR items discussed in this section, providing timely insight to support operational and strategic decisions.

B. Case Review System

Item 20: Written Case Plan

For this item, provide evidence that answers this question: How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

State Response:

The case review system is 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. The Family Team Meeting process is used to develop Family Service Plans. Agency policy and best practices approaches outline the engagement of parents and case participants in the development of initial and ongoing reviews of family service plans. However, this was identified as an area needing improvement during Round 3 CFSR. And although MDCPS's performance in this area has improved, it remains below substantial conformity.

The Case review process (Foster Care Review and Regional Review using the OSRI) provides additional insight into performance. FCR data from the MSA is specific to the plan being Reunification for involving parents in case planning. This would skew data and not have data on cases that the plan has changed to a DLC type plan, IL, or Adoption in which TPR has not occurred.

Reporting period	MSA 6.1.a Comprehensive FSP with all parties
Q3 2019 (July – September 2019)	45%
Q4 2019 (October – December 2019)	49%
Q1 2020 (January – March 2020)	45%

Reporting period	MSA 6.1.d Initial FSP included timeframes and activities to achieve permanency=YES
Q3 2019 (July – September 2019)	79%
Q4 2019 (October – December 2019)	86%
Q1 2020 (January – March 2020)	91%

Item 13 Child and Family Involvement in Case Planning	July 2020 – June 2021	Oct 2020 –Sept 2021	Jan 2021 – Dec 2021	April 2021 - March 2022
Number of Cases Rated as a Strength	153	160	154	149
Number of Total Applicable Cases	326	325	326	325
Performance (%)	46.93%	49.23%	47.24%	45.85%

Item 13 Child and Family Involvement in Case Planning	July 2021 – June 2022	Oct 2021 – Sept 2022	Jan 2022 – Dec 2022	April 2022 - March 2023
Number of Cases Rated as a Strength	139	139	156	168
Number of Total Applicable Cases	325	323	324	322
Performance (%)	42.77%	43.03%	48.15%	52.17%

Item 13 Child and Family Involvement in Case Planning (foster care)	July 2021 – June 2022	Oct 2021 – Sept 2022	Jan 2022 – Dec 2022	April 2022 - March 2023
Number of Cases Rated as a Strength	97	96	105	107
Number of Total Applicable Cases	185	183	184	182
Performance (%)	52.43%	52.46%	57.07%	58.79%

Item 13 Child and Family Involvement in Case Planning (Foster Care Cases)	July 2021 – June 2022	Oct 2021 – Sept 2022	Jan 2022 – Dec 2022	April 2022 - March 2023
Number of Cases Rated as a Strength (Mother)	53 of 128 41.41%	58 of 130 44.62%	70 of 132 53.03%	81 of 139 58.27%
Number of Cases Rated as a Strength (Father)	27 of 74 36.39%	30 of 77 38.96%	34 of 80 42.50%	42 of 93 45.16%

NOTE: In Q4 2023, Mississippi did not conduct any Regional Reviews as the team transitioned from Round 3 to Round 4 CFSR standards. During this period, MDCPS completed all required Round 4 training and additional materials on Theory of Change, and shifted from regional reviews to Service Area Reviews, which began in January 2024 with Service Area 1. The Children's Bureau has been informed of these changes and conducted secondary oversight on selected reviews to ensure alignment with Round 4 criteria. Although the Bureau paused oversight during the summer, it committed to resuming review oversight in September 2024.

Item 13 Child and Family Involvement in Case Planning	Service Areas 1-4	Service Areas 5-7, 1, and 2
Data Period	January – June 2024	July 2024 – March 2025
Number of Cases Rated as a Strength	66	110
Performance (%)	58.93%	76.39%

Specifically, Item 13 Child and Family Involvement in Case Planning assessed through the Regional Reviews show that performance has steadily increased since baseline data collection began, and Item 13 PIP measurement was met in measurement period 3. Children in foster care rate highly on Item 13 as active participants and overall performance rating percentages indicate that fathers are less likely to be actively involved than mothers in both in home and foster care cases. Review results from the OSRI item rating narrative summary indicate the written case plan and case documentation often do not fully reflect the efforts to actively involve parents and children, however, the interviews reveal more involvement than what is captured in the written case plan. Other areas to strengthen include intentionally focusing on engaging mothers and fathers, clarifying the reason for developing tasks and goals and updating case plans as circumstances or case dynamics change during the period under review to evaluate progress. Also, results identified the lack of input from the mother and/or father in the creation of the tasks and goals as multiple interviews from the applicable cases reflected that the tasks and goals listed were more of an instruction from MDCPS rather than an opportunity to brainstorm together to develop solutions.

While the above results show State Rating Summary (combined case types), Practice Performance report reflected that the agency made concerted efforts to actively involve the following family members in the case planning process:

- Target child in foster care cases at 93.02% of 43 cases.
- Children in in-home cases at 65.85% of the 41 cases.
- Mother of foster care cases at 65.38% of the 52 cases.
- Mother of in-home cases at 72.34% of the 47 cases.
- Father of foster care cases at 48.28% of the 29 cases.
- Father of in-home cases at 55.17% of the 29 cases.

MDCPS will strengthen the interview structure to provide opportunities for children, parents, and stakeholders to be more actively involved in the development of goals, plans, and solutions related to each circumstance.

Item 21: Periodic Reviews.

For this item, provide evidence that answers this question: How well is the case review

system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

This systemic factor continues to rate as a strength. An internal administrative review is held every 6 months for all children in foster care and a report entitled the Youth Court Hearing and Review Summary is submitted to the court after each review. The Foster Care Review Unit (a subunit of CQI) conducts the review which includes a comprehensive review of the child's electronic, paper and MYCIDS (youth court) file. A county conference is then held to discuss the child's plan, progress towards the plan and potential barriers. Parents, grandparents, caseworkers, resource parents/caregivers, the child and child's Guardian Ad Litem are required to receive invitation to participate in the county conference. All efforts are made to schedule and hold the conferences prior to the six-month timeframe, and all children receive a review. Only <1% of the children have a longer period under review (more than 6 months). The Youth Court Hearing and Review Summary outlines the discussion that took place at the 6-month review and provides the court with information related to the efforts made by the agency, the parents and resource parents to achieve permanency for the child. The Agency has the option to request a court hearing when the Youth Court Hearing and Review Summary is submitted. In addition to the Youth Court Hearing and Review Summary, which is provided to the court, the Periodic Administrative Determination is provided to the County of Responsibility worker and Supervisor outlining documentation and practice areas that require follow up or recommending further assessment. The 6.4.a report is utilized to ensure that all children in state custody receive a timely periodic review. The report is reviewed quarterly to correctly identify the percentage of children overdue for a review due to potential reporting or reviewer data entry errors. MYCIDS court orders are reviewed for those children identified as overdue (the review was not held prior to 6 months) to determine if a review court hearing was held in between the 6-month administrative review.

Additionally, the integration between PATHWAYS and MYCIDS (Mississippi Youth Court Information Delivery System) is designed to streamline data exchange and enhance collaboration between the MDCPS and the Mississippi Youth Court System. By automating the flow of critical case information, this interface reduces administrative burdens, improves data accuracy, and ensures timely access to essential case details for all stakeholders involved in child welfare and judicial proceedings.

One of the primary benefits of this interface is the elimination of redundant data entry. Instead of manually re-entering information across systems, users can rely on automated data transmission, minimizing errors and saving time. This efficiency allows case workers and court personnel to focus more on case management and decision-making rather than administrative tasks.

The interface supports the seamless exchange of key case details, including the automatic transmission of the Court Case Information Form and Investigations Report from PATHWAYS to MYCIDS. Additionally, it facilitates the receipt of updates such as Initial

Custody Change Dates and Case Hearing Schedules, ensuring that MDCPS staff and the courts have the most up-to-date and accurate information available.

By improving data sharing and accessibility, the interface strengthens coordination between child welfare and judicial systems. This enhanced integration supports timely interventions, better-informed decision-making, and more effective case management, ultimately improving outcomes for children and families involved in the child welfare system.

MDCPS continues this case review process. This data represents children due for a review in each quarter and the review was held timely.

Reporting Period	Timely Administrative Review
Q1 2023 (January - March 2023)	99%
Q2 2023 (April - June 2023)	99.8%
Q3 2023 (July - August 2023)	99.6%
Q4 2023 (September - December 2023)	99.8%
Q1 2024 (January - March 2024)	99.6%
Q2 2024 (April - June 2024)	99.4%
Q3 2024 (July - August 2024)	98.6%
Q4 2024 (September - December 2024)	99.7%
Q1 2025 (January - March 2025)	99.8%
Q2 2025 (April - June 2025)	99.6%
Q3 2025 (July - September 2025)	99.6%
Q4 2025 (October - December 2025)	99.8%

Item 22: Permanency Hearings

For this item, provide evidence that answers this question: How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

State Response:

MDCPS acknowledges this item is an area needing improvement. In Mississippi, the youth court system is composed of three different types of courts, each operating with slightly different procedures. Regarding review hearings, many courts do not schedule the next hearing at the conclusion of the previous one. Instead, they rely on MYCIDS to generate alerts, which then prompts the creation of dockets. In counties where the agency has consistent legal representation, attorneys coordinate with the courts to ensure hearings are

scheduled and held in a timely manner.

Mississippi has also experienced changes to laws governing these hearings. Effective July 1, 2024, permanency hearings were required every 60 days for children under three adjudicated as abused or neglected and every 120 days for children over three. Youth courts, particularly in rural counties or cases involving sibling groups across age ranges, found this timeline difficult to manage. During the 2025 legislative session, MDCPS and the courts educated legislators on these challenges, and the Legislature revised the law, establishing permanency hearings "every three months." This revised schedule has proven far more workable.

Court data is not consistently collected or maintained statewide by youth courts, raising concerns about data quality and availability that affect accurate statewide performance reporting. Over the past 18 months, the Administrative Office of Courts (AOC) has engaged consultants and experts to evaluate the MYCIDS system and the youth court system. These experts recommended a full replacement for MYCIDS, and AOC has requested funding for this project. MDCPS continues to collaborate with the AOC and local youth court judges to share data on the timeliness of hearings.

Due to variability across youth courts statewide, MDCPS relies on a thorough and detailed case review process. Case reviewers examine court orders recorded in MYCIDS, MACWIS, and the hard copy county case files. The agency uses the MSA 6.4.a report to ensure all children in state custody receive timely periodic reviews. This report is reviewed quarterly to identify children overdue for review, accounting for potential reporting or data entry errors. For children flagged as overdue—where a review was not held within six months—MYCIDS court orders are checked to confirm whether a hearing occurred between administrative reviews. The data below reflects the percentage of children due for a six-month review in each MSA quarter who had their review held on time

Reporting Period	**Reasonable Steps to Ensure a Permanency Hearing**
Q2 2023 (April - June 2023)	96.4%
Q3 2023 (July - September 2023)	98.7%
Q4 2023 (October - December 2023)	98.5%
Q1 2024 (January – March 2024)	96.5%
Q2 2024 (April - June 2024)	98.4%
Q3 2024 (July - August 2024)	98.6%
Q4 2024 (September - December 2024)	99.7%
Q1 2025 (January - March 2025)	99.8%

Reporting Period	Reasonable Steps to Ensure a Permanency Hearing
Q2 2025 (April - June 2025)	98.6%
Q3 2025 (July - September 2025)	98.7%
Q4 2025 (October - December 2025)	99.2%

Item 23: Termination of Parental Rights

For this item, provide evidence that answers this question: How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

State Response:

MDCPS acknowledges this item is an area needing improvement.

The Office of Permanency Qualitative Review			
	Valid AFSA Exceptions 6.3.b.2		Timely TPR Referrals 6.3.b.2
2021	0 / 680 total population		126 / 680 total population
2022	3 / 1,079 total population		268 / 1,079 total population
Results from a qualitative review for the period of January 1 – December 31 found that 22.6% of the applicable cases rated as compliant (397 children with timely TPR referrals or timely ASFA documentation out of 1,759 children who reached 15 out of 22 months in care prior to or during the calendar years 2021 and 2022). It was noted that MDPCS requires much needed improvement in filing timely TPR referrals and notating initial/subsequent ASFA exceptions.			
2022	66 / 1,079 total population		281 / 1,079 total population
2023	30 / 1,128 total population		297/ 1,128 total population
Results from a qualitative review for the period of January 1 – December 31, found that 31% of the applicable cases rated a complaint (674 children with timely TPR referrals or timely ASFA documentation out of 2,207 children who reached 15 of the most recent 22 months in care prior to or during the calendar years 2022 and 2023). It was noted that MDPCS requires much needed improvement in filing timely TPR referrals and notating initial/subsequent ASFA exceptions.			
2023	30 / 1,128 total population		297 / 1,128 total population
2024	0 / 1,089 total population		328 / 1,089 total population
Results from a qualitative review for the period of January 1 – December 31, found that 30% of the applicable cases rated a complaint (655 children with timely TPR referrals or timely ASFA documentation out of 2,217 children who reached 15 out of 22 months in care prior to or during the calendar years 2023 and 2024). It was noted that MDPCS requires much needed improvement in filing timely TPR referrals and notating initial/subsequent ASFA exceptions.			

MDCPS's ability to meet requirements for timely TPR referrals and ASFA documentation is largely constrained by the legal structure of Mississippi's child welfare system. While the agency can make recommendations for TPR or for applying an ASFA exception, it does not have independent authority to file a TPR petition until the court approves a change in the case plan. During the Period Under Review, the Mississippi Supreme Court clarified that a youth court's decision to change a case plan to adoption constitutes a final, appealable order, because TPR is treated as a separate cause of action in the state. As a result, parents must challenge the court's determination to proceed with TPR at the time the case plan is changed to adoption.

The method of analysis was related to provision 6.3.b.2. During these reviews, a termination of parental rights (TPR) referral must be submitted on behalf of a child before the child has spent more than 15 of the most recent 22 months in foster care, unless an applicable exception under the federal Adoption and Safe Families Act (ASFA) has been documented in the child's case record by MDCPS. Once an initial ASFA exception is granted, it may be extended for only one additional six-month period, unless continued use of the exception is reviewed, approved, and documented semi-annually by the Regional Director assigned to the child's county of responsibility.

This quality assurance process has been implemented within the Permanency Support Unit as part of the Olivia Y. CQI plan to ensure proper tracking, reporting, and accountability for compliance with these requirements.

As noted in the State's response to Item 6, the agency has made significant progress in streamlining the submission of TPR packets to attorneys once the case plan has been changed. Additionally, the new PATHWAYS system is being designed to trigger alerts at key points in the TPR process to support timely submission of TPR packets and tracking of ASFA exceptions. The Office of Permanency is currently updating policies and procedures to further enhance the timeliness and accuracy of TPR referrals and ASFA Exception documentation.

The Legislature further appropriated funds for MDCPS to develop, implement, and maintain a pilot program that ensures MDCPS attorney representation at all stages of county-level proceedings involving children in MDCPS custody. The pilot program began in September 2024 and is intended to develop a system of agency representation which provides consistent training for attorneys and support staff along with procedures for consistent interactions between legal staff and direct services staff that can be implemented statewide by contract attorneys, AGO attorneys, and agency attorneys. Commissioner Sanders has championed the addition of attorneys to represent the agency, recognizing that a smooth, timely legal process is crucial to helping children in custody reach permanency.

A valid ASFA exception is one that is permitted under ASFA and meets the timeliness and validity requirements outlined below.

Allowable per ASFA

- Child is in a foster home with a biological relative
- Agency documents a compelling reason why TPR is not in the child's best interest

- The state has failed to provide services necessary for reunification

Timely and Valid

- The initial exception must be documented prior to the child's 15th month of care.
- The first subsequent exception (if applicable) must be documented within 6 months of the initial exception, and the child must still be in custody at that 6-month point.
- For the second subsequent exception (if applicable) must:
  - Be documented within 6 months of the previous exception, with the child still in custody at that 6-month point, and
  - Have the Manager review and approve the exception in MACWIS (this should be documented as an ASFA Exception narrative in MACWIS)

For a child to meet the commitment, every applicable "timely and valid" requirement above must be met. For 2021 and 2024, a review of the children's case records showed that these requirements were not met for that population of children.

Data for 2025 is currently unavailable. The Office of Permanency and Support Services will begin reviewing the data in mid-February 2026.

Item 24: Notice of Hearings and Reviews to Caregivers

For this item, provide evidence that answers this question: How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

State Response:

The case reviewer reviews and compares the list of invitees and compare to Placement tab. Barriers include courts sending invitations of upcoming dates; courts not having updated information for child(ren) – invitations are mailed to the previous caregiver. MDCPS workers usually inform caregivers of upcoming court dates or print an unofficial letter. A way to address these barriers would be to add a character in the Court tab that allows MDCPS to print letters and invite important case members to court (*like how the county conference letters are selected, printed, and mailed*).

Information collected during interviews with stakeholders during the CFSR showed that caregivers are not routinely notified of reviews and court hearings, and that their right to be heard in these proceedings is not always guaranteed. Stakeholders reported that practice varies across the state and that in some jurisdictions, caregivers are not allowed to remain in the courtroom or offer information during hearings. Due to these reasons, Item 24 is an area needing improvement.

The table below shows results from qualitative reviews conducted by the foster care review staff for Olivia Y. reporting. The method of analysis was related to provision *6.4.a.* A child's permanency plan shall be reviewed in a court or administrative case review at least every

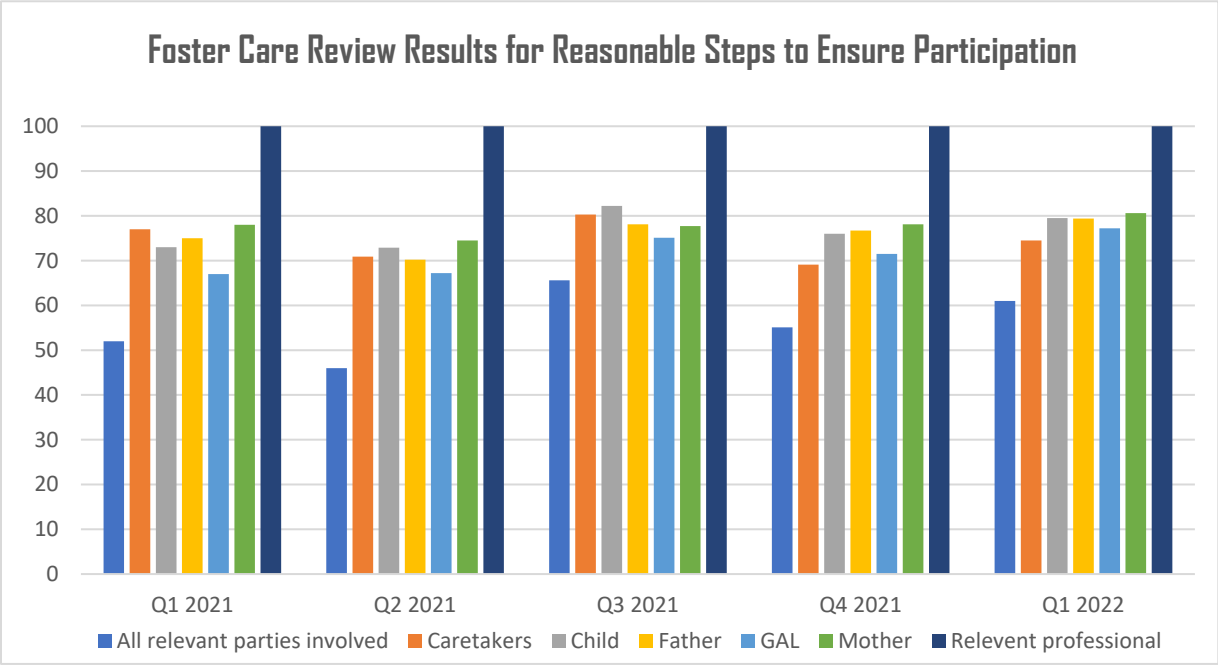
six months. Foster care reviews (FCR) shall satisfy this administrative case review requirement.

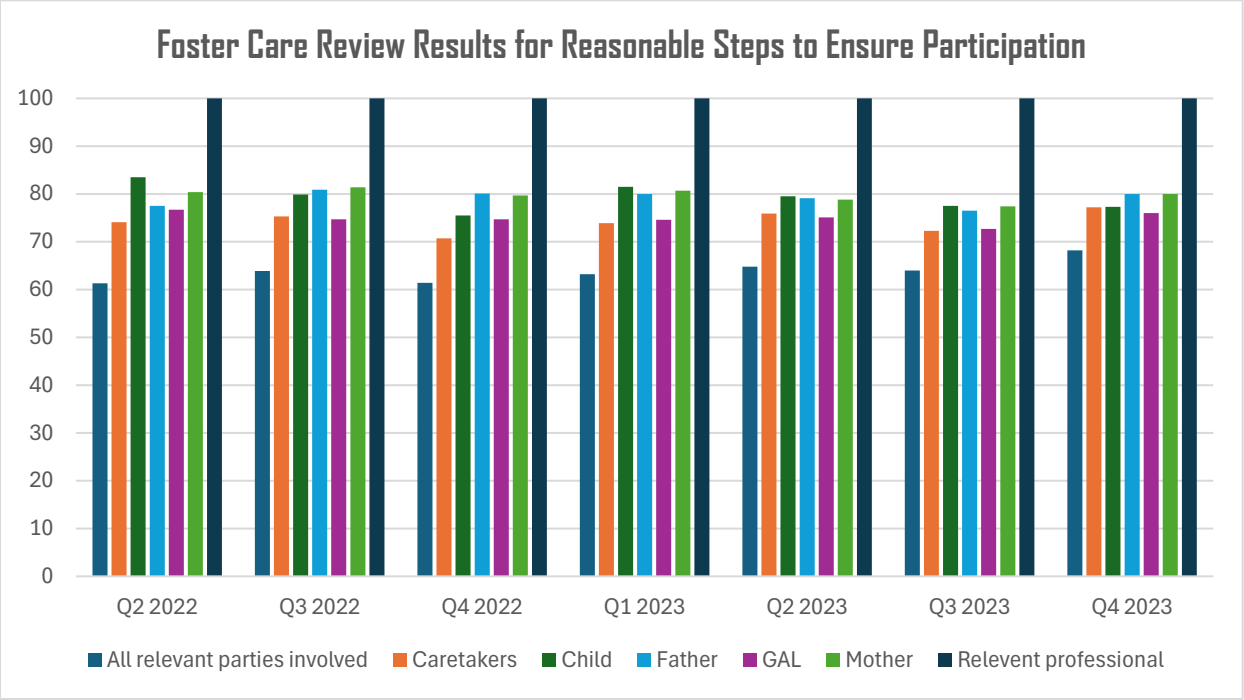
The County Conference invitation letter includes a space at the bottom for the invitee to respond and let their comments be heard during the county conference if they are unable to be there in person or via phone/conference line. It should be noted that the County Conference invitation letter is not simply notice of a hearing, but it is also an invitation to attend and participate.

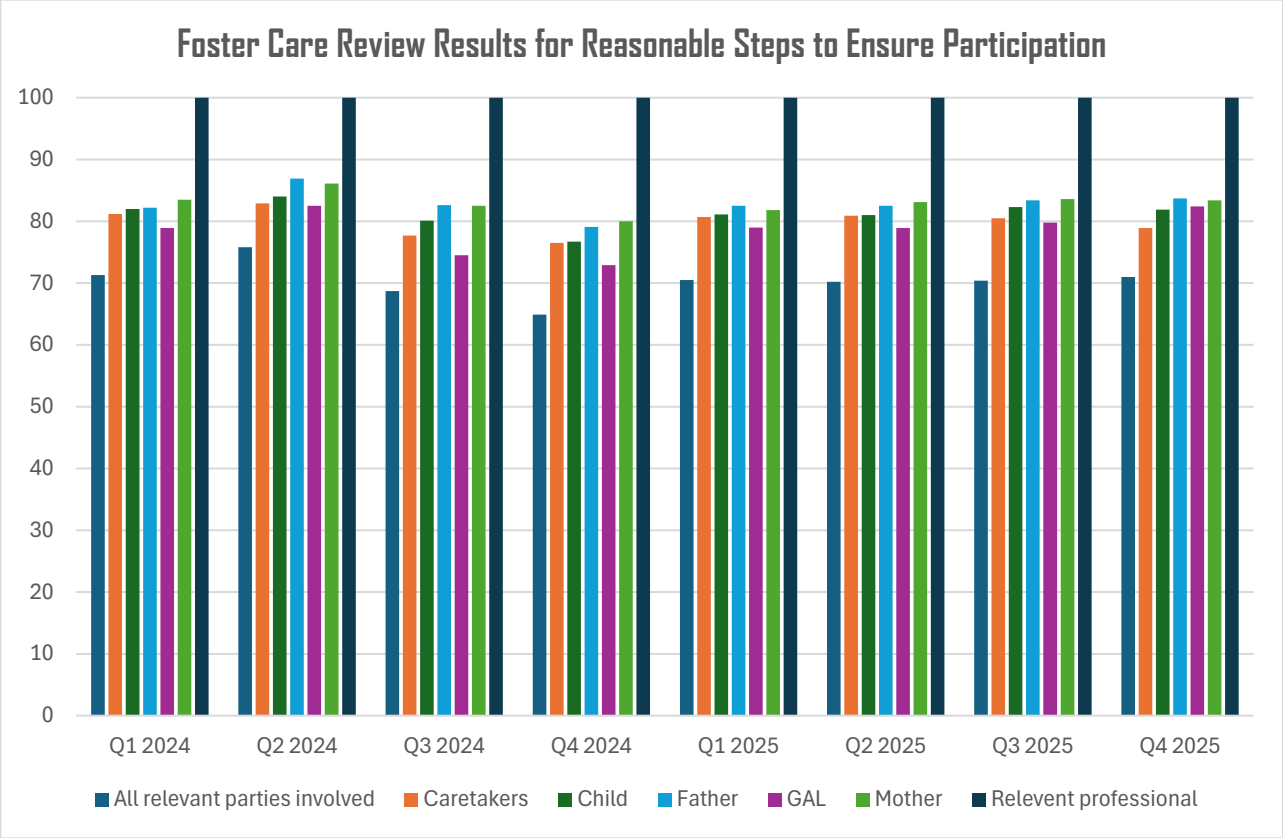
During its 2025 session, the Legislature passed legislation which revised the timeline for permanency hearings in youth court, requiring those hearings to occur at least every ninety days and passed legislation which changed the definition of "kinship" to include fictive kin with a familial bond with the child(ren), to allow for board payments for fictive kin guardianship placements.

MDCPS has begun developing plans for improving notifications to parents, foster parents, and others. It should be noted that the County Conference invitation letter is not simply notice of a hearing, but it is also an invitation to attend and participate. If a person is unable to be there in-person arrangements for teleconference or phone are available. If attendance is not possible, the bottom of the invitation provides space for their input; their comments are returned to the agency. The MDCPS will evaluate opportunities to collect data to identify the percentage of foster parents attending the hearings in an effective way. See the table below for results of the foster care review performance for the periods covered in this update: MDCPS began collecting the data by participant in 2020 and that information was included in each quarterly report submission. Also, the report data for each quarter submission from the MSA Quality Case Review Summaries report can be found below.

The charts below display data for individuals invited to participate in the Foster Care Review:




Foster Care Review Results for Reasonable Steps to Ensure Participation
100
90
80
70
60
50
40
30
20
10
0
Q2 2022
Q3 2022
Q4 2022
Q1 2023
Q2 2023
Q3 2023
Q4 2023
All relevant parties involved
Caretakers
Child
Father
GAL
Mother
Relevent professional


Foster Care Review Results for Reasonable Steps to Ensure Participation
100
90
80
70
60
50
40
30
20
10
0
Q1 2024
Q2 2024
Q3 2024
Q4 2024
Q1 2025
Q2 2025
Q3 2025
Q4 2025
All relevant parties involved
Caretakers
Child
Father
GAL
Mother
Relevent professional

C. Quality Assurance System

Item 25: Quality Assurance System

For this item, provide evidence that answers this question: How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided 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?

The Technical Assistance Unit was developed as a support to Service Areas to assist in addressing practice indicators where opportunities for improvement are identified. The SAP Documentation learning labs were revamped and reimplemented by the Technical Assistance Unit during the PUR. ADC's and Managers can complete a referral form on SharePoint to request assistance from the TA unit. Two strategic meetings were held within each Region. A focus on each training provides details on how to assess the safety and wellbeing of families as well as how to document using the SAP format to capture the assessment of visit.

The program's ongoing activities will include case reviews, collection of data, analysis, reporting and training. Our goals are to provide reliable, comprehensive data from the case reviews that can be used to inform agency leadership and offer insight into needed revisions in policy, practice, procedures, training as well as offering a venue to measure success. Service Area Reviews include 30 cases per Service Area. FCR reviews every child in custody every 5 months that the child remains in custody (prior to or within every 6 months), Safety Reviews are conducted on all maltreatment in care investigations and screen outs and a large percentage of regular ANE investigations and screen outs. The Congregate Care Unit is no longer part of the CQI Unit. However, Congregate Care reviews every provider at a minimum annually and monthly assessments are conducted with all employees, resource parents and children served by congregate care providers.

Meetings are held after each Service Area Review, so each Service Area Review has a meeting at a minimum once a year. Reports are submitted to each Assistant Deputy Commissioner and Social Service Manager monthly and a report is provided to each Supervisor after each FCR. Every FCR/county conference offers an opportunity for a meeting to discuss the case and any questions. Also, the CQI Unit revised the Case Staffing Tool and created a Documentation Framework for all field staff to utilize to capture quality documentation. The Technical Assistance unit completed SAP refresher or introductory course to all staff as mentioned above.

Challenges include conducting a 100% review of all children and collecting a large amount of information results in difficulty determining priority. The case review unit has been viewed as CQI, however, CQI is a concept that belongs to the entire agency and begins with

performance review of each worker. The case review unit has long been required to carry out CQI activities but because that data collection and analysis belonged to that unit, it diminishes the sense of urgency and ownership at the field level to enter data correctly, analyze the data or to take corrective action steps to strengthen or improve case deficiencies. However, the Leadership Team will hold meetings in the future to break down the Quality Case Review Unit and how all units are a part of CQI.

A lot of data is collected on families and children from the case reviews. These reviews provide information that is analyzed across every Region and every county. The reviews produce specific data for different requests such as MSA reporting, corrective actions, data quality and case practice. The results are analyzed based on several factors such as length of time in care, type of permanent plan, age of child, etc. This analysis offers opportunities to provide feedback regarding consistency of practice across the state. Review results can be analyzed regionally or by county as well. Timely Permanency, comprehensive assessments and provision of needed services are a focus of the qualitative reviews. Information is shared with leadership to provide a feedback loop that informs initiatives, policy, training, and practice.

During the CFSR, Round 3, Mississippi received an overall rating of Strength for Item 25: Quality Assurance System. Since 2018, MDCPS has continued to implement improvement strategics, further strengthening the quality assurance system.

In July 2018, the Mississippi Department of Child Protection Services reorganized its agency structure to align skills and resources to the work required for CQI activities. What was previously known as the Foster Care Review unit and the Evaluation and Monitoring unit were consolidated into the Quality Case Review unit. In 2019 the Safety Review Unit and Congregate Care Unit were also consolidated under the same structure. However, in 2023, Congregate Care was moved within the Clinical Support structure. This arrangement increases staff capacity to perform the functions of quality case reviews with consistency and integrity of the process.

The Quality Case Review Unit is comprised of staff who conduct various case reviews, including:

- Foster Care Reviews: The Foster Care Review is conducted for every child in foster care six months and every six months thereafter. Additional details on this process are found under Item 21.
- Safety Reviews: A case review is conducted for every investigation that includes a child in foster care to monitor the quality of the investigation. This process was developed in response to the MSA. Throughout the year, the Safety Review Team also reviews a percentage of other in-home maltreatment investigations.
- Service Area Reviews: The Service Area Reviews are conducted in every region throughout the state using the federal On-Site Review Instrument (OSRI) and provide performance information that is the primary driver for Regional Action Plans. The QA process described in this Item focuses predominately on these Regional Reviews.

Although CQI is an identified program unit, its activities and processes are intentionally embedded throughout the fabric of the agency in collaboration with and, in some instances, led by other program units. There is a myriad of performance reviews that occur a part of the MSA, foster parent licensure reviews, and more than seventy quantitative data reports that track agency performance (CORE Reports). CORE, MDCPS' Central Online Reporting Environment consists of reports that are primarily built around the MSA requirements, and many of them loosely align with several of the CFSR Items discussed in this section. However, MDCPS has identified opportunities to improve the quality of the data that feeds CORE Reports, and on the use/analysis of quantitative data. MDCPS will focus on improving data quality, management, and literacy throughout the implementation of this CFSP/APSR, and as such, the CORE Reports will likely be revised. As MDCPS develops a fully functioning CQI Team, a significant focus will be on quality data collection and analysis.

Additional insight into case practice is acquired from case-specific interviews with key individuals; if interviews can't be arranged, the case is eliminated. Key case-specific individuals include the child(ren) (when they are age and developmentally appropriate), parents, caregiver/foster care provider, the caseworker or supervisor, and, when possible, other service providers, or the attorney for the child (Guardian Ad Litem). The information provided by interviewees provides MDCPS with key insight into practice that may not be thoroughly represented in the written case record.

Currently, the case review sample is a random representation of children and families receiving foster care and in-home services through MDCPS. MDCPS continually seeks opportunities to improve the case review process and will be reviewing the guidelines for sampling to ensure that it reflects regional demographics, including proportional racial and ethnic representation.

When fully staffed, Service Area Review Unit has one administrative support person, nine dedicated reviewers, and two supervisors. To ensure that practice is assessed uniformly among the team members, staff participate in monthly training sessions to discuss and clarify questions related to the interpretation of the meaning of particular case review questions, variation in reviewer's ratings, and trends in findings. Consistency among case reviewers is achieved by a series of quality control procedures. Each case that is reviewed undergoes two levels of quality control reviews.

The results from case reviews are used to drive improvement efforts throughout the State. A case review item is rated as a strength when 90% of the cases that were reviewed are found to be substantially achieved. Case review findings, including strengths and areas needing improvement are compiled and shared internally. Throughout the upcoming planning year, MDCPS will identify opportunities to share the case review findings with key external stakeholders.

- Improvement opportunities for the QA case review process will be addressed in the 2027 APSR.

- Quality Case Review Staff are strategically assigned to support and provide feedback to regions statewide during the Regional Action Plan meetings ongoing for each of the region's yearly cycle. The plan for improvement is to change RAP facilitation approaches with the regions to be qualitive, solution focused discussions looking at the region's current CORE reports that are comparable to practice items rated for PIP measurement (strategic comparison of quantitative and qualitative Agency data). The RAP facilitation will also be regionally led to strengthening the understanding of regional dynamics that impact the quality of services and local practice. While facilitating, MDCPS staff will attempt to identify interventions used with family systems or possibly what is needed by frontline staff to improve practice efforts and family outcomes.
- The methodology for identifying the sample case to be reviewed will be addressed.
- Other CQI-related improvement strategies are located within the Quality Assurance section of the APSR.

D. Staff and Provider Training

Item 26: Initial Staff Training

For this item, provide evidence that answers this question: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

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

"*Staff,*" *for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP*.

State Response:

The system is currently functioning well, and MDCPS has steadily improved each year. This systemic factor rates as a strength. Recently, MDCPS began migrating from online pre-service training to in-person training sessions. Professional Development Services (PDS) completed new hire training (two) for case carrying staff. Additionally, with the new curriculum for the Supervisor training, the name was changed from Clinical Supervisor Training (CST) to Developing Effective & Accountable Leaders (DEAL). The supervisory training, DEAL, Part I & Part II, was also completed. The PDS delivered training for contractual In-home services and Investigation specialist as well as mandatory reporter training to administrators and principals of a local school district. The program continues to deliver all new hire training, along with Supervisor training for individuals promoted to a supervisory position who serve in a case carrying role. Weeks 2, 4, 6, and 8 are in-person weeks for the training.

The decision to migrate from online to in-person is based on our commitment to enhancing the learning experience for our team members. In-person training provides opportunities for increased engagement, collaboration, and hands-on learning that we believe will further strengthen the agency's workforce. The agency understands that this shift may require adjustments, and we are committed to providing the necessary support and resources to facilitate a smooth transition. For now, the training is being held at the State Office.

The team also developed a one-week intensive training course to address needs for both In-home and Investigation contract staff. The team delivered two-day intensive Investigations training that now includes a 2-hour delivery of Human Traffic basics. PDS also initiated a new process of having our interns participate in new hire training. The MS Academic PATHWAYS Program remained a key initiative, bringing together the state's eight public funded universities and MDCPS for weekly meetings. These collaborative efforts focus on aligning training with strategic planning and workforce needs.

Significant strides were made in crisis intervention training, as MDCPS partnered with the Crisis Prevention Institute (CPI) to certify 82 instructors in the first year of its nonviolent crisis intervention. In addition, MDCPS offered training in motivational interviewing, made possible through the generous support of Hope Rising Mississippi, which provided 50 training slots at no cost. The agency also prioritized training related to human trafficking--MDCPS staff received instruction through both the MBI/CPS Human Trafficking Training and Interdiction for the Protection of Children, and the National Human Trafficking Training and Technical Assistance Center (NHTTAC), which provided a train-the-trainer model to 28 team members.

The PDS welcomed partnership with our MS TBRI Ambassador organization (CASA of South MS). CASA invited professionals and program staff in Mississippi to join a free TBRI Learning Collaborative. The cohort committed to two things: (1) Zoom on Mondays 1:00 pm – 2:00 pm to receive TBRI training and (2) Zoom on Thursdays 1:00 pm – 2:00 pm to join in small group discussion. The cohort began on March 24, 2025. The training did not replace Practitioner Training, but it is specifically designed to assist agencies who would like to onboard their employees. Registration was limited to staff who could fully commit to the schedule. The training is only for professionals.

Pre-Service training is undergoing significant restructuring to include a hybrid model that alternates between classroom instruction and on-the-job experience. This redesign also integrates key components such as Nonviolent Crisis Intervention and Trust-based Relational Interventions (TBRI), the latter of which is being developed in collaboration with the stat team as both a stand-alone course and a component of new hire training. The agency's partnership with Crisis Prevention Institute will deliver train the trainer for MDCPS congregate care providers to be trained in non-violent crisis intervention. The agency met with representatives of the Karyn Purvis Institute at Texas Christian University to explore the best pathway for TBRI provider training. Anticipated collaborative agreement began June 2025. The actual training will be delivered in 2026. The DEAL

program will continue to be offered quarterly to supervisors, and contract-based training remains available as needed.

The team was successful in rewriting and rebranding the Clinical Supervisor training so that it focuses more on leadership, trauma, grief, self-care, belonging and specific frameworks (Kadushin model). The team will continue with new hire training, Supervisor training and development, contract training, 18-month follow up for all new hires and will begin restructuring new hire training to be job specific development for the specific work (training specific for Safety-Investigations; training specific for In-home and Out of Home Care, Licensure, etc.); training for MCIA-call center and Investigations 2-day Intensive with HT component.

Additional projects in development include the Simulation Home Environment, for which the team is seeking external partnerships due to internal restructuring and space limitations. There are local entities with simulation environments in place. Regarding Licensure Prep, MDCPS is collaborating with the MAP consortium to evaluate feasibility at both the agency and university levels, with a proposal currently under review by MDCPS HR and MAP leadership.

Professional Development incorporated a section in the DEAL (Developing Effective & Accountable Leaders) training on (diversity, equity, inclusion and belonging). DEAL will include content in the rewrite of the new hire development program formally called pre-service/OJT. Data regarding the number of individuals trained will be available once new content is incorporated. The agency will continue refining training content and collaborating with external partners for additional insights on how to have meaningful training content. The Professional Development Services Director initiated communication with Big Brothers Big Sisters of MS who have an outreach/community education team that works with local partners. Professional Development Services will assess how to collect data regarding training delivered to support more education and awareness.

Despite these significant achievements, several planned activities have not been implemented but are currently underway. The schedule date for “Darkness to Light” child sexual abuse prevention training was paused. The PDS is exploring a local partnership versus a contract with the national organization. Meanwhile, the Certified Trauma Profession Training will no longer be pursued, as MDCPS has opted instead to enhance the existing CPI training with trauma informed content. The Masterclass for Managers has been temporarily placed on hold to prioritize Developing Effective and Accountable Leaders (DEAL), an 8-month rebranded supervisor training initiative that includes three distinct components.

A challenge for our program remains the expressed need for training while building capacity. Our method to address this challenge is broadening our reach through internal collaborations with other program areas who will also go through some train the trainer sessions. This will allow us to leverage internal resources to support the training needs.

PDS is still working on our priority list and will identify a Big 5 as a strategy. Upon execution and completion of the Big 5, then we will reassess the priority list. We feel there were no barriers that prevented the program from achieving compliance requirements as our team has expanded to 46 trainers statewide with five Managers providing direct oversight and the Director supporting strategic initiatives and services. However, we advocated for and was approved to bring on board additional support personnel to assist with managing the day-to-day operations of our Learning Management System (Cornerstone), along with support for logistics as it relates to in-person training (identifying appropriate training sites, coordinating hotel accommodations, and all day to day follow up with the new hire training process).

Although challenges persist, particularly regarding resource allocation, the agency continues to assess staffing and resource needs and will use longitudinal data to determine if additional personnel are required. At present, no specific barriers have prevented the program from meeting the requirements outlined in the CB's program instructions, although continued evaluation will ensure ongoing compliance and adaptability. Our method to address is to broaden our reach through internal collaborations with other program areas who will also participate in some train-the-trainer sessions. This will allow the agency to leverage internal resources to support the training needs. PDS is still working on the priority list and will identify a Big 5 as a strategy. Upon execution and completion of the Big 5, the unit will reassess the priority list.

Item 27: Ongoing Staff Training

For this item, provide evidence that answers this question: How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that:

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and
- The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?

State Response:

MDCPS continues with new hire training, Supervisor training and development, contract training, 18-month follow up for all new hires and will begin restructuring new hire training to be job specific development for the specific work (training specific for Safety-Investigations; training specific for In-home and Out of Home Care, Licensure, etc.); training for MCIA-call center; and Investigations 2-day Intensive with HT component. MDCPS acknowledges this item is an area needing improvement.

Professional Development Services (PDS) made significant changes to its supervisor training program, transitioning from a one-week training to a three-part, 8-month program. This program includes two forty-hour, in-person instructional courses. Part I focuses on leadership and coaching, designed for all leaders in the agency, while Part II is job-specific, focusing

on investigations and well-being and permanency, Part III consists of a cycle of 5 topics to be delivered to the cohort within their practice environment in small groups: with a graduation ceremony at the conclusion of the program. PDS also developed curriculum to support a one-week intensive training for contract staff, In-home and later Investigations.

PDS was also tasked with developing a process to implement graduated caseloads, which was piloted in Lauderdale County. The statewide rollout of this process began in the Spring of 2024. Additionally, PDS partnered with the School of Social Work at the University of Southern Mississippi to collaborate on a training specifically for human trafficking. This training is now part of a 2-day intensive investigation training. The Center for Human Trafficking and Research and Training, housed within the School of Social Work at the University of Southern MS, in partnership with Kidz Hub Child Advocacy Center created a minimal fact interviewing video for MDCPS training purposes.

MDCPS continues to utilize annual conferences to bring together staff around priorities and promote collaboration within the Mississippi child welfare system. Initial parameters of the *Forward Together Conference* included hosting agency employees in each of the northern, central, and southern regions of Mississippi from September – November. To support as many opportunities for participation as possible, the conference was extended to include optional virtual attendance. The structure of the conference was to include large general sessions for a greater sense of togetherness. The anticipated outcome was to create opportunities for a wider range of employees to engage with one another, receive information and educational opportunities.

In addition to ongoing staff training, MDCPS recognizes that ongoing staff morale is critical to supporting the workforce's well-being. Professional development works to create opportunities and expand responsibilities within the agency for career advancement that will increase employee retention. Rust College is currently offering a Weekend Program, which is accredited by the Council on Social Work Education (CSWE). This program is designed for busy professionals who want a flexible and rewarding path into social work. The Weekend Program allows MDCPS staff to earn a B.S.W. degree while maintaining employment. Classes are held on Friday evenings from 5:00 p.m. to 10:00 p.m. and on Saturdays from 8:00 a.m. to 1:00 p.m. It is a great option for anyone who has completed basic liberal arts education, earned an associate degree, or even had a bachelor's degree in another field.

The Workforce Wellbeing (WWB) Unit utilizes assessment tools with separated employees to determine areas of focus to increase employee retention. The WWB started the 'What If' Idea Submission, which gives staff an opportunity to submit their ideas to be reviewed and possibly acted upon. The WWB started with WW Requests for Contact enabling employees to request visits and phone calls from the WWB team to assist with any issues they may be experiencing. The EAP Awareness Campaign involved a recorded notification video and continues to be shared agency wide.

Looking ahead, PDS has several collaborations underway, including Trust Based Relational Intervention (TBRI) train the trainer, Darkness2Light (Stewards of Children) train the trainer, Accenture virtual reality (train the trainer), USM/NHATTC train the trainer, a rewrite of the new hire training, CPI, YIPA (Youth Intervention Programs Association).

Other upcoming training initiatives include Certified Clinical Trauma Professionalism, Certified Trauma Professional, FFPSA. PDS is also gearing up for the train the trainer of PATHWAYS training, which will then be delivered to agency staff over an eight-week period. To promote enhanced service delivery, PDS is partnering with external partners for curriculum consultation and development.

Ongoing Staff Training – *External Collaborations*

- TBRI: working with the state team to develop TBRI in the workplace as a standalone training while also incorporating TBRI in the new hire training as part of the rewrite.
- Mississippi Academic Pathways (MAP): MDCPS is actively engaged in several evaluation and research activities in partnership with the eight state-funded universities through the MAP initiative. These activities are strategically aligned to support and enhance the goals and objectives outlined in our comprehensive plan for child welfare services.
- Fentanyl Awareness Training: MS Bureau of Narcotics
- Car Seat Safety: Required for any MDCPS employee that transports children and provided by the Mississippi State Department of Health
- MS Statewide Protocol for Child Abuse Response: Offered by the Children's Advocacy Center of Mississippi, this training focuses on coordinating responses to child abuse cases. Developed collaboratively by experts across the state, the Mississippi Statewide Protocol creates a unified, best-practice approach for child abuse investigations, services, and prosecution. Its goals are to:
    - Provide continuity across all counties
    - Ensure coordination and cooperation between agencies
    - Minimize stress and revictimization for children
    - Set a minimum standard for professional practice
    - Deliver justice faster and more efficiently
    - Reduce long-term costs

MDCPS will continue to assess current skills, set goals for career advancement, select appropriate learning strategies, and evaluate progress to foster individual and organizational growth to ensure a quality workforce. The primary goal is increased employee retention, and a stabile workforce that will improve engagement with children and families.

Item 28: Foster and Adoptive Training

For this item, provide evidence that answers this question: How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or

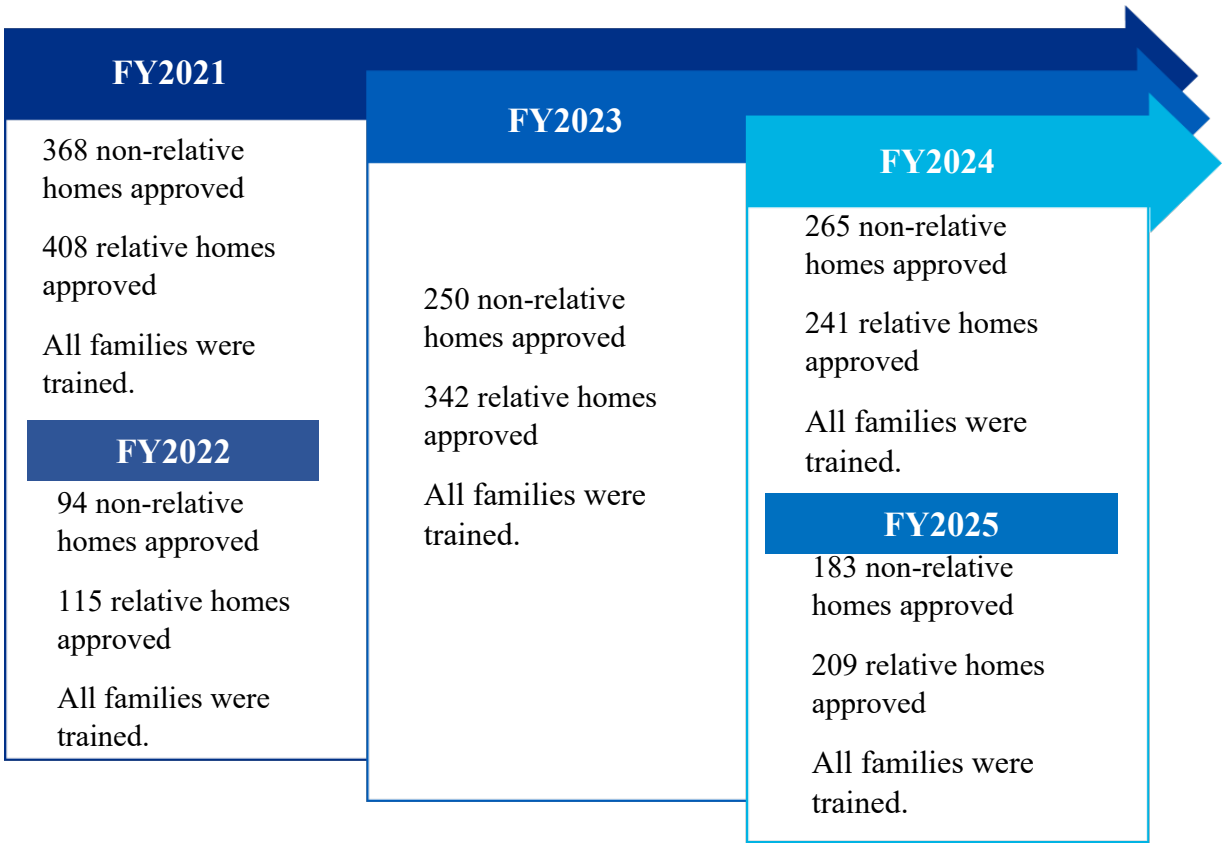
approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

State Response:

Foster Parent Orientation is conducted weekly by the Foster Parent Recruitment Unit, and it is conducted virtually with foster parent applicants. Pre-Service Training is provided after MDCPS has received an application and conducted a walk-through of the home along with background checks. Foster Parent Training is conducted both in-person and online through a Cornerstone portal, named Parental Roles in Establishing Permanency (P.R.E.P.) and has additional sessions on Child Safety Training and Finance and Travel policies/procedures. The Licensure Unit Specialists and Supervisors provide in-person training. Foster parent applicants must complete all required training components to meet licensing requirements.

Once licensed, foster parents must complete 10 hours of ongoing training every year, five hours must be in-person training and five hours can be completed online. The curriculum entails behavior modification techniques, parenting the traumatized child as well as developmental education needed when raising a child. When the annual training hours are completed, the foster parents meet the two-year re-evaluation requirements for twenty hours of on-going training, with ten hours of in-person training. In-person training hours are available through monthly Foster Support Groups, agency approved trainings conducted by Licensure specialists/supervisors, agency approved community trainings, and agency approved conferences.



MDCPS contracts with Foster Parent College (Fosterparentcollege.com) and Foster Care & Adoptive Community, Inc. (FosterParents.com) to provide online and ongoing training opportunities to foster parents. All foster families have access to complete free educational training online. Training topics with both companies include positive discipline, conflict resolution, creating a healing environment for our children, anger management, eating disorders, sleep disorders, runaways, Reactive Attachment Disorder, human trafficking, mental illness, problematic sexualized behaviors, lying, self- harming, fire play, Autism and a variety of many more.

MDCPS is charged with developing and maintaining Foster Support Groups that meet monthly. An agenda is developed for each meeting, but the meeting also acts as a support system and a place where foster parents can discuss questions, concerns, and issues. MDCPS allows additional training on specific topics when required, using the Foster Parent College website (https://www.fosterparentcollege.com), as a means of corrective action. An evaluation is given to measure understanding and serves as achievement of a final Corrective Action Plan. The Plan signifies completion of that requirement.

All Licensure staff are trained when they are hired. This training is for five weeks in the classroom and utilizes on-the-job training between sessions, to check for learning. All staff who supervise complete an additional week of supervisory training. All staff have a four-year college degree in Social Work or a related field, and some are licensed Social Workers. All Area Social Work Supervisors are licensed Social Workers, and most have master's

degrees in social work or a related field. MDCPS acknowledges this item is an area needing improvement.

The MDCPS Congregate Care unit reviews training for staff of state licensed facilities during Annual Reviews, Performance Based Contracting Reviews and during investigations that include allegations involving staff members.

E. Service Array and Resource Development

Item 29: Array of Services

For this item, provide evidence that answers this question: How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

A needs assessment, conducted by ADCs in every service area, was completed in 2022, after which an RFP was drafted to implement some of the services identified. MDCPS advertised an RFP to solicit the various suggested services statewide to procure community-based services geared towards primary and secondary prevention. Many of these services have been added through current grantees. Additionally, Intercept was added to the array of services for intensive in-home services. Services were to target any child or youth under the age of 18, as well as the child's family.

- Drug rehab/treatment both in-patient and outpatient
- Respite Care
- Domestic violence
- Homelessness
- Anger management
- Parenting classes (Implementing the Protective Factors)
- Pregnant and/or parenting teen mothers
- Transportation for parents/in home cases
- Free Transportation systems
- Drug testing availability
- Appropriate mental health services including in-patient.
- Services to locate jobs.
- Outreach programs to educate parents on needed items.
- Support systems/mentor programs/peer support
- Services for infants for diapers, wipes, and safe sleep
- Utility assistance for needy families.
- Clothing and food assistance
- Education support services for parents/caregivers
- Mentoring (ex: Fatherhood Engagement, Male and/or Female mentoring)
- Public Awareness (Required)
- Southern Christian Services for Children and Youth will serve the Central counties.
- Health Connect America will serve the Northern counties.
- Starkville Discovery Center will serve counties in the Northeastern part of the state.
- Kinship Navigator will serve the Southern and Central counties.

Health Connect America

Interest meetings in each office were conducted by members of the administrative team. Amory, Jackson, and Senatobia counties were identified as offices with potential new staff members and potential family referrals for FCT.

Staff will have a one-on-one meeting with Supervisors to further discuss role and expectations and begin training if they choose to step into the FCT position. Family Centered Therapy (FCT) conducted another site visit in August 2023. Additional marketing opportunities with MDCPS offices are being coordinated in hopes of spreading awareness and further gaining referrals. Supervisors attended a mental health event at Lewisburg High school and market for FCT in October 2024.

FCT supervisor attended and assisted in hosting a Mental Health event at the Byhalia office. MDCPS in Jackson was present and had a table among other vendors from the community. Between staff families and community members, there was an attendance of 106 people. There were eight venders present that talked about FCT and how Byhalia and Saltillo offices are working to offer new intensive in-home services. Supervisors participated in the Byhalia office's Thanksgiving basket delivery and are hopeful that new families can be reached utilizing this type of giving.

Additionally, in-CIRCLE will provide preservation and reunification services.

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

MDCPS acknowledges this item is an area needing improvement. All programs have continued to provide support services to families who have been identified by MDCPS as having the need. Services are provided in the home, face-to-face visits, referral to community-based programs as needed and other support based on the family's needs. The Programs' families received home visits which included therapy sessions, referrals to Alcohol and Drug (A&D) assessments and have attended parenting sessions (Active Parenting Curriculum). To ensure integrity, each parent receives a completion certificate. Concrete needs have been offered to families as needed which may include transportation and other soft and hard supports. Families will continue to be provided with services in the home, face-to-face visits, referral to community-based programs as needed and other support based on the family's need.

Intercept began in October 2022, and it is an evidence-based program which is statewide and offers services to families who have been identified as those with abuse/neglect and/or behavioral issues which would cause removal. The program is intensive and can last up to six months based on the need. Services are available to the family 24 hours.

The Dorcas, a program within the agency of Baptist Children's Village, expanded statewide and collaborates and/or partner with MDCPS and other agencies within Mississippi. Therefore, MDCPS expects the number of families served to increase. There are plans to expand services into the 7th service area of the state within the next year.

FY2020

The goal of Rescue 100 is to develop and maintain an adequate pool of family-like placements to meet the placement needs of children in care. In SFY2020, 457 new regular foster homes and 361 new relative foster homes were licensed. All efforts are expended to ensure that children are placed as close to their home of origin to maintain connections and can have regular visits with parents to support reunification efforts. In SFY2020, 683 children were permanently connected with a family through adoption.

FY2021

MDCPS understands that there are times when family placements are not possible; so, Rescue 100 was revamped. MDCPS began working with contractors to get non-relative homes licensed for the state. Shortly thereafter, the Licensure Unit was restructured, moving toward specialization so county staff can spend more time licensing relatives for children until they can be returned to their biological parents. An on-line application was created, and applicants were asked to choose an age bracket: 0-5, 6-11, 12-18 or 0-18, and specify if they are willing to take a sibling group.

When reunification is no longer an option, other permanency options are explored including adoption. MDCPS closely tracks children, when their permanent plan changes to adoption, to ensure that they are achieving permanency timely. Although a manual process, in the fall of 2017, MDCPS identified the children with a plan of adoption and began tracking them through regional calls to get a status and address barriers known that prevented the case from moving forward to TPR and adoption. These calls proved effective in getting children to permanency sooner. In FY2021, 518 children were permanently connected with a family through adoption.

		FY2022		
Program	**Service Type**	**# referrals**	**# Children served**	**# Adults served**
Dorcas		12	28	17
Intercept		51	108	17
In-CIRCLE (Youth Villages)	Family Reunification	13	36	17
In-CIRCLE (Youth Villages)	Family Preservation	37	77	49

FY2022

Program	Service Type	# referrals	# Children served	# Adults served
In-CIRCLE (Canopy)	Family Reunification	49	103	72
In-CIRCLE (Canopy)	Family Preservation	85	199	120
	Adoption		518	

Quarter 1 FY2023 | July – September 2023

Beginning October 2023, in-CIRCLE with Youth Villages will be transferred entirely to Intercept Services.

Program	# referrals	# Children served	# Adults served
Dorcas	35	88	56
Intercept	127	322	226
In-CIRCLE (Youth Villages)	27	72	43
In-CIRCLE (Canopy)	103	234	98
Health Connect America *Family Centered Therapy*	2	5	3

Quarter 2 FY2023 | October – December 2023

Program	# referrals	# Children served	# Adults served
Dorcas	20	52	28
Intercept	198	462	282
In-CIRCLE (Canopy)	94	235	96
Health Connect America *Family Centered Therapy*	9	30	12

Quarter 3 FY2023 | January – March 2024

Program	# referrals	# Children served	# Adults served
Dorcas	23	64	37
Intercept	217	499	295
In-CIRCLE (Canopy)	184	405	200

Health Connect America *Family Centered Therapy*	3	11	4

Quarter 4 FY2023 | April – June 2024

Program	# referrals	# Children served	# Adults served
Dorcas	24	56	34
Intercept	141	439	282
In-CIRCLE (Canopy)	134	401	194

FY2024

Program	Service Type	# referrals	# Children served	# Adults served
Dorcas		145	365	197
Life Set		19	27	31
Health Connect America	Family Centered Therapy	57	111	69
Health Connect America	Prevention model	1	1	1

A primary challenge is the growing wait list. The list increases as the number of families referred increases. The Prevention Unit is coordinating with the Provider as they will offer triage services to those families on the Wait List which may include Care Coordination Services, and referrals to other services in the community. Staffing concerns are another concern as the number of referrals has increased and the unit is small, handling hundreds of referrals per month. Although we have a shortage, our priority is to get the services for the families referred in a timely manner.

To ensure equability across the state for all families served through our various programs, our In-Home Services programs have addressed inequalities in transportation by partnering with Medicaid to cover transportation for those with transportation inadequacies. The program also offers translators for those whose English is a second language, or those who do not speak English. The in-CIRCLE program is also working with the Canopy LINKS program to provide services to clients in rural areas throughout the state.

All demographics on the families are compiled and may include race, ethnicity, etc. The programs have an extension data collection system of demographics which includes race, gender, ethnicity, and other factors to help ensure their program's equality. Families have been identified as minorities, gender based, non-English speaking, etc.

Service array and resource development continues to be areas needing improvement. MDCPS provides services to address the safety and well-being, prevention, permanency, and well-being of families and children through internal service provision and in collaboration with other child and family service providers. At this MDCPS does not have a system in place that collects information by jurisdiction. Based on anecdotal information and informal polling of regional directors, service needs vary across the state. It has been consistently noted that there is limited access to services in some of the more rural parts of the state and that there is a growing need for additional adolescent substance abuse programs. The aforementioned factors can cause service gaps. MDCPS currently has statewide coverage for in-home services through two contracted providers. The Prevention Unit will be exploring evaluations plans and methods of collecting and analyzing data. We have identified many of the services and initiatives below.

1. Services that assess the strengths and needs of children and families and determine other service needs:
   The Mississippi Department of Child Protection Services continues to assess the strengths and needs of children and families through two core formalized assessment tools: CFA and Safety and Risk Assessment. The Safety and Risk Assessment is completed during all open investigations. This tool is used to help assess the safety and risk of children and to determine if ongoing services are needed with the family. If it is determined that ongoing services are needed, the appropriate case type is opened and/or relevant referrals are made for the identified services. When an ongoing service case is opened, the Child and Family Assessments (CFA) are completed. This tool helps to identify areas to be addressed within the family to mitigate harm and/or risk factors and is listed as tasks/goals in the Family Service Plan (FSP). Together the CFAs and FSPs are jointly developed with the family, within 45 days of case opening, and updated every 90 days thereafter for as long as the case remains open. In addition, staff may reach out to other professionals including educators, medical professionals and mental health providers who may be involved with the child and family to gain information when completing an assessment.

2. Services that address the needs of families in addition to individual children to create a safe home environment:
   MDCPS uses a Safety Checklist during the initial assessment (investigation) with a family to identify the presence or absence of safety issues within the physical home environment. This tool is used to bring awareness and attention to safety issues such as poisons, fire hazards, drowning hazards, firearm hazards, car safety, general safety (including safe sleep) and other areas within the home that could potentially cause safety concerns. The Safe Sleep protocol was implemented with families that had children 18 months and younger. The goal is to identify unsafe sleep situations and assist the family in correcting any unsafe sleep situations as part of prevention of co-sleeping fatalities. such cases of safe sleep issues, the Prevention Unit has budgeted funds to purchase cribs and pack n plays for families. The frontline staff can request assistance utilizing various prevention funds.

   For subgrantees through Prevention, surveys are conducted through the grantee for

satisfaction and developmental purposes. Grantees use the data to explore options of better serving the community needs.

The safety of each child in the home continues to be individually and collectively assessed during investigations and monthly through ongoing casework. To make reasonable efforts to prevent removal, MDCPS also uses safety plans that allow the agency and families to provide alternative living arrangements to reduce harm and risk in unsafe living situations for a limited time with the infusion of the support from service providers.

Effective July 1, 2024, the definition of "reasonable efforts" was expanded, and the new definition makes it clear that reasonable efforts to prevent removal and reunify families must be individualized and, efforts cannot be required that do not meet the family's needs.

The new definition is: "Reasonable efforts" means the exercise of reasonable care and due diligence by the Department of Child Protection Services to use services appropriate to the child's background, accessible, and available to meet the individualized needs of the child and child's family to prevent removal and reunify the family as soon as safely possible consistent with the best interests of the child. Reasonable efforts must be made in collaboration with the family and must address the individualized needs of the family that brought the child to the attention of the Department of Child Protection Services and must not consist of required services that are not related to the family's needs.

In the 2024 session, the Legislature passed another comprehensive legislative package based on the recommendations of the Mississippi Task Force on Foster Care and Adoption, including: amending the definition of neglected child to exclude failure to provide food, clothing or shelter caused primarily by financial inability; affirming that attorneys for all parties in youth court proceedings owe their party client the duties prescribed by the Mississippi Rules of Professional Conduct; providing MDCPS the right to hire agency counsel to represent it at all stages of proceedings involving a child for whom it has custody; establishing that a petition for termination of parental rights must be heard within 90 days of filing, absent extraordinary circumstances; establishing that all parents have the right to appointed counsel in a termination of parental rights proceeding; modifying the time requirements for conducting permanency hearings; and clarifying which youth court orders are appealable.

3. Services that enable children to remain safe with their parents when reasonable:
   The Mississippi Department of Child Protection Services continues to receive support from local boards of supervisors within all 82 Mississippi counties. The amount of financial support varies from county to county, however. These funds allow counties around the state to provide informal support to children and families. These allocations have been used to meet an array of needs so that children can remain safe in their homes. More specifically, county funds have been used to assist families in the community who are experiencing financial difficulties with paying for utilities, food or for housing/rental assistance. In addition, these funds have been used to assist with purchasing furniture such as beds to

ensure appropriate sleeping; drug screenings to support the verification that a parent is free of illegal substances; intake fees for assessments at local mental health or outpatient substance abuse clinics as well as other identified family needs as presented. These families may or may not have cases with MDCPS. MDCPS has contracted with Canopy and Youth Villages to provide family preservation and reunification services through our program called In-CIRCLE. There are currently waitlists for in-CIRCLE Services. However, the providers offer care coordination and referrals to other support services until they can fully admit the family into the program. Preservation and Reunification services are provided. Services include crisis management, case management and in-home help that include individual and family therapy. The DORCAS program is currently available in northern and central Mississippi, by referral, for in-home family support services. The Program reduced service areas due to staffing: https://www.baptistchildrensvillage.com/locations. The purpose of the Dorcas In-Home Family Support Program is to provide family-driven, youth guided interventions to improve the stability of enrolled families and their ability to provide adequate care for the children for whom they are responsible. These interventions increase families' access to and utilization of community resources and assistance. The goal is to reduce the likelihood of removal or other disruption of their living arrangement.

The Dorcas Program is available in Service Areas 1, 2, and 3, which is in the Central and Northern part of the State. This Program through Baptist Children's Villages provides services to families who need support service to maintain their family.

in-CIRCLE is an intensive in-home service designed to prevent removal and maintain children safely in their homes, or if removed, to assist with services to reunify. The purpose of the program is to provide intensive in-home programs that provide family preservation, reunification, and support services program for families with children who are at-risk of out-of-home placement or those currently in out of home placements for reducing time spent in foster care by providing reunification supports and services.

in-CIRCLE is Statewide and offers services to all families regardless of race, color, gender, political, social, or economic status. There is a wait list established for families who cannot get into the program within 48 hours. There is a triage for those families, and they are contacted by the Provider and Nursing Services are offered to address immediate needs and diffuse crisis. This intake service may include referrals to community-based agencies until the family can be admitted for intensive services. The average number of families on the wait list per month is 42-60. The wait list is no longer than 30 days at which time, families are moved to another Provider who has slots available. Also, within that 30 days, Care Coordination Services are provided which include phone contact, crisis management, referrals, and other soft supports.

It is notable that foster care entry rates in the state have declined over the past five years; they were slightly above the national rate in FY2017, then dipped slightly below and are currently close to the national rate.

4. Services that help children in foster and adoptive placements achieve permanency:
   The Mississippi Department of Child Protection Services understands the importance of finding the most appropriate, family-like placement setting for children and youth who must enter the state's foster care system. Additionally, in order of succession, permanency plans are determined in conjunction with the youth court, and case practice is aligned based on the established plan to aid in achieving permanency. Moreover, families can be referred to In- CIRCLE (reunification) for more intensive family support.

   If a child must enter foster care, the agency seeks family or fictive kin first to provide care to the child(ren). These families are afforded the opportunity to become licensed relative foster parents through the expedited licensing process. The training is abridged, to expedite the support offered by being fully licensed and to maintain the child with relatives; hopefully to expedite permanency, but still fully trains the family in providing care for the child(ren).

   Parenting and Education classes continue to be held at:

   - Born Free/New Beginning Residential Treatment Program
   - Harbor House Chemical Dependency Services (includes pregnant women and men)
   - Flowood Community Work Center Restitution Center
   - The Center for Independence: The Friendship Connection
   - Additionally, grantee continues to provide supportive services and parenting education.

   Ongoing activities are provided to support coordinated community-based efforts to develop, operate, enhance, and where appropriate to network initiatives aimed at the prevention of child abuse and prevention. To increase community awareness of the protective factors to reduce the incidence of child abuse and neglect. Educate community about child abuse and neglect and the impact of trauma on development through public speaking events, media campaigns, and informal information sessions.

   MDCPS has an administrative structure (resource unit) that supports each of its fourteen (14) regions that are staffed with licensure specialists, adoption specialists, supervisors, and bureau directors. Their focus is on the recruitment and retention of foster and adoptive parents at the county and state level. All the Resource Unit staff (both Licensure and Adoption) work together to provide recruitment, pre-service training, in-service training, and home studies to license foster/adoptive homes across the state. Adoption Specialists also work with all children/youth in care whose permanent plan is adoption.

Item 30: Individualizing Services

For this item, provide evidence that answers this question: How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

State Response:

In September 2023, MDCPS created a Geographic Information System ("GIS") program which enables MDCPS to optimize service delivery by identifying geographic patterns and areas of concern which, in turn, enables predictive planning and prevention. The Agency will continue work focused on developing a protocol or assessment for determining the appropriate referral among the pool of in-home services programs and a manual of in-home services. The in-CIRCLE Program has revised the RFP to include the levels of service. MDCPS acknowledges this item is an area needing improvement.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

For this item, provide evidence that answers this question: How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

State Response:

MDCPS rated this item as a Strength. The agency continues to engage its stakeholders readily and consistently with its major initiatives, goals, and objectives that are pursuant to the CFSP and APSR. This is done to increase communication, understanding, and collaboration strategies across service systems with the goal of strengthening families and communities. The department continues to meet regularly through monthly, bi-monthly, quarterly, annual, and as needed meetings with its stakeholders including the Administrative Office of the Courts, Children Advocacy Centers of Mississippi, Tribal partners, Mississippi Association of Child Caring Agencies, representatives from mental health, education, state universities, and others to discuss the progress and/or barriers to the goals, objectives, interventions identified under the 2020-2024 CFSP. For the development of the state's APSR, the MDCPS Division of Federal Reporting contacts its stakeholders to request quarterly and periodic updates about any joint initiatives, service delivery information, successes, any perceived barriers, and strategies for improvement. These collaborative efforts are integrated throughout the APSR narrative. MDCPS continues to work towards completing the collaboration efforts identified in the 2020- 2024 CFSP, the periodic updates provide valuable insight into the effectiveness of each strategy. This also serves as an internal/external feedback loop to ensure that these activities were joint activities, each entity fulfilled their obligations, and initiatives were completed by established target dates. MDCPS also shares the Program Instructions and APSR with the Mississippi Band of Choctaw Indians (MBCI) and its stakeholders. MDCPS attends quarterly meetings with MBCI and collaborates on cases/issues on an as-needed basis.

Members of the tribe are invited to participate in Mississippi's joint planning and other statewide meetings through the Commission on Children's Justice and these meetings inform the CFSP/APSR to a degree.

MDCPS is deeply committed to building trust-based, responsive relationships with the children, families, and communities we serve. We understand that a strong child welfare system is not built in isolation is shaped through meaningful collaboration, active listening, and intentional action. MDCPS will continue to strengthen relationships with collaborators to develop a more robust partnership in framing the actual text of the CFSP/APSR.

MDCPS continues to advance its efforts to expand the availability of essential services statewide, ensuring equitable support for families in every community.

- **Expanded Access to Services**: We have worked to bring support closer to home by coordinating with faith-based organizations, community centers, and schools, ensuring that families can access resources where they live and learn.
- **Parent & Youth Engagement**: MDCPS has committed to engaging families not just as service recipients, but as active partners in case planning, policy review, and agency improvement efforts. This includes rebuilding our Parent Advisory Council and amplifying youth voices through advisory panels.
- **Cultural Competency and Equity**: Staff participate in ongoing training to better understand the diverse needs of Mississippi families and respond with respect, empathy, and fairness. We are working to reduce disparities in outcomes through data-driven practice reforms.
- **Real-Time Feedback Loops**: We are implementing better systems for gathering feedback from the field and community, through exit interviews, staff online surveys, and collaborative problem-solving with local partners.
- **Transparency and Accountability**: Through regular public reporting, community forums, and legislative engagement, MDCPS is committed to keeping the public informed about our goals, challenges, and progress.

Item 32: Coordination of CFSP Services with Other Federal Programs

For this item, provide evidence that answers this question: How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

MDCPS rates this item as a Strength. The Mississippi Department of Child Protection Services (MDCPS) will soon implement a Community Response pathway; a differential response approach designed to address the needs of families and connect them to supportive resources without initiating a formal investigation. This preventive strategy aims to strengthen families, reduce system involvement, and promote child and family well-being through early engagement and community-based support. Community Response is slated to be tracked through PATHWAYS, the new automated system. The launch for PATHWAYS has been postponed until the mid-first quarter. Once live, the plan is to implement Community Response statewide.

The Community Response pathway is part of a broader effort by MDCPS to engage families proactively, compassionately, and without stigma. This differential response model allows the agency to respond in a more flexible and family-centered manner when reports do not meet the threshold for investigation but still indicate a need for support. This initiative reflects MDCPS's commitment to transformation, moving toward a less reactive and more responsive system grounded in prevention, equity, and community partnership.

Goals of the Community Response Pathway

- Strengthen family functioning through early support
- Promote child safety and well-being without court involvement
- Decrease unnecessary investigations or removals
- Build trust between MDCPS and the community
- Enhance collaboration with local providers, faith-based groups, and nonprofits

Nursing Unit

The Nursing Unit continues to provide essential support to frontline staff to ensure the health and well-being of children and families served by the agency. In alignment with departmental requirements, the unit ensures that all children entering custody receive an initial medical examination (EPSDT) within 30 days of custody for children aged 4 and older, and a dental examination within 90 days for children aged 3 and older.

To maintain comprehensive statewide coverage, nurses are assigned to specific service areas and provide support based on the unique needs of each region. The following activities were conducted this quarter:

- Health Tracking and Oversight: Ongoing tracking of medical, dental, and mental health examinations for all youth in care.
- Monthly Well-Being Cadence Calls: Facilitated to review upcoming, due, and past-due medical and dental appointments. These calls also serve as a platform to resolve any identified barriers.
- Participation in Case Planning: Nurses actively participated in treatment team meetings, family team meetings, and discharge planning sessions.
- Education and Training: Provided to specialists and providers on the functions of the nursing staff, enhancing collaboration and understanding of nursing roles.
- Support to Caregivers: Direct support offered to foster parents to address healthcare concerns and provide guidance.
- Partnership Meetings: Attendance at the quarterly foster care meeting with Magnolia Health, reinforcing collaborative care efforts.
- Medication Consultations: Nurses offered consultations regarding psychotropic medications and responded to questions from staff and caregivers.
- Resource Identification and Navigation: Assisted in locating and connecting children to providers for medical, dental, and psychological services.
- Specialized Support for Complex Needs: Provided navigation support for medically fragile children and facilitated therapeutic placements for youth with significant health needs.
- Stakeholder Engagement: Conducted a “White Board” meeting with MDCPS contract

providers to outline the nurses' roles and the support available for children in licensed and group homes.

Ongoing and Continuing Activities: These core activities will remain ongoing beyond the current quarter:

- Continuous tracking of medical, dental, and mental health exams.
- Monthly well-being cadence calls with service areas.
- Continued participation in treatment and family team meetings.
- Ongoing education and outreach to internal staff and external providers.
- Continued support to foster parents.
- Active involvement in quarterly partnership meetings.
- Psychotropic medication consultation and guidance.
- Continued efforts to connect youth to appropriate care and navigate systems for medically fragile children.

Future Goals

The Nursing team aims to implement training for newly hired staff to ensure they understand the importance of each youth receiving timely medical and dental exams, are familiar with required well-being timeframes, have access to appropriate providers and can schedule appointments promptly, and receive targeted support to improve accuracy and consistency in documentation. This initiative is expected to be rolled out by the end of 2025.

Significant Meetings and Training

During the quarter, the Nursing Unit leadership and nursing staff facilitated monthly meetings with representatives from all seven service areas. These meetings addressed outstanding medical and dental needs and discussed challenges and resolutions. In addition, nurses have expanded their training efforts across various service areas and responded to an increased number of medication-related consultations due to rising referrals.

Barriers and Challenges

Staffing shortages in service areas continue to present a significant challenge in meeting the federal program instructions outlined. These shortages impact the timely scheduling and completion of medical and dental appointments.

The Nursing Unit closely monitors and tracks medical and dental compliance to ensure that all youth in care receive timely and appropriate healthcare services. The unit ensures no child is overlooked due to location, complexity of care needs, or caregiver support. The unit utilizes multiple tools for daily tracking, including custody child demographics, the MACWIS system, and reports provided by Magnolia Health. These data sources help monitor service delivery and ensure consistent care for all children in the system. In September 2023, MDCPS created a Geographic Information System ("GIS") program which enables MDCPS to optimize service delivery by identifying geographic patterns and areas of concern which, in turn, enables predictive planning and prevention. *Id* at ¶¶ 70 – 72.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally.

For this item, provide evidence that answers this question: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving Title IV-B or IV-E funds?

State Response:

MDCPS is required to license all Expedited Relative homes within 90 days and non-Relative homes within 120 days. Throughout the licensing process, the Licensure Specialist and Supervisor staff the homes weekly and to discuss progress and potential licensing barriers are assessed. Non-Relative Foster Homes cannot be licensed with any policy exceptions. Expedited Relative homes are allowed exceptions to the agency's requirements in two areas: the relative applicant can be less than 21 years old and 2) the applicant is not required to be legally married or divorced.

FY2021

At the end of each quarter, the MDCPS evaluates for quality by reporting to Public Catalyst the results of our review of non-relative and expedited homes. The results of the FY2021 to FY2023 quarterly reviews for non-relative homes are as follows:

Reporting period 4th quarter 2021	2nd MSA Provision	Provision Description	Performance
October-December 2021	3.1	Quality Review of Non-Relative Foster homes	Review of records that were approved: 100% Quality of records reviewed: 84%

Provide a written summary of the findings including the strengths and the areas needing improvement, methodology, and description of the data presented (include the review tool used for measuring the provision): Data was collected and analyzed through the 2021 Non-Relative Master Smartsheet. This Smartsheet is managed by MDCPS's Licensure Unit Deputy Director and Bureau Directors/Social Services Supervisors for each side of the state manages the Smartsheet. During the 4th quarter, 425 non-relative homes were approved or denied, however, all the homes that were approved were reviewed prior to the Q4 reporting. The quality review is designed to be conducted 7-14 days after approval is made. All denied homes have relevant documents uploaded to an internal SharePoint file that is set up for every foster/relative home we assess.

84% (n=80) of the 95 of the approved homes reviewed in Q4 were found to have a comprehensive file. Ninety-nine (99) homes were labeled Foster Home, and fifteen (15) homes were labeled Child Specific/ICPC homes. Fifteen (15) homes had issues that needed resolving before the review was considered complete. Four (4) homes were approved when they should have been denied. However, these four homes were not reviewed.

Reporting period 4th quarter 2021	2nd MSA Provision	Provision Description	Performance
October-December 2021	3.1	Quality Review of Non-Relative Foster homes	Review of records that were approved: 100% Quality of records reviewed: 84%

During the 4th quarter, 86 homes were licensed, however, during the rebuilding period, October 2021 to the present date 86 homes continue to be licensed.

Areas needing improvement: This quarterly report will be shared with all staff so they can see where the errors occur and continue to strive to reduce the number of errors. Social Services Supervisors are viewing the SharePoint file while completing their review so they should be able to assure the correct forms are being used and address the issues/concerns with Social Services Supervisors where they see a pattern. One area that needs to be improved is Social Services Supervisors should thoroughly review the case files for quality purposes and upload the required documents before approving the home. Area Social Work Supervisors must ensure that the service type is correct before approving the home and if the home does not meet the agency's requirements, the home should be denied approval. Social Services Supervisors have access to the Master non-relative Smartsheet to allow them to track the home from entry until completion. In addition, monthly staffing is done with all Social Services Supervisors to address and review issues regarding applicants for home approval. The Bureau Directors will address the continued issues with reviews in their monthly staffing with all Social Services Supervisors.

Strengths: We are close to having adequate staff in all regions and there is ample supervision for each region. There are a few new Social Services Supervisors that will need more detailed training on this process but for the rest of the state, we should have seasoned supervisors who know how to properly staff and train their staff in this process. Utilizing seasonal supervisors to properly train staff in the process for reviewing homes, we should see an increase in identifying issues to be addressed before approving homes.

Reporting period	2nd MSA Provision	Provision Description	Performance: 100%
July – September 2022	3.1	Quality Review of Non-Relative Foster homes	Review of records that were approved: 100% Quality of records reviewed: 70%

Provide a written summary of the findings including the strengths and the areas needing improvement, methodology, and description of the data presented (include the review tool used for measuring the provision): Data was collected and analyzed through the 2022 Non-Relative Master Smartsheet. This Smartsheet is managed by the Licensure Unit Deputy Director and the Bureau Directors/Regional Area Social Work Supervisor's for each side of the state. 475 non-Relative homes had action taken (approved or denied) during the 3rd quarter and all approved homes received a review prior to the Q3 reporting. The quality review is designed to be conducted 7-14 days after approval is made. All denied homes have relevant documents

Reporting period	2nd MSA Provision	Provision Description	Performance: 100%
July – September 2022	3.1	Quality Review of Non-Relative Foster homes	Review of records that were approved: 100% Quality of records reviewed: 70%

uploaded to an internal SharePoint file that is set up for every foster/relative home we assess. 70% (n=137) of the approved homes reviewed in Q3 ninety-six (96) were found to have a comprehensive file. Ninety-five (95) homes were labeled Foster Homes, and forty-two (42) homes were labeled Child Specific/ICPC homes. Forty-one (41) homes had issues that needed resolve before the review was considered complete. Seventy-six (76) of the Ninety-five (95) licensed foster homes were approved timely. 80% were licensed timely.
In our 3rdnd quarterly 3.1, 3.3 a and b Memo, the total number of homes licensed in 3rd quarter is 95. For the rebuilding period, October 2021 to present, our "to date" total is 355.
Areas needing improvement: This quarterly report will be shared with all staff so they can see where the errors occur and continue to strive to reduce the number of errors. The Social Services Supervisors needs to do a more thorough job of reviewing the file for quality and get necessary paperwork uploaded before approving the home. This will be addressed with each region where we have this issue. Training is being scheduled throughout licensure to address issues with documents not being uploaded to SharePoint prior to the home being approved. The Master Non-Relative Smartsheet has been filtered to give each Social Services Supervisor their own listing so they can keep track of the home from entry until completion. The Social Service Managers will address the continued issues with reviews in their monthly staffing with all Social Services Supervisors and Regionals. Training is being scheduled throughout licensure to address issues with documents not being uploaded to SharePoint prior to the home being approved.

Strengths: We are not seeing any homes that were approved when they should have been denied as previously reported. All Social Services Supervisors trained on this process have seasoned supervisors who know how to properly staff and train their staff on this process. We should see an increase in their attention to quality before approving homes.

Reporting period	2nd MSA Provision	Provision Description	Performance: 100%
October-December 2022	3.1	Quality Review of Non-Relative Foster homes	Review of records that were approved: 100% Quality of records reviewed: 73%

Provide a written summary of the findings including the strengths and the areas needing improvement, methodology, and description of the data presented (include the review tool used for measuring the provision): Data was collected and analyzed through the 2022 Non-Relative Master Smartsheet. The Smartsheet is managed by the Deputy Director of the Licensure Unit and the Bureau Directors/Regional Area Social Work Supervisor's for each region of the state. Action was taken on 475 non-Relative homes (approved or denied) during the 3rd quarter and all approved homes received a review prior to the Q3 reporting. The quality review is

Reporting period	2nd MSA Provision	Provision Description	Performance: 100%
October-December 2022	3.1	Quality Review of Non-Relative Foster homes	Review of records that were approved: 100% Quality of records reviewed: 73%

designed to be conducted 7-14 days after approval. All denied homes have relevant documents uploaded to an internal SharePoint file that is set up for every foster/relative home that is assessed.

73% (n=102) of approved homes reviewed in Q4, seventy-five (75) were found to have a comprehensive file. Seventy-five (75) homes were labeled Foster Homes, and twenty-seven (27) homes were labeled Child Specific/ICPC homes. Twenty-one (21) homes had issues that needed resolving before the review was considered complete. Fifty-five (55) of the Seventy-five (75) licensed foster homes were approved timely. 73% were licensed timely.

A total of 84 homes (4th quarter) were licensed in the agency's 4th quarterly 3.1, 3.3 a and b memo. The agency's "to date" total for the rebuilding period of October 2021 to present is 415.

Areas needing improvement: This quarterly report will be shared with all staff so they can see where the errors occur and continue to strive to reduce the number of errors. The Social Services Supervisors need to do a more thorough job of reviewing the file for quality and get necessary paperwork uploaded before approving the home. This will be addressed with each region where we have this issue. Training is being scheduled throughout licensure to address issues with documents not being uploaded to SharePoint prior to the home being approved. The Master Non-Relative Smartsheet has been filtered to give each Social Services Supervisor their own listing so they can keep track of the home from entry until completion. The Social Service Managers will address the continued issues with reviews in their monthly staffing with all Social Services Supervisors. Training is being scheduled throughout licensure to address issues with documents not being uploaded to SharePoint prior to the home being approved.

Strengths: We are not seeing any homes that were approved when they should have been denied as previously reported. All Social Services Supervisors trained on this process have seasoned supervisors who know how to properly staff and train their staff on this process. We should see an increase in their attention to quality before approving homes.

Reporting period	2nd MSA Provision	Provision Description	Performance: 100%
January-March 2023	3.1	Quality Review of Non-Relative Foster homes	Review of records that were approved: 100% Quality of records reviewed: 64.8%

Provide a written summary of the findings including the strengths and the areas needing improvement, methodology, and description of the data presented (include the review tool used for measuring the provision): Data was collected and analyzed through the 2023 Non-

Reporting period	2nd MSA Provision	Provision Description	Performance: 100%
January-March 2023	3.1	Quality Review of Non-Relative Foster homes	Review of records that were approved: 100% Quality of records reviewed: 64.8%

Relative Master Smartsheet. This Smartsheet is managed by the Licensure Unit Deputy Director and the Bureau Directors/Regional Area Social Work Supervisor's for each side of the state. 197 non-Relative homes had action taken (approved or denied) during the 1st quarter and all approved homes received a review prior to the Q1 reporting. The quality review is designed to be conducted 7-14 days after approval is made. All denied homes have relevant documents uploaded to an internal SharePoint file that is set up for every foster/relative home we assess.

64.8 % (n=54) of the approved homes reviewed in Q1 of the fifty-four (54) were found to have a comprehensive file. Forty-five (45) homes were labeled Foster Homes, and nine (9) homes were labeled Child Specific/ICPC homes. One (1) ICPC home was approved in error and is not reflected in the numbers. Fifteen (15) homes had issues that needed resolving before the review was considered complete. Thirty-five (35) of the Fifty-four (54) licensed foster homes were approved timely. 64.8 % were licensed timely.

In our 1st quarterly 3.1, 3.3 a and b Memo, the total number of homes licensed in the 1st quarter is 78. For the rebuilding period, October 2021 to present, our "to date" total is 517.

Areas needing improvement: This quarterly report will be shared with all staff so they can see where the errors occur and continue to strive to reduce the number of errors. The Social Services Supervisor needs to do a more thorough job of reviewing the file for quality and get necessary paperwork uploaded before approving the home. This will be addressed with each region where we have this issue. Training is being scheduled throughout licensure to address issues with documents not being uploaded to SharePoint prior to the home being approved. The Master Non-Relative Smartsheet has been filtered to give each Social Services Supervisor their own listing so they can keep track of the home from entry until completion. The Social Service Managers will address the continued issues with reviews in their monthly staffing with all Social Services Supervisors and Regionals. Training is being scheduled throughout licensure to address issues with documents not being uploaded to SharePoint prior to the home being approved.

Strengths: We are not seeing as many errors for homes that were approved when they should have been denied, as previously reported. All Social Services Supervisors trained in this process have seasoned supervisors who know how to properly staff and train their staff in this process. There are several new Social Services Supervisors. We should see an increase in their attention to quality before approving homes.

MDCPS Relative Foster Home and Non-Relative Foster Home policies are being revised to update the licensing process. The revised Relative Foster Home policy will eliminate the

need for exceptions while making the licensing process less restrictive. The revised Relative Foster Home policy has been submitted to the Children's Bureau for approval.

The Licensure Unit began utilizing the Structured Analysis Family Evaluation (SAFE) home study format. SAFE is the Consortium for Children's standardized, evidence based, and uniform home study methodology that is used to assess individuals applying to become a kinship care provider, a foster parent, an adoptive parent, and/or a guardianship provider. SAFE home studies help ensure the children that are placed in MS are in a licensed home. The MDCPS Licensure Unit began implementation with all new expedited home study inquiries received beginning November 1, 2023. The Licensure Unit began the conversion process for all non-SAFE Two-Year Re-evaluations due beginning May 31, 2024. Within the next two years, all existing MDCPS licensed homes will have been converted to a SAFE Home Study. The SAFE Home Study process improves stability and safety of licensed foster homes by identifying barriers and concerns during the licensing process. The Licensure Specialist and Supervisor utilize the mitigation process built into SAFE to assess the identified concerns and barriers to inform decision-making related to the licensing of a home.

Family Based Placement Meetings have been implemented by the Licensure Unit. This began as a pilot program. The purpose of the Family Based Placement Meeting (FBP) is to ensure there is continued assessment and action to remove identified barriers to licensing prospective expedited relative, kin/fictive kin, and child-specific homes. It is expected that use of the FBP protocol will resolve child safety or well-being concerns and ensure appropriate follow-up actions and documentation of efforts to remove barriers to the licensure process within the 90-day time frame. FBP meetings are not required for every relative, kin/fictive kin, or child-specific placement, rather only for those where an expedited relative home placement has identified barriers to licensure.

Expedited home placements are tracked by the State Office Licensure Unit to ensure consistency in addressing safety and non-safety issues and timeliness. The CQI Unit reviews every expedited home within 30 days once an action is taken as part of the third level review process. The non-relative homes receive a third level review by the Licensure Managers or designated Licensure Supervisors within 7 days of supervisor approval. At the conclusion of the third level review, the assigned Licensure Specialists and Supervisors are informed of deficiencies and provided with a deadline to complete any unresolved issues.

State Office Licensure Unit provides supportive services in the areas of foster board payments, non-expedited foster parent applications, expedited and non-expedited licensure process training, and tracking all expedited relative placements for the state while agency field staff licenses the foster home.

Recognizing the importance of adoption assistance, MDCPS initiated the development of updated adoption assistance categories and payment rates in January 2022 to address long-standing concerns regarding payment adequacy and the significant disparity between foster care board rates and adoption assistance rates which resulted in an increase in adoptions

subsidies to equal to 75% of the corresponding foster care board rate.

Non-expedited applications processed by MDCPS				
Month	**2022**	**2023**	**2024**	**2025**
January	169	152	142	139
February	255	116	192	140
March	176	159	128	123
April	177	130	143	141
May	218	146	149	124
June	212	137	105	158
July	182	153	192	131
August	214	181	153	241
September	167	130	150	161
October	138	142	140	113
November	144	146	138	112
December	145	127	137	114
TOTAL	2,197	1,719	1,769	1,697

MDCPS Licensure standards are applied to homes licensed by the contractual child placing agencies. The MDCPS Licensure Standards for foster homes closely align with the model home standards. The CB approved Mississippi's Title IV-E plan provision related to Section 471(a)36 addressing model licensing standards for foster family homes. All MDCPS non-relative and expedited homes are reported to Public Knowledge.

MDCPS conducts reviews of child placements and maintains documentation of the results. At the end of each quarter, the MDCPS evaluates quality by reporting to Public Knowledge the results of non-relative and expedited homes.

Non-relative homes are reviewed for documentation and quality by a third level review team within the Licensure Unit, within 7 days of approval by the Licensure Supervisor.

Expedited Relative homes are allowed exceptions to the agency's requirements: 1) the relative applicant can be less than 21 years old, and 2) the applicant is not required to be legally married or divorced. Expedited homes are tracked by the State Office Licensure Unit to assure consistency in addressing safety and non-safety issues and timeliness. The Continuous Quality Improvement Unit reviews every home within 30 days once an action is taken to ensure a third level review is held. The agency reports these findings monthly and quarterly to Public Catalyst.

Expedited Relative Homes Licensed					
Month	FY2021	FY2022	FY2023	FY2024	FY2025
July	Action taken: 75	Action taken: 77	Action taken: 70	Action taken: 83	Action taken: 91
	Approved: 34	Approved: 36	Approved: 30	Approved: 33	Approved: 51
August	Action taken: 65	Action taken: 64	Action taken: 89	Action taken: 135	Action taken: 104
	Approved: 36	Approved: 34	Approved: 45	Approved: 53	Approved: 46
September	Action taken: 45	Action taken: 69	Action taken: 67	Action taken: 86	Action taken: 93
	Approved: 20	Approved: 33	Approved: 39	Approved: 36	Approved: 44
October	Action taken: 87	Action taken: 64	Action taken: 83	Action taken: 124	Action taken: 96
	Approved: 45	Approved: 31	Approved: 41	Approved: 63	Approved: 56
November	Action taken: 68	Action taken: 48	Action taken: 88	Action taken: 98	Action taken: 76
	Approved: 33	Approved: 27	Approved: 52	Approved: 46	Approved: 45
December	Action taken: 82	Action taken: 64	Action taken: 79	Action taken: 116	Action taken: 87
	Approved: 48	Approved: 37	Approved: 52	Approved: 63	Approved: 52
January	Action taken: 59	Action taken: 62	Action taken: 76	Action taken: 121	Action taken: 90
	Approved: 30	Approved: 38	Approved: 37	Approved: 64	Approved: 42
February	Action taken: 64	Action taken: 59	Action taken: 67	Action taken: 91	
	Approved: 37	Approved: 29	Approved: 26	Approved: 55	
March	Action taken: 62	Action taken: 66	Action taken: 82	Action taken: 128	
	Approved: 23	Approved: 29	Approved: 28	Approved: 53	
April	Action taken: 77	Action taken: 64	Action taken: 94	Action taken: 125	
	Approved: 38	Approved: 27	Approved: 40	Approved: 47	
May	Action taken: 85	Action taken: 75	Action taken: 93	Action taken: 112	
	Approved: 53	Approved: 31	Approved: 52	Approved: 60	
June	Action taken: 78	Action taken: 60	Action taken: 89	Action taken:119	
	Approved: 34	Approved: 26	Approved: 29	Approved:62	
TOTAL	Action taken: 847	Action taken: 772	Action taken: 977	Action Taken:1,345	Action Taken: 637
	Approved: 431	Approved: 378	Approved: 471	Approved: 635	Approved: 336

Expedited Relative family cannot receive a board payment until their home is fully licensed. The County Worker assists the family with any needs that child might have while being licensed such as a clothing allowance and monthly allowance.

Recruitment:

The Licensure Unit provides foster home development goals that are directly related to the number of homes needed to meet foster child placements. During the Rebuilding Period of the Modified Settlement Agreement, the foster home development goal was to license 486 non-relative homes. The Licensure Unit licensed 477 non-relative foster homes during the Rebuilding Period, October 1, 2021 through January 31, 2023. Foster Home Development is assessed each month and reported to the monitors. Building on a steady net gain of licensed foster homes since 2022, MDCPS launched a foster parent engagement and recruiting campaign.

On April 1, 2022, the MDCPS Foster Parent Recruitment Unit (FPR) was developed. The unit consists of three Recruitment Supervisors and fourteen Recruitment Specialists positions. The unit's primary focus is to provide consistent and robust recruitment efforts and

education throughout the state to build a diverse pool of foster families. In addition to recruitment, the MDCPS Foster Parent Recruitment Unit is responsible for providing Foster Parent Orientation to all applicants.

The Foster Parent Recruitment Unit Plan is being revised to focus recruitment efforts towards identifying and licensing diverse foster families that will accept siblings, teenagers, pregnant/parenting teens, and hard-to-place children/youth. Metrics are being developed to guide specific recruitment efforts and determine the effectiveness of recruitment activities.

Retention:

Retention efforts are aimed at improving communication, relationship building, and addressing concerns/complaints expressed by foster parents in a timely manner. MDCPS has increased the number of Foster Parent Liaisons from one position to three positions to better serve foster parents. The Foster Parent Liaisons respond to questions from foster parents regarding MDCPS policies and requests for assistance. They assist foster parents when navigating the Foster Parent Grievance process. The Liaisons establish, conduct, and attend monthly Foster Parent Support Groups across their service areas. They offer support to MDCPS staff, foster parents, and foster parent applicants.

On March 30, 2023, the Mississippi Foster Parents' Bill of Rights was adopted by the Mississippi Legislature. MDCPS has adopted the Mississippi Foster Parents' Bill of Rights and Responsibilities that has been provided to all current foster parents and that is provided during the licensing process to all foster parent applicants.

The Foster Parent Grievance Policy has been established. The grievance process provides a platform for foster parents to make formal complaints. The Foster Parent Liaisons review the grievances. Once the complaint is assessed, the Liaisons route the complaints to the identified staff team to make them aware of the complaints and so they can work with the foster family towards resolution.

A Monthly Newsletter is developed by the Recruitment Unit Supervisors and it is distributed monthly to foster parents. The newsletter includes important agency updates, Foster Parent Support Group information and schedules, and training opportunities.

MDCPS has a Resource Closed report that lists homes that were closed, the reason for closure, the initial license date, and closure date. However, the Agency does not have a way to assess the satisfaction of the foster parent. MDCPS acknowledges this item is an area needing improvement.

Item 34: Requirements for Criminal Background Checks

For this item, provide evidence that answers this question: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a

case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

The MDCPS Recruitment Unit educates applicants during orientation about this requirement and explains that the agency completes fingerprint checks on all household members that are 18 years of age and older. Information is provided regarding the documentation needed to complete the fingerprint checks.

MDCPS has made efforts to improve the Criminal Background process. The Fingerprint Unit was created to manage all criminal background and fingerprint checks. This task was previously assigned to the Licensure Unit. The Fingerprint Unit is responsible for obtaining the local background checks, fingerprint checks, and the Child Abuse Central Registry checks for all foster parent applicants and all existing foster parents.

The assigned Safety or Well-Being/Permanency staff complete the local law enforcement, Background Screenings, and Child Central Registry checks as part of the expedited process. The Criminal Background Unit and Licensure Unit checks for Adam Walsh Act violations. If there are felony and/or misdemeanor charges on the fingerprint report, a justification letter is sent to the foster parent applicant or foster parent to obtain an explanation of the charges.

Local background checks, Central Registry Checks, and Background Screenings are completed at every two-year re-evaluation. Fingerprint checks are completed at a minimum of every five years for existing household members aged 18 years and older. Foster parents are required to immediately report any relative household member that has been added to the home to the Licensure Specialist so the agency can complete timely background checks and fingerprint checks. All youth in the home must complete background checks and fingerprint checks when they turn 18 years of age. The Non-Relative and Relative Foster Home policies related to fingerprinting minors are under review and revision. This systemic factor rates as a strength.

Month	Non-Rel Resource Applicant	Relative Resource Applicant	Adoption	Youth in the home	Total	Adam Walsh Disqualifier
July 2021	76	66	0	26	168	0
Aug 2021	145	68	0	17	230	1
Sept 2021	132	90	0	15	237	0
Oct 2021	102	81	0	15	198	0
Nov 2021	102	76	0	13	191	0

Month	Non-Rel Resource Applicant	Relative Resource Applicant	Adoption	Youth in the home	Total	Adam Walsh Disqualifier
Dec 2021	73	80	0	21	174	0
Jan 2022	67	57	0	10	134	0
Feb 2022	63	34	0	13	110	0
March 2022	64	87	0	37	188	0
April 2022	76	66	1	22	165	0
May 2022	73	61	0	18	152	1
Total	**973**	**766**	**1**	**207**	**1947**	**2**

Month	Non-Rel Resource Applicant	Relative Resource Applicant	Adoption	Youth in the home	Total	Adam Walsh Disqualifier
Aug 2022	141	88	0	16	245	1
Sept 2022	108	65	0	21	194	2
Oct 2022	98	84	0	24	206	0
Nov 2022	88	58	0	23	169	1
Dec 2022	48	50	0	13	111	1
Jan 2023	96	88	0	22	206	0
Feb 2023	73	53	0	10	136	0
March 2023	126	82	0	12	220	0
April 2023	89	69	0	7	165	0
May 2023	90	69	0	25	184	0
Total	**957**	**706**	**0**	**173**	**1836**	**5**

Month	Non-Rel Resource Applicant	Relative Resource Applicant	Adoption	Youth in the home	Total	Adam Walsh Disqualifier
Aug 2023	86	162	0	22	270	1
Sept 2023	52	151	0	13	216	2
Oct 2023	107	116	0	14	237	0
Nov 2023	164	51	0	15	230	0
Dec 2023	128	45	2	7	182	1
Jan 2024	114	57	0	16	187	3
Feb 2024	138	61	0	14	213	0
March 2024	148	70	0	20	238	2
April 2024	137	58	0	7	202	2
May 2024	105	61	0	14	180	2
Total	1,179	832	2	142	2155	9

Item 35: Diligent Recruitment of Foster and Adoptive Homes

For this item, provide evidence that answers this question: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed in occurring statewide?

State Response:

The Foster Parent Recruitment Unit currently uses internal data presented monthly. This data incorporates the Children in MDCPS Custody Map and provides areas of targeted and diligent recruitment throughout the state.

The Foster Parent Recruitment Unit currently reviews foster child data monthly. This data includes the Children in MDCPS Custody Map and CORE Reports to understand trends and inform diligent recruitment efforts throughout the state. The Recruitment Unit utilizes various forms of communication to connect with community members about the need for foster homes. Some of the forms of communication include speaking engagements at meetings and community events, promotional recruitment materials, interviews, and social

media.

MDCPS seeks to identify placements for foster children and youth within their community. The Recruitment Plan was revised during July 2024-December 2025 to include specific tasks with metrics to be achieved monthly, quarterly, and annually. MDCPS acknowledges this item is an area needing improvement.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

For this item, provide evidence that answers this question: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

State Response:

The Mississippi Interstate Compact on the Placement of Children (MS ICPC) ensures compliance with state and federal law governing the safe and timely placement of children across state lines. The program aligns with the Safe and Timely Interstate Placement of Foster Children Act of 2006 and prioritizes timely home studies, permanency, and child safety through collaboration with local offices, courts, and partner states.

MS ICPC maintains an active partnership with the Administrative Office of Courts (AOC) Improvement Program to provide judicial education and address permanency barriers. The division also works closely with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) to support national policy initiatives, including implementation of the New Interstate Compact for the Placement of Children.

The program provides technical assistance and consultation to MDCPS staff, courts, attorneys, private adoption agencies, prospective placement resources, and the public. Ongoing training is provided to supervisors and frontline staff statewide, with emphasis on ICPC compliance, required documentation (Forms 100A and 100B), licensing standards, Title IV-E considerations, and prevention of unauthorized placements. These efforts address knowledge gaps that can delay permanency and increase compliance risk.

MS ICPC actively participates in AAICPC governance and national work groups, including committees focused on training, data collection, parental placements, NEICE, and policy development. Staff attend monthly national meetings to remain informed of emerging best practices, regulatory updates, and system improvements. The division also maintains strong partnerships with the Attorney General's Office, the Division of Youth Services, the Interstate Compact on Juveniles, private adoption agencies, and legal partners to support both public and private adoption cases.

To improve accountability and efficiency, MS ICPC utilizes the National Electronic Interstate Compact Enterprise (NEICE) system and Smartsheet for case tracking and reporting. These systems enable same-day case transmission, real-time status updates, improved inter-state communication, and enhanced data reporting, while reducing

administrative burden and paper costs. Increased staffing and expanded use of electronic systems have strengthened case management, timeliness, and oversight.

MS ICPC continues to collaborate with RedMane Technology, LLC on the development of the PATHWAYS Mississippi system, which will integrate with NEICE and provide frontline staff with real-time access to ICPC case information, approvals, and supervisory reports. This integration supports transparency, data-driven decision-making, and improved service delivery.

The division works closely with the Licensure Division to ensure placements meet licensing and safety requirements. Mississippi utilizes the SAFE (Structured Analysis Family Evaluation) home study methodology, a nationally recognized, standardized assessment tool for kinship, foster, adoptive, and guardianship placements. This ensures children placed in or out of state are placed in approved, licensed homes and supports the agency's commitment to permanency with family connections whenever possible.

Through continued collaboration, training, technology modernization, and adherence to national standards, MS ICPC strengthens compliance, improves timeliness, and advances safe, permanent placements for children. This systemic factor rates as a strength.

As mentioned above, two tools are used to track ICPC cases to provide data:

NEICE and Smartsheet (July 2021 – June 2025): Cases handled for Regulation 7 parents, foster, public adoptions, private adoption, residential placement, and court jurisdiction only cases.

Regulation 2 – Parents, Foster, Public Adoption, Court Jurisdiction
Regulation 4 - Residentials
Regulation 12 – Private adoptions

FY2022

Quarter	Regulation 1	Regulation 2	Regulation 4	Regulation 7	Regulation 12
July – September 2021	3	82	47	3	14
October – December 2021	1	102	22	0	4
January – March 2022	2	231	14	5	12

FY2023

Quarter	Regulation 1	Regulation 2	Regulation 4	Regulation 7	Regulation 12
July – September 2022					
October – December 2022					
January – March 2023	8	74	18	10	7

FY2023

Quarter	Regulation 1	Regulation 2	Regulation 4	Regulation 7	Regulation 12
April – June 2023	2	66	15	5	16

FY2024

Quarter	Regulation 1	Regulation 2	Regulation 4	Regulation 7	Regulation 12
July – September 2023	6	160	10	10	14
October – December 2023	5	144	26	5	10
January – March 2024	2	154	24	10	14
April – June 2024	3	158	24	8	10

FY2025

Quarter	Regulation 1	Regulation 2	Regulation 4	Regulation 7	Regulation 12
July – September 2024	2	146	29	3	15
October – December 2024	2	143	26	2	10
January – March 2025	2	128	18	1	7
April – June 2025	3	169	27	12	11

AAICPC Data Report

- The report results are based on the following:
- Date from: 7/1/2023 Date to: 6/20/2025
- State: Mississippi

	Reporting Period							
	July – Sept 2023	Oct – Dec 2023	Jan – Mar 2024	April – June 2024	July – Sept 2024	Oct – Dec 2024	Jan – Mar 2025	April – June 2025
Home Studies Request In**	112	87	86	102	85	80	86	97
Home Studies Request Out**	69	68	72	85	62	69	89	87
Placements In*	42	33	36	28	57	27	30	39
Placements Out*	37	33	32	30	39	35	33	43
Private Adoptions In	5	3	10	4	4	7	3	5
Private Adoptions Out	9	7	3	6	11	3	5	6

	Reporting Period							
	July – Sept 2023	Oct – Dec 2023	Jan – Mar 2024	April – June 2024	July – Sept 2024	Oct – Dec 2024	Jan – Mar 2025	April – June 2025
Residential Request In	4	7	13	15	9	11	6	20
Residential Request Out	5	18	12	11	20	15	12	7

*Number of children placed during reporting month
**Parent/Foster/Relative/Public Adoption

Appendix (Attachment) A: CFSR Statewide Assessment Focus Groups
December 11, 2025-January 14, 2026

Concerns/Needs	Significant Barriers	Strengths
• Limited services for special needs children, *i.e.* children with autism • Limited mental health services • More nurses to monitor psychotropic drugs • Limited services and placements strictly for teens; too many placed in hotels • More resource homes, group homes, and/or shelters to house increased number of teens needing placement • No workforce development options for teens aging out of the system who do not want to attend college • Consistency in practices and clear expectations across agencies (MDCPS policies, judicial system, etc.). • Consistency in practices; consider streamlining certain protocols to avoid counties creating their own to 'fit' their respective system • Buy-in from all stakeholders (leadership meetings) • Involve providers in meetings with ADCs and senior leadership; consistently share available resources and services	• Lack of trust between agencies • Limited services in rural areas ❖ Transportation: can the agency develop a transportation hub? ❖ In some instances, staff are required to drive an hour or longer to secure services • Language and disability services ❖ Interpreter services housed within each county were a common request ❖ Appropriate support services for the hearing impaired are not available • Southern Christian Services for Children and Youth have therapeutic homes. It was noted many placement requests are denied once it becomes known that the child suffers from behavioral issues • Foster care placement ❖ Guardian/foster parents should be well trained to handle the child(ren) needs ❖ Foster parent fatigue: years ago, the need was overwhelmingly met (smaller counties). But the significant increase has caused strain and fatigue on those who try to help fill the need. In a small area/county, there are not enough individuals to meet placement needs. Appropriate intervention from MDCPS is suggested. • Paperwork: Required paperwork (consent forms, etc.) is sometimes not received in a timely manner. A provider discussed the impact on the child and others when there is a delay in placement. Case workers	• Bridge the Gap approach makes a huge difference in Harrison County • VOYCE Interpreter Services, used by workers in Service Area 3, assists with many language barrier issues. • AT&T Connected Learning offers digital literacy classes (one-on-one) for seniors regarding internet safety, online security, etc. The seniors are provided with free refurbished computers and digital resources upon enrolling in the LINX program and completing three classes. • Loves the agency and co-workers even though days are long and hard • Loves the ability to voice concerns and ideas • An individual in the judicial community applauds CPS, saying the agency does a good job distributing information to front line staff and others. • An individual completed three (3) placements and experienced no issues with Forrest County. The individual lives in Gulfport and has a great relationship with the county. • A Senior Leadership team member expressed excitement with the progress that the agency and stakeholders have made. • The agency is doing the work, and every family is being helped. They (case workers,

Concerns/Needs	Significant Barriers	Strengths
	explained certain factors may have an impact on the limited paperwork available at the time the service provider is contacted. • Policy: ❖ Some providers require foster parents to be accompanied by the assigned case worker before providing medical care. This requirement proves difficult as workers' days are full and tasks may go undone if travel is required. ❖ If this requirement cannot be met, there is difficulty finding other service providers • Some 'veteran' case workers / supervisors feel incoming workers lack compassion, passion, accountability, etc. with the job. ❖ They seem 'lost' and self-involved: unprofessional interaction with children and families they serve, inappropriate work attire, etc.	supervisors, managers, etc.) will continue to do the work for great outcomes.

Appendix B: CFSR State Data Profile

The State Data Profile is available from the state or the Children's Bureau upon request.